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# **Community, Rights and Gender Country Profile**

Working Document





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6.5 million people (2021)

Stop IB Partnership

Working Document



High MDR/RR-TB Burden Country

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#### COUNTRY PROFILE KYRGYZSTAN

# **UNHLM Targets**



Resource Needs (2022) 47.99 million (USD)

Available TB Funding 2020 (USD) Domestic: 8.8 million International (Excluding Global Fund): 1.6 million Global Fund: 6.9 million Funding Needs: 16.1 million



Diagnosis and Treatment Targets (2020) TB Target: 6,900 % Target Achieved: 71



Prevention Therapy (2022) Total PT Targets:7,570

\*Please note that this will be updated in October after 2023 UNHLM on TB Source: <u>Stop TB Partnership Dashboard</u>



**COUNTRY PROFILE KYRGYZSTAN** 

# **National Strategic Plan and**

# **Funding Opportunities**

- Next National Strategic Plan Development: 2026
- Next Global Fund funding request proposal development: 2023



# **TB** Situation

#### Epidemiological Data (2021)<sup>1</sup>



#### Major Gaps in TB Prevention and Care • 3904 Missing people with TB (481were children) • 680people died because of TB • 789 Laboratory confirmed people with MDR/RR-TB (WHO data.

2021)

#### **Community, Rights and Gender Data**

The <u>CRG assessment</u> conducted in 2020 identified the following: Accessibility Barriers: include domicile regulations and passport requirements for individuals with a history of prison or migration, as well as stigma and out-of-pocket payments in rural areas. Additionally, illegal immigration to avoid tuberculosis (TB) testing hampers healthcare access in host countries, and there are limitations in accessing social support. Discriminatory treatment of key populations, especially those with drugresistant TB (DR-TB), by healthcare workers (HCWs) in primary healthcare centers (PHCs), along with long distances to TB clinics, further contribute to the challenges faced by these populations. **Availability issues:** include lack of peer support programs in prisons

**Quality issues:** arise from directly observed therapy (DOT), which causes employment problems, and the stigmatizing and discriminatory treatment experienced by people with TB from HCWs in PHCs, negatively impacting the quality of care provided

Acceptability issues: DOT causes discriminatory treatment of key populations by HCWs in PHCs especially for people with DR-TB. Criminality code allows compulsory treatment of prisoners with TB, TB contacts investigation policy and practice violates privacy; TB contacts are contacted without informing person with TB, people with TB thus withhold information about their contacts, including coworkers. **Discrimination issues:** the absence of specific legal prohibition against TB discrimination. Individuals with TB face various forms of discrimination in employment, and government decrees prohibit them from working in certain "client-facing" professions, such as transport, household services, food work, and work involving children. Discriminatory treatment of key populations, especially those with DR-TB, by HCWs in PHCs is also a concern. **Freedoms**: there is no legal protection for the right to privacy or confidentiality of people with TB. The criminal code allows compulsory treatment of prisoners with TB. The policy and practice of TB contacts investigation violate privacy rights, as contacts are contacted without informing the person with TB. As a result, individuals with TB often withhold information about their contacts, including coworkers.

**Gender-**related barriers highlight the challenges faced by women with TB. They are subjected to physical, emotional, and sexual violence due to the disease. Delayed diagnosis is common among women due to male control of family finances, the cost of services, fear of family and community stigma, and social isolation. Limited knowledge about TB transmission leads to self-stigma among women. Pregnant women with DR-TB are advised to abort their fetus. Men, on the other hand, delay diagnosis and treatment to avoid disruption to their work.

**Key and Vulnerable Populations** prioritized in the assessment include people who use drugs (PWUD), prisoners or individuals with a history of prison, and internal migrants. People with prison history and migrants face difficulties in accessing healthcare due to domicile regulatory requirements and lack of passport documentation. Homeless individuals, PWUD, and people with a history of prison often experience stigma within the health system. The absence of opioid substitution therapy (OST) in TB clinics further acts as a barrier to treatment for PWUD.

**Participation**: people affected by TB and civil society organizations/community-based organizations (CSOs/CBOs) are permitted to engage in TB program decision-making. However, there is a lack of support or facilitation of their participation. **Remedies and Accountability:** measures exist within TB law, which requires the government to provide legal consultations and other legal aid to individuals with TB. Additionally, public health law holds authorities accountable for failing to fulfill health obligations and HCWs accountable for failing to provide safe services. However, people with TB often lack knowledge about their rights in this regard.

Source: HHR: Health and Human Rights Journal: Building the Evidence for a Rights-Based, People-Centered, Gender-Transformative Tuberculosis Response: An Analysis of the Stop TB Partnership Community, Rights, and Gender Tuberculosis Assessment

<sup>&</sup>lt;sup>1</sup> Source: Stop TB Partnership Interactive Map Dashboard

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COUNTRY PROFILE KYRGYZSTAN

# Community Engagement and Representation

Active National Stop TB Partnership

• No

National Network of People Affected by TB

- TBpeople Kyrgyzstan
- TB Network/CSO represented on CCM
  - Yes

High-Level Engagement with Parliamentarians

- No
- Celebrities Engagement in TB response No

Challenge Facility for Civil Society Round 10 Regional Partners

 Center for Health Policies and Studies

CFCS Round 10 Regional Partners

 Center for Health Policies and Studies

**Global Network:** 

Lean on me Foundation



# Community Rights and Gender

- CRG Assessment Complete
- Costed CRG Action Plan Available
  - In progress (under CFCS regional EECA R11 grant)
- TB Stigma Assessment Conducted
- o Planned for 2023 (under GF grant)
- TB Stigma Elimination Plan Available
  No
- Community-led Monitoring Mechanism in place
- Legal and Human Rights Scorecard Assessment
  - In progress (under CFCS R11)















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#### COUNTRY PROFILE KYRGYZSTAN

# CFCS Round 10 Grantees

### **Public Foundation AIDS Foundation**

### East-West in the Kyrgyz Republic

### **Global Fund Sub Recipient**

**Project Location**: Osh Region, Jalal Abad Region and Batken Region **Timeline**: December 2021 - December 2022

- To empower people affected by TB to access health and support services, claim their rights and identify and reduce stigma through the popularization of OneImpact Kyrgyzstan mobile Application
- To integrate community-led monitoring data for use in national responses and at local level to overcome challenges and barriers to TB services
- To upgrade the OneImpact platform based on experiences and lessons learnt in Kyrgyzstan
- To organize and implement advocacy and communication activities and campaigns to ensure the sustainability of OneImpact CLM in the TB response
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

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COUNTRY PROFILE KYRGYZSTAN

# CFCS Round 10 Grantees

**TBpeople Kyrgyzstan** 

**Global Fund Sub Recipient** 

Project Location: Bishkek

Timeline: January 2022 - January 2023

- To build the capacity of TB affected communities -TB survivors and TB key and vulnerable populations in Kyrgyzstan.
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

#### **COUNTRY PROFILE KYRGYZSTAN**

# CFCS Round 11 Grantees

### PARTNERSKAYA SET ASSOC. PROGRA

Project Location: Bishkek, Osh, Chui oblast Timeline: March 2023-March 2024

- Aim:
  - To achieve the provision of all guaranteed TB services in the country's regions with the highest concentrations of MDR TB patients (Bishkek, Osh, Chui oblast) with respect for human rights.

- To ensure participation of communities and civil society in coordinating and decision-making mechanisms, monitoring and demand for increasing quality of TB services in three regions of the country with the highest concentrations of MDR TB.
- To boost elimination of stigma and discrimination against people affected by TB in three regions of the country with the highest concentrations of MDR TB patients based oπ a plan prepared by results of stigma and discrimination evaluation.
- To support expansion of TB programs sustainability mechanisms including introduction of mechanisms of social contracting of nongovernmental organizations for provision of CRG-based TB services.
- To participate and engage in various TB advocacy and accountability initiatives at national, regional and global levels

# CFCS Round 11 Grantees

Public Foundation AIDS Foundation East-West in the Kyrgyz Republic

Project Location: Chui and Osh Regions Timeline: March 2023 – March 2024 Aim:

> To popularize OneImpact Application in medical facilities of Chui and Osh regions to reach people affected by TB and exposed to high risk of TB and empower them to access health and support services.

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- To empower people affected by TB to access health and support services, claim their rights and identify and reduce stigma through popularization of OneImpact Kyrgyzstan mobile Application
- To ensure technical support and mobile application upgrade
- To participate and engage in various TB advocacy and accountability initiatives at national, regional and global levels with particular focus on UNHLM TB and NFM4 Principle

## Stop IB Partnership

COUNTRY PROFILE KYRGYZSTAN

# CFCS Round 11 Grantees

### Social Fund KNCV-KG

Project Location: Nationwide Timeline: March 2023 – March 2024 Aim:

> To strengthen the capacity of civil society organisations to engage in TB advocacy, accountability and programming in Kyrgyz Republic.

- To organize the National advocacy TB platform to engage in strategic engagement and partnership at national and regional accountability
- To build capacity and engage civil society and the TB community to raise awareness of human rights and gender issues in TB
- To sensitize the medical personnel on new technologies in TB diagnosis for increased TB detection in Jalal-Abad and Batken
- To participate and engage in various TB advocacy and accountability initiatives at national, regional and global levels with a particular focus on UNHLM TB and NFM4



CFCS Round 11 Grantees

**TBpeople Kyrgyzstan** 

Project Location: Bishkek and Osh city Timeline: March 2023 – March 2024 Aim

> To increase engagement of religious and community leaders in TB awareness and demand for TB response, free of stigma and discrimination in Kyrgyzstan.

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- To capacitate, mobilize and engage religious leaders from Bishkek and Osh city in TB and CRG awareness for their communities
- To strengthen the capacity of TB affected community to mobilize for TB response and human rights promotion and engage in decision-making for CRGbased TB programming
- To participate and engage in various TB advocacy and accountability initiatives at national, regional and global levels with particular focus on UNHLM TB and NFM 4



# **Questions?**

# Contact us.

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