

Protocol

of consultative meetings with key communities, civil society and other national partners for collecting and consultations data for including into country application for the matching funds

24 February – 6 March 2020

Osh – Djalal-Abad – Bishkek, Kyrgyz Republic

The consultations with key communities, civil society and other national partners were organized according to request of the GF for matching funds component elaboration. Totally 12 focus group discussions in Osh and Bishkek with PLHIV, PWID, SW, MSM/Transgender communities and TB patients were held with 141 participants (the list of meetings and number of partners you can see in attachment). In Jalal-Abad due to the fact that there is no specific NGOs working with LGBTQ populations, TB patients and PLHIV, the focus groups were conducted only with SW and PWID (OST clients). Moreover, the main directions of the matching fund component of the country application for the GF were discussed at the number of other meetings: two meetings of country dialog, meetings of CCM (KSOZ committee on HIV & TB), including outside meeting in Osh. Protocols of these mentioned meetings have included detail information on the discussions.

In each FGD, we asked what were the most acute human rights barriers they face with and the suggestions on how those could be reduced. However, over the course of consultations it turned out there were some participants of the FGD (in both groups) with HIV positive status and they shared their experiences related to human rights barriers they face as PLHIV. Following is the quick capture of the priority issues according to focus group discussions participants:

KPs	Osh	Jalal-Abad	Bishkek
PLHIV	<p>Homelessness is an issue for quite a big group of HIV positive people in Osh</p> <p>Access to TB services needs to be improved, as often patients are expected to pay the diagnostics from their own pocket and sometimes expected to bribe doctors to get access to treatment</p> <p>Lack of knowledge of own rights among PLHIV</p> <p>Stigma related to HIV remains high</p>	<p>Stigma among general population and medical personnel outside AIDS Centers were mentioned as key human rights barriers by SW and OST clients with HIV positive status in Jalal-Abad</p>	<p>Lack of ID and services assisting PLHIV with restoring their documents. This is prerequisite to accessing any health or social service provided by government</p> <p>Stigma and discrimination continues to be an issue, both among general population and health specialists outside AIDS Centers</p> <p>Breach of confidentiality revealing HIV+ status of patients in health settings</p> <p>There is quite a big proportion of HIV+ people who are homeless and unemployed (about 1/3-1/5 of all) and yet no proper access to shelters</p> <p>Lack of knowledge of own rights among PLHIV</p>
PWID	<p>Big problems with hospitalization of PWID + OST</p>	<p>Police harassment Restoring IDs to access services</p>	<p>Police harassment Harsher drug policy</p>

	<p>+ ART, especially to TB medical settings</p> <p>Heavy burden of monetary penalty for illegal drugs, including for one us (up to 80000 com – about \$1150).</p> <p>Lack access to C Hepatitis treatment</p> <p>Regulative barriers in accessing OST (working hours, requirement to travel daily)</p> <p>Absent of space for education for communication of community members</p> <p>The situation with police pressing has been met a trend to improving. The policemen haven't attend to OST site now</p> <p>Gender and family violence from sexual partners and police. The victims of violence don't meet support from police.</p> <p>Limited access to SRH services.</p> <p>Denial in medical care</p>	<p>Lack of own rights among PWID</p> <p>Harsher drug policy</p> <p>Regulative barriers in accessing OST (working hours, requirement to travel daily)</p> <p>Unemployment and homelessness</p>	<p>Lack of quality legal support for PWID (PWID reported that the lawyers hired through matching funds grant were not of great support for their community)</p> <p>Lack of knowledge about changes in the drug policy among street lawyers</p> <p>Lack of knowledge about own rights among PWID</p> <p>Stigma from medical personnel (especially TB specialists)</p> <p>Unemployment and homelessness among PWID is very high according to the FGD participants</p>
SW	<p>Police harassment (extortion of money, forced free SW services, physical violence)</p> <p>Violence from aggressive clients</p> <p>Violence from moralist gangs, especially during the religious holidays</p>	<p>Police harassment (the situation is similar to the one in Osh)</p> <p>Violence from aggressive clients</p> <p>Lack of knowledge of own rights among SW</p> <p>Stigma from medical personnel</p>	<p>Police harassment (extortion of money mainly).</p> <p>Participants of FGD pointed on decreasing considerably of physical and sexual abuse from the police.</p> <p>Violence from aggressive clients increased.</p> <p>No protection from police in case of violence from the client.</p> <p>Due to new Crime Cod and Code on support</p>
LGBTQ	<p>Police harassment (black mailing, extortion of money).</p> <p>Stigma among general population</p> <p>Lack of knowledge of own rights among LGBTQ in Osh.</p> <p>In addition, as the vast majority of police officers are of title nation, LGBTQ</p>	<p>The FGD wasn't conducted, however during the FGDs with PWID and SW both groups mentioned that LGBTQ experience higher risk of physical violence from local homophobes (mainly young aggressive men, sometime can be very religious as well) if their status becomes known</p>	<p>Police harassment, stigma and discrimination among general population, problems with changing ID for transgender people, lack of own rights among the LGBTQ community, especially young LGBTQ</p>

	<p>from Uzbek minority didn't feel safe enough to protect own rights even if they know their rights well</p> <p>Need more legal support (there are two lawyers hired by SFKg, however as the city is too small some LGBTQ are not comfortable using their services cause their families know each other)</p>		<p>Psychological, emotional, physical and financial abuse from family members.</p> <p>Lack of knowledge and skills on their one rights protection.</p> <p>Lack of legal support Lack of knowledge and stigmatization from medical staff and representative of other governmental staff (for instance of passport control officer) Difficult finding job, so sex work is the main choice for trans gender people</p>
TB patients	<p>Officially, all TB treatment in KG is free of charge for patients, however patients reported being asked to bribe the doctors in order to access TB services at all stage of TB observation and treatment</p> <p>Negative attitude from medical personnel stigma among general population towards TB patients</p> <p>New law allowing forced isolation of the TB patients, who refuse to undergo TB treatment</p> <p>Strong pressing from medical staff for TB patients with addicts and key populations</p> <p>High level of poverty among TB patients. Lack money for food, for transportation for everyday visiting medical settings</p> <p>Payment for TB testing of contact persons</p> <p>Labor migrants have no access to TB treatment in the recipient countries – so sometimes they come back to Kyrgyzstan in terminal stage of TB</p>	<p>There was no FGD with TB patients specifically, however the PWID stated that they experience the biggest problems accessing TB diagnostics and treatment services in Jalal-Abad, both because the patients are expected to cover the cost of the diagnostics and due to lack of knowledge about OST and drug-drug interaction, stigma towards PWID among TB specialists</p>	<p>Regulative barriers in accessing to DOTS</p> <p>Poor and homeless people have no possibility for continuation of TB treatment on outpatient level. They need social support.</p> <p>Homeless people and TB patients without registration in the concrete territory and medical facility should pay for medical examination. Such persons are unable to pass TLD without ID. Some TB patents from these groups in terminal stage of TB infection don't have any medical support.</p> <p>Strong pressing from medical staff for TB patients with addicts, including OST clients and key populations</p> <p>High level of pressing from family member and community supports to hide TB status from families</p> <p>Lack of information on TB for patients and their family members</p>

Following activities were highlighted by all KPs as most requested interventions to reduce human rights barriers in accessing HIV and TB services in Kyrgyzstan:

- ✓ Establishment/revitalizing the work of the community advisory boards (CABs) at AIDS Centers, TB clinics, OST sites to ensure timely conversation between administration and patients receiving services. In the opinion of KPs this could serve as both tool for improving adherence to treatment, but also addressing certain human rights barriers such as stigma, fear of confidentiality breach, etc. (requested by PLHIV, TB patients, OST clients)
- ✓ Trainings on self security measures (requested by SW, MSM, Transgender people, PWID)
- ✓ Trainings on own rights and activities aimed at community empowerment (wanted by all)
- ✓ Access to legal support, which envisions meaningful involvement of the KPs in the processes of development of the lawyers' ToR, selection and performance evaluation of lawyers providing services to KPs (wanted by SW and PWID)
- ✓ More qualified street lawyers, there should be system of training and certification of street lawyers knowledge (PWID Bishkek)
- ✓ Changing the regulations to ensure PWID can access OST via pharmacy shops closer to their homes, possibility of getting monthly supply (PWID Jalal-Abad)
- ✓ Humanization of the drug policy (PWID)
- ✓ Interventions aimed at reducing police harassment. All KPs stated that trainings only would not be sufficient. Some KPs (SW in Osh, PWID in Bishkek) reported that police harassment usually reduced after some strategic litigation cases, however after awhile they would continue again and sometimes became even harsher on KPs.
- ✓ More groups of rapid response (MSM in Bishkek) to support victims of SOGI-based violence
- ✓ Support with restoring IDs (ex-prisoners, PWID, SW, PLHIV)
- ✓ Shelters for homeless PLHIV, PWID and MSM, Transgender people who often suffer from SOGI-based violence
- ✓ Reducing stigma among medical personnel by introducing the trainings on ethics and human rights obligatory for all medical faculty students and medical personnel undergoing follow-up trainings (in KG all medical personnel need to take additional trainings after certain period of work)

The Protocol is prepared by:

Aisuluu Bolotbaeva

Larisa Bashmakova

List of the meeting and participants of

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##	Date	Place of the meeting	Community	## of participants	Comments
1.	24.02	Osh, TEZ Center	PWID, PWID/PLHIV, Female PWID	18	
2.	24.02	Osh, TEZ Center	PLHIV; PLHIV/PWID	5	
3.	24.02	Osh, TEZ Center	TB Patients TB Patients with HIV	6	
4.	24.02	Osh, PF Musaada	LGBT	14	
5.	25.02	Osh, PF Podruga	SW	15	
6.	26.02	Djalal-Abad, OST point	PWID	7	
7.	26.02	Djalal-Abad, Tais-Plus 2	SW	9	
8.	04.03	Bishkek, OF Kyrgyz Indigo	LGBT	24	
9.	05.03	Bishkek, Belladjo Café	PLHIV	11	
10.	06.03	Bishkek, Harm Reduction Network Association	PWID, PWID/PLHIV	12	
11.	06.03	Bishkek		10	
12.	10.03	Bishkek		10	
		TOTAL:		141	