

KYRGYZSTAN

Program Progress Assessment

Global Fund Breaking Down Barriers Initiative

Preliminary findings and recommendations

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This document presents preliminary findings and recommendations from a progress assessment, commissioned by the Global Fund to Fight AIDS, TB, and Malaria, of Kyrgyzstan's efforts to remove human rights-related barriers to HIV and TB services. The assessment, which was conducted in December 2022, had as its goals to evaluate the impact, scale, and quality of these programs and their progress since baseline and mid-term, identify gaps and weaknesses and make recommendations to strengthen them during the allocation period 2023-2025. These recommendations provide key guidance to stakeholders for not just meeting the human rights program essentials but taking them to scale.¹

Evidence of impact

The progress assessment found multiple signs that human rights programs are having a positive impact on access of key and vulnerable populations to HIV and TB services and the quality of health services through activities to change attitudes toward these populations, empower these populations to claim their rights, challenge harmful laws and practices, and strengthen community organizations. The 2022 Stigma Index report notes that the study “unequivocally shows a significant decrease in (recently experienced) stigma and discrimination” compared to a similar study conducted in 2015.² It cited large declines across

¹ Technical Brief Removing Human Rights-related Barriers to HIV Services Allocation Period 2023-2025 17 November 2022. Online: https://www.theglobalfund.org/media/12445/core_removing-barriers-to-hiv-services_technicalbrief_en.pdf

² People Living with HIV Stigma Index 2.0. Kyrgyz Republic 2022. Harm Reduction Network Association Study report. GNP+ and CAAPL. 2022. Page 63. https://www.stigmaindex.org/wp-content/uploads/2022/04/Kyrgyzstan-SI-2.0-Report-2022_English.pdf

numerous indicators in self-reported incidents of stigmatizing and discriminatory treatment toward people living with HIV. The study noted a sharp reduction in people living with HIV who reported forgoing health care services due to fear of stigma and discrimination, down from 24 percent in 2015 to 8 percent in 2022. Separate studies have found reductions in reported negative experiences with police officers among people who use harm reduction services, with one study finding the percentage of participants having such experiences declining from 26% in 2019 to 11.3% in 2020.³ Testimonies from a variety of stakeholders, including members of key and vulnerable populations, obtained during the progress assessment were consistent with the findings of these studies and described how programs to remove human rights-related barriers were contributing to these trends. In particular, key informants almost uniformly stated that health settings had become more welcoming for key and vulnerable populations as a result of multiple efforts to sensitize health workers on the importance of providing them with non-stigmatizing services. Kyrgyzstan committed to continuing addressing stigma and discrimination by joining the Global Partnership for action on all forms of HIV-related stigma and discrimination.

The assessment saw significant evidence of increased legal empowerment of members of key and vulnerable populations. Health workers told the assessment team that patients have become significantly more vocal about their rights. In group interviews, people who use drugs recounted multiple instances where they had used rights information obtained during legal literacy training to successfully withstand police harassment. Peer street lawyers have repeatedly and successfully intervened when police officers interfered with harm reduction and opioid substitution treatment services, invoking a police instruction on policing and health services for drug users. Human rights monitoring mechanisms have allowed civil society organizations to identify systemic challenges, generate local and international pressure on the government to address these challenges, and, in some cases, successfully advocate for legal or policy changes.

The above-mentioned facts align well with the Global Fund's theory of change for the *Breaking Down Barriers* initiative, which posits, based on research conclusions, that as levels of stigma

³ ОФ «СПИД Фонд Восток Запад в Кыргызской Республике». Оценка исполнения Инструкции «О профилактике ВИЧ-инфекции уполномоченными государственными органами внутренних дел, по контролю наркотиков и в сфере Исполнения наказаний КР, взаимодействующими с ключевыми группами». Проект ПРООН/ГФ «Эффективный контроль за туберкулезом и ВИЧ-инфекцией в Кыргызской Республике». 2020.

and discrimination diminish, as key and vulnerable populations are empowered with legal knowledge and access to (para)legal services, as the legal environment for these populations improves, and as the role of community organizations in the HIV and TB response is strengthened, more and more members of key and vulnerable populations will be able to and feel comfortable taking up and being retained in HIV and TB prevention and treatment services.

Scale, scope, and quality

Since the mid-term assessment, Kyrgyzstan has made progress in scaling up and improving the quality of programs to remove human rights-related barriers and in creating a supportive environment to address such barriers. In 2022, the ministries of health, interior and justice jointly adopted an Inter-Ministerial Plan of Activities to Overcome Legal Barriers to HIV and TB Services in Kyrgyz Republic in 2022 - 2025 which commits to concerted efforts of state agencies, non-governmental organizations, key, and vulnerable populations to reform harmful laws and policies and build the capacity of government agencies and institutions, and to providing state funding to improve access of key and vulnerable populations to HIV and TB services. Since 2020, programming to reduce stigma and discrimination, improve legal literacy and access to legal aid, and community-led monitoring⁴ were all scaled up and became somewhat more sustainable due to support from state agencies and institutions. Further expansion of the access to free legal aid is expected as, due to advocacy activities undertaken in the context of the *Breaking Down Barriers* initiative, Kyrgyzstan adopted a new law on State Guaranteed Legal Aid in August 2022 which grants official recognition to paralegals as providers of consultative legal aid.

Challenges

Despite this progress, the progress assessment identified a number of critical challenges that will need to be addressed to enhance the quality, scale-up and impact of programs to remove human rights-related barriers. This is particularly important given the significant reduction in catalytic human rights funding available to Kyrgyzstan in the forthcoming Global Fund funding cycle, which will make it all the more critical that programs that are funded are strategically selected and are effective, and that domestic funding, technical partners and funders converge in supporting most value for money and impactful interventions. Below are some of the key cross-cutting challenges that the progress assessment identified:

⁴ As defined by the Global Fund Community-based monitoring: An Overview. May 2020. Online: https://www.theglobalfund.org/media/9622/core_css_overview_en.pdf

Insufficient role of grassroots community organizations. Grassroots community organizations do not play enough of a role in the conceptualization, implementation and oversight of programs to remove human rights-related barriers. Given that human rights programs seek to address the needs of their communities, these organizations should play a leading role in these programs and be the main beneficiaries of catalytic human rights funding. The assessment team, however, found that professional organizations tend to dominate these programs: They determine strategies, receive the bulk of the funding, and make most programmatic decisions, while community organizations are often reduced to the role of junior partner, with little access to information about program implementation, strategic decisions, or ability to influence the direction of programs. In a worrying sign, we learned of several cases where the role of key community organizations was reduced in the last few years rather than increased. These dynamics are out-of-step with the Global Fund's new strategy, which calls for a greater role for community organizations.⁵ Moreover, successful human rights programs tend to have strong community involvement.⁶

Recommendations: Strengthen the role of community organizations in the conceptualization and implementation of programs to remove human rights-related barriers. As much as possible, these programs should be implemented by community organizations, with professional organizations playing a supporting role. Avoid consolidation of service project implementation arrangements within large professional organizations that are not rooted in communities and have little to develop effective peer-to-peer support systems.

Focus on developing long-term collaborations between communities, health, and law enforcement systems. More attention should be devoted to building long-term collaborations and relationships between community organizations, advocates and outreach workers, and key personnel in the healthcare system and law enforcement agencies, building upon best practices of working with state agencies and institutions through Civil Society Councils.⁷ In its

⁵ The Global Fund, *Fighting Pandemics and Building a Healthier and More Equitable World Global Fund Strategy (2023-2028)*, 2022. Available at: https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf

⁶ Communities and human rights must be at the center of the next Global Fund Strategy. The Developed Country NGO and Developing Country NGO delegations to the Global Fund Board. 17 February 2021. Online: <https://gfo.aidspace.org/es/node/5497>

⁷ According to the *Act On Civil Society Councils at state agencies* of 24 May 2014 № 74 Об общественных советах государственных органов

sensitization activities with law enforcement and health workers, Kyrgyzstan continues to significantly rely on one-off training sessions that do little to build constructive, long-term connections and collaborative relationships between trainees and the communities they serve. In other *Breaking Down Barriers* initiative countries, programs that proactively build long-term operational collaborations between health and police officials and community advocates, such as outreach workers and paralegals, have repeatedly been identified as good practice examples.⁸

Recommendations: Investments should be made in activities aimed at facilitating close working relationships between street lawyers and health and police officials in their geographic location, including based on CLM data. This could take various forms: combined trainings that bring together street lawyers, peer educators and community advocates with health and law enforcement personnel; establishing local groups responsible for reviewing and responding to findings of community-led monitoring; organizing joint dialogues and practical exercises (using low-cost, including online, modalities) on ethical standards to promote for mutual trust and cooperation and counter an environment of competition and backroom decision-making.

Integration of human rights programs into services. More needs to be done to effectively integrate human rights programs into health services. While Kyrgyzstan has made progress with the institutionalization of trainings for health workers and law enforcement officials, key human rights services such as legal literacy activities, community-led monitoring, and legal aid services are not adequately integrated into or linked to the services offered by health and legal institutions or community-based service providers, thus undermining their sustainability.

Recommendations: Efforts are required to improve integration. As much as possible, interventions to remove human rights barriers should be integrated in prevention and treatment services, including to improve sustainability through linkages to state-guaranteed legal aid. Among others, these services should be incorporated into social contracting packages.

Remuneration and support for frontline community workers. Numerous stakeholders identified high rates of turnover among peer outreach workers as a significant problem that affects the quality of programs. Among others, they identified very low remuneration of peer

⁸ Implementing and Scaling Up Programs to Remove Human Rights Related Barriers to HIV Services. A Practical Guide. Frontline AIDS. 2020. Page 53. Online: https://www.theglobalfund.org/media/9731/crg_programmeshumanrightsbarriershivservices_guide_en.pdf

outreach workers and lack of adequate official recognition as a cause of this turnover. Some likened the lack of investment in outreach workers to discrimination against key actors in the HIV and TB response, and wondered how that lack of official recognition of their work affects the quality of their work with key and vulnerable populations.

Recommendations:

Ensure that outreach workers at community-based organizations receive appropriate remuneration, using government pay scales for social workers as outlined in Government Decree № 157 of 29 February 2012. Outreach workers should receive adequate training and certification. A curriculum at health education institution(s) for outreach workers should be developed for purposes of certification and strengthening professional identity. Targets for outreach workers should be realistic.

Insufficient coordination between implementers. Coordination between implementers of human rights programs remains inadequate. Meetings of stakeholders to review the implementation of HIV and TB programs have been ad-hoc and focused on the Global Fund program implementation. As a result, stakeholders' activities are often implemented in isolation and opportunities for synergies are lost. Tellingly, the mechanism for coordination of national efforts to address human rights and legal barriers provided for in the Interministerial Plan of Activities to Overcome Legal Barriers to HIV and TB Services in Kyrgyz Republic in 2022 - 2025 is still not operational, nor is there a central mechanism for reviewing and acting on the findings of Kyrgyzstan's various community-led monitoring initiatives.

Recommendations: Establish and support a Joint Monitoring Group on joint efforts of state and civil society stakeholders to implement the Joint Order of the Ministry of Health № 311 of 14.03.2022, Ministry of Interior № 219 of 14.03.2022, and the Ministry of Justice №34 of 14.02.2022 "On the Approval of the Interministerial Plan of Activities to Overcome Legal Barriers to HIV and TB Services in Kyrgyz Republic in 2022 - 2025."

As part of support, consider establishing a Technical Assistance Group comprising professional lawyers, project managers, epidemiologists, and government relations experts, to provide assistance to key populations on legal, epidemiological, ethical, and government relations issues embedded in the Interministerial Plan. Consider engaging the Public Health Centre of the Ministry of Health into the work of TAG with the purpose of building the capacity of a specific

department of the Ministry of Health to continue coordination of the technical assistance beyond the Global Fund Program.

Weak monitoring and evaluation systems. Finally, the assessment found little evidence of improvements in the monitoring and evaluation system for programs to remove human rights-related barriers. The lack of a strategic and coordinated approach to collecting routine data and conducting targeted evaluations contributes to the challenge of measuring the impact of comprehensive human rights programs on the continuum of HIV and TB treatment and care.

Recommendations: Develop a unified M&E mechanism that would be able to align with overall HIV and TB national M&E to determine and track the impact of human rights activities on the continuum of HIV and TB treatment and care, using CLM data and Global AIDS Monitoring indicators.

Program Area: Eliminating stigma and discrimination in all settings

As noted above, significant progress has been made to reduce stigma and discrimination against people living with HIV, especially in the healthcare system. Kyrgyzstan joined the Global Partnership for action on all forms of HIV-related stigma and discrimination, including in healthcare settings. Unfortunately, the picture is not exclusively positive, as the Islamization of Kyrgyz society has bred intolerant attitudes toward certain key populations, particularly LGBTQ and sex workers. Moreover, many stakeholders told us that stigma related to TB remains very high and has significant consequences for access to services. During the assessment, we were repeatedly told of cases of people who were abandoned by their families and lived on the street. Such situations pose a direct threat to treatment adherence; moreover, accounts of such abandonment are likely to lead to reluctance to test and challenge detecting and treating cases in a timely manner.

Challenges

Lack of nationally owned stigma and discrimination campaigns. At present, almost all stigma and discrimination reduction programs are funded through international funding, with no clear plans for transitioning them to national ownership. This is unsustainable, especially with uncertainties over international funding, as the reduction in catalytic human rights funds available to Kyrgyzstan in the coming funding cycle demonstrates. Only a few programs to

reduce TB and HIV stigma aim at general populations, especially in conservative and religious areas.

Recommendations: Kyrgyzstan's Advertisement Act and its State Social Contracting Act provide mechanisms to conduct social advertising on issues of public interest. These legal provisions should be used to organize national HIV and TB stigma reduction campaigns aimed at the public. Among others, these campaigns should focus on preventing the abandonment of people diagnosed with HIV or TB, an issue that remains common. Use of this mechanism would represent a good example of the Global Fund's value for money approach as it increases sustainability and efficiency.

Continue engaging HIV and TB service organizations with religious and community leaders to promote community support to health and social services for people vulnerable to or living with HIV and TB.

Lack of national strategy to monitor levels of stigma and discrimination. Monitoring levels of stigma and discrimination is currently done haphazardly, making it difficult to track and respond to developments as they occur. While Stigma Index studies are important, there have been large intervals between Stigma Index rounds, pointing to the need for complementary more real-time programmatic monitoring. .

Recommendations: State and non-governmental organizations working in the HIV and TB response should develop a strategy that uses a more diverse set of tools to routinely measure stigma and discrimination over time. Local community organizations and providers of HIV and TB prevention and treatment services are well-placed to routinely collect data on stigma and discrimination, as part of community-led monitoring, in health and law enforcement settings, as well as communities, but currently lack the tools and resources to do so. Community organizations could, for example, regularly administer simple questionnaires to their clients and beneficiaries. This strategy should include mechanisms to periodically inform law enforcement, health institutions and other government agencies at national and local level about changes in stigma and discrimination in all three sectors and possible recommendations to address them. The integration of stigma and discrimination measurement tools in health facilities, as well as pre- and post-training assessments among healthcare providers and law enforcement officers, would provide for tracking of GAM indicators over time, as well as important data for triangulation.

Program Area: Ensuring the non-discriminatory provision of health care

Significant progress has been made in this program area, with the Stigma Index study showing reductions in stigma and discrimination in health settings⁹ and key informants consistently describing significant improvements, especially in specialized services such as AIDS centres. With reductions of stigma and discrimination in these services, the focus of anti-stigma and discrimination programs has started to shift to the primary and secondary care levels, where health workers are generally less knowledgeable about HIV and TB, or about the specificities of key and vulnerable populations.

The assessment found that a wide variety of training modules for health workers, implemented by both state and nongovernmental institutions and funded by multiple donors, contain significant components focused on healthcare workers' interactions with key and vulnerable populations and the importance of non-stigmatizing and non-discriminatory provision of care. Similarly, pre-service and continuing education curricula include modules on stigma and discrimination. This means that large numbers of healthcare workers are exposed to training on stigma and discrimination and are taught best practices in attending to the needs of key and vulnerable populations.

Challenges

Lack of domestic funding for trainings of health workers. The progress assessment found that many of these trainings, including those that are taught at the national institute for continuing medical education, are supported through international funding rather than from national budgets. This raises questions about their sustainability.

Recommendation: Domestic funds should be made available to train healthcare workers on stigma and discrimination.

Lack of monitoring and evaluation to assess the quality and impact of trainings. While the Stigma Index study shows reductions in levels of stigma and discrimination in healthcare settings, little remains known about the extent to which these trainings contributing to this dynamic and what training modalities have been most successful. Beyond pre- and post-training

⁹ People Living with HIV Stigma Index 2.0. Kyrgyz Republic 2022. Harm Reduction Network Association Study report. GNP+ and CAAPL. 2022. Page 63. https://www.stigmaindex.org/wp-content/uploads/2022/04/Kyrgyzstan-SI-2.0-Report-2022_English.pdf

tests that assess changes in knowledge at the end of trainings, little data is collected to assess their effect on the behaviour and knowledge of healthcare providers over time.

Recommendation: Assess the longer-term effects of trainings on knowledge and behavior of healthcare workers to identify effective training modalities. For example, periodic evaluations could be conducted to assess not only healthcare workers' retention of knowledge of training materials but also whether and how that knowledge was used in practice and how trainings affected healthcare worker behavior toward key and vulnerable populations. Such evaluations could be conducted periodically among randomly selected training participants.

Training of primary and secondary care workers. While stigmatizing or discriminatory treatment at specialized healthcare facilities for HIV, TB, and related fields are declining, significant challenges remain among primary and secondary care workers.

Recommendation: Ensure that training programs reach primary and secondary care workers including family doctors, gynecologists, dentists, surgeons, etc. using a variety of modalities, including the Kyrgyz State Medical Institute of Post-Graduate Training and Continuous Education, targeted trainings, and community engagement.

Healthcare workers continue to share data on people who use drugs with law enforcement. People who use drugs reported that Kyrgyzstan's drug user registry remains in effect and that doctors continue to share information about people who use drugs with law enforcement in ways that violate the principle of medical confidentiality (i.e., routine sharing without duly issued request as provided for under Article 91 of Citizens' Health Protection Act No 6 of 9 January 2005)

Recommendation: Advocacy should be undertaken to abolish the drug user registry or, at least, end unlawful sharing of confidential medical information. Healthcare workers in the narcology system should be sensitized around national and international legal standards on confidentiality.

Use CLM to inform healthcare worker training and policies. At present, no mechanisms exist to ensure that data collected through community-led monitoring is regularly shared with health professionals and decision makers, so the challenges identified in that data can be effectively addressed.

Recommendation: Regularly inform health professionals, outreach and social workers, case managers about the work of street lawyers and other community-led monitoring initiatives. Convene periodic meetings with medical education institutions to review results of CLM, stigma index and other relevant studies, to determine strategies and programmatic steps to continue to reduce stigma and discrimination in health institutions. To improve accountability, existing accountability procedures for healthcare workers should be used when CLM identifies cases of stigmatizing or discriminatory treatment or other professional misconduct. When these are part of a pattern of such cases, steps should also be taken to hold chief doctors accountable.

Program Area: Ensuring rights-based law enforcement practices

Kyrgyzstan has institutionalized sensitization of law enforcement officers on HIV, TB, and key and vulnerable populations as part of optional curricula at the National Police Academy and police college; at the provincial and local level civil society organizations are still relied on to conduct these trainings. People from key populations report some positive changes in police behavior towards them and the services they utilize (i.e., harm reduction services), although sex workers inform about the continuous misuse of power by the police. A quantitative study also suggests a slight reduction in police abuses against people who inject drugs and people from LGBTQ community. This data, however, does not provide much insight into the causes of these improvements and whether they are linked to sensitization activities, and, if so, what kind of activities. Key informants identified high turnover among police officers as a risk that potentially impacts the effectiveness of one-off sensitization activities.

The most concrete examples of impact on police behaviour toward key and vulnerable populations the assessment team came across were linked to the work of street lawyers. The assessment team learned of multiple cases where street lawyers intervened when police interfered with harm reduction or substitution treatment sites. In several such cases, street lawyers visited local police chiefs to discuss the situation and found that officers were aware of the instruction for police to support harm reduction from a sensitization training.

Challenges

Lack of training for drug enforcement officers. Key informants noted that few officers from drug enforcement units had ever participated in sensitization activities, even though these officers frequently encounter people who use drugs.

Recommendation: Human rights training for drug enforcement officers should become part of the curriculum at police education institutions. Civil society, drug enforcement, and other law enforcement services should be engaged in a sustained manner (see below).

Lack of sustained engagement of police officers. As noted above, the assessment found that few projects promote sustained engagement of outreach workers and street lawyers with local police officers, even though such engagement can have significant impact on behaviour of police officers and facilitate resolution of cases of human rights violations when they occur.

Recommendations: Activities should focus on promoting horizontal cooperation at the local level between local community organizations and local law enforcement departments, including through the routine engagement through regular weekly information sessions for officers at every department concerning HIV, TB, and human rights. A network of police focal points whom street lawyers can contact in order to mediate situations of human rights infringements by police officers should be created.

Use CLM to inform police training and policies. At present, no mechanisms exist to ensure that data collected through community-led monitoring is regularly shared with law enforcement professionals and decision-makers, so that the challenges identified in that data can be effectively addressed. This includes a key challenge related to police performance indicators that reward officers for focusing on policing people who use drugs and petty dealers rather than wholesale commercial drug traffickers.

Recommendations: Regularly inform police officers about the work of street lawyers and other community-led monitoring initiatives. Convene periodic meetings with law enforcement institutions to review results of CLM, stigma index and other relevant studies, to determine strategies and programmatic steps to continue to reduce stigma and discrimination in law enforcement. In particular, at such meetings analysis should be provided on instances of problematic police behaviour such as misuse of power, extortion, police entrapment, and interference with health services for people who use drugs.

Program Areas: Increasing legal literacy (“know your rights”) and increasing access to justice

The most prominent program aimed at improving legal literacy among key and vulnerable populations and access to legal aid is the street lawyers program. Most key informants considered this program successful, noting that it routinely helps members of key and

vulnerable populations defend their rights and maintain access to HIV and TB services. As of the end of 2022, the program currently includes 31 street lawyers and covers most regions. After 2020, the program was extended to TB, with four new street lawyers from the TB community conducting legal literacy and legal support activities among TB-affected communities.

Following years of advocacy efforts by civil society and technical partners, Kyrgyzstan adopted a new law, the State Guaranteed Legal Aid Act № 91, in August 2022, which guarantees access to state-funded professional legal aid as well as to consultative aid by paralegals and non-governmental organizations. The law's provisions on paralegal support are informed by the positive experiences of the street lawyer program. The law creates opportunities to institutionalize the street lawyers as part of state-guaranteed free legal aid for key and vulnerable populations. At present, implementing regulations are being developed, and the law is expected to become operational in 2023.

Challenges

While the street lawyers program is well-regarded, the assessment identified a number of key challenges:

Limited community ownership and control. The idea behind peer paralegal programs is that they are a community-led tool that is owned and operated by communities. The tool allows communities to provide peer support to their members, defend their rights, monitor human rights violations, and advocate for changes to harmful policies and practices. In Kyrgyzstan, however, this program is not really community owned. Instead, the program is managed by Soros Foundation Kyrgyzstan (FSK), a community-friendly rather than community-led organization. Interviews with various stakeholders suggested that key decisions about the peer paralegal program are made without sufficient input from community organizations, and that communication between FSK and participating community organizations about the program is insufficient. This has led to friction between FSK and community organizations and means that community organizations have little ability to adapt the program to fit the needs of their communities.

Recommendation: Increase ownership of key and vulnerable groups and organizations of the street lawyers' program by accelerating the process of transferring responsibilities over street lawyers from Soros Foundation–Kyrgyzstan to HIV and TB service providers and community-

based organizations. These organizations should ideally pay paralegals directly, so they are part of their staff; they should have access to cases documented by their paralegals; they should regularly be briefed on the work of the paralegal program as a whole and be part of key decisions. FSK should take on a supporting role to enable service and community organizations to run the street lawyers program through a Technical Assistance Group mentioned above that should fulfill key common functions such as coordination, training and skill development of street lawyers, administration of the database of cases, managing the pool of professional lawyers for legal services, analysis of data, and supporting advocacy strategy development.

Building long-term collaborations between street lawyers with police and health officials.

Individual street lawyers gave examples of such relationships developing organically, but we saw little evidence of structural efforts to ensure that street lawyers build long-term working relationships with police and health officials, even though such relationships are critical to both sensitization of such officials and to facilitating the work of street lawyers.

Recommendations: As noted above, investments should be made in activities aimed at facilitating close working relationships between street lawyers and health and police officials in their geographic location.

Implementation of legal aid law. As noted above, the adoption of Kyrgyzstan's new legal aid law was an important breakthrough in 2022. It provides important opportunities for the institutionalization of legal aid for key and vulnerable populations and for institutionalization of paralegals working in the fields of HIV and TB.

Recommendations: As the government operationalizes the law, it will be critical to ensure that about 80% of legal aid coordinators provided for in the law and around 70 free legal aid professional lawyers are sensitized on HIV and TB issues and the needs of key and vulnerable populations, become acquainted with HIV and TB street lawyers and their work and start collaborating with them to refer clients to appropriate services. Similarly, stakeholders in the HIV and TB response should capitalize on opportunities to shape policy documents on the implementation of the legal aid law and to institutionalize paralegals and to ensure state funding—for example, through social contracting—for their work. Finally, information about free legal aid and how to contact district free legal aid coordinators should be distributed to key and vulnerable populations through street lawyers, peer educators, and other outreach workers.

Recommendation: Consider negotiating with the state guaranteed legal aid coordinators to include in their services a basic consultative package for key populations with brief explanation of fundamental rights, freedoms, as well as legal responsibilities and ethics of doctor-patient relations. This should include a standard operating procedure for handling key and vulnerable populations, a basic information sheet on rights, obligations and remedies, and information on referral services.

Training of paralegals. With the creation of paralegals as a form of consultative legal support under the legal aid law, the International University of Kyrgyzstan has developed a certification course for paralegals (based on the course for HIV and TB paralegals) which was piloted in December 2022.

Recommendation: All street lawyers, as well as most capable case managers and outreach workers, should go through this training in order to build a pool of certified peer-paralegals to address key populations' needs in the access to legal aid. It is also important that trainings for paralegals on HIV and TB issues be informed by the results of community-led monitoring, as these highlight current issues for key and vulnerable populations and recent developments.

Program Area: Improving laws, regulations and policies relating to HIV and HIV/TB

The assessment identified a range of advocacy activities focused on removing harmful laws or practices. Key informants described a number of key successes, including changes to the age of consent for HIV testing in 2021, rules for monetary compensation for hospital-acquired HIV infection in 2020, the adoption of the law on legal aid (2022), the humanization of criminal drug laws and the adoption of the new Criminal Code of the Code of Offences (2021), and the endorsement of harm reduction as a separate pillar of the new State Anti-Drug Policy (2022).

Challenges

The Bill on Discrimination is still undergoing the process of public review after the introduction of a new version of the text, which consists of less politically sensitive language and potentially weaker protection against discrimination based on sexual orientation.¹⁰ As of November 2022,

¹⁰ Проект закона «Об обеспечении права на равенство и защите от дискриминации». Жогурку Кенеш. 15 ноября 2022. Online: <http://kenesh.kg/ru/article/show/9701/na-obshtestvennoe-obsuzhdenie-s-15-noyabrya-2022-goda-vinositsya-proekt-zakona-ob-obespechenii-prava-na-ravenstvo-i-zashtite-ot-diskriminatsii>

the bill no longer includes explicit references to sexual orientation and gender identity as prohibited grounds of discrimination. In November 2022, two Russia-inspired bills on non-governmental organizations were introduced in parliament, which would dramatically worsen the operating environment for NGOs if adopted. A similar proposal was rejected in 2014 following a public outcry.

Recommendation: Consider inviting lawmakers for the extended sensitization sessions of the Joint Monitoring Group (JMP) in order to inform them about the progress in HIV and TB as well as to gain their support for the ongoing JMG initiatives.

Recommendation: Promote cooperation between community organizations and the ministry of interior, including with technical support of UNODC and other international partners, to accelerate focusing law enforcement activities on wholesale trafficking with the purpose of systematic enrichment, and to facilitate voluntary referrals of people who use drugs to evidence-based social and medical services. Take advantage of UNODC becoming a member of CCM in November 2022.

Program Area: Reducing HIV and TB-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity

As at the time of the mid-term assessment, this is the weakest component of Kyrgyzstan's programs to remove human rights-related barriers to HIV and TB services. Apart from a strong submission to the UN Committee on the Elimination of All Forms of Discrimination against Women that used CLM data from multiple civil society organizations to raise concerns about gender-related barriers to HIV services¹¹ and the inclusion of a representative of the transgender community on the CCM, we were unable to identify more than a few small gender-specific programs, and most general human rights-programs lacked any specific gender equality components. Indeed, multiple key informants played down or largely denied any kind of gender-related barriers, suggesting that understanding of gender-related barriers remains limited, even among some key implementers of programs to remove human rights-related barriers and HIV and TB services more generally.

¹¹ Joint submission Alternative Report for the 76th CEDAW Session (June 29 – July 09, 2020). Situation of Women who Face Intersecting Forms of Discrimination in Kyrgyzstan. Online: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCEDAW%2FCSS%2FKGZ%2F41429&Lang=en

This stands in contrast with the findings of the *Breaking the Silence* study which examined, among others, gender-related barriers to TB services in Kyrgyzstan.¹² This study identified cases of physical, psychological and economic violence against women in relation to TB and violations of their reproductive rights that it said were related to gender stereotypes and power inequalities, lack of information and TB myths. It noted serious consequences, including (self-)stigma, divorce, separation from children, discontinued pregnancy, multiple issues for single mothers, that were catastrophic for women.

Strengthening this component will require forceful actions to increase understanding of gender-related barriers, promote women-led and transgender-people-led programs, identify practical ways to make existing programs gender-responsive or transformative, develop new programs under this component, and ensure implementers are accountable for stepping up to adequately address gender equality-related issues.

Recommendations:

- Design a low-budget online training for all program implementers on gender equality in HIV and TB program design, implementation, monitoring and evaluation, using the Technical Briefs on Gender Equality; Removing human rights-related barriers to TB services, and on Removing Human Rights-related Barriers to HIV Services of the Global Fund to inform such trainings.^{13,14,15}
- The Principal Recipient should contract an experienced consultant to work with each implementer of human rights programs to review how their programs address gender inequality and identify practical ways in which gender components can be strengthened or developed.

¹² *Breaking the Silence: Human Rights, Gender, Stigma and Discrimination Barriers to TB Services in Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine*. 2020. Online: <http://pas.md/en/PAS/Studies/Details/214>

¹³ Technical Brief: Gender Equity', Geneva: Global Fund. 2019 Available at: www.theglobalfund.org/media/5728/core_gender_infonote_en.pdf

¹⁴ Technical Brief on Tuberculosis, Gender and Human Rights', GENEVA: Global Fund.2017. Available at: www.theglobalfund.org/media/6349/core_tbhumanrightsgenderequality_technicalbrief_en.pdf

¹⁵ Technical Brief on Removing Human Rights-related Barriers to HIV Services, GENEVA: Global Fund.2017. Available at: https://www.theglobalfund.org/media/12445/core_removing-barriers-to-hiv-services_technicalbrief_en.pdf

- Adopt mandatory indicators related to gender equality concerning people from key and vulnerable populations, including gay men and transgender people, as part of all programs to remove human rights-related barriers to HIV and TB services. This would be consistent with the Global Fund’s stricter requirements for gender equality measures in this round’s funding request process (see pages 25 and 26 about the Gender Equality Marker of the Applicant Handbook for the Allocation Cycle 2023-2025).¹⁶
- Promote family counselling and reconciliation for families of people living with HIV and TB to reduce the negative impact of stigma and gender stereotypes on family acceptance and support for patients.
- Ensure the availability of shelters for women from key populations, who survived gender-based violence, separate from shelters for women from the general population, given past experiences of stigma and prejudices against women from key populations in general shelters.
- Implement recommendations given in Breaking the Silence: Human Rights, Gender, Stigma and Discrimination Barriers to TB Services in Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine.

Program Area: Supporting community mobilization and advocacy for human rights

The assessment identified a variety of community-led monitoring initiatives in Kyrgyzstan, including:

- Ongoing community oversight of HIV and TB services and advocacy activities;
- Human rights monitoring activities linked to electronic databases REACT and Oneimpact;
- Small grassroots human rights and service monitoring activities by key and vulnerable population networks;
- Monitoring of availability, accessibility and quality of ART through Pereboi.kg
- Periodic realization of Stigma Index studies; and
- A project to monitor stigma against MSM by health professionals - “Secret Client”.

Many of these initiatives are well-organized and yield important information about the human rights situation of key and vulnerable populations, including their access to HIV and TB-related

¹⁶ Applicant Handbook 2023-2025 Allocation Period. The Global Fund. October 2022 Edition. Online: https://www.theglobalfund.org/media/4755/fundingmodel_applicanthandbook_guide_en.pdf

health services. For example, monitoring by the sex worker groups Tais Plus and others showed that an increase in reported human rights violations among sex workers by police coincided with a decrease in coverage of prevention services for this population.

Key informants recounted numerous examples of how monitoring activities had resulted in individual cases of human rights violations being resolved, as well as in structural issues being addressed. For example, community-led monitoring helped prevent the application of draconian fines for simple possession of drugs under the Criminal Code of 2017. Evidence collected by the Harm Reduction Association of Kyrgyzstan on the negative impacts of these fines on the human rights of the most vulnerable people who use drugs created sufficient political and public pressure to ensure this legal provision was never implemented in practice; fines were eventually significantly reduced in 2021.¹⁷

Challenges

However, the assessment also found that community-led monitoring is fragmented, is not well understood by communities, that follow-up mechanisms are insufficient to ensure that systemic or structural issues identified through CLM are appropriately addressed, and that CLM informs consolidated M&E for human rights programs. As a result, returns on investments in CLM are not maximized as opportunities for effecting structural change are missed.

Understanding CLM as the sum of multiple monitoring systems. The assessment found that many stakeholders do not adequately understand community-led monitoring, perceiving it as one specific intervention or program rather than a combination of various community-led monitoring initiatives that reinforce and complement each other by creating a deeper, more diverse understanding of the systemic and structural challenges. As a result, many appear to conceptualize CLM too narrowly, resulting in missed opportunities to create synergies between different monitoring systems.

Recommendation: Efforts should be undertaken to ensure that all stakeholders, including community organizations, service providers, and government agencies, understand CLM as the

¹⁷ Кыргызстан новый Кодекс о проступках: высокий риск нарушения прав людей, употребляющих Наркотики. Евразийская Ассоциация Снижения вреда. 2019. Online: https://harmreductioneurasia.org/wp-content/uploads/2018/06/Kyrgyzstan_RUS.pdf

combination of multiple monitoring systems. Similarly, organizations conducting CLM should coordinate effectively to ensure they do not duplicate each others' efforts.

Unified follow-up mechanism for CLM. At present, no mechanism exists that brings together data collected through various community-led monitoring initiatives to allow for its analysis and to determine follow-up strategies to address challenges identified through CLM.

Recommendation: Create a mechanism for reviewing and acting on CLM data from all different community-led monitoring initiatives. This mechanism should comprise representatives of community organizations, service providers, professional organizations involved in HIV response, relevant governmental agencies, and donors. It should regularly review data collected through CLM mechanisms with a view to ensuring an appropriate and timely response to any structural issues identified that impede access of key and vulnerable populations to HIV and TB services, including data on newly emerging patterns in epidemiology or changing behaviours that have not been captured yet through other research. Among others, this mechanism should:

- Identify patterns of repetitive human rights violations that require resolution at a political or legislative level, prioritize them based on their significance for the HIV and TB response, and discuss what follow up is required to resolve the root causes of these patterns;
- Inform the Joint Monitoring Group (JMG), which is being formed and will be responsible for the implementation of the Interministerial Plan of Activities to overcome legal barriers, about these patterns and priorities and request its involvement in follow up to address these patterns;
- Regularly review actions taken through the JMG and others to address priority issues identified through CLM.
- Provide feedback to implementers of CLM on any issues with the quality of data collected, and propose suggestions for improving data quality.

Quality of data. Some key informants noted that the quality of data collected through CLM varies in quality, which can complicate data analysis and compromise effective follow-up action. Moreover, it can undermine confidence in CLM as a data collection mechanism.

Recommendation: Improve the quality of case documenting, including with the use of databases, such as REACT, Oneimpact, etc. to make sure that every documented case contains all essential information to allow for effective analysis and follow-up.

Program Area: Health, human rights and gender services for people in prisons and on probation

Kyrgyzstan has made a concerted effort to reduce its prison population in recent years. According to the head of the Penitentiary Service, in 2020 alone the number of prisoners dropped from 11,500 to about 9,000 inmates.¹⁸ This means that fewer people living with HIV and TB and members of key populations are in prison now than at almost any other point in the HIV epidemic. These decarceration efforts contribute significantly to the goal of removing human rights-related barriers to HIV and TB services for key and vulnerable populations.

Kyrgyzstan also remains a regional leader in providing harm reduction services for people who use drugs in prisons, including access to needle and syringe programs (NSP), and opioid maintenance programs (OMT). However, the number of clients in both, NSP and OMT, has been declining for a number of years—a trend that is often attributed to factors like the shift of the drug market from opioids to synthetic stimulants, the decline in the number of people with drug dependence who receive prison sentences, as well as the unwelcoming attitude by some influential fellow inmates towards OMT clients. However, it has not been formally studied.

Kyrgyzstan's relatively new probation service plays an important role in the implementation of the state decarceration policy. Among four types of probation, post-penitentiary probation accompanies prisoners following their release on probation and seeks to support them in the process of reintegration into society. The probation service is willing to cooperate—and has been cooperating—with civil society organizations to prepare prisoners for release and ensure they receive appropriate medical and social services, but this collaboration is more focused on TB than HIV.

Prison staff members, probation officers, as well as civil society organizations describe social support and accompaniment of released prisoners as an effective intervention to ensure the reintegration of former prisoners into society and to link them with HIV and TB services upon

¹⁸ Сколько всего заключенных в КР и как много из них сидят по тяжким статьям. Sputnik.kg 03.12.2020. Online: <https://ru.sputnik.kg/20201203/gsin-askat-ehgemberdiev-zaklyuchennye-chislo-prestupleniya-1050656532.html>

release. However, the sustainability of this program is tenuous as it largely depends on international funding as this work has not been integrated into the standard package of services paid for by the government.

Recommendations:

- A study should be conducted to assess the quality of harm reduction services and elucidate the reasons why the number of their clients decline and necessary action to be undertaken if needed.
- Ensure that the National Probation Service, local probation units, and organizations accompanying prisoners released on probation have access to health information needed to ensure released prisoners are able to transition to appropriate health services without delay. Moreover, probation offices and their civil society partners should ensure released prisoners have access to legal aid and know your rights activities.
- Make sure all relevant partners are informed about Chapter II of Annex II to the above-mentioned joint order of the ministries of health, interior and justice which stipulates a comprehensive training and regulations on HIV, TB, and human rights for probation officers.
- Integrate social support and accompaniment of released prisoners into the standard package of services funded according to State Social Contracting Act № 70 of 28 April 2017 to ensure continuity of health and social services.