Final Report


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Consultants

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<thead>
<tr>
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<th>Full Form</th>
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<tr>
<td>CDS</td>
<td>Country Development Strategy</td>
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<tr>
<td>CMCC</td>
<td>Country Multisectoral Coordination Mechanism</td>
</tr>
<tr>
<td>CP</td>
<td>Country Programme</td>
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<tr>
<td>CPAP</td>
<td>Country Partnership Action Plan</td>
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<td>CS</td>
<td>Civil Society</td>
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<tr>
<td>CSO</td>
<td>Civil society organizations</td>
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<td>MoD</td>
<td>Ministry of Defense</td>
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<tr>
<td>MoEDT</td>
<td>Ministry of Economic Development and Trade</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoJ</td>
<td>Ministry of Justice</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>MSa</td>
<td>Multisectoral approach</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organizations</td>
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<td>NPD</td>
<td>National Programme Director</td>
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<td>PLWHA</td>
<td>People leaving with HIV/AIDS</td>
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<td>PMCC</td>
<td>Provincial Multisectoral Coordination Committee</td>
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<td>PMU</td>
<td>Programme (Project) Management Unit</td>
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<tr>
<td>RBM</td>
<td>Results-Based Management</td>
</tr>
<tr>
<td>RO</td>
<td>“Respublikanskoe Ob’edinenie”¹</td>
</tr>
<tr>
<td>ROAR</td>
<td>Results-Oriented Annual Report</td>
</tr>
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<td>STD</td>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>ToR</td>
<td>Terms of Reference</td>
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<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>VPM</td>
<td>Vice Prime Minister</td>
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</tbody>
</table>

¹ «Республикансское Объединение» in English stands for “Republican Agency” (although literally «объединение» is translated as association or union)
Acknowledgements

The evaluation would be impossible to conduct without an invaluable support, empathy and collaboration that have surrounded the team for the entire mission in Kyrgyzstan.

The Programme Management Unit applied tremendous efforts to prepare the evaluation mission: collect and communicate key materials, organize meetings and inform stakeholders about the purpose of the evaluation, create friendly working environment, setup atmosphere for collaboration, open exchange of views and joint work. We are personally grateful to Ms. Ainagul Isakova for her professionalism and generosity, readiness to discuss painful issues and hear critique, encouragement and understanding. It was a real pleasure to work with her team of dedicated and inspired young experts.

The team would like to tender hearty thanks to every person that devoted his or her valuable time and shared thoughts, expectation and ideas and helped the evaluators to get a deep insight into the multisectoral mechanisms in response to HIV/AIDS in Kyrgyzstan. Openness, commitment and willingness to contribute to positive changes demonstrated by respondents were the most impressive and encouraging.

The UNDP country team and particularly Janyl Rakhmanova, UNDP Programme Associate deserves special thanks for their patience, goodwill and constant support. If the present report is free of flaws and has a chance to be appreciated by key stakeholders then the credit should be given to them the first of all.

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**Executive Summary**

**Brief description of the programme**

The Programme started in March 2005 to contribute to the CPAP outcome C.2.1 “Multisectoral approach to HIV/AIDS functioning with the participation of CBOs, religious leaders, mass media, people living with HIV/AIDS and international partners” through delivering 4 outputs:

1. Representatives of government, civil society and the private sector possess new leadership abilities to reduce the spread of HIV/AIDS, stigma and discrimination

2. Policies and laws that protect the rights of PLWHA and vulnerable groups are drafted and its enforcement is monitored

3. Key media reporting about HIV/AIDS is facts based and sensitive to vulnerable groups and PLWHA

4. The Prime Minister’s office is able to effectively coordinate and monitor the implementation of the third state programme

The Programme Management Unit was set up in the Unit for Coordination and Monitoring in HIV/AIDS area at the Prime Minister’s Office established with the UNDP assistance. The Vice Prime Minister became the National Programme Director.

**Evaluation purpose, questions and scope of evaluation**

The purpose of the evaluation was the following:

- Provide appraisal on the validity/relevance of the outcome for UNDP supported interventions, and the extent to which the set objectives and outcomes have been achieved;

- Identify gaps/weaknesses in the current Programme design and provide recommendations as to their improvement;

- Identify lessons learnt from previous and ongoing interventions in this area;

- Assess the role of the Programme in building local leadership capacities at the national levels in responding to epidemic;

- Review and assess the Programme’s partnership with the government bodies, civil society and private sector, international organizations in Programme implementation and comment on its sustainability;

- Review achievements undertaken by the Programme up until now and assess their sustainability;
• Support UNDP in identifying the future interventions of HIV/AIDS Programme, aligning it with the national priorities, UNDP’s mandate and expertise

**Key findings**

• The outcome stated in the CPAP/Programme Document is appropriate for the development situation

• Proposed indicators and targets are not relevant to the outcome and are not instrumental to demonstrate the attained success

• The output targets are partially achieved (as expected) and the UNDP’s contribution through the Programme to the achievement of the outcome was sufficient and effective.

• The majority of stakeholders express justified skepticism about the effectiveness of modified (in 2007) coordination mechanisms.

• One of the main factors that negatively affected the outcome is an existence of contradictory expectations and vision of the multisectoral approach among key stakeholders.

• Two other factors that negatively affected (directly and indirectly) the outcome include:
  o Duplication and/or ambiguity of competences between government structures concerning traditional policy analysis and public administration functions
  o High turnover of key officials in the government (e.g. Vice-Prime Ministers and Minister of Health)

• Factors with positive contribution to the Programme outcome include:
  o Increasing role of CSOs, especially service delivery NGOs in the national response to the HIV/AIDS epidemic
  o Existence of external (e.g. GFATM) and internal drivers to promote the multisectoral approach
  o Kyrgyzstan’s 10 years hand-on experience of the multisectoral approach

• Although a civil society role in the multisectoral response to HIV/AIDS has increased tremendously, it is still limited mostly to service providing NGOs; other important types of NGOs such as think tanks and “watchdogs” are not engaged yet that would have contributed to better transparency and accountability of the multisectoral response

• Key outputs of UNDP that contributed to the outcome were produced mainly by hard (programmatic) assistance; “soft” assistance instruments (such as policy advice, dialogue, brokerage, coordination) have not been used sufficiently to ensure sustainability and effectiveness of the outcome

• The proposed outputs are equally relevant to the outcome although their importance and visibility may vary – output #4 is critical and most sensitive
The technical quality of output indicators, baselines and targets is so poor that does not allow the external evaluation to capture the progress made and arrive to meaningful conclusions.

The overall sustainability of the Programme depends mostly on output #4 that is not sustainable itself, while other outputs instill confidence that sustainable results could be achieved; there is no sustainability and/or exit strategy that makes clear why, when and how UNDP can withdraw its support.

No UNDP partnership strategy was found that would have guided the UNDP CO in building important partnerships along with the Programme assistance.

Conclusions

The UNDP Programme significantly contributed to the positive change in terms of improving structural and functional aspects of the country multisectoral response to the HIV/AIDS epidemic and institutionalization of the “Three Ones” principle.

Ambiguity among key stakeholders on key concepts related to the multisectoral approach contributed to unnecessary misunderstanding, dissatisfaction and tension in relationships.

The sustainability and national ownership remain main weaknesses of the Programme.

Not all potential of partnerships and soft support instruments have been used to ensure sustainability and effectiveness of multisectoral mechanisms.

Most of stakeholders consider UNDP as a critical actor in the support to the multisectoral approach.

While making focus on building the capacity for administrative functions such coordination and monitoring a need for national capacity building for a policy analysis at the country strategic management level remains unmet.

Key recommendations

1. Continue UNDP programme’s support to the multisectoral response to the HIV epidemic in close cooperation with main partners and actors.

2. Revise the result framework and propose technically sound indicators and targets for the outcome and outputs.

3. Formulate a clear exit strategy ensuring the sustainability and country ownership.

4. Consider the possibility of consensus building among stakeholders by revisiting key conceptual and organizational aspects of the multisectoral approach through an open, transparent and participatory consultative process.

5. Prepare to support policy analysis capacity strengthening at the strategic decision making level.
**Introduction**

The mid-term outcome evaluation of the “Support to the Government to Respond to HIV/AIDS in the Kyrgyz Republic Programme” was conducted in the 3rd quarter 2007 in accordance with the UNDP Country Office evaluation plan.

The outcome to be evaluated was formulated as follows:

“Multi-sectoral approach for implementation of Three Ones principles for HIV/AIDS functioning with the participation of the state, CBOs, religious leaders, mass media, people living with HIV/AIDS and international partners.”

The purpose of the evaluation was the following (as stated in the ToR, see Annex 9 on page 49):

- Provide appraisal on the validity/relevance of the outcome for UNDP supported interventions, and the extent to which the set objectives and outcomes have been achieved;
- Identify gaps/weaknesses in the current Programme design and provide recommendations as to their improvement;
- Identify lessons learnt from previous and ongoing interventions in this area;
- Assess the role of the Programme in building local leadership capacities at the national levels in responding to epidemic;
- Review and assess the Programme’s partnership with the government bodies, civil society and private sector, international organizations in Programme implementation and comment on its sustainability;
- Review and assess the efficiency of implementation and management arrangements of the Programme;
- Review achievements undertaken by the Programme up until now and assess their sustainability;
- Review links/joint activities with other UNDP Programmes and UN Agencies;
- Support UNDP in identifying the future interventions of HIV/AIDS Programme, aligning it with the national priorities, UNDP’s mandate and expertise

In addition to the aforementioned, the purpose of the evaluation was forward-looking in order to explore opportunities for the improvement of the multisectoral mechanisms as well as better positioning of UNDP in a broader development processes that contribute to the attainment of the MDGs.

The production of an Outcome Evaluation Report that highlights the findings, recommendations and lessons learnt, and give a rating of performance was expected from the evaluation.
The following key issues were supposed to be addressed by the evaluation (as stated in the ToR):

- Outcome analysis
- Output analysis
- Output-outcome links
- Resources, partnerships, and management analysis

The following methodology was used for the evaluation:

- Desk review of relevant documents
- Discussions with UNDP Kyrgyzstan senior management and program staff;
- Interviews of partners and stakeholders;
- Consultation meetings and interviews (please see for details Annex 11 “People/organizations met” on page 58):
  - Interviews with relevant projects’ staff
  - Interviews with partners
  - In-person interviews and focus groups with local National Programme Directors, local authorities and a sampling of communities and stakeholders
  - Following the country visit, the evaluator will prepare a report based on the above objectives.

The report is divided into several sections:

“The development context” describes processes to understand when and why UNDP gets engaged in the national response to the HIV/AIDS epidemic in the country, what where the problems UNDP intended to address, who were partners, main stakeholders and expected beneficiaries of the Programme.

The next section “Findings and conclusions” is devoted to the discussion of findings and formulation of conclusions based on the analyses structured into four sub-sections:

- “Status of the outcome”
- “Factors affecting outcome”
- “UNDP contributions to the outcome through outputs”
- “UNDP partnership strategy”
- “Summary”

Section “Recommendations” provides suggestions what and how can be done to adjust UNDP's programming, partnership arrangements, resource mobilization strategies, working methods based on the findings and conclusions outlined in the previous section.
Finally, section “Lessons learnt” includes suggestions that:

- are less specific than recommendations but are extracted from practical experience that may have generic application
- can be considered by the UNDP Country Office and partners while shaping future interventions

The report includes a set of annexes with obligatory components (in accordance with the evaluation guidelines) as well as illustrative materials (tables and schemes).
The development context

The multisectoral approach to the national response to HIV/AIDS has a relatively long history in Kyrgyzstan: the first National HIV/AIDS Programme was adopted in 1997 and a National Multisectoral Committee on Prevention of HIV/AIDS/STD (at the Prime Minister’s office) was established in September 1997.

Since then the multisectoral mechanism has undergone a series of transformations, both structural and functional (as shown in Annex 6 “Chronology of events” on page 40).

The UNDP CO started provision of a “soft” assistance to the Government of the Kyrgyz Republic from the onset of the HIV epidemic in 1997 advocating for timely and adequate preventive interventions. Later the UNDP CO supported several new pilot interventions targeting high risk groups and helped NGOs to start delivery of AIDS-services.

The Government of the Kyrgyz Republic applied to UNDP in 2004 to help in building a national capacity to coordinate and monitor the incoming foreign assistance in the HIV/AIDS area and to coordinate a comprehensive national response to HIV/AIDS. A donor landscape had changed significantly by that time as well as an amount of resources directed to the HIV/AIDS area: the country received grant from the GFATM (2nd round) in 2004 ($17 million for 2004-2008) that along with the contributions of other donors (DFID/CARHAP, The World Bank/DFID (CAAP), UNDP, UNFPA, USAID, WHO, AFEW, SOROS, KfW) and the Government amounted to $5.5-7 million spendings on HIV/AIDS interventions annually in next 2 years.

In response to the Government’s request the UNDP CO assisted in the creation of a Unit for Coordination and Monitoring in HIV/AIDS area at the Prime Minister’s Office. The Unit served as a Secretariat for the Country Multi-sectoral Coordination Committee (CMCC) with revised organizational structure, composition and functions. The Unit also fulfilled the advisory role for the Vice Prime Minister, the Chair of the CMCC (see Figure 2 “Positioning of the UNDP programme within the Multisectoral Approach before June 2007” on page 36).

Structural and functional relationships between the UNDP Programme and the CMCC were not simple (to comprehend):

- several functions were arranged in layers on the same team/personalities and structure such as secretarial, coordination and monitoring

- the structure had a dual nature from an organizational point of view: it was a structural unit of the Prime Minister’s Office but was staffed by specialists employed and seconded to the Prime Minister’s Office by the Programme (and the USAID funded CAPACITY project)

- other way around the Unit team members wear two or three hats: they worked as other public servants (only a part of them was physically placed in the “White House”) following Prime Minister’s Office policies, but were contracted and paid by UNDP; one person was the head of the Unit when it came to coordination and monitoring of
interventions in HIV/AIDS area, the same person served as a Secretary of the CMCC and finally, was considered as Programme Coordinator representing the Programme PMU.

- The head of the Unit being at the same time the Programme coordinator worked “under the direct supervision of the National Programme Director/Vice Prime Minister” (according to the Programme Document) and “under direct management of Head of social and cultural development department” (as stated in the ToR)

The Unit was abolished unilaterally by the Government in June 2007 during the reorganization of the Prime Minister’s Office (Order #324 of the Prime Minister of the Kyrgyz Republic). From a legal point of view the article #6 of the Decree #204 (02 June 2005) of the Government of the Kyrgyz Republic and article #5.6 of its annex defining the establishment of the Unit for Coordination and Monitoring in HIV/AIDS area and assigning to it the function of the CMCC secretariat became obsolete. It created not only a legal but functional gap for the CMCC operation till August 2007 when the Decree #372 of the Government of the Kyrgyz Republic announced:

- a merger of two coordination committees into one: “Country Multisectoral Coordination Committee on socially important and extremely dangerous infectious diseases”, and

- transfer of secretarial functions to the Ministry of Health, and Ministry of Agriculture, Water and Processing Industry, namely to the corresponding structural units (article #14 of the CMCC charter) that should be created by the Ministry (article #4 of the Decree)

The Ministry of Health established (Order #384, 01/11/2007) the Unit for Coordination of Activities in the area of Socially Important and Extremely Dangerous Infections (in response to the Decree #372 of the Government of the Kyrgyz Republic) that assumed functions of the CMCC secretariat. According to the Order, the Unit is in charge to coordinate and monitor all interventions in HIV/AIDS area predominantly in health sector.

As a result, the Programme management arrangements as stated in the Programme Document (Part III.) became irrelevant. This situation schematically is shown in Figure 3 “Positioning of the UNDP programme within the Multisectoral Approach as of November, 2007” (on page 36). Although the Vice Prime Minister formally remains as the National Programme Director (NPD), the PMU could not be any more based on the “Sector" for Coordination and Monitoring in HIV/AIDS area, in the Department of Social and Cultural Development” as stated in the Programme document.

From a development prospective, it was a time when in-country stakeholders needed to upgrade multisectoral mechanisms in order to implement “Three Ones” principles. The Programme designed by UNDP aimed actually at helping in-country partners to apply these principles to the multisectoral response to HIV/AIDS. There is no evidence referring to a formal consultative process for the preparation of the Programme Document but as a matter of fact all stakeholders consider it as a valuable and timely initiative that helped to

\[\text{It has to be noted that even in the Programme Document the term “Unit” and “Sector” are used concurrently (that is translated into Russian as “sector”) adding a “drop of confusion” to already complex managerial arrangements}\]
streamline coordination and monitoring processes and contributed significantly to the positive changes.

From a programmatic point of view, UNDP initiative was structured around four outputs (programme components) that were supposed to address the following problems/challenges (as stated in the Programme Document):

- “Lack of real partnership and cooperation between state, private and civil society sectors to fight HIV/AIDS;
- Lack of leaders who can take responsibility for sustainable implementation and M&E of the next State Programme on HIV/AIDS. (2006-2010)
- Lack of advocacy leadership to create policies and services needed for HIV/AIDS treatment access”
- Lack of leadership to take measures against existing legal and other barriers to the development of NGOs”

However, three strategies proposed were not explicitly linked to the abovementioned problems (see an extract from the Programme Document, Annex 1 “Proposed strategies” on page 30). The second strategy the way it was formulated actually encompasses activities in three directions (that were distributed under two Programme outputs):

1. Protect the human rights of PLWHA and vulnerable groups (Programme output 2 | CPAP Output C.2.1.3)
2. Facilitate both epidemiological and social aspects of prevention (Programme output 4 | Output C.2.1.1)
3. Supports the Prime Minister’s Office by increasing its capacity to coordinate and monitor the implementation of the Third State Programme for HIV/AIDS prevention (Programme output 4 | Output C.2.1.1)

The Government of the Kyrgyz Republic (the Prime Minister’s Office as well as representatives of line ministries) and representatives of mass media could be considered as direct beneficiaries of the Programme (that have been targeted directly through capacity building interventions). A broad range of stakeholders (government officials, donors, NGOs, business) that have been actively involved in the multisectoral response benefited ultimately from the Programme.
Findings and conclusions

Status of the outcome

The stated CP outcome corresponds to the UNDAF 2005-2010 CP Outcome C.2.1 “Multisectoral approach to HIV/AIDS functioning with the participation of CBOs, religious leaders, mass media, people living with HIV/AIDS and international partners” that logically contributes (along with other UNDAF CP outcomes to the attainment of UNDAF Outcome C2 “All Vulnerable Groups exercise their rights to develop in a safe and supportive environment that provides protection from and care for HIV/AIDS”. The stated outcome is appropriate for the development situation, but indicators and targets set are not relevant and not instrumental to either measure or demonstrate success:

- If the first indicator “Proportion of representatives participating in the multisectoral committee” looks somehow relevant per se, when combined with the baseline and target it refers to only a minor characteristic of a complex phenomenon of multisectoral approach and is not specific any more

- The second indicator “Proportion of population that does not express negative attitudes towards PLWHA” together with the baseline/target is neither relevant, measurable, specific, attainable and trackable.

Nevertheless, formally the outcome target has almost been reached: 48% vs. 50% CS are members of the Multisectoral Committee (as of June 2007)

If the development change the Programme contributed to is assessed from the prospective of the introduction of “Three Ones” the following can be stated:

<table>
<thead>
<tr>
<th>Development change</th>
<th>Contribution of the Programme Outcome/outputs</th>
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<tbody>
<tr>
<td>1. Unified HIV/AIDS action frame (including relevant issues)</td>
<td>The Programme through its relevant components:</td>
</tr>
<tr>
<td>The State Programme on HIV/AIDS epidemic prevention and its socio-economic subsequences for 2006-2010 was approved by the Government in June 2006; Unified action plan of involved stakeholders on implementation of the Third State Programme and budget identified financial needs developed.</td>
<td>• Organized the assessment of the 2nd State Programme on HIV/AIDS</td>
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<td></td>
<td>• Organized preparation of the 3rd State Programme on HIV/AIDS and the unified action plan through a participatory Process</td>
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<td></td>
<td>• Facilitated significant improvements in HIV/AIDS related legislation</td>
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</table>
## Findings and conclusions

### 2. Unified national coordination mechanism

**One Country Multisectoral Coordination Committee** chaired by the Vice Prime Minister is operational.

Among other functions the CMCC is specifically responsible for:

- **Overall coordination and control over implementation of the national strategy to fight HIV/AIDS, TB and Malaria** (referred to as epidemic) and relevant problems
- **Ensuring sustainability of coordinating mechanisms on the national level**

Provincial multisectoral coordination committees (PMCC) to fight epidemic were established in all 7 oblasts

The working/operational unit of the CMCC was established with the UNDP Programme support

The Unit/PMU served as CMCC Secretariat responsible for CMCC functioning process as well as arrangement of multisectoral coordination on implementation of national strategy to fight epidemic and relevant problems (drug use harm reduction, STI, associated diseases in penitentiary system etc.)

The Programme contributed to the following outputs though relevant components:

- Capacity building of key stakeholders (at the national and sub-national levels) to effectively implement the Third State Programme at both national and provincial levels;
- Active cooperation with other coordination bodies functioning in TB, penitentiary system areas on ministerial level;
- Active cooperation with stakeholders on funding and resource mobilization issues and attracting of grants to fight HIV/AIDS, TB and Malaria;
- Support to the coordination of the communication strategy of the Third State Programme on HIV/AIDS prevention

### 3. Unified national monitoring and evaluation system

The unified monitoring and evaluation system, including Regulations and State M&E Action plan with indicators, was developed and harmonized among stakeholders

- Capacity building of Government in establishing of unified monitoring and evaluation system on national level:
- Coordination of multisectoral working group’s activities and CMCC technical sector involved in development of unified M&E system;
- Harmonization of system among all stakeholders and further approval to be compliant with Government’s procedures;
- Capacity building of specialists and tutors in M&E
**Findings and conclusions**

<table>
<thead>
<tr>
<th>Development change</th>
<th>Contribution of the Programme Outcome/outputs</th>
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<tr>
<td></td>
<td>area;</td>
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<td></td>
<td>• Introduction of CRIS system on M&amp;E applied for</td>
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<td></td>
<td>collection, processing and analysis of data on</td>
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<td></td>
<td>national level, all relevant M&amp;E specialists</td>
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<td></td>
<td>involved in process have been trained on M&amp;E</td>
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<td></td>
<td>basics and relevant software on working place;</td>
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<td></td>
<td>• All national partners (provincial AIDS</td>
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<td>centers, National Statistic Committee) are</td>
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<td></td>
<td>equipped with PC and software;</td>
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<td></td>
<td>• Information materials and international</td>
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<td></td>
<td>manuals on M&amp;E in HIV/AIDS area were adapted</td>
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<tr>
<td></td>
<td>to local environment and applied in national</td>
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<tr>
<td></td>
<td>M&amp;E system;</td>
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<tr>
<td></td>
<td>• Developed and maintained AIDS website -</td>
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<td></td>
<td><a href="http://www.aids.gov.kg">www.aids.gov.kg</a> covering all relevant</td>
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<tr>
<td></td>
<td>information and activities of stakeholders</td>
</tr>
<tr>
<td></td>
<td>involved in creation of sustainable system to</td>
</tr>
<tr>
<td></td>
<td>fight epidemic (news, stakeholders database,</td>
</tr>
<tr>
<td></td>
<td>regional events calendar, grants information,</td>
</tr>
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<td></td>
<td>press-releases etc.;)</td>
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If the Programme outcome and outputs area measured in accordance with the UNDP Outcome Evaluation guidelines, the following conclusion can be drawn:

<table>
<thead>
<tr>
<th>Outcome and Outputs</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Multi-sectoral approach to HIV/AIDS functioning with the participation of CBOs,</td>
<td>Positive change</td>
</tr>
<tr>
<td>religious leaders, mass media, People Living with HIV/AIDS and international partners.</td>
<td>No change</td>
</tr>
<tr>
<td>1. Representatives of government, civil society and the private sector possess</td>
<td>Negative change</td>
</tr>
<tr>
<td>new leadership abilities to reduce the spread of HIV/AIDS, stigma and discrimination</td>
<td>Achieved</td>
</tr>
<tr>
<td>2. Policies and laws that protect the rights of PLWHA and vulnerable groups are</td>
<td>Partial</td>
</tr>
<tr>
<td>drafted and its enforcement is monitored</td>
<td>Not achieved</td>
</tr>
<tr>
<td>3. Key media reporting about HIV/AIDS is facts based and sensitive to vulnerable</td>
<td></td>
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<tr>
<td>groups and PLWHA</td>
<td></td>
</tr>
<tr>
<td>4. The Prime Minister’s office is able to effectively coordinate and monitor the</td>
<td></td>
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<tr>
<td>implementation of the third state programme</td>
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</table>

The UNDP’s contribution through the Programme to the achievement of the outcome was sufficient, effective and sustainable (to certain extent). Considering that the outcome was evaluated in the middle of the Programme implementation, the achievements in overall are remarkable. However, soft assistance methods were not used sufficiently by UNDP (namely advocacy, policy dialogue and brokerage/coordination) to ensure sustainability and
effectiveness of the outcome. Discussion with key stakeholders (both governmental and donors) showed that there was a room for brokerage (the first of all) and advocacy especially when the climate worsened around the Unit for Coordination and Monitoring. This opportunity was not used unfortunately (although nobody can say for sure that if the opportunity has been used it would have averted the risk).

The Programme succeeded to build local leadership capacities at the national and even subnational levels in responding to epidemic (see more details in the next section about output #1).

If the success/effectiveness of the multisectoral approach is perceived only as the operation of the CMCC, then the Programme has been really effective despite a wide range of operational gaps/challenges identified in the performance of the CMCC (ОО «Изилдоо Плюс», Алешкина Ю. и др., 2007). At the same time, notwithstanding conceptual ambiguities and diversity of opinions/expectations around multisectoral mechanisms, the majority of stakeholders (including governmental agencies, NGOs and international organizations) pinpointed the following:

- They consider the Secretariat (Unit for Coordination and Monitoring) to be a “guarantee” of the multisectoral approach and not the Presidium of the CMCC (notwithstanding its composition)

- The meetings of the CMCC presidium are rather formal by nature: as usually they are not instrumental for substantive discussions and revisions and just legitimizes though a voting procedure decisions that are prepared in advance by the Unit; therefore, quality of multisectoral approach depends more on the content of the documents and technology of their preparation that is under auspices of the Secretariat than on decision making procedures/practices of the Presidium

- Consequently positioning and mode of operation of the Unit (and corresponding technical sectors) is believed to be critical for the multisectoral approach rather than of the CMCC Presidium itself

It can be concluded that the majority of stakeholders maintain justified skepticism about the effectiveness of modified (in 2007) coordination mechanisms. Most of them agree that no rhetoric could help to resolve this dispute unless concepts of multisectoral approach are clarified and framed in a way that allows measuring the success by objective verifiable indicators.

3 The Unit specialists just coordinated preparation of documents (by ad hoc task forces or technical sectors) and were not their authors

4 Although the Unit and Secretariat have been used concurrently, for the purpose of this report the term “Unit” (“Sector” in Russian) will be used unless specified otherwise
Factors affecting outcome

Factors that affected the outcome either positively or negatively are schematically represented in Figure 4 “Factors affecting the outcome” (see in Annexes, on page 37).

One of the main factors that negatively affected the outcome is an existence of contradictory expectations and vision of the multisectoral approach among key stakeholders. There is no conceptual agreement on key aspects of the multisectoral approach even between more active stakeholders (e.g. members of the CMCC). This can be caused by two reasons at least:

- Lack of open, regular, participatory consultations among key stakeholders
- Absence of appropriate indicators and benchmarks (M&E evaluation framework) to measure the performance

Only some stakeholder were able to articulate clearly, what is a tangible and measurable success of the multisectoral approach in the country. Not surprisingly, expressed concepts did not match.

In fact, expectations toward the CMCC performance have not been defined and there is no technical description of its deliverables (quantitative and/or qualitative). This can be explained by the lack of a conceptual clarity about the multisectoral approach and incentives to apply performance (results) based mechanisms (that calls for more accountability to constituents).

Poor coherence between development strategies (from content and process management point of views) suggests that there is lack of evidence-based policy-making especially at the strategic level. For instance, the Country Development Strategy 2007-2010 is a top level strategic document that is supposed to contribute to the attainment of the MDGs the country is committed to. A decrease of HIV/AIDS epidemic is one of thematic priority areas on the development agenda. However, as shown in Figure 5 “Relationships between strategies/programs and strategic management” (on page 37) the State Programme on HIV/AIDS is not directly integrated into the SDC, and only through another strategic policy document “Manas Taalimi 2006-2010” the link can be established between those two. The link is partial – only health aspects of the State Programme on HIV thematically overlap with the CDS while other important sectoral policy issues stay outside of the scope of the CDS.

Ideally, there should be a move toward the integration of State Programme on HIV/AIDS sectoral issues into the broader development agenda (remaining justified overlap with the health sector development agenda). It would have an implication on the scope of the management of strategic development: fighting of the HIV/AIDS epidemic becomes a subject of strategic management oversight along with other development policy issues.

Although the lack of evidence-based policy-making at the strategic level was adequately recognized by high-level officials in the Prime Minister’s Office and President’s Administration, it is obvious that there is still poor understanding of and low demand on evidence-based policy-making in government structures. At the same time, a low capacity to perform effectively key policy analyses functions was considered as a main barrier to the
introduction of evidence-based policy-making. Two more factors can be linked to this problem:

- Duplication and/or ambiguity of competences between government structures concerning traditional policy analysis (see the definition in Annex 8 “Concepts” on page 46) and public administration functions
- High turnover of key officials in the government (e.g. Vice-Prime Ministers and Minister of Health)

These two factors had direct and indirect negative influence on the Programme outcome in different ways.

Some other factors are worse of mentioning even without indicating cause-result relationships.

The following factors can be in a group with positive contribution to the Programme outcome:

- Increasing role of CSOs, especially service delivery NGOs in the national response to the HIV/AIDS epidemic
- Existence of external (e.g. GFATM) and internal drivers to promote the multisectoral approach
- Kyrgyzstan’s 10 years hand-on experience of the multisectoral approach to respond to HIV/AIDS

The role of CSO in the improvement of multisectoral response deserves special attention. CSOs have been predominantly represented by service providing NGOs. They are definitely more experienced in serving high-risk groups than in meaningful participation in a complex decision-making processes. At the same time other types of CSOs such as think tanks and so called “watchdogs” are not represented adequately in the multisectoral mechanism (not necessarily in the CMCC). More active engagement of this type of organizations could more benefit the effectiveness and sustainability of the multisectoral approach (by increasing accountability, transparency and quality of policy decisions).

**UNDP contributions to the outcome through outputs**

Key outputs of UNDP that contributed to the outcome were produced mainly by hard assistance (through the Programme).

Output #4 of the UNDP programme was the key output that contributed to the outcome. Capacity building efforts directed to the Prime-Minister’s office to increase its ability to effectively coordinate and monitor the implementation of the third state programme (that serves as an unified action frame in HIV/AIDS area) were a corner stone of the UNDP assistance. Milestones that have been achieved (as shown in Annex 2 “Performance matrix” on page 31) demonstrate how deliverables under this output/component have been significant.
As to the rest of outputs, it is better to discuss their relevance to the outcome first in order to understand better their contribution to the outcome.

It is not easy to ascertain in the Programme Document explicit links between outputs #1 to 3 to the outcome. However, the proposed hierarchy of intermediate results (see Figure 1 “Hierarchy of objectives, indicators, baseline and target” on page 35) helps to understand how UNDP comprehends the concept of multisectoral approach to HIV/AIDS in Kyrgyzstan. The following answers can be read from this hierarchy on a probing question “what requirements a good multisectoral approach to HIV/AIDS should meet in Kyrgyzstan?”:

- Representatives of different stakeholders/sectors should possess new leadership skills to reduce HIV/AIDS epidemic, stigma and discrimination
- General public opinion is influenced by facts based and sensitive to vulnerable groups and PLWHA media reporting
- Policies and lows that protect rights of PLWHA and vulnerable groups are enforced
- The Prime Minister’s Office/Government is able to effectively coordinate and monitor the implementation of the national policy on HIV/AIDS

If so, the proposed outputs are equally relevant to the outcome although their importance and visibility may vary.

The output #1 demonstrates a \textit{bottom up} approach of the Program to the multisectoral mechanisms. The proposed multisectoral approach does not cover only top level officials of line ministries represented in the CMCC. A new vision, motivations and skills to carry out breakthrough initiatives are cultivated within the line ministries under the output #1: middle level officials (top specialists) were selected as a target group. An investment in these technical resources and ongoing support ensures bottom up initiatives in different sectors (primarily in uniform services) that adds real ownership and sustainability to other multisectoral mechanisms such as the CMCC.

Representation of the PLWHA and other vulnerable groups in the CMCC are not enough to provide secure environment where these people can enjoy their rights. Therefore, the output #2 focuses its efforts to the improvement of the legislation in this regard and monitors to what extent law enforcement agencies comply with the revised legislation. At the same time, the output invests in the provision of legal services enabling these groups to enjoy their rights fully. This output could be perceived as a case of “multisectoral approach on the ground with the involvement of beneficiaries”.

Finally, the output #3 directs its efforts to a qualitative change of the media coverage of HIV/AIDS related issues by building step-by-step key media capacity to understand HIV/AIDS problem and distribute information that are based on facts and can change public opinion to a favorable direction. This component brings into the multisectoral approach a very powerful player – mass media in a sustainable manner.

The actual progress made under each output is described in detail in Annex 2 “Performance matrix” (on page 31).
Two factors can be mentioned that facilitated the production of such outputs:

- A high formal status of the agent with vested authority to coordinate HIV/AIDS related interventions
- Professionalism and dedication of the Programme team

The monitoring and evaluation indicators are inappropriate to link these outputs to the outcome and there is a clear need to improve these indicators:

- Most of indicators do not meet SMART criteria
- Simply a number of indicators, baselines and targets does not match
- Often proposed baselines are irrelevant to indicators and/or baselines and targets refer to completely different phenomenon (characteristic)
- Most of outputs, indicators, baselines and targets vary significantly between the CPAP 2005-2010 and the Programme Document (see for detail Annex 5 “Comparison of the hierarchy of results, indicators and targets” on page 38); the deviation of the Project Results and Resources Framework from the CPAP could be tolerated if it has benefited technical quality of the former

The technical quality of output indicators, baselines and targets is so poor that does not allow the external evaluation to capture the progress made and arrive to meaningful conclusions.

Nevertheless, the progress made by the Programme team toward stated outputs is impressive and can be demonstrated by conventional milestones shown in Annex 2 “Performance matrix” (on page 31).

From a Programme implementation point of view the proposed management arrangements were quite efficient (though not enough sustainable): a) the PMU was located in the “epicenter” of the multisectoral mechanism; b) a labor division was very clear between the Programme team members in spite of a complexity of functions assigned to the Unit; c) managerial autonomy given to the PMU provided a space for flexibility and encouraged creativity in solving problems. Consequently, comparing the number of specialists with volume of activities and achievements (in all areas of the Programme) in a given short time (2.5 years) the efficiency of implementation is self-evident.

With the current planned interventions in partnership with other actors and stakeholders, UNDP will not be able to achieve the outcome within the set timeframe and inputs due to recent changes in the multisectoral mechanisms (as described in section “The development context” on page 7). The output #4 and managerial arrangements are not relevant any more. New interventions might be considered to achieve the outcome and ensure its sustainability (see the corresponding recommendations in section “Recommendations” on page 20). There could be a need for additional technical resources/capacity to implement the recommended interventions.

The strategies applied by UNDP for outputs 1 to 3 instill confidence in the sustainability of these interventions although the issue of sustainability is not discussed explicitly in the Programme Document. However, the sustainability of the outcome very much depends on
the output #4 that is the weakest point from a sustainability point of view. In spite of the NEX modality there is enough evidence to conclude that neither sufficient national ownership of the output #4 interventions has been achieved nor a dependency of the government on external support (related to the ability to coordinate and monitor effectively HIV/AIDS policy implementation) has been decreased.

**UNDP partnership strategy**

There is no explicitly stated partnership strategy in the Programme Document. The Document only refers to a long list of partners in its Project Results and Resources Framework as shown in the box.

A lack of the partnership strategy can be explained by a simple logic: the Programme is anyway supposed to work with all stakeholders of the multisectoral approach because of the nature of the Programme, even without a dedicated partnership strategy. If that is true, it suggests that the Programme team, namely the Unit for Coordination and Monitoring was responsible for partnerships and not the UNDP CO. Moreover, it deems that “coordination and monitoring of actors in HIV/AIDS area” and “partnership building around the multisectoral response” were muddled up: these concepts are quite different by its purpose and methods; secondly, very often rigorous coordination and monitoring can harm partnership, especially if the rules were not defined in advance and accepted by actors (including partners). If so, a partnership strategy is even more needed to counterbalance possible “side effects” of such coordination and monitoring. The strategy could be more effective if the coordination and monitoring is carried out by one agent and partnership building (or “repair”) by another (e.g. the PMU/Unit and UNDP CO in this case). Presumably, the partnership strategy would have helped UNDP to provide targeted and timely soft assistance.

The list of partners above is noteworthy because of one reason: line ministries, particularly the Ministry of Health were not mentioned. Most likely, they were not omitted deliberately. It rather implies that the Prime Minister’s Office with subordinated line ministries (and other state agencies) was the main partner from the government side. Besides, the Republican Multi-Sectoral Coordination Committee also covers major state actors. In any case, it was advisable to list leading line ministries, especially in the light of recent changes in the CMCC structure and operation initiated by the Ministry of Health.
Summary of conclusions

- The UNDP Programme significantly contributed to the positive change in terms of improving structural and functional aspects of the country multisectoral response to the HIV/AIDS epidemic and institutionalization of the “Three Ones” principle.

- Ambiguity among key stakeholders on key concepts related to the multisectoral approach contributed to unnecessary misunderstanding, dissatisfaction and tension in relationships.

- The sustainability and national ownership remain main weaknesses of the Programme.

- Not all potential of partnerships and soft support instruments have been used to ensure sustainability and effectiveness of multisectoral mechanisms.

- Most of stakeholders consider UNDP as a critical actor in the support to the multisectoral approach.

- While making focus on building the capacity for administrative functions such as coordination and monitoring a need for national capacity building for a policy analysis (see the definition in Annex 8 “Concepts” on page 46) at the country strategic management level remains unmet.
Recommendations

Recommendations presented below were prompted mainly by the following factors:

- Intention to increase the effectiveness and sustainability of the multisectoral approach in Kyrgyzstan
- Necessity to respond more adequately to rapidly changing situation

Recommendations are grouped into three categories that vary by time-frame, direction and nature of work. Each recommendation is followed by the description of methods and steps necessary to implement them.

Recommendations for immediate action

1. Continue UNDP programme’s support to the multisectoral response to the HIV epidemic in close cooperation with main partners and actors.

There are two scenarios to continue its support: one is based on a soft, “unconditional” support approach and another on more structured, performance based approach. Both scenarios imply a revision of the existing charter of the Coordination Unit at the MoH, development of ToRs of key personnel and later adjustment of the UNDP Programme document (see tasks #3-4 below). In addition to these steps, the performance based support calls for setting up a monitoring and evaluation framework from the beginning and measuring the performance against targets that were accepted by key actors in advance.

In both cases, UNDP needs to start a dialogue with the Prime Minister’s Office (the Programme Director) and the top management of the Ministry of Health. Only technical content of this dialogue (and outputs) varies between the scenarios.

In case of the performance based support scenario, UNDP needs to:

1. Elaborate operational definitions of main functions assigned to the newly established unit in the Ministry of Health coordination. Even without conceptual clarification of the multisectoral approach, functions such as “coordination” and “monitoring” need to and could be broken down to simple tasks to draw a scope of their application (methods, format/rules and outputs). Whatever is defined from a technical point of view, at least it will be agreed upon between stakeholders to have similar expectations

2. Propose to the Ministry of Health top management and agree on performance measurement indicators and targets that correspond to the operational definitions of coordination and monitoring, are achievable and most importantly, easily measurable by any stakeholder;
3. Work with the Ministry of Health top management together with the Prime Minister’s office and other partners:

3.1. to revise the charter of the Coordination Unit making it consistent with the operational definitions of the main functions;

3.2. to define functional needs, specify types of support and formulate a scope of work of key personnel and accountability format

4. Revise the Programme Document reflecting all technical and organizational aspects discussed and agreed upon above

It is highly desirable to provide the performance based support.

In any case, the multisectoral response with modified coordination and monitoring will be maintained and if possible advanced in terms of effectiveness by linking the support to concrete results. On top of that, evidence will be generated regarding functional and organizational aspects of coordination that will inform stakeholder’s future steps to improve the effectiveness, efficiency and sustainability of multisectoral mechanisms.

II. Revise the result framework and propose technically sound indicators and targets for the outcome and outputs

Regardless of the developments described above, the UNDP country team needs to reformulate outputs and propose relevant indicators that better capture qualitative and/or quantitative aspects of intended changes (in accordance with UNDP monitoring and evaluation guidelines).

The Programme management has to set up new performance targets and milestones that:
Recommendations

- By its content/nature are consistent with indicators
- Reflect recent progress and are realistic (based on the experience obtained)

**III. Formulate a clear exit strategy ensuring the sustainability and country ownership**

The UNDP needs to come up with more clear vision of its long-term role in HIV/AIDS area that is closely linked to the developments in multisectoral approach (see recommendations below). However, despite of these developments, the UNDP team needs anyway to define when and how to withdraw from specific types of interventions without affecting sustainability of results. The other way around, the sustainability strategy has to clarify:

- What are criteria of sustainability of desired outputs
- What methods can contribute effectively to building self-reliance
- What are key factors to ensure national ownership of the processes and developments
- When and how the government and other partners can phase in

**Recommendations for medium term actions**

**IV. Consider the possibility of consensus building among stakeholders by revisiting key conceptual and organizational aspects of the multisectoral approach through an open, transparent and participatory consultative process**

The stakeholders have two options to advance the multisectoral mechanisms:

- one is based on more “passive approach” and can lead to incremental changes (referred as “cosmetic repair”)
- while another approach implies active efforts of all stakeholders to rethink conceptual issues, reach a consensus and substantially improve the multisectoral mechanisms

It is not solely up to UNDP to opt for the first or second scenario. The choice depends very much on the understanding, willingness and commitment of at least key stakeholders including national actors and donors. Therefore, UNDP is recommended to conduct at least one round of preliminary consultations (preferably through face-to-face meetings) to explore preferences of partners and expectations toward UNDP or other agency as a candidate for the facilitation of the processes.
The following factors are most likely to inform the choice of one or another scenario/approach:

- Dynamics within the government structures (possible changes of personalities at different levels of the government)

- Willingness of key stakeholders to engage in open (transparent) continuous policy dialogue

- Ability to properly design, organize and facilitate processes (consultations, policy discourse, planning & assessments, etc.)

- Changes in priorities and/or mandates of key development partners

Even at an early stage of preliminary consultations it is important for stakeholders to visualize alternative processes (together with outcomes), especially “technological complexity” in order to consider all pros and cons and make an informed decision.

If stakeholders opt for the “cosmetic repair” scenario, the process is most likely to look as follows:

1. Assess results of one year operation (or even earlier) of the new coordination and monitoring mechanism:
   1.1. If the support to the coordination mechanism is performance based, it would be easier to assess success or failure based on the M&E agreed in advance.
   1.2. If “unconditional” support is provided the assessment probably will be more subjective (e.g. each evaluating agent may propose an own set of indicators)
Recommendations

2. Discuss the effectiveness of the new coordination mechanism (the assessment results) and try to agree on necessary changes if needed

3. Propose the agreed changes with corresponding arguments (and implications) to the Vice-Prime Minister, the CMCC Chair

As an example, the following changes might be proposed:

- repositioning of secretarial or/and coordination and monitoring functions within the government
- different composition and/or size of the Presidium of the CMCC
- reshaping of technical sectors and/or streamlining their operation/performance

In case stakeholders opt for the second scenario (and, besides UNDP agrees to take a leading role), the following tasks should be carried out to implement the recommendation:

1. Design a consultation process, namely (estimated length – minimum 4-6 weeks):

1.1. Define principles, format (rules of participation, obligations of parties involved in the consultation, types of events and technical “production” processes) and deliverables with a time-frame

1.2. Agree on the process design (expressing official commitment to participation in the consultative process and acceptance of rules)

2. Carry out consultation in accordance with the agreed plan (expected duration 3-5 months at least), namely:

2.1. Define key concepts such as “multisectoral approach”, “coordination”, “monitoring”, “analysis” as well as guiding principles (e.g. “rights of minorities”, “conflict of interests”, “accountability”, “transparency”, etc); an illustrative list of questions that could be answered through this exercise is given in the box above.

Illustrative list of questions to be answered:

- Multisectoral approach (MSa) is all about CMCC or something more?
- Where does the success of MSa lie primarily – process or policy achievements?
- How to harmonize MSa (linked to one policy theme) with overall governance practices?
- How MSa contributes to the institutionalization of a policy analysis cycles?
- What are internal signal system ensuring quality, sustainability and effectiveness of the MSa?
- Where does the coordination start and end? What coordination mode is optimal and/or desirable? To what extend it should be binding for key actors?
- How MSa ensures a fair balance between responsibilities and authority in political arena? If a functional assessment of key stakeholders (mapping) has been conducted would it match it?

5 A comprehensive list of desired changes is well described in the CMCC assessment report (Алешкина Ю. и др)
Recommendations

2.2. Formally agree on the conceptual framework described above

2.3. Design functional and organizational aspects of the multisectoral mechanisms including (but not limited to):
- 1. functions/competences and outputs/deliverables of the CMCC (i.e. a ToR of the CMCC) with a corresponding performance measurement framework
- 2. procedures of its formation (membership), key operational procedures (i.e. “operational manual”)

2.4. Agree on the organizational, functional setup and procedures (“operational manual”)

2.5. Design a plan of implementation of these changes with a time-frame and responsible agencies and technical/financial support needed (i.e. “cost of changes”)

3. Start introduction of the changes in accordance with the implementation plan (the upgrade of multisectoral mechanism can take many months depending on the scale/depth of changes)

It is advisable to start the process not earlier than February 2008 (although the UNDP management team can start preliminary consultations with key stakeholders right away); it means that by the end of October 2008 it could be known what is supposed to be changed and what efforts are needed.

Considering developments in the support to the new coordination mechanism (see recommendation #1 above) and results of the consultative process the UNDP management team can decide by that time a level of involvement in the advancement of the multisectoral mechanisms (even before the implementation plan is drafted) and either to:

- Revise the Programme (component #4 specifically) and continue its support to the strengthening of the multisectoral approach, or
- Withdraw gradually from this area (in accordance with the exit strategy discussed above)

**Recommendations for long-term actions**

V. Prepare to support policy analysis capacity strengthening at the strategic decision making level

Separately from the processes and their outcome described above (under recommendation #4), there is an opportunity to strengthen Government’s capacity for policy analysis (see the definition in Annex 8 “Concepts” on page 46) that ultimately will contribute to the institutionalization of an evidence-based policy-making in the country.

From methodological point of view, there are different scenarios how to gradually redirect (or direct in addition to the current support) a focus to a strategic management level and engage in the capacity building that could benefit the policy making not only in HIV/AIDS but other thematic areas (such as mother and child health, poverty, environment) as shown schematically in Figure 6 (“Options for supporting policy analysis functions on page 38).
Recommendations

It is possible initially to start building the policy analysis capacity around HIV/AIDS thematic area (corresponding to route #2 in the scheme); then gradually broaden a thematic scope of policy analysis to other adjustment (or priority) public policy areas in social sphere (corresponding to route #3 in the scheme). The country’s on-hand experience in healthcare policy analysis could be considered as an asset to capitalize on.

It is too premature to give a preference to one or another scenario. At this point, it is highly desirable to:

- Start a process (prepare for the possible support) of consultations
- Agree on some start up setup with the Government and involved development partners
- Try to gradually expand the thematic scope to policy areas other than HIV/AIDS

The process necessary to implement this recommendation is as follows:

1. Design an open consultative process with the government and development partners, namely:
   1.1. Conduct preliminary consultations and get their consent to engage in the technical consultation process
   1.2. Design a consultation plan defining participants, time frame, format of participation and deliverables and agree it with the stakeholders
2. Carry out consultations with stakeholders in accordance with the plan
3. Define existing capacity (in and outside of the government/public agencies) and needs for strengthening policy analysis functions
4. Revise the UNDP Programme accordingly (either draft a new one), namely:
   4.1. Identify executing agency and organizational arrangements
   4.2. Define interventions, budget and monitoring & evaluation framework
5. Start the provision of a support to the government in strengthening policy analysis capacity

The entire process of preparation could take from 4 to 6 months and the UNDP country team can make a decision about the support by October 2008. This direction could become a part of UNDP exit strategy from the coordination and monitoring dimension of the multisectoral response to HIV/AIDS epidemic.

It has to be stressed that this recommendation is relatively less prescriptive than previous ones. It just calls for opening of process that would help UNDP to specify the direction, scale and nature of their involvement.

Summary of recommendations to the UNDP Country Office

1. Provide performance based support to the Government (Prime-Minister's office and Ministry of Health) increasing their ability to coordinate and monitor effectively the implementation of the 3rd State Programme on HIV/AIDS

2. Continue the current support through outputs 1, 2 and 3

3. Revise/update the Programme Document, namely:
   - Reformulate outputs, indicators and targets
   - Add section on the sustainability (with corresponding exit strategy)

4. Refine management arrangements (part III)

5. Start preliminary consultations with key stakeholders to consider the possibility of consensus building through an open participatory consultative process

6. Start a dialogue with the President’s administration and Prime-Minister's office (in February 2008) and development partners on the possible support in strengthening the policy analysis capacity at the strategic management level
Lessons learnt

1. A sustainable and effective multisectoral response requires more focus on processes that ensure an open dialogue between stakeholders and their meaningful engagement in decision-making. These processes are critical to conceptualize and agree on key aspects of a complex multisectoral approach, maintain a spirit of fair partnerships through an exchange of concerns, dissatisfaction, ideas and expectations. As to the process management and nature, it should encourage interactions in a more relaxed informal environment (be it round tables, retreats, social events, etc.) that differ from and could complement formal and structured interaction framed under the CMCC operation.

2. Without a conceptual clarity among key stakeholders, it is impossible to avoid confusion, misunderstanding and/or dissatisfaction that ultimately affect the sustainability and effectiveness of the multisectoral approach.

3. Country ownership and sustainability remain as a challenge despite all merits of the NEX modality. Without a clear exit strategy of UNDP that is accepted and strictly followed by counterparts it is impossible to cultivate gradually a feeling of responsibility among high level officials, transfer skills and “technologies” that are eventually embedded in governance practices (and are not rejected as an implant)

4. When the Programme entails building relationships/partnerships in a very dynamic environment, especially with high turnover of officials more balanced “soft” and “hard” assistance is required; even the programme is considered the best NEX practice in the country, the UNDP country team should consider becoming more visible and proactive in brokerage/coordination whenever the Programme team faces difficulties.

5. Risks associated with the nature of the Programme (working closely with and being dependent on a wide range of stakeholders) and managerial arrangements (reliance on the Government structures with high turnover of high level officials) were not considered in a due manner. Correspondingly no risk management strategies were developed. Programmes like this that are implemented in a very dynamic and competitive environment, entail interaction with a great number of diverse stakeholders may benefit if risk management strategies are developed from the beginning. It can guide the UNDP CO and PMU in prevention of or responding to the recognized risks.

6. The Programme showed that middle level officials (i.e. top level specialists) are the most effective and attractive target for an investment in human resources in an unstable environment: this layer of ministry personnel usually is less affected by frequent cabinet reshuffles; they are less likely to leave the sector and can even be promoted becoming more influential in decision-making; they are more motivated (open to professional growth) and more flexible to allocate own time to the Programme related activities; and, finally, they are main opinion-makers advising the top level ministerial officials.

*Lessons learned are not a) presented in the order of their importance and b) linked logically*
7 From a purely managerial point of view a clear division between secretarial and coordination & monitoring functions could be helpful (to streamline functions and avoid confusions):

- considering technical requirements for secretarial tasks it can be easily handled by the office of the Vice Prime Minister

- at the same time, tasks of a permanently working entity of the CMCC (such as coordination and monitoring) could be assigned to any qualified structural unit staffed with relevant professionals.

8 The UNDP CO needs a well-designed partnership strategy when providing a support to the multisectoral response. The strategy is necessary for partnership building separately from coordination and monitoring interventions of the Programme in order to provide effective, targeted and timely soft assistance to the Programme
## Annexes

### Annex 1 Proposed strategies

#### Strategy 1

**What:**

New leadership abilities (skills) are possessed by representatives of the government, civil society and private sector.

**How:**

- sensitization meetings
- Workshops
- Press conferences
- Round tables for policy – makers and the representatives of:
  - key ministries
  - mass media
  - private sector
  - civil society and
  - religious leadership
- support to expansion of active AIDS service NGOs outside the main urban areas

#### Strategy 2

**What:**

Rights of people live with HIV/AIDS and vulnerable groups are better protected

**How:**

- identify gaps in the legal and policy framework and
- support the drafting of policies and laws
- monitoring the progress of draft laws through parliamentary debate to approval
Strategy 3

What:
HIV/AIDS is addressed by media campaigns in a constructive manner

How:
- work with major media outlets to ensure that reporting about HIV/AIDS is fact-based and sensitive
- Support an HIV/AIDS media resource center to facilitate the spread of accurate information about HIV/AIDS
- Built partnership <i>with</i> the owners of media in Kyrgyzstan and launch a Kyrgyz Republic Global Media Initiative in partnership with media, create a long-term comprehensive cross-media campaign

Annex 2 Performance matrix

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Targets by Years</th>
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<tbody>
<tr>
<td><strong>Outcome:</strong> Multi-sectoral approach to HIV/AIDS functioning with the participation of CBOs, religious leaders, mass media, People Living with HIV/AIDS and international partners.</td>
<td></td>
</tr>
<tr>
<td>1. Proportion of representatives participating in the multisectoral committee</td>
<td>Baseline 2005 2006 2007 2010</td>
</tr>
<tr>
<td>10% civil society are members of the multisectoral committee</td>
<td>48%</td>
</tr>
<tr>
<td>50% civil society are members of the multisectoral committee</td>
<td></td>
</tr>
<tr>
<td>2. Proportion of population that does not express negative attitudes towards PLWHA</td>
<td></td>
</tr>
<tr>
<td>60% of urban and 40% of rural population does not express negative attitude towards PLWHA</td>
<td>???</td>
</tr>
<tr>
<td>90% of urban and 70% of rural population does not express negative attitude towards PLWHA</td>
<td></td>
</tr>
<tr>
<td><strong>Output 1:</strong> Representatives of government, civil society and the private sector possess new leadership abilities to reduce the spread of HIV/AIDS, stigma and discrimination</td>
<td></td>
</tr>
<tr>
<td>3. Number of trained leaders that can take action within 1 year of training</td>
<td>The country has the Republican Multisectoral Coordinating Committee and 7 oblast coordinating committees. The 60 Leaders (out of which 70% were NGO representatives)</td>
</tr>
</tbody>
</table>
## Indicators

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Targets by Years</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multisectoral approach to HIV/AIDS is being expanded to the raion and local levels. There is lack of real partnership between state, civil society and private sector and there are no leaders taking full responsibility to take measures against HIV epidemic. The country has 7 ministries and departments responsible for the uniformed services.</td>
<td>Targeted HIV interventions are in place in 6 uniformed services</td>
<td>Targeted HIV interventions, namely improved coordination mechanisms for organization of HIV/AIDS activities are in place in 5 uniform service departments</td>
<td>4 Uniformed service departments demonstrate successful cooperation practice with international partners</td>
<td>• Targeted HIV prevention activities are in place in all 7 uniformed service departments</td>
<td></td>
</tr>
<tr>
<td>30% of trained leaders (predominantly NGOs) demonstrated breakthrough initiatives</td>
<td>70% of trained leaders demonstrated breakthrough initiatives at the sub-national levels</td>
<td>65% of trained leaders demonstrate breakthrough activities within corresponding line ministries</td>
<td>• 50% of the trained leaders will carry out breakthrough initiatives within 1 year of training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Output 2: Policies and laws that protect the rights of PLWHA and vulnerable groups are drafted and its enforcement is monitored

| 4. Number of position papers and briefs | The country has a Law on AIDS adopted in 1996 corresponding to international standards. The Law was revised but not discussed publicly. Due to this a number of legislative acts are the subject for revision. The country does not have a monitoring system of law-enforcement practices. A pilot project is ongoing with Legal Clinic “Adilet” to offer free legal services to vulnerable groups and to observe the law enforcement only in Bishkek | New law on HIV/AIDS adopted | Normative legal acts and departmental instructions developed | Support to working groups in drafting legislation – 8 normative legal acts | • Representatives of the vulnerable groups will have access to legal services countrywide |
| 5. Number of draft policies and laws | Legal services for PLWHA in place | Legal support was provided to PLWHA – 636 | The provision of the legal support is continued benefiting 636 PLWHA | • Prosecutors’ offices and courts will be involved in monitoring of the law-enforcement practices |
| 6. System for monitoring of the law-enforcement established | New law on drug policy and HIV/AIDS developed and discussed | • The first Resource International Center functioned | • Information campaign to introduce the Cinema version of “Love at a test” TV serial developed | • The media-strategy, which aims at building Kyrgyz journalists’ capacity to report |

### Output 3: Key media reporting about HIV/AIDS is facts based and sensitive to vulnerable groups and PLWHA

<table>
<thead>
<tr>
<th>7. Major published stories and features that adequately address the</th>
<th>There is an absence of media campaigns addressing HIV/AIDS and sensitizing the population about the epidemic.</th>
<th>• The first Resource International Center functioned</th>
<th>• Information campaign to introduce the Cinema version of “Love at a test” TV serial developed</th>
<th>• Manual for journalists</th>
<th>55% of media companies will actively introduce new formats and approaches in information and education messages about</th>
</tr>
</thead>
</table>

### Indicators

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Targets by Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
<td>2006</td>
</tr>
<tr>
<td>epidemic</td>
<td></td>
<td>2007</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2006</td>
</tr>
</tbody>
</table>

- Journalists’ reporting on HIV/AIDS neither reveals the dynamics of the disease, nor helps to decrease fear and stigma. Media owners express weak or no commitment to be involved in HIV prevention as well as weak government and NGO capacity and activity outside the two major cities Bishkek and Osh.

#### Output 4:

**The Prime Minister’s office is able to effectively coordinate and monitor the implementation of the third state programme**

8. **Number of quality coordination meetings**

- The State Multisectoral Committee is providing coordination and oversight over the implementation of the State Programme through its 5 sectors: national policy, legislation and human rights, information and communication, and epidemiology, and a sector for uniformed services. The gap existing today is the absence a dialogue and coordination in the government, between the government and donors on offering technical and financial assistance to the country in

  - New CMCC was established
  - Unit for Coordination and Monitoring in HIV/AIDS area proven to succeed in coordination of country HIV/AIDS response
  - The CRIS national M&E applied

- Five CMCC Presidium sessions conducted
- PMCCs established in all 7 oblasts
- The law on amendments to the Tax Code adopted
- Developed and maintained AIDS website
- Computer (hardware) provided to all city and provincial AIDS centers
- State M&E systems developed and under discussion
- Information materials and manuals

- Three CMCC presidium sessions conducted
- Country proposal to 7th round GFATM was developed
- Capacity building seminars for PMCC conducted (jointly with the GFATM)

Prime Minister Office will move towards a situation of sustainable national HIV/AIDS programming coordination (including aid coordination)
Annexes

### Indicators

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Baseline</th>
<th>Targets by Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Proportion of 3rd State Programme that is funded and implemented</td>
<td>HIV/AIDS area. In light of the above increase in funding and programmes, there is an urgent need for national level coordination including aid coordination and monitoring and evaluation. As of January 2005 UNDP supported establishment of coordination and monitoring unit on HIV/AIDS programmes in Prime-Minister’s office</td>
<td>• Draft of 3rd State Programme on HIV/AIDS for 2006-2010 prepared The State Program approved after consultations with key stakeholders</td>
</tr>
</tbody>
</table>

#### Annex 3  Ranking of results

<table>
<thead>
<tr>
<th>Outcome and Outputs</th>
<th>Rating</th>
<th>Sustainability</th>
<th>Relevance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-sectoral approach to HIV/AIDS functioning with the participation of CBOs, religious leaders, mass media, People Living with HIV/AIDS and international partners.</td>
<td></td>
<td>Too soon to tell</td>
<td>Relevant</td>
</tr>
<tr>
<td>1. Representatives of government, civil society and the private sector possess new leadership abilities to reduce the spread of HIV/AIDS, stigma and discrimination</td>
<td></td>
<td>Too soon to tell</td>
<td>Relevant</td>
</tr>
<tr>
<td>2. Policies and laws that protect the rights of PLWHA and vulnerable groups are drafted and its enforcement is monitored</td>
<td></td>
<td>Too soon to tell</td>
<td>Relevant</td>
</tr>
<tr>
<td>3. Key media reporting about HIV/AIDS is facts based and sensitive to vulnerable groups and PLWHA</td>
<td></td>
<td>Too soon to tell</td>
<td>Relevant</td>
</tr>
<tr>
<td>4. The Prime Minister’s office is able to effectively coordinate and monitor the implementation of the third state programme</td>
<td></td>
<td>Unsustainable</td>
<td>Relevant</td>
</tr>
</tbody>
</table>
Figure 1: Hierarchy of objectives, indicators, baseline and target

Multi-sectoral approach to HIV/AIDS functioning with the participation of CBOs, religious leaders, mass media, People Living with HIV/AIDS and international partners

- Proportion of representatives participating in the multisectoral committee: 10% CSO members ⇒ 50%
- Proportion of population that does not express negative attitudes towards PLWHA: 60%/40% urban/rural ⇒ 90%/70%

1) Number of trained leaders that can take action within 1 year of training:
   • 150 leaders (40% representatives from civil society) will be trained on leadership skills
   • Targeted HIV prevention activities are in place in all 7 uniformed services departments
   • 50% of the trained leaders will carry out breakthrough initiatives within 1 year of training

2) Number of position papers and briefs

3) Number of draft policies and laws

4) System for monitoring of the law-enforcement practices established
   • A sustainable monitoring system will be in place to observe the law-enforcement practices
   • Prosecutors’ offices and courts will be involved in monitoring of the law-enforcement practices
   • Representatives of the vulnerable groups will have access to legal services countrywide

1) Number of position papers and briefs

2) Number of draft policies and laws

3) System for monitoring of the law-enforcement practices established
   • A sustainable monitoring system will be in place to observe the law-enforcement practices
   • Prosecutors’ offices and courts will be involved in monitoring of the law-enforcement practices
   • Representatives of the vulnerable groups will have access to legal services countrywide

Key media reporting about HIV/AIDS is facts based and sensitive to vulnerable groups and PLWHA

- 55% of media companies will actively introduce new formats and approaches in information and education messages about HIV/AIDS

1) major published stories and features that adequately address the epidemic

- Prime Minister Office will move towards a situation of sustainable national HIV/AIDS programming coordination (including aid coordination)

1) Number of quality coordination meetings

2) Proportion of 3rd State Programme that is funded and implemented

The Prime Minister’s office is able to effectively coordinate and monitor the implementation of the third state programme

Source: ProDoc
Figure 2: Positioning of the UNDP programme within the Multisectoral Approach before June 2007

Figure 3: Positioning of the UNDP programme within the Multisectoral Approach as of November, 2007
Figure 4: Factors affecting the outcome

- No conceptual agreement on key aspects of the multisectoral approach among stakeholders
- Lack of open, regular, participatory consultations among key stakeholders
- No appropriate indicators and benchmarks to measure the performance
- Lack of conceptual clarity about multisectoral approach among stakeholders
- Not enough incentives to apply/promote performance (results) based mechanisms
- Increasing role of civil society in the response to the HIV/AIDS epidemic
- Experience of evidence-based policy making in health sector
- External and internal drivers to promote multisectoral approach
- 10 year on-hand experience of multisectoral approach
- High volatility in the government (high turnover of key actors)
- Imbalance in the activity (development) of CS – lack of watchdogs and think tanks compared to service delivery NGOs
- Evidence based policy making (for sustainable development) not institutionalized
- Low capacity to perform key functions of a policy analysis
- Duplication and/or ambiguity of policy analysis functions in the government
- Poor understanding of and low demand on evidence-based policy making
- Lack of conceptual agreement on key aspects of the multisectoral approach among stakeholders

Figure 5: Relationships between strategies/programs and strategic management

Diagram showing relationships between the Country Development Strategy, National HIV Programme, Manas Taalimi, Ministry of Health, Prime Minister’s Office, and President’s administration.
Figure 6: Options for supporting policy analysis functions

Annex 5 Comparison of the hierarchy of results, indicators and targets

<table>
<thead>
<tr>
<th>Hierarchy of results</th>
<th>CPAP 2005-2010</th>
<th>ProDoc UNDP (revised)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CP Outcome</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C.2.1.</strong></td>
<td>Multi-sectoral approach for <em>implementation of Three Ones principles</em> for HIV/AIDS functioning with the participation of the state, CBOs, religious leaders, mass media, people living with HIV/AIDS and international partners</td>
<td>Multi-sectoral approach to HIV/AIDS functioning with the participation of CBOs, religious leaders, mass media, People Living with HIV/AIDS and international partners.</td>
</tr>
<tr>
<td><strong>Indicator #1</strong></td>
<td>Changed <em>ratio</em> of state, donor, civil society and PLWHA participating in the multi-sectoral committee</td>
<td>Proportion of representatives participating in the multi-sectoral committee</td>
</tr>
<tr>
<td><strong>Indicator #2</strong></td>
<td>Changed <em>proportion</em> of population that does not <em>discriminate or stigmatize</em>, or express negative attitudes towards PLWHA</td>
<td>Proportion of population that does not express negative attitudes towards PLWHA</td>
</tr>
</tbody>
</table>
| **Target**           | Appropriate proportions and increased participation of the private sector and PLWHA in the Country Multi-sectoral Coordination Committee on HIV/AIDS and increased proportion of the population that does not *discriminate or stigmatize*, or express negative attitudes towards PLWHA | • 50% civil society are members of the multi-sectoral committee  
• *90% of urban and 70% of rural population* does not express negative attitude towards PLWHA |
<p>| <strong>Output 1</strong>         | Government is able to effectively coordinate and monitor the implementation of the Third State Programme | The Prime Minister’s office is able to effectively coordinate and monitor the implementation of the Third State Programme |</p>
<table>
<thead>
<tr>
<th>Hierarchy of results</th>
<th>CPAP 2005-2010</th>
<th>ProDoc UNDP (revised)</th>
</tr>
</thead>
</table>
| **Indicator 1.1** | Proportion of the Third State Programme funded and implemented by the state and other partners | • Number of quality coordination meetings  
• Proportion of 3rd State Programme that is funded and implemented |
| **Target 1.1** | Effective coordination mechanisms and support for the Third State Programme in place within Government structures | Prime Minister Office will move towards a situation of sustainable national HIV/AIDS programming coordination (including aid coordination). |
| **Output 2** | Representatives of the Government, civil society and the private sector possess new leadership and advocacy abilities to reduce the spread of HIV/AIDS, stigma and discrimination | Representatives of government, civil society and the private sector possess new leadership abilities to reduce the spread of HIV/AIDS, stigma and discrimination |
| **Indicator 2.1** | # of trained leaders who take advocacy action within one year training cycle | number of trained leaders that can take action within 1 year of training |
| **Target 2.1** | About 40% of trained leaders take innovative and breakthrough actions annually | • 150 leaders (40% representatives from civil society) will be trained on leadership skills  
• Targeted HIV prevention activities are in place in all 7 uniformed services departments  
• 50% of the trained leaders will carry out breakthrough initiatives within 1 year of training |
| **Output 3** | Comprehensive support provided in drafting and monitoring policies and laws that protect the rights of PLWHA and the vulnerable groups | Policies and laws that protect the rights of PLWHA and vulnerable groups are drafted and its enforcement is monitored |
| **Indicator 3.1** | # of draft policies, laws and regulatory mechanisms in line with the national law on HIV/AIDS | • Number of position papers and briefs  
• Number of draft policies and laws  
• System for monitoring of the law-enforcement established |
| **Target 3.1** | Effective implementation mechanisms are in place and functional | • A sustainable monitoring system will be in place to observe the law-enforcement practices  
• Prosecutors’ offices and courts will be involved in monitoring of the law-enforcement practices  
• Representatives of the vulnerable groups will have access to legal services countrywide |
| **Output 4** | Capacity of the mass media specialists increased to cover HIV/AIDS issues, based on the principles of accuracy, human rights, gender equality and journalistic ethics | Key media reporting about HIV/AIDS is facts based and sensitive to vulnerable groups and PLWHA |
| **Indicator 4.1** | # of major published stories and features that adequately address the epidemic | major published stories and features that adequately address the epidemic |
| **Target 4.1** | All reporting on HIV/AIDS in key media is carried out with respect to core principles – accuracy, human rights, journalistic ethics, and gender equality | 55% of media companies will actively introduce new formats and approaches in information and education messages about HIV/AIDS |
## Annex 6  Chronology of events

<table>
<thead>
<tr>
<th>Dates</th>
<th>Event</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 1997</td>
<td>National HIV Programme launched</td>
<td>Decree #507 of the Government of Kyrgyz Republic</td>
</tr>
<tr>
<td>September 1997</td>
<td>National Multisectoral Committee on Prevention of HIV/AIDS/STD established at the Government chaired by the Vice Prime Minister</td>
<td>Decree #507 of the Government of Kyrgyz Republic</td>
</tr>
<tr>
<td>August 1998</td>
<td>Functions of the National Multisectoral Committee on Prevention of HIV/AIDS/STD transferred to the Coordination Committee on the Reform of Health Care and Health Insurance; till 2001 the Committee was chaired by the State Secretary</td>
<td>Order #270 (08/08/1998) of the President of the Kyrgyz Republic</td>
</tr>
<tr>
<td>December 2001</td>
<td>New structure and composition of the Republican Multisectoral Committee on Prevention of HIV/AIDS/STD at the Government of the Kyrgyz Republic defined – 39 persons in total; representatives of NGOs (4), mass media (5), religious leaders (2) and sub-national authorities (9) were included. Four technical sectors were established under the Committee: • National policy • Legislation and human rights • Education, information and communication • Epidemiology and prevention of HIV/AIDS The General Director of the RO AIDS (AIDS center) serves as a secretary</td>
<td>Decree#785 (13/12/2001) of the Government of the Kyrgyz Republic</td>
</tr>
</tbody>
</table>

7 Республика́нский Мно́госекторальны́й Координа́ционный Комите́т при Прави́тельстве Кы́ргы́зской Респу́блики по профилакти́ке СПИДа, инфекци́й, передающих́ся половым и инъекционным путем - РМККСБ
### Annexe

#### Dates | Event | Reference
--- | --- | ---
2004 | New UNDP Program was designed and approved | Program Document signed by T. Aytikeeva, Vice Prime Minister of the Kyrgyz Republic and E. Skuratowicz, RR of UNDP in Kyrgyz Republic

| | The Unit for Coordination and Monitoring in HIV/AIDS area, in the Department of Social and Cultural Development, Prime Minister Office was established | Letter of the Prime Minister, N. Tanaev to UNDP (No 20-1686, 05/08/2004)

2005 | The UNDP Programme was revised | Revised Program documents signed by I. Boldzhurova, the Vice Prime Minister of the Kyrgyz Republic and E. Skurathowicz, RR of UNDP in Kyrgyz Republic

| | The PMU set up at the Sector: 4 key program staff members (Programme Coordinator, Component Coordinator (#1 Program component), Chief Monitoring and Evaluation Specialist and Information Technologies Specialist were seconded by the Programme to the Prime Minister's Office (as Secretariat staff members) | UNDP Programme 00044865

June 2005 | Country multisectoral coordination committee CMCC under the Government of the Kyrgyz Republic to fight HIV/AIDS, TB and malaria (CMCC) was established through a merger of two existing bodies: | Decree #204 (02 June 2005) of the Government of the Kyrgyz Republic

- Republican Multisectoral Coordination Committee
- Country Coordination Committee on HIV, TB and Malaria

Six technical sectors were established under this Committee
## Annexes

<table>
<thead>
<tr>
<th>Dates</th>
<th>Event</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2006</td>
<td>Kyrgyz Republic National Health Care Reform Program «Manas Taalimi» for 2006-2010 was approved by the Government</td>
<td>Decree of the Government of the Kyrgyz Republic №100 as of February 16, 2006</td>
</tr>
<tr>
<td>2006</td>
<td>The specialists where seconded to the Secretariat based on the MoU between the Secretariat and USAID Capacity Project</td>
<td>MoU between the Government of Kyrgyz Republic and CAPACITY (10/10/2005)</td>
</tr>
<tr>
<td>2006</td>
<td>The 3&lt;sup&gt;rd&lt;/sup&gt; State Programme on HIV/AIDS for 2006-2010 was developed and endorsed by the CMCC</td>
<td>Protocol of the CMCC 29/03/2006 Decree #498 (06/07/2006) of the Government of the Kyrgyz Republic</td>
</tr>
<tr>
<td>2006</td>
<td>Seven Provincial Multisectoral Coordination Committees (PMCC) were established at the sub-national level</td>
<td>Progress report 2006</td>
</tr>
<tr>
<td>2007</td>
<td>Country Development Strategy for 2007-2010 developed and approved by the National Council of the Kyrgyz Republic</td>
<td>Decree #249 (16/05/2007) of the President of the Kyrgyz Republic Decree #252 (29/06/2007) of the Government of the Kyrgyz Republic</td>
</tr>
<tr>
<td>June 2007</td>
<td>The Secretariat was abolished due to the reorganization of the Prime Minister's Office</td>
<td>Letter #01-1/1/-1875 (04/05/2007) of the Ministry of Health to the Prime Minister Order #324 (25/07/07) of the Prime Minister of the Kyrgyz Republic</td>
</tr>
</tbody>
</table>
## Annexes

<table>
<thead>
<tr>
<th>Dates</th>
<th>Event</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2007</td>
<td>The CMCC was reorganized merging with the “Republican Emergency Epidemiologic Committee” transferring secretarial functions to two line Ministries: the Ministry of Health and Ministry of Agriculture, Water Resources and Processing Industry</td>
<td>Decree #372 (24/08/07) of the Government of the Kyrgyz Republic</td>
</tr>
</tbody>
</table>
| September 2007 | Secretarial and Coordination functions were transferred to the Ministry of Health | Letter (05/09/07) of the Vice Prime Minister (Nur Uulu Dosbol) to UNDP  
Order #384 (01/11/07) of the Minister of Health |
## Annex 7  Example of performance indicators

<table>
<thead>
<tr>
<th>Outcomes/outputs/functions</th>
<th>Performance Indicators, related to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Volume/Process</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td></td>
</tr>
<tr>
<td>“acting as a Secretariat for the Country Multisectoral Coordination Committee (hereinafter referred to as CMCC)”</td>
<td>Number of CMCC meetings organized and carried out</td>
</tr>
<tr>
<td>“coordination in ensuring interaction of all interested parties and stakeholders in solving the issues related to monitoring and evaluation over implementation of state, national and departmental programs of the Kyrgyz Republic on socially significant and dangerous infectious diseases”</td>
<td>A level of satisfaction of stakeholders with the coordination of interaction...: percentage of key informants (members of the CMCC) that express the same or higher level satisfaction with the coordination carried out by the Department</td>
</tr>
<tr>
<td><strong>Outputs/functions</strong></td>
<td></td>
</tr>
<tr>
<td>“preparation of CMCC plans and submission for approval of CMCC Presidium;”</td>
<td>Number of CMCC plans submitted to the CMCC presidium</td>
</tr>
<tr>
<td>Outcomes/outputs/functions</td>
<td>Performance Indicators, related to</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>“organization of activities on resource mobilization, establishing mechanisms for their rational use and capacity building of executive bodies in fighting the socially significant and dangerous infectious diseases;”</td>
<td>Number of events conducted:</td>
</tr>
<tr>
<td></td>
<td>• Advocacy meetings with:</td>
</tr>
<tr>
<td></td>
<td>• donors (national, regional, global)</td>
</tr>
<tr>
<td></td>
<td>• state agencies</td>
</tr>
<tr>
<td></td>
<td>• Technical workshops &amp; trainings for capacity building</td>
</tr>
<tr>
<td></td>
<td>% increase in the resources mobilized for fighting socially significant and dangerous diseases:</td>
</tr>
<tr>
<td></td>
<td>• Share of national vs. external source of financing</td>
</tr>
<tr>
<td></td>
<td>• Number of officials (representatives) demonstrating better skills in the administration of national response to socially significant diseases</td>
</tr>
<tr>
<td>“ensuring coordination, monitoring and evaluation of implementation of the state, national programs and strategies related to socially significant and dangerous infectious diseases, including establishment of one monitoring and evaluation system of HIV/AIDS programs;”</td>
<td>Number of monitoring reports (produced by relevant actors) received and reviewed concerning the implementation of national strategies/programs</td>
</tr>
<tr>
<td></td>
<td>• One M&amp;E system of HIV/AIDS programs is functional</td>
</tr>
<tr>
<td></td>
<td>Percentage of conclusions &amp; recommendations on the implementation of national programs/strategies that contributed to corresponding managerial (administrative) decisions</td>
</tr>
</tbody>
</table>
Annex 8 Concepts

Policy cycle

For the purpose of this report, the term “policy cycle” refers to a process of policy-making showing key steps and elements that help to understand:

- Why public policies are designed and/or revised
- How public policies are prepared
- How public policies become a guide for action to make a change (e.g. solve a problem)
- What is necessary for a policy to be successful

There are many definitions of and approaches to policy cycle. Very often five phases of a policy cycle are identified:

1. Agenda setting
2. Policy formation
3. Decision-making
4. Policy implementation
5. Policy evaluation (continue or terminate)

For the purpose of this report more simplified policy cycle scheme is proposed as shown in Figure 7 “Phases/components of a policy cycle” below (on page 47). A problem is placed in the center of a public policy cycle (for instance dissatisfaction with a current state, concerns caused by expected worsening of situation, or just willingness to improve something). In other way around everything in public policy is about solving a problem:

- **Policy agenda setting:** A problem to enter the policy cycle needs to be identified, analyzed and prioritized (e.g. one out of 5 initially identified problems may get on a policy agenda due to different reasons).

- **Policy formation:** As soon as the problem is recognized as a policy priority, intellectual efforts are needed to transform problems in a corresponding set of policy objectives, policy strategies (alternative scenarios for the accomplishment of these objectives) and develop a set of criteria that helps a decision-maker to make an informed choice

- **Policy legitimation:** Before making a final decision (that is followed by corresponding actions) it is desirable to assess what impact the proposed policy options may have and to develop a set of policy instruments (that are necessary for its implementation). These

---

8 Considering that the term “policy” means both policy and politics in Russian speaking world, any derivatives such as “policy cycle” or “policy analysis” should cause confusion and need to be used with caution
efforts lead to the final choice of policy options/instruments that is reflected in different forms (from general policy statements to a concrete policy document) that is adopted by relevant government body (e.g. by the Parliament or an authorized body of the executive branch of the government)

- **Policy implementation:** policy implementation encompass a wide set of actions (depending on the nature of policy instruments, implementation plan, guidelines, etc. that are prepared after the policy had been legitimized):
  - it can be limited to:
  - changing legislative environment that is expected to induce certain initiatives/process in a country (in a desired direction)
  - improved coordination of already existing efforts to achieve synergy and effectiveness
  - or could imply concrete actions financed by the state and carried out by public agencies (or by contracted non-state agents).

**Figure 7:** Phases/components of a policy cycle

The implementation is accompanied by monitoring of the progress toward policy objectives and evaluation of final results (“degree of change”). At this phase, it becomes clear whether
the initial problem is solved or policy revisions are needed to address the problem. And the cycle starts over again as many times as long the problem remains on the policy agenda.

The policy cycle described above can be applied to policy making at any level of governance: from local governance institutions to the top of governance pyramid (e.g. the President’s administration in case of the Kyrgyz Republic). When key phases of the policy cycle are followed then the policy-making is considered evidence-based. If problems identified could be solved only in long run (e.g. poverty, HIV/AIDS epidemic, high infant mortality rate, etc.) usually they appear on the development policy agenda and enter the policy cycle at the strategic (country) management level.

**Policy analysis**

For the purpose of this report the term “policy analysis “ refers to a set of intellectual exercises/inputs that are necessary to get from the point of problem identification to the phase of policy legitimation of the policy cycle (described above, see Figure 7 “Phases/components of a policy cycle”). The list of policy analysis functions and their relation to the policy cycle phases are marked by blue dashed line in the scheme.

Policy analysis can be considered as a service that benefits decision makers in setting effective public policies by:

- helping in the identification and understanding the nature of problems (e.g. constructing cause-result relationships) that leads to the appearance of the problem on a policy agenda
- developing
- policy options that include policy objectives, alternative scenarios for the achievement of these objectives (strategies)
- a set of criteria to evaluate the policy options
- conducting ex ante impact assessment to project and weight desirable changes against undesirable influence (attributed to the proposed policy)
- defining a set of policy instruments that are necessary to implement the selected policy option

As usually, the attainment of development goals requires the implementation of a wide range of policies (that differ by sectors or themes). Not always, successes of these policies (taken separately) guarantee the attainment of the development goals. A thorough policy analysis at the strategic (country) management level is needed to revisit the development strategies and/or make corresponding changes in sectoral/thematic policies.
Annex 9  Terms of Reference

for the International Expert and National Expert to conduct

Outcome Evaluation of the Support to the Government to Respond to HIV/AIDS in the Kyrgyz Republic Programme

Country Programme Action Plan 2005 - 2010

UNDP Kyrgyz Republic Country Programme Outcome:

“Multi-sectoral approach for implementation of Three Ones principles for HIV/AIDS functioning with the participation of the state, CBOs, religious leaders, mass media, people living with HIV/AIDS and international partners.”

A. Background

According to the evaluation plan of the UNDP County Office in the Kyrgyz Republic (hereinafter referred to as UNDP), an outcome evaluation is to be conducted in the third quarter 2007 for the following Country Programme outcome - “Multi-sectoral approach for implementation of Three Ones principles for HIV/AIDS functioning with the participation of the state, CBOs, religious leaders, mass media, people living with HIV/AIDS and international partners.” This Country Programme outcome aims to contribute to the achievement of UNDAF outcome: “All vulnerable groups exercise the rights to develop in a safe and supportive environment that provides protection from and care for HIV/AIDS.” In this context, UNDP would like to take stock of its work in supporting the development of the national capacity to respond to HIV/AIDS since 2005, to ensure that its planned programme and portfolio are relevant to national priorities and support the achievement of the planned outcome.

B. Objectives of the Evaluation

- Evaluate the progress towards sustainable development in the Kyrgyz Republic, including achievement of the MDGs, and impact of UNDP interventions in building national capacity to respond to HIV/AIDS during 2005-2007.
- Provide appraisal on the validity/relevance of the outcome for UNDP supported interventions, and the extent to which the set objectives and outcomes have been achieved;
- Identify gaps/weaknesses in the current Programme design and provide recommendations as to their improvement;
- Identify lessons learnt from previous and ongoing interventions in this area;
- Assess the role of the Programme in building local leadership capacities at the national levels in responding to epidemic;
- Review and assess the Programme’s partnership with the government bodies, civil society and private sector, international organizations in Programme implementation and comment on its sustainability;
- Review and assess the efficiency of implementation and management arrangements of the Programme;
- Review achievements undertaken by the Programme up until now and assess their sustainability;
• Review links/joint activities with other UNDP Programmes and UN Agencies;
• Support UNDP in identifying the future interventions of HIV/AIDS Programme, aligning it with the national priorities, UNDP’s mandate and expertise.

**B1 Expected outputs**

The consultant is expected to produce an Outcome Evaluation Report that highlights the findings, recommendations and lessons learnt, and give a rating of performance. This report should follow the Outcome Evaluation Report Template and include all sections recommended therein (see attached template).

**B2 Scope of the Evaluation**

**Outcome analysis**

• Are the stated outcome, indicator and target appropriate for the development situation in Kyrgyzstan and UNDP’s program of assistance in this field?
• What is the current status and prospects for achieving the outcome with the indicated inputs and within the indicated timeframe?
• Whether the outcome indicators chosen are sufficient to measure the outcomes?
• What are the main factors (positive and negative) within and beyond UNDP’s interventions that are affecting or that will affect the achievement of the outcome? How have or will these factors limit or facilitate progress towards the outcome?
• Are UNDP’s proposed contributions to the achievement of the outcome appropriate, sufficient, effective and sustainable?

**Output analysis**

• What are the key outputs that have been or that will most likely be produced by UNDP to contribute to the outcome?
• Are UNDP outputs relevant to the outcome?
• What is the quantity, quality and timeliness of outputs? What factors impeded or facilitated the production of such outputs?
• Are the monitoring and evaluation indicators appropriate to link these outputs to the outcome, or is there a need to improve these indicators?
• Has sufficient progress been made with regard to UNDP outputs?
• Assess UNDP’s ability to advocate best practices, and influence integration of international standards into national policies and plans.

**Output-outcome link**

• Whether UNDP’s outputs or other interventions can be credibly linked to the achievement of the outcome (including the key outputs, projects, and soft assistance);
• What are the key contributions that UNDP has made/is making to the outcome?
• With the current planned interventions in partnership with other actors and stakeholders, will UNDP be able to achieve the outcome within the set timeframe and inputs – or whether additional resources are required and new or changed interventions are needed?
• Assess UNDP’s ability to develop national capacity in a sustainable manner (through exposure to best practices in other countries, holistic and participatory approach). Has UNDP been able to respond to changing circumstances and requirements in capacity development?
• What is the prospect of the sustainability of UNDP interventions related to the outcome?

**Resources, partnerships, and management analysis**
Annexes

- Is UNDP’s resource mobilization strategy in this field appropriate and likely to be effective in achieving this outcome?
- Were partners, stakeholders and/or beneficiaries of UNDP assistance involved in the design of UNDP interventions in the outcomes area? If yes, what were the nature and extent of their participation? If not, why not?
- Are UNDP’s management structures and working methods appropriate and likely to be effective in achieving this outcome?
- Overall, assess the scope, relevance, efficiency and sustainability of UNDP’s resources mobilization, partnership and management arrangements in achieving this outcome.

B3 Recommendations

- Based on the above analysis, how should UNDP adjust its programming, partnership arrangements, resource mobilization strategies, working methods and/or management structures to ensure that the proposed outcome is fully achieved by the end of the CPAP period?
- What corrective actions are recommended for the new, ongoing or future UNDP work in the CPAP outcome?
- Provide preliminary recommendations on how the Programme can most effectively continue to support the Government in effectively responding to HIV/AIDS.

B4 Products expected from the evaluation

The key product expected from this outcome evaluation is a comprehensive analytical report that includes, but is not limited to, the following components:

- Executive summary;
- Introduction;
- Description of the evaluation methodology;
- Analysis of the situation with regard to outcome, outputs, resources, partnerships, management and working methods;
- Key findings;
- Conclusions and recommendations for the future program implementation (with reference to the draft project proposal for the second phase of the programme).

(See UNDP Guidelines for outcome evaluators for more detailed information.)

B5 Audience

The evaluation is intended mainly for UNDP CO Kyrgyzstan, including Senior Management, the HIV/AIDS Programme related staff.

C. Description of the social, economic and political context.

The Kyrgyz Republic is facing a growing AIDS epidemic. As of August 2007, there are 1,286 people officially registered as HIV positive, and the UNAIDS estimates that the actual number may be as much as 10 times higher than the official figures. The risk factors for a potential spread of the disease have grown in the recent years due to increased internal and external migration, low public awareness and high number of injecting drug users, who constitute 81% of registered cases. The recent outbreak in Osh which resulted in 9 children ages 12 to 18 months tested HIV positive due to unsafe medical practices demonstrates that there is also a threat of nosocomial transmission. Based on the experience of the epidemic development in other CIS countries it can be assumed that Kyrgyzstan has entered the
second stage of the epidemic when HIV passes from injecting drug users to the general population through sexual transmission.

As early as in 1997 when the Kyrgyz Republic had only two reported cases of HIV/AIDS in the country, UNDP encouraged the Government to begin the timely efforts of preventing the further spread of HIV/AIDS. Kyrgyzstan is situated along the main drug trafficking routes, and the injecting drug users, especially in the south of the country, became the first group to be infected with HIV.

During 1997-2003, under UNDP support a number of new pilot interventions among sex workers, drug users, prisoners, men who have sex with men were launched, the first state policy on HIV/AIDS was developed, and NGOs providing AIDS-services were newly established. By 2003, Kyrgyzstan had already developed an integrated, multi-sectoral platform for fighting with HIV/AIDS, which succeeded in attracting additional donor funding. The donors were able to expand and scale up the prevention and response efforts that UNDP pioneered in the country.

In 2004 the Government of the Kyrgyz Republic approached UNDP with a request to build a national capacity to coordinate and monitor the incoming foreign assistance in the HIV/AIDS area, and to coordinate a comprehensive national response to HIV/AIDS. In response, UNDP assisted in creating the Unit for Coordination and Monitoring in HIV/AIDS area, the Secretariat for the Country Multi-sectoral Coordination Committee (CMCC), which was the integral part of the Prime Minister's Office. The Unit also fulfilled the advisory role for the Vice Prime Minister, the Chair of the CMCC.

Since its establishment, the Unit for Coordination and Monitoring in HIV/AIDS managed to bring the Three Ones principle into action in the Kyrgyz Republic. The Third State Programme on HIV/AIDS for 2006-2010 was formulated and approved, and one monitoring system was developed and introduced nationwide. One coordinating committee was established, partly in response to fulfill some of the donors’ requirements for funding. In August 2007, the current CMCC and the Unit for Coordination and Monitoring was disbanded, and a new CMCC with a much wider mandate of coordinating the national response to all human and animal infectious diseases was created. There is a risk that such wide mandate of the new CMCC will dilute focus and attention away from the HIV/AIDS, thus reversing the progress achieved to date.

The Programme is responsible for implementation of the following four CPAP 2005-2010 outputs:

**Output C.2.1.1**

Government is able to effectively coordinate and monitor the implementation of the Third State Programme

**Output C.2.1.2**

Representatives of the Government, civil society and the private sector possess new leadership and advocacy abilities to reduce the spread of HIV/AIDS, stigma and discrimination
Output C.2.1.3

Comprehensive support provided in drafting and monitoring policies and laws that protect the rights of PLWHA and the vulnerable groups

Output C.2.1.4

Capacity of the mass media specialists increased to cover HIV/AIDS issues, based on the principles of accuracy, human rights, gender equality and journalistic ethics.

D. Methodology

Overall guidance on outcome evaluation methodologies is provided in the UNDP Handbook on Monitoring and Evaluation for Results and the UNDP Guidelines for Outcome Evaluators.

Based on these guiding documents, and in consultation with UNDP Kyrgyzstan, the evaluators should develop a suitable methodology for this outcome evaluation.

During the outcome evaluation, the evaluators are expected to apply the following approaches for data collection and analysis:

- Desk review of relevant documents
- Discussions with UNDP Kyrgyzstan senior management and program staff;
- Interviews of partners and stakeholders;
- Consultation meetings and interviews:
  - Interviews with relevant projects’ staff
  - Interviews with partners
  - In-person interviews and focal groups with local National Programme Directors, local authorities and a sampling of communities and stakeholders
- Following the country visit, the evaluator will prepare a report based on the above objectives.

E. Evaluation Team

The Evaluation Team will consist of two consultants: one independent international consultant (Team Leader) and one short term national expert. Under the overall supervision of UNDP Programme Officer, the Evaluation Team will conduct a participatory mid-term outcome evaluation of the UNDP HIV/AIDS Programme. One or two additional national experts from the HIV/AIDS Programme will be assigned to assist the Evaluation Team during the evaluation in Bishkek.

F. Requirements

Qualification requirements for the international consultant/team leader:

- Higher education (a degree) in social sciences, public health or related to the area of HIV/AIDS prevention;
- Extensive experience in conducting evaluations, strong working knowledge of UNDP, the civil society sector and working with state public authorities in the field of HIV/AIDS prevention Extensive knowledge of result-based management evaluation, UNDP policies, procedures, as well as participatory monitoring and evaluation methodologies and approaches;
Experience in applying SMART indicators and reconstructing or validating baseline scenarios;

Minimum 7-10 years professional expertise in international development co-operation, HIV/AIDS prevention, in programme evaluation, impact assessment and strategic recommendations for continued support/development of programming/strategies including strong reporting skills;

Good professional knowledge of the CIS and CA region;

Extensive experience in working with the donors;

Demonstrated analytical, communication and report writing skills;

Excellent interviewing, public speaking at high levels;

Teamwork capacity to work with the target group representatives

Fluency in written and spoken English. Knowledge of Russian is an asset.

The Team Leader will have overall responsibility for the quality and timely submission of the final evaluation report to UNDP. Specifically, the team leader will perform the following tasks:

- Lead and manage the evaluation mission;
- Design the detailed evaluation scope and methodology and approach;
- Ensure efficient division of tasks between the mission members;
- Conduct the outcome evaluation in accordance with the proposed objective and scope of the evaluation;
- Draft and communicate the evaluation report;
- Finalize the evaluation report in English and submit it to UNDP.

Qualification requirements for the National expert

- University degree and at least 3-5 years of professional experience in the area of HIV/AIDS prevention in Kyrgyzstan and/or Central Asia.
- Proven expertise in HIV epidemiology/prevention/care programmes, project/programme management;
- Sound knowledge and understanding of HIV/AIDS epidemic in Kyrgyzstan
- Some experience in conducting evaluations.
- Good English knowledge level.

S/he will perform the following tasks:

- Review documents;
- Participate in the design of the evaluation methodology;
- Conduct the outcome evaluation in accordance with the proposed objective and scope of the evaluation;
- Draft related parts of the evaluation report;
- Assist the Team Leader in finalizing the draft evaluation report through incorporating suggestions received.

G. Timeline and schedule

The mission will commence in November 2007. The duration of the assignment is up to 20 working days, including writing of the report.
### Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
<th>Place</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desk review, Evaluation design, methodology and detailed work plan, and access to relevant reports</td>
<td>Two days (Starting end of October 2007)</td>
<td>On-line</td>
<td>UNDP CO and international consultant</td>
</tr>
<tr>
<td>Initial briefing</td>
<td>One day</td>
<td>Upon arrival to Bishkek, Kyrgyzstan</td>
<td>UNDP CO, International consultant, National expert</td>
</tr>
<tr>
<td>Consultations, meetings as well as for phone/in-person interviews related to the Programme including relevant partners</td>
<td>Twelve days</td>
<td>Bishkek</td>
<td>UNDP CO, International consultant, National expert</td>
</tr>
<tr>
<td>Preparation of draft evaluation report</td>
<td>Two days</td>
<td>Bishkek</td>
<td>International consultant, National expert</td>
</tr>
<tr>
<td>Debriefing with UNDP</td>
<td>One day</td>
<td>Bishkek</td>
<td>International consultant, National expert</td>
</tr>
<tr>
<td>Finalization of evaluation report incorporating additions and comments provided by projects staff and UNDP CO</td>
<td>One day</td>
<td>Bishkek</td>
<td>International consultant, National expert</td>
</tr>
<tr>
<td>Submission of the final evaluation report to UNDP Kyrgyzstan</td>
<td>One day</td>
<td>Bishkek</td>
<td>International consultant</td>
</tr>
</tbody>
</table>

### H. Document for study by the evaluators

**UNDP Corporate Policy Documents:**

1. Handbook on Monitoring and Evaluation for results
2. UNDP Guidelines for Outcome Evaluators
3. UNDP Result-Based Management: Technical Note

**UN/UNDP Kyrgyzstan Country Office Documents:**

1. Development Assistance Framework (UNDAF) for Kyrgyzstan 2005-2010;
4. Third State Programme on HIV/AIDS for 2006-2010
5. Millennium Development Goals Report
6. Annual Work Plans and Progress Reports
7. Programme documents and relevant thematic reports
Annexes

8. Other documents and materials related to the outcome to be evaluated (from the government, donors, etc.)
9. AIDS in Kyrgyzstan: 5 years resistance
11. Researching coordination mechanisms. Soros-Kyrgyzstan, report

Useful links:

- [http://www.aids.gov.kg](http://www.aids.gov.kg)
- [www.undp.kg](http://www.undp.kg)
Annex 10 References / documents reviewed


9) UNDP. “Handbook on Monitoring and Evaluating for Results”. 2002

10) UNDP. “RBM in UNDP: Selecting Indicators”

11) UNDP. “RBM in UNDP: Technical Note”


14) Башмакова Л.Н. и др. 2003. «Пять Лет Противостояния». Правительство Кыргызской Республики
Annex 11  People/organizations met

1. Mr. Akylbek Muratov, Head, Chief of medical services under the Chief department on penitentiary punishment (GUIN)

2. Mr. Alexander Kan, PIU GFATM TB Component

3. Mr. Azamat Dikambaev, Head of the Department on economic and social policy, the Administration of President

4. Mr. Bolot Sydykanov, National Coordinator, CARHAP

5. Mr. Denis Babadjanov, Leadership Component Coordinator, the PMU

6. Mr. Erik Iriskulbekov, Coordinator Adilet, Legal Clinic

7. Mr. Jason Lane, Head of the DfID office in the Kyrgyz Republic

8. Mr. Kanat Murzakhalilov, Deputy Chair, State Agency on Religious Affairs

9. Mr. Kanzhebek Mamitov, Head of the STD department of the Military Hospital of the MoD

10. Mr. Marat Djamankulov, Head, Department on criminal reformatory system, MoJ

11. Mr. Milutin Delic, Regional Director, CARHAP

12. Mr. Mirlan Mamyrov, Chief Specialist on M&E, the PMU

13. Mr. Neal Walker, Resident Representative, UNDP Kyrgyzstan

14. Mr. Nur uulu Dosbol, Vice-Prime Minister

15. Mr. Nuradin Asypbaev, Deputy Head, Medical Department, MoD

16. Mr. Nurbolot Usenbaev, PIU GFATM Malaria components

17. Mr. Roman Denisov, Head, International Department, MoJ

18. Mr. Sabyrjan Abdikarimov, Deputy Minister of Health, Head State Sanitary Officer

19. Mr. Sapar Isakov, Head of Dept on international cooperation

20. Mr. Talgat Subanbaev, PIU GFATM HIV component

21. Mr. Tim Schaffer, Resident Representative, UNICEF, UNTG Chair

22. Mr. Toktogazy Kutukeev, Head of ULPP, the Ministry of Health

23. Mr. Tursunbek Chalov, Senior Inspector, Ministry of Internal Affairs

24. Mr. Tuygunaaly Abdraimov, Minister of Health

25. Mr. Valery Chernyavsky, GFATM PM

26. Ms. Ainura Kadyralieva, National Coordinator, CAAP
27. Ms. Aisuluu Boltoeva, Health Coordinator, Soros – Foundation Kyrgyzstan
28. Ms. Almash Altymysheva, Chief Specialist, MFA
29. Ms. Anara Salamatova, National Coordinator, UNAIDS Kyrgyzstan
30. Ms. Asel Bukaeva, Doctor of medical point of Internal Troups of the MoIA
31. Ms. Asel Sargaldakova, the World Bank
32. Ms. Asel Tagaeva, teacher, Academy of MoIA
33. Ms. Cholpon Asambaeva, Senior Advisor on RH, UNFPA
34. Ms. Damira Bibosunova, Health Project management Specialist, USAID
35. Ms. Elmira Imanalieva, Deputy Minister Ministry of Education and Science
36. Ms. Gulnara Kurmanova, Director, “AntiSPID AIDS-service Association”
37. Ms. Janyl Rakhmanova, Programme Associate, UNDP Kyrgyzstan
38. Ms. Jyldyz Moldokulova, Programme Associate, UNDP Kyrgyzstan
39. Ms. Kulipa Djumashevna Koichumanova, Head of Dept. on social and ecological statistics, National Statistic Committee
40. Ms. Marina Khan, Specialist of Unit, the PMU
41. Ms. Meerim Sarybaeva, Senior Component Coordinator, the PMU
42. Ms. Meerim Taabaldieva, Pulse Editor, the PMU
43. Ms. Nazgul Tashpaeva, Head of Dept. on social development
44. Ms. Nurgul Kinderbaeva, Country Director, CAPACITY
45. Ms. Saliya Karymbaeva, Coordinator for STIs/HIV, WHO
46. Ms. Saltanat Kermalieva, Programme Coordinator, CAPACITY
47. Ms. Sezin Sinanoglu, Deputy Resident Representative, UNDP Kyrgyzstan
48. Ms. Tursunai Chodurova, Mass media Component Coordinator, the PMU
49. Ms. Victoria Baltieva, Chief Specialist, Ministry of Education and Science