

Country Office Evaluation: Kyrgyzstan

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Annex 1: Terms of Reference

I. Introduction

1. Country Office Evaluations (COE) are part of the Evaluation Office workplan for 2018-2019, approved by the Executive Board in January 2018. The workplan clarifies that COEs “will focus on the outcomes/results achieved by the respective country office, as well as contributions through global and regional inputs in the country. In addition, the evaluations will aim to analyse the effectiveness of WHO programmes and initiatives in the country and assess their strategic relevance within the national context”.¹ They encompass the entirety of WHO activities during a specific period. The COEs provide lessons that can be used in the design of new strategies and programmes in-country.

2. The Kyrgyzstan COE will cover the period 2014-2019, corresponding to the last two fully executed Biennial Collaborative Agreements (BCAs) and to the achievements to date in the context of the 2018-2019 BCA.

II. Country context

3. Kyrgyzstan is a land-locked country with a population of about 6 million that is mainly rural (two thirds) and relatively young (with 31.5% of the population being made up of children under 15). Classified as a lower middle-income country,² Kyrgyzstan saw real gross domestic product (GDP) growth slow to 3.5% in 2018 from 4.7% in 2017; GDP is projected to accelerate to 4.3% in 2019 and stabilize at around 4% thereafter, however. The poverty rate is projected to decline from 30.6% in 2014 to 18.8% in 2019.³ Other relevant health statistics are indicated in Table 1.⁴

Table 1: Kyrgyzstan health statistics⁵

Population (in thousands) total (2016)	5 956
Population proportion under 15 (%) (2016)	31.5
Life expectancy at birth (years) (2016)	75 (Female)
	68 (Male)
Socioeconomic	
Gender inequality index rank (2018) [source: UNDP]	122
Human development index rank (2018) [source UNDP]	122
Health	
Neonatal mortality rate (per 1000 live births) (2017)	10.7
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2017)	20
Maternal mortality ratio (per 100 000 live births) (2015)	76
Infants exclusively breastfed for the first six months of life (%) (2014)	40.9
Health systems	
Medical doctors (per 10 000 population) (2014)	18.76
Nursing and midwifery personnel (per 10 000 population) (2013)	64.299
(DTP3) immunization coverage among 1-year-olds (%) (2017)	92
Health financing	
Total expenditure on health as a percentage of GDP (2014)	6.5
Domestic private health expenditure as percentage of current health expenditure (2015)	48.2

¹Evaluation update and proposed workplan for 2018-2019. Document EB142/27 (http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_27-en.pdf).

² World Bank Kyrgyz Republic <https://www.worldbank.org/en/country/kyrgyzrepublic/overview#1>, accessed 28 June 2019

³ World Bank Kyrgyz Republic <https://www.worldbank.org/en/country/kyrgyzrepublic/overview#1>, accessed 28 June 2019

⁴ World Bank India (<http://www.worldbank.org/en/country/india/overview>, accessed 28 November 2018).

⁵ Source: WHO Global Health Observatory.

Out-of-pocket expenditure as percentage of current health expenditure (2015)	38.8
General government expenditure on health as % of total government expenditure (2014)	11.92

4. The Strategy for the protection and promotion of public health of the Kyrgyz Republic 2020 (*Health-2020*) was approved by the Kyrgyz Government in 2014. An action plan to follow the Regional Health 2020 strategy was developed in 2015. The strategy is also aligned with the National Sustainable Development Strategy of the Kyrgyz Republic for 2013-2017, with its successor the National Development Strategy of the Kyrgyz Republic for 2018-2040 (and the mid-term National Development Programme for 2018-2022), and with the principles of the *Den Sooluk National Health Reform Programme of the Kyrgyz Republic for 2012-2016* (extended to the end of 2018). The national health strategy is aimed at strengthening intersectoral collaboration as well as strengthening and supporting the key priority areas identified in the *Den Sooluk* programme: cardiovascular diseases, maternal and child health, tuberculosis and HIV infection. It also aims to ensure universal access of the population to health services, including socially vulnerable groups.

5. Progress in accomplishing the goals set forth in this broad policy and strategic framework has been mixed, however. Kyrgyzstan gained its independence in 1991 and has been undergoing health reforms since 1996. The reform process has not moved forward as quickly as anticipated and, despite progress in moving towards the Sustainable Development Goal (SDG) targets, the health priorities identified in the aforementioned policies and strategies have not changed significantly over the six-year period to be covered in this evaluation. Slow economic growth, rising healthcare costs, deteriorating infrastructure, slow public-sector reform, governance practices, inefficient institutions and an outdated health information system have all posed challenges to the reform process.⁶

6. Accordingly, an overview of the specific health profile of Kyrgyzstan presents a similarly mixed picture. Kyrgyzstan carries a high burden of both communicable and noncommunicable diseases, and of injuries and external causes of death. Cardiovascular diseases represent about 50% of the mortality rate, followed by cancer (representing 11% of the mortality rate in 2015) and injuries, poisoning and other consequences of external causes collectively (representing 9% of the mortality rate in 2015). There is also increasing attention to addressing antimicrobial resistance.⁷ Kyrgyzstan was certified malaria-free in 2016, representing an important health milestone. By contrast, HIV and hepatitis levels remain high, and multidrug-resistant tuberculosis (MDR) represents some 25% of new tuberculosis cases, placing Kyrgyzstan among the 27 highest MDR TB-burdened countries in the world. The immunization rate is 96% with a slight decrease during the last few years due to immunization resistance. Trends in maternal and child health are encouraging, but maternal and infant mortality rates remain the highest in the WHO European Region and there is a large unmet need for contraception. Kyrgyzstan is moving towards universal health coverage, but structural challenges include insufficient financial protection schemes, high medicine prices, health staff shortages in rural areas, and an inefficient hospital network. The importance of health security is increasingly being recognized in Kyrgyzstan but a more resilient health system is needed to ensure emergency preparedness and response.

7. Overseas Development Assistance (ODA) for Kyrgyzstan has been declining in recent years. In 2017, Kyrgyzstan received US\$ 461 million in ODA, of which 8% (US\$ 37 million) was allocated to the health and population sector.⁸ The main development partners for health in Kyrgyzstan over the period 2014-2019 include the European Commission, the Gavi Alliance, Germany, Japan, the Russian Federation, the Swiss Development Cooperation Agency, and the United States Agency for International Development (USAID).⁹

⁶ BCA 2018-2019

⁷ BCAs, 2014-2015, 2016-2017 and 2018-2019

⁸ <http://www.oecd.org/dac/financing-sustainable-development/development-finance-data/aid-at-a-glance.htm>

⁹ Source : GSM data

8. The UN system's efforts in Kyrgyzstan have been guided by the United Nations Development Assistance Framework (UNDAF) for the Kyrgyz Republic 2012-2016, focusing on the Millennium Development Goals (MDGs), including health-related targets. Health was covered under UNDAF Pillar 2, Social inclusion and equity.¹⁰ The current UNDAF for the Kyrgyz Republic 2018-2022 aims to support the Kyrgyz Republic to reach the SDGs. Health is considered under Priority IV – Social protection, health and education.¹¹ Key UN agencies with which WHO partners in the Kyrgyz Republic include the Food and Agriculture Organization of the United Nations (FAO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and the World Food Programme (WFP).

III. WHO activities in Kyrgyzstan

9. Kyrgyzstan became a WHO Member State in 1992, shortly after its independence, and WHO opened the WHO Country Office (WCO) in Kyrgyzstan in 1994. Since then, WHO has focused on: improving the population's health and addressing health inequalities; health sector reform; and enhancement of access to quality health-care services. The role of the WCO is also to respond to requests from the host country to support policy-making for sustainable health development, taking a holistic health-system approach. The WCO is the focal point for all WHO activities in Kyrgyzstan. In 2015, the WCO profile was upgraded and it is now under the leadership of a WHO Representative/Head of Country Office.¹² The country team consists of 20 staff members.

10. The WCO's priorities are set forth in the BCAs between the WHO Regional Office for Europe (EURO) and the host country. The WCO implements the agreement in close collaboration with national institutions and international partner agencies. The BCAs between the Ministry of Health of Kyrgyzstan and EURO for 2014-2015, 2016-2017 and 2018-2019 outline the medium-term framework for cooperation with the Government of Kyrgyzstan. The specific BCA deliverables included in all three BCAs and their links to respective programme budget outputs are reproduced in Annex 1.

11. According to the BCAs, the total activity budget of the WCO workplans in 2014-2015 amounted to US\$ 2 025 000; this figure increased to US\$ 3 251 000 in 2016-2017 and US\$ 3 635 100 in 2018-2019. The figures for 2016-2017 and 2018-2019 include an additional US\$ 326 500 and US\$ 244 100, respectively, for activities under the Pandemic Influenza Preparedness Framework. These budgets do not include the technical support and inputs provided by headquarters, EURO, geographically dispersed offices and other WCOs, nor do they include the costs of personnel in the WCO. Table 2 provides a summary of the overarching areas of activities undertaken by the WCO, along with and the corresponding levels of investment in each area.

¹⁰ UNDAF 2012-2016

¹¹ UNDAF 2018-2022

¹² <http://www.euro.who.int/en/countries/kyrgyzstan/who-country-office>

Table 2: Expenditure in Kyrgyzstan Country Office 2014-2019 (US\$)

Programme Area (as per the biennial workplans)	Expenditures (US\$)				% expenditure
	2014-2015	2016-2017	2018-2019*	Total	
1. Communicable Diseases	946,312	160,467	615,341	1,722,120	11%
2. Noncommunicable Diseases	135,652	406,069	376,745	918,466	6%
3. Promoting Health through the Life-Course	374,638	82,504	76,319	533,461	3%
4. Health Systems	702,400	945,425	1,378,730	3,026,555	19%
5. Preparedness, Surveillance & Response	57,514	84,940	1,039	143,493	1%
Polio	31,916	9,296	17,593	58,805	0%
Outbreak and Crisis Response		134,758	306,244	441,002	3%
PIP	91,576	341,592	204,222	637,390	4%
6. Corporate Services/Enabling Functions	138,846	697,736	716,809	1,553,391	10%
In-Kind/In-Service		64,440	64,440	128,880	1%
Salaries	823,320	1,973,472	3,771,917	6,568,709	42%
Total	3,292,174	4,900,699	7,529,399	15,722,272	100%

Source: WHO Global Management System

* 2018-2019 expenditures and encumbrances as at 30 June 2019

IV. Objectives and scope of the COE

12. The main purpose of this COE is to identify achievements, challenges and gaps and document best practices and innovations of WHO in Kyrgyzstan. These include results of the WHO Country Office (WCO) but also contributions from the regional and global levels to the country programme.

13. As with all evaluations, this COE meets accountability and learning objectives. It will be publicly available and reported on through the annual Evaluation Report. This evaluation will build on an analysis of existing documents and data of relevance to the purpose of the evaluation, complemented with the perspectives of key stakeholders, to:

- Demonstrate achievements against the objectives formulated in the BCAs (and other relevant strategic instruments) and corresponding expected results developed in the WCO biennial workplans, while pointing out the challenges and opportunities for improvement.
- Support the WCO and partners when developing the next BCA (and other relevant strategic instruments) based on independent evidence of past successes, challenges and lessons learned.
- Provide the opportunity to learn from the evaluation results at all levels of WHO. All programmes can benefit from knowing about their successes and challenges at global, regional (including geographically dispersed offices) and country levels. These can then usefully inform the development of future country, regional and global support through a systematic approach to organizational learning.

14. The evaluation will cover all activities undertaken by WHO (WCO, Regional Office, geographically dispersed offices and headquarters) in Kyrgyzstan as framed in the 2014-2015, 2016-2017 and 2018-2019 BCAs and other strategic documents covering activities not part of the BCAs which took place over that period.

V. Stakeholders and users of the evaluation

15. Table 3 shows the role and interest of the main evaluation stakeholders and expected users of the evaluation.

Table 3: preliminary stakeholders' analysis

Internal stakeholders	Role and interest in the evaluation
WCO Kyrgyzstan	As lead for the development and implementation of the BCAs, the WCO is the main stakeholder of the evaluation because it has an interest in enhancing accountability of WHO in-country as well learning from evaluation results for future programming.
WHO Regional Office	As a key contributor to the development of the BCAs the Regional Office has a direct stake in the evaluation in ensuring that WHO's contribution in-country is relevant, coherent, effective and efficient. The evaluation findings and best practices in Kyrgyzstan will be directly useful to inform other WCOs in the Region as well as regional approaches in health.
Headquarters management	The results of the evaluation should be of interest as headquarters management is in charge of the strategic analysis of country cooperation strategy content and implementation and is responsible for promoting application of best practices in support of regional and country technical cooperation.
Executive Board	The Executive Board has a direct interest in being informed about the added value of WHO's contributions in countries and being kept abreast of best practices as well as challenges through the annual evaluation report.
External Stakeholders	
Government of Kyrgyzstan	As a recipient of WHO's action it has an interest in the partnership with WHO, both in current and future BCAs, and an interest to see WHO's contribution to health in-country independently assessed.
All individuals in Kyrgyzstan	WHO's action in Kyrgyzstan has to ensure that it benefits all population groups, prioritizes the most vulnerable and does not leave anyone behind. The evaluation will look at the way WHO pays attention to equity and ensures that all population groups are given due attention in the various policies and programmes.
UN Country Team	WHO as part of the UN country team contributes to the United Nations Development Assistance Framework (UNDAF) alongside other UN agencies. There is therefore an interest for the UN Country Team to be informed about WHO's achievements and be aware of the best practices in the health sector.
Donors and partners	Donors (multilateral and bilateral agencies) and philanthropic foundations have an interest in knowing whether their contributions have been spent effectively and efficiently and if WHO's work contributes to their own strategies and programmes.

VI. Evaluation questions

16. All COEs address the 3 main evaluation questions identified below. The sub-questions are then tailored according to countries' specificities and detailed in an evaluation matrix to be developed during the inception phase by the evaluation team. Sub evaluation questions have been tailored taking into account the timing of this COE and the available evaluative information. Good practices and lessons learned will be identified across the findings.

EQ1 - Were the strategic choices made in the BCAs (and other relevant strategic instruments) the right ones to address Kyrgyzstan's health needs and coherent with government and partners' priorities? (relevance)

17. This question assesses the strategic choices made by WHO at the BCA design stage and their flexibility to adapt to changes in context. The evaluation sub-questions focus on the following elements:

- 1.1 Are the BCAs and other relevant strategic instruments based on a comprehensive health diagnostic of the entire population and on Kyrgyzstan's health needs?
- 1.2 Are the BCAs and other relevant strategic instruments coherent with Kyrgyzstan's national health strategy and any other relevant strategies, as well as the MDG and SDG targets relevant to Kyrgyzstan?
- 1.3 Are the BCAs coherent with the UNDAF? Are the key partners clear about WHO's role in Kyrgyzstan?
- 1.4 Are the BCAs coherent with the General Programme of Work and aligned with WHO's international commitments?
- 1.5 Has WHO learned from experience and changed its approach in view of evolving contexts (needs, priorities, etc.) during the course of the BCAs?
- 1.6 Are the BCAs strategically positioned when it comes to:
 - i. Clear identification of WHO's comparative advantage and clear strategy to maximise it and make a difference?
 - ii. Capacity of WHO to position health priorities (based on needs analysis) in the national agenda and in those of the national partners in the health sector?
 - iii. Specificities of the partnership between WHO and the Government of Kyrgyzstan in the specific context of "delivering as one"? Has this evolved between BCAs? If so, how?

EQ2 - What is the contribution/added value of WHO towards addressing the country's health needs and priorities? (effectiveness /elements of impact/progress towards sustainability)

18. To address this question the evaluation team will consider the biennial workplans produced during the evaluation period and will focus on best practices and innovations observed for the following:

- 2.1 To what extent were the relevant country biennial workplans based on the focus areas as defined in the BCAs (and other relevant strategic instruments) or as amended during the course of implementation?
- 2.2 What were the main results achieved for each outcome, output and deliverable for the WCO as defined in the country biennial workplans?
- 2.3 What has been the added value of regional and headquarters contributions to the achievement of results in-country?
- 2.4 What has been the contribution of WHO results to long-term changes in health status in-country?
- 2.5 Is there national ownership of the results and capacities developed?

EQ3 – How did WHO achieve the results? (efficiency)

19. In this area, the evaluation sub-questions will mainly cover the contribution of the core functions, the partnerships and allocation of resources (financial and staffing) to deliver the expected results and, for each, will seek to identify best practices and innovations.

- 3.1 For each priority, what were the key core functions most used to achieve the results?
- 3.2 How did the strategic partnerships contribute to the results achieved?
- 3.3 How did the funding levels and their timeliness affect the results achieved?
- 3.4 Was the staffing adequate in view of the objectives to be achieved?

- 3.5 What were the monitoring mechanisms to inform the BCA implementation and progress towards targets?
- 3.6 To what extent have the BCAs been used to inform WHO country workplans, budget allocations and staffing?

VII. Methodology

20. Guided by the WHO Evaluation Practice Handbook, the evaluation will be based on a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning.

21. During the inception phase the evaluation team will design the methodology which will entail the following:

- Adapt the **theory of change** developed for the evaluation of WHO's presence in countries. The theory of change to frame the COE will: i) describe the relationship between the BCA priorities, the programme budget outputs and the activities and budgets as envisaged in the biennial workplans; ii) draw the linkages with the General Programme of Work and programme budgets, and iii) identify the main assumptions underlying it.
- Develop and apply **an evaluation matrix**¹³ geared towards addressing the key evaluation questions taking into account the data availability challenges, the budget and timing constraints.
- Adhere to WHO cross-cutting strategies on **gender, equity and human rights** and include to the extent possible disaggregated data and information.
- Follow the principles set forth in the WHO *Evaluation Practice Handbook*, the United Nations Evaluation Group (UNEG) *Norms and Standards for Evaluation*, and *Ethical Guidelines*.

22. The methodology should demonstrate impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach to ensure triangulation of information through a variety of means.

23. The COE will rely mostly on the following **data collection methods**:

- Document review will include analysis of key strategic documents, such as the general programmes of work, the programme budgets, the BCAs (and other relevant strategic instruments), the WCO workplan and budget, narrative and financial progress reports, relevant national policies, strategies and other relevant documentation.
- Stakeholder interviews. Interviews will be conducted with external and internal stakeholders at global, regional and country levels. External stakeholders for this evaluation are: ministry of health officials and officials of other relevant governmental institutions; health care professional associations and other relevant professional bodies; relevant research institutes, agencies and academia; health care provider institutions; UN agencies, other relevant multilateral organizations; donor agencies; other relevant partners; non-State actors and civil society.
- Mission in-country. Following the document reviews and some stakeholders' interviews, the country visit will be the opportunity for the evaluation team to develop an in-depth

¹³An **Evaluation Matrix** is an organizing tool to help plan for the conduct of an evaluation. The Evaluation Matrix forms the main analytical framework for the evaluation. It reflects the key evaluation questions and sub-questions to be answered and helps the team consider the most appropriate and feasible method to collect data for answering each question. It guides analysis and ensures that all data collected analysed, triangulated and used to answer the evaluation questions, and make conclusions and recommendations.

understanding of the perspectives of the various stakeholders around the evaluation questions and collect additional secondary data, in particular from external stakeholders.

24. **Stakeholder consultation.** In addition to acting as key informants during the evaluation process, both internal and external stakeholders will be consulted at the drafting stages of the terms of reference, inception note and evaluation report and will have the opportunity to provide comments.

25. **Limitations.** No major primary quantitative data collection is envisaged to inform this evaluation. The evaluation team will mainly use data (after having assessed their reliability) collected by WHO and partners during the timeframe evaluated.

VIII. Phases and deliverables

26. The evaluation is structured around 5 phases summarized in Table 4 below.

Table 4: summary tentative timeline – key evaluation milestones

Main phases	Timeline	Tasks and deliverables
1. Preparation	July 2019	Draft and final TOR Evaluation team contracted
2. Inception	July-August 2019	Desk review of existing literature Draft and final inception note
3. Data collection and analysis	August 2019	Document review Key informant interviews with headquarters and Regional Office staff Country visit
4. Reporting	September-October 2019	Draft and final evaluation report
5. Management response and dissemination	November 2019	Management response Evaluation report online

27. **Preparation.** These TOR are prepared following the WHO Evaluation Practice Handbook. The final version of the TOR will take into consideration results of consultations with key internal and external stakeholders.

⇒ **1st deliverable: Final TOR**

28. The inception phase will start with a first review of key documents and briefings with headquarters, Regional Office and WCO key stakeholders. During the inception phase the evaluation team will assess the various logical/results frameworks and their underlying Theory of Change. The inception note will close this phase. Its draft will be shared with key internal stakeholders (at the three levels of the Organization) for their feedback. The inception note will be prepared following the Evaluation Office template and will focus on methodological and planning elements. Taking into account the various logical/results frameworks and the evaluation questions, it will present a detailed evaluation framework and the evaluation matrix. Data collection tools and approaches will be clearly identified in the evaluation matrix.

⇒ **2nd deliverable: Inception note.**

29. **Data collection and analysis.** This phase will include additional document review, key stakeholders interviews at headquarters and regional levels and a country visit. The in-country mission

will start with a briefing to the WCO and key partners and will end with a debriefing with the same group.

30. **Reporting.** This phase is dedicated to the in-depth organization of key findings and results, and identification of key lessons learned and recommendations. These will be presented in the draft evaluation report, which will be shared with key internal and external stakeholders for fact checking.

⇒ **3rd deliverable: Evaluation Report** will be prepared according to the WHO Evaluation Practice Handbook; it will provide an assessment of the results according to the evaluation questions identified above. It will include conclusions based on the evidence generated in the findings and draw actionable recommendations.

Note: The revisions of any of the deliverables produced by the evaluation team will be accompanied by feedback on each comment provided. This feedback will succinctly summarize if and how comments were addressed and if they were not it will justify why.

31. **Management response and dissemination of results.** The management response will be prepared by the WCO and posted on the website of the Evaluation Office once finalized, alongside the evaluation report. Dissemination of evaluation results and contribution to organizational learning will be ensured at all levels of the Organization as appropriate.

IX. Evaluation management

32. The COE is commissioned and managed by the WHO Evaluation Office (EVL). EVL will establish an evaluation team formed by independent external evaluation consultants and EVL staff. The evaluation team will report to the Director-General's Representative for Evaluation and Organizational Learning in his capacity as Evaluation Commissioner. The Chief Evaluation Officer / Coordinator of EVL will act as the Evaluation Manager, representing the Evaluation Commissioner in the management and day-to-day operations of the evaluation. Technical oversight will be provided by the Chief Evaluation Officer.

Annex 1: Links between BCA priorities/deliverables and biennial workplan outputs

BCA priority	PB 2014-2015 Output	BCA deliverable 2014-2015	PB 2016-2017 Output	BCA deliverable 2016-2017	PB 2018-2019 Output	BCA deliverable 2018-2019
Communicable diseases						
HIV and hepatitis ¹⁴	Output 1.1.1	Policy and strategy guidance to expand and strengthen universal access for prevention treatment and care, particularly for injecting drug users	Output 1.1.1	Facilitate updating of national strategies, guidelines and tools in Kyrgyzstan in line with global and regional consolidated guidance for HIV prevention, care and treatment		
				Support Kyrgyzstan in mapping of national HIV technical assistance needs and facilitate provision of adequate, high-quality technical assistance for programme management, governance, implementation and domestic and foreign resource mobilization		
	Output 1.1.2	Sexually transmitted infection prevention and control in Kyrgyzstan				
			Output 1.1.2	Support Kyrgyzstan in development and implementation of national multisectoral policies and strategies on viral hepatitis prevention and control based on local epidemiological context.		
Tuberculosis	Output 1.2.1	Fully operational electronic case-based data management system implemented in Kyrgyzstan	Output 1.2.1	Support Kyrgyzstan in coordinating the efforts of multiple sectors and partnerships, contributing to the development of country cooperation strategies and national strategic plans, and facilitating resource mobilization		
				Support Kyrgyzstan in collection, analysis, dissemination and use of tuberculosis data and monitor the national tuberculosis situation and response including through evaluation of tuberculosis policies and programmes		
	Output 1.2.2	Strategic and technical support to the Regional M/XDR-TB action plan and National M/XDR-TB response plans in MDR-TB high burden countries	Output 1.2.2	Support Kyrgyzstan in formulating national tuberculosis policies, strategies and plans which reflect country priorities in line with the post-2015 global strategy and relevant	Output 1.2.2	Support Kyrgyzstan in developing and adapting national guidelines in line with the End TB Strategy and relevant regional plans and frameworks.

¹⁴ HIV in 2014-2015 biennium and changed to HIV and Hepatitis from 2016-2107 biennium onwards

BCA priority	PB 2014-2015 Output	BCA deliverable 2014-2015	PB 2016-2017 Output	BCA deliverable 2016-2017	PB 2018-2019 Output	BCA deliverable 2018-2019
				regional frameworks; facilitate cross-cutting policy dialogue with other sectors, partners and affected populations		
		Health system assessed for M/XDR-TB prevention and control in MDR-TB high burden countries				
Vaccine-preventable diseases	Output 1.5.1	Technical assistance provided to Kyrgyzstan to strengthen the management of vaccines, immunization supplies, cold chain and immunization logistics	Output 1.5.1	Support provided to Kyrgyzstan in developing and implementing multi-year plan and annual implementation plans with a focus on un- and under-vaccinated populations	Output 1.5.1	Support development and implementation of Kyrgyzstan immunization resource mobilization plans to raise adequate funding to achieve programme objectives.
		Technical assistance provided to strengthen immunization programme management capacity in planning, financing and data management to improve access to and utilization of immunization services (and sustainability of immunization investments)		Support provided to Kyrgyzstan in strengthening capacity in surveillance and use of immunization data		
					Output 1.5.2	Support development and implementation of Kyrgyzstan strategies on measles elimination, rubella control and neonatal tetanus and hepatitis B control.
	Output 1.5.3	Technical support in strengthening decision making in immunization and accelerated introduction of new vaccines	Output 1.5.3	Support Kyrgyzstan in defining needs for new vaccine products and immunization-related technologies through in-country dialogue and backed up by country level evidence, and work with country stakeholders on related implementation research and data in order to inform decisions	Output 1.5.3	Support defining needs for new vaccine products and immunization-related technologies through in-country dialogue and backed up by Kyrgyzstan evidence, and work with stakeholders on related implementation
NCDs						
NCDs	Output 2.1.1	NCD stakeholders coalition established	Output 2.1.1	Provide technical support to Kyrgyzstan to jointly develop and implement country-led national multisectoral plans to combat NCDs, in line with the WHO global action plan for the prevention and control of NCDs 2013-	Output 2.1.1	Convene and support multisectoral dialogue and facilitate policy advice to national and subnational counterparts and partners for the prevention and control of noncommunicable diseases in Kyrgyzstan

BCA priority	PB 2014-2015 Output	BCA deliverable 2014-2015	PB 2016-2017 Output	BCA deliverable 2016-2017	PB 2018-2019 Output	BCA deliverable 2018-2019		
				2020 and regional strategies, plans and frameworks				
		Support to fulfil the requirements of the WHO FCTC		Lead WHO’s interagency work with the United Nations in integrating noncommunicable diseases in national development agendas and health prioritization, planning, including in-country cooperation strategies and United Nations Development Assistance Frameworks, financing and the monitoring process				
		Alcohol action plan						
		Impact of 2-3 guidelines for action across sectors are evaluated						
	Output 2.1.2	National plan on NCD	Output 2.1.2	Provide technical assistance to implement cost-effective and affordable measures to reduce modifiable risk factors and lead implementation of the WHO FCTC	Output 2.1.2	Technical support to Kyrgyzstan for the full implementation of the WHO FCTC as part of the SDGs commitment by 2030		
		National assessment of health systems and capacity for NCD control conducted with emphasis on a social determinants framework				Provide technical support to Kyrgyzstan for implementation of population-based prevention measures for reducing salt use, promoting physical activity and preventing overweight and obesity, including marketing to children, fiscal policies, and school-based interventions		
	Output 2.1.3	NCD surveillance	Output 2.1.3	Support Kyrgyzstan in development/ adaptation of national evidence-based guidelines/protocols/standards for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases by implementing an essential package of interventions in primary care	Output 2.1.3	Support the development and adaptation of national evidence-based disease-specific management guidelines/protocols/ standards in Kyrgyzstan to address NCDs		
						Strengthen management of NCDs/risk factors in PHC and overall health system in Kyrgyzstan		
			Output 2.1.4	NCD surveillance strengthening – registries. Subnational training of trainers course on cancer registration methods and strengthening cancer registries	Output 2.1.4	Adapt and implement tools for monitoring and surveillance of noncommunicable disease morbidity and mortality and their related		

BCA priority	PB 2014-2015 Output	BCA deliverable 2014-2015	PB 2016-2017 Output	BCA deliverable 2016-2017	PB 2018-2019 Output	BCA deliverable 2018-2019
						modifiable risk factors (tobacco and unhealthy nutrition) in Kyrgyzstan
				NCD surveillance strengthening – STEPS surveys. Conduct a national survey of risk factors based on the WHO STEPS methodology in Kyrgyzstan		
					Output 2.1.5	Coordinate UN interagency work to incorporate NCDs into national development agendas in Kyrgyzstan, UNDAF and WHO strategies
Mental health and substance abuse	Output 2.2.1	Technical support in developing mental health services				
	Output 2.2.2	Technical support in strengthening primary health care capacities to address mental health issues	Output 2.2.2	Support organization of mental health and social care services and their integration in primary care		
	Output 2.2.3	Alcohol action plan	Output 2.2.3	Facilitate adoption and implementation of national programmes on alcohol and substance abuse in Kyrgyzstan including awareness raising activities, development of policies and laws and activities in primary health care settings		
Violence and injuries	Output 2.3.2	Increased Member States capacity though TEACH-VIP workshops to build capacity	Output 2.3.2	TEACH VIP workshop conducted in Kyrgyzstan to enhance health systems capacity in child injury prevention		
	Output 2.3.3	National policy making on child maltreatment prevention	Output 2.3.3	Situation analysis, policy dialogue and capacity building workshop in child maltreatment prevention		
Nutrition			Output 2.5.2	Support the development, adaptation and updating of national guidelines and legislation on nutrition, based on the updated global norms, standards and guidelines, and draft legislation on marketing breast-milk substitutes, as well as the promotion of healthy diets		
Food Safety					Output 2..6.2	Technical support to Kyrgyzstan Codex Alimentarius Committees incl. applications to

BCA priority	PB 2014-2015 Output	BCA deliverable 2014-2015	PB 2016-2017 Output	BCA deliverable 2016-2017	PB 2018-2019 Output	BCA deliverable 2018-2019
						Codex Trust Fund and monitoring of CTF funded projects
Promoting health throughout the life-course						
RMNCAH	Output 3.1.1	Maternal and newborn health improved by improving access and interventions at all levels of care and newborns and implementation of recommendations from maternal and perinatal mortality and morbidity audit	Output 3.1.1	Adapt and implement in Kyrgyzstan global guidelines, and plans for addressing health systems bottlenecks and expanding access to, and improving quality of, interventions to end preventable maternal and newborn deaths	Output 3.1.1	Adapt and implement global guidelines in expanding access and improving quality of maternal and newborn health care in Kyrgyzstan in close collaboration with partners at country level
				Strengthen national capacity for collection, analysis and use of data on maternal and newborn health, including documentation of best practices in order to improve access to, and quality of, interventions		
	Output 3.1.2	Child and adolescent health policy	Output 3.1.2	Develop policies and strategies, including for the integrated management of childhood illness, and in adapting/adopting and implementing guidelines and tools for preventing child deaths		
		Improved child and adolescent health care services		Establish a working mechanism for collaboration between reproductive, maternal, newborn and child health and relevant programmes, such as immunization, and for holistic approaches to improving child health, including pneumonia and diarrhoea control		
				Strengthen national capacity for collection, analysis and use of data on child morbidity, mortality and causes of child deaths, in line with the overall strengthening of health information systems		
					Output 3.1.3	Support development and monitoring of CAH strategies and implementation of services for newborns and children in Kyrgyzstan
	Output 3.1.4	Sexual and reproductive health operational research	Output 3.1.4	Strengthen national capacity for research in reproductive, maternal, newborn, child and		

BCA priority	PB 2014-2015 Output	BCA deliverable 2014-2015	PB 2016-2017 Output	BCA deliverable 2016-2017	PB 2018-2019 Output	BCA deliverable 2018-2019
				adolescent health, especially in national institutions, including through linking the institutions with WHO collaborating centres		
Social determinants of health			Output 3.4.3	Trends in, and progress on, action on social determinants of health and health equity monitored in Kyrgyzstan, including under the UHC framework and the proposed sustainable development goals		
Health and the environment	Output 3.5.1	Strengthened capacities for implementation of water safety plans in Kyrgyzstan	Output 3.5.1	Convene partners and support the strengthening of national capacity for preparedness and response to environmental emergencies, related to, among others, climate, water, sanitation, chemicals, air pollution and radiation, as well as other environmental health emergencies, including in the context of the IHR (2005)		
		Support, guidance and advice to Kyrgyzstan in implementing the Climate change Commitment to Act, Regional Framework and develop national health adaptation strategy development				
	Output 3.5.2	Strengthened capacities in Kyrgyzstan for environmental health	Output 3.5.2	Support Kyrgyzstan in implementing guidelines and adapting tools and methodologies for preventing and managing the health impacts of environmental and occupational risks on industrially contaminated sites, health risks of chemicals, climate change and health systems		
			Output 3.5.3	Advocate for multisectoral cooperation among regional stakeholders and promote the health agenda in regional initiatives on environmental and sustainable development, for example, as part of regional interministerial forums		
				Convene partners and conduct policy dialogue to raise the profile of public health issues in national environmental and		

BCA priority	PB 2014-2015 Output	BCA deliverable 2014-2015	PB 2016-2017 Output	BCA deliverable 2016-2017	PB 2018-2019 Output	BCA deliverable 2018-2019
				sustainable development agendas, and support countries in the implementation of agreed provisions of multilateral agreements and conventions on the environment – European Environmental Health process, Protocol on Water and Health/water safety plan uptake, SAICM implementation, Minamata Convention		
Health systems						
National health policies, strategies and plans	Output 4.1.1	Technical assistance to Kyrgyzstan for the adaptation of Den Sooluk to Health 2020	Output 4.1.1	Facilitate the development and implementation of a comprehensive national health policy/strategy/plan that ensures and/or promotes the resilience of health systems and is in line with the International Health Partnership or similar principles	Output 4.1.1	Facilitate in Kyrgyzstan the development and implementation of comprehensive national health policies and plans applying WHO tools and approaches that ensure and promote the resilience of health systems and a rights-based approach, respect national ownership, give a voice to the population, improve accountability and policy coherence, and are in line with the principles of country ownership of the development agenda and stewardship of the health system promoted by the International Health Partnership for UHC 2030
		Support to financing policy in respect to priority health challenges especially NCDs within a broad health systems strengthening framework of analysis		Identify needs and provide support to strengthen country's governance capacity including the legislative and regulatory frameworks required to increase accountability and transparency and for making progress towards UHC		Provide health systems strengthening support to maximize immunization programme outcomes in Kyrgyzstan
		Sustainability of progress made on three dimensions of UHC over past decade				To strengthen country governance capacity in Kyrgyzstan, as well legislative and regulatory frameworks required to increase accountability and transparency to make progress towards UHC
	Output 4.1.2	Sustainability of progress made on three dimensions of UHC over past decade	Output 4.1.2	Support country-level advocacy for, and policy on, health financing and financial protection in order to make progress towards UHC	Output 4.1.2	Support country level advocacy for, and policy on, health financing and financial protection in order to make progress towards UHC

BCA priority	PB 2014-2015 Output	BCA deliverable 2014-2015	PB 2016-2017 Output	BCA deliverable 2016-2017	PB 2018-2019 Output	BCA deliverable 2018-2019
				Support Kyrgyzstan in institutionalizing the monitoring of information needed to support health financing policy, including financial protection and resource tracking		
Integrated people-centred health services	Output 4.2.1	Strengthening public health services and capacity	Output 4.2.1	Promote and disseminate, at national and local level, successful approaches based on public health principles in order to reduce inequalities, prevent diseases, protect health and increase well-being through different models of care delivery matched with infrastructures, capacities and other resources	Output 4.2.1	Support Kyrgyzstan in developing and implementing policies and initiatives to integrate services delivery in the context of the European Framework for Action on Integrated Health Services Delivery
						Facilitate and provide technical assistance and expert advice to Kyrgyzstan to strengthen public health services by focusing on human and financial resources for PHC organizational delivery model of PHC and public health law
						Support Kyrgyzstan to monitor performance of health services delivery
	Output 4.2.2	Technical consultancy on health professionals education			Output 4.2.2	Support Kyrgyzstan in strengthening their human resources for health information systems and other mechanisms for the effective collection, reporting and analysis of health workforce data, such as Joint OECD/Eurostat/WHO Europe data base, national health workforce accounts, national registries
						Provide policy advice and support for strengthening Kyrgyzstan governance and capacity to develop and implement human resources for health policies and strategies in line with the Global strategy on human resources for health, the recommendations of the High-Level Commission on health employment and economic growth and the European framework for action towards a sustainable health workforce

BCA priority	PB 2014-2015 Output	BCA deliverable 2014-2015	PB 2016-2017 Output	BCA deliverable 2016-2017	PB 2018-2019 Output	BCA deliverable 2018-2019
					Output 4.2.3	Support Kyrgyzstan in developing and implementing policies and initiatives for improving quality of care, including patient safety
Access to medicines and health technologies and strengthening regulatory capacity	Output 4.3.1	Technical guidance and policy advice in area of improved prescribing and use of medicines, including pricing and reimbursement policies and health technologies assessment	Output 4.3.1	Provide technical support to Kyrgyzstan in revising and implementing national policies on medicines and other health technologies	Output 4.3.1	Technical support to Kyrgyzstan to information collection on access to medicines and health technologies
		Policy development and support to national programmes for national medicines as well as regulatory capacity building		Support institutionalization of mechanisms to support access to, and rational use of, medicines and other health technologies and services		Capacity building, support to Kyrgyzstan to revise and implement policies on medicines and other health technologies
				Support Kyrgyzstan to collect and analyse data on consumption of antimicrobials and develop a system-wide approach to address AMR		Support Kyrgyzstan to collect and analyse data on consumption of antimicrobials and develop a system-wide approach to address AMR
	Output 4.3.3	Capacity building in area of regulation of medical products and technology	Output 4.3.3	Collaborate with Kyrgyzstan on strengthening their national regulatory authorities for medicines and other health technologies	Output 4.3.3	Support Kyrgyzstan in capacity building for implementing WHO technical guidelines through strengthening of regulatory systems and prequalification for improved quality and safety of medicines and other health technologies
						Support Kyrgyzstan in the use of the WHO benchmarking tool in national regulatory authority self-assessment and promote the institutional development plan in addressing identified weaknesses and gaps
Health systems information and evidence	Output 4.4.1	Facilitating implementation of Commission on Information and Accountability for Women's and Children's Health priority activities on Civil Registration and Vital Statistics and eHealth	Output 4.4.1	Regularly assess national and subnational health situation and trends in Kyrgyzstan using comparable methods, taking into account national, regional and global priorities, and ensure quality of statistics	Output 4.4.1	Promote strategic management and investment for health information systems in Kyrgyzstan
		Monitoring and reporting on Health 2020 and NCD targets and indicators				

BCA priority	PB 2014-2015 Output	BCA deliverable 2014-2015	PB 2016-2017 Output	BCA deliverable 2016-2017	PB 2018-2019 Output	BCA deliverable 2018-2019
	Output 4.4.2	Awareness of WHO recommendations for eHealth standards, for data exchange	Output 4.4.2	Support capacity building and partnerships in developing and implementing an national eHealth strategy	Output 4.4.2	Support Kyrgyzstan to build capacity in developing and implementing national eHealth strategies.
	Output 4.4.3	Prospective establishment of EVIPNet country team	Output 4.4.3	Establish mechanisms for continually strengthening national capacity in knowledge management and translation to support the implementation of public health policies and interventions	Output 4.4.3	Establish mechanisms to strengthen national capacity in Kyrgyzstan in knowledge translation, including the operationalization of EVIPNet Europe country teams and platforms, which plan, implement and evaluate knowledge translation activities such as evidence briefs for policies and policy dialogues
Preparedness, surveillance and response						
Alert and response capacities	Output 5.1.1	Support further development of capacities and implementation of the national plan for IHR	Output 5.1.1	Support further development and implementation of the national plan for implementation of the IHR (2005) in countries and continue to support them in maintaining their capacities throughout the biennium	Output E.2.1	Review annual reporting on the implementation of the IHR in coordination with National Action Plan in Kyrgyzstan
		Training and laboratory quality strengthening in Kyrgyzstan		Support further development and implementation of the laboratory component of the national plan for implementation of the IHR (2005)		Conduct simulation exercises and after-action reviews as part of country evaluation in Kyrgyzstan
				Support the development of multisectoral national action plans for managing risks of emergencies based on assessments of country capacities and support the matching of resources to fill critical core capacity gaps in Kyrgyzstan		
Epidemic-prone and pandemic-prone diseases	Output 5.2.1	Technical assistance provided for the revision of pandemic preparedness national plan			Output E.1.1	Support country to establish and maintain surveillance and prevention programmes for high threat infectious hazards
	Output 5.2.2	Influenza surveillance				
			Output 5.2.3	Support national action against AMR, including development of plans and surveillance systems	Output 1.6.1	Support to National Action Plan on AMR implementation in Kyrgyzstan

BCA priority	PB 2014-2015 Output	BCA deliverable 2014-2015	PB 2016-2017 Output	BCA deliverable 2016-2017	PB 2018-2019 Output	BCA deliverable 2018-2019	
				Support country engagement in regional and global action plans on AMR		Strengthening national AMR surveillance and facilitate GLASS Participation in Kyrgyzstan	
				Support country offices in developing national plans for AMR		Infection Prevention and Control Core Components implementation in Kyrgyzstan and Community engagement and AMR	
				Monitor the regional situation and trends through collection of valid national surveillance data and information		Increase in Kyrgyzstan the AMR awareness and education	
					Output 1.6.2	Hospital level antibiotic stewardship for appropriate use	
Emergency risk and crisis management	Output 5.3.2	Country participation in vulnerability risk analysis and mapping	Output 5.3.1	Provide technical assistance for emergency and disaster risk management for health in order to build national capacities, including for emergency preparedness, health sector response plans, and safer hospitals – WEB GRAS and Hospital safety index	Output E.2.2	Provide technical support to priority countries to strengthen capacities for early detection of, timely and effective response to health emergencies (e.g. EWAR, laboratory, points of entry, training) in Kyrgyzstan	
		Support Kyrgyzstan in strengthening of disaster risk management for health					
	Output 5.3.3	Roll-out of national public health emergency management training	Output 5.3.2	Achieve minimum level of readiness in country offices for full implementation of the Emergency Response Framework in accordance with WHO’s readiness checklist	Output E.2.3	Support Kyrgyzstan and partners to develop business continuity and contingency plans to address specific hazards and risks	
						Support the implementation of actions to increase operational readiness in WHO, high-risk, vulnerable countries and partners	
						Conduct simulation exercises to test the readiness of WHO and partners in Kyrgyzstan	
Polio eradication	Output 5.5.1	Technical and material support provided to laboratory based surveillance in Kyrgyzstan	Output 5.5.1	Provide direct in-country support for polio vaccination campaigns and surveillance in all countries either experiencing an outbreak of the disease, at high risk of such an outbreak or affected by polio	Output 10.1	Technical Assistance (Polio Surveillance) to Kyrgyzstan	
				Support Kyrgyzstan to complete withdrawal of oral poliovirus vaccine type 2 and			

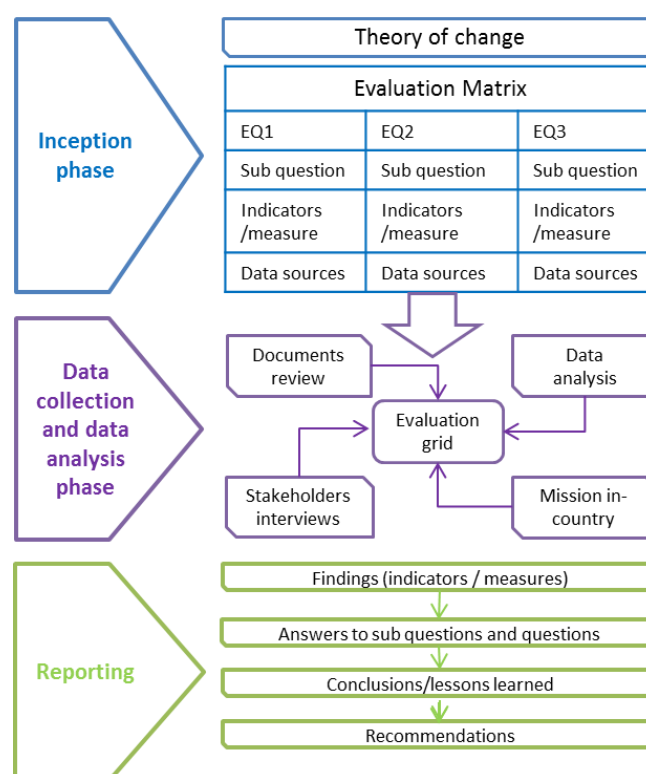
BCA priority	PB 2014-2015 Output	BCA deliverable 2014-2015	PB 2016-2017 Output	BCA deliverable 2016-2017	PB 2018-2019 Output	BCA deliverable 2018-2019
				introduce inactivated poliovirus vaccine in routine immunization		

Annex 2: Evaluation methodology and evaluation matrix

This Annex summarizes the approach adopted in this COE and the main methods and tools employed. It draws on the inception note.

Guided by the *WHO Evaluation Practice Handbook*, the overall methodological approach adopted by the evaluation team is summarized in Figure 1. This shows the sequencing and interrelationship of activities under each of the three main phases of the evaluation process. Concretely, the evaluation was conducted between July and November 2019 by a core team from the WHO Evaluation Office supported by three external consultants.

Figure 1: Methodological approach



Inception phase

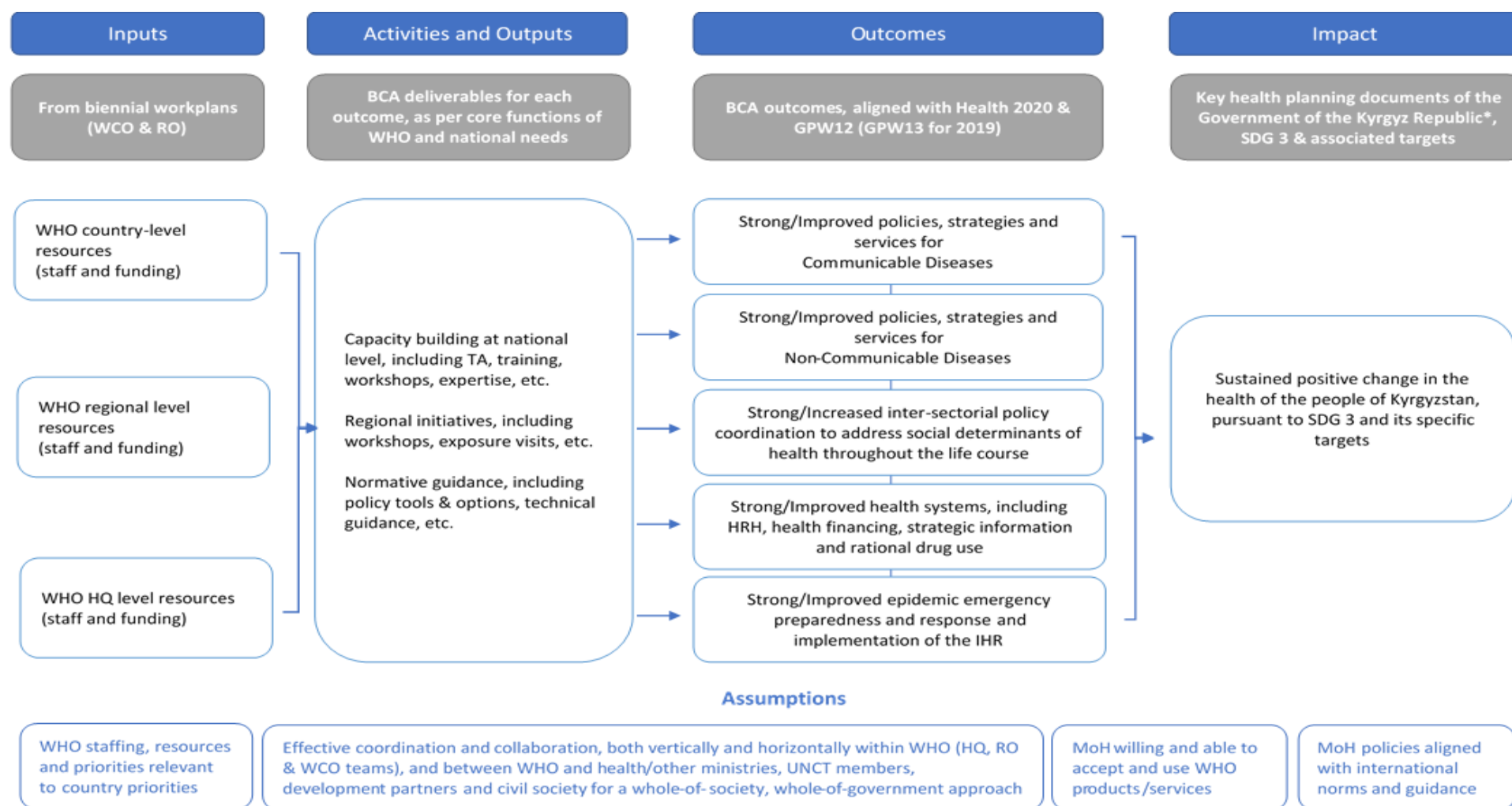
a. Theory of change underlying WHO's contribution in Kyrgyzstan

In the absence of an explicit logic model or theory of change (TOC) to frame the contributions of WHO in Kyrgyzstan over the evaluation period, the evaluation team proposes a TOC to better clarify WHO's expected contribution in terms of health outcomes and potentially the health impact of its collaborative programmes with the Government of Kyrgyzstan, as defined in the BCAs and the biennial workplans (Figure 2).

The TOC encompasses contributions from all levels of the Organization and all strategic areas of WHO in the country. The TOC is aligned with the one validated by WHO in the context of the evaluation of the WHO's presence in countries.¹⁵ The TOC will be further discussed with the Country Office during the country mission.

¹⁵See for further details WHO, 2016, Evaluation of WHO's Presence in Countries.

Figure 2: Theory of Change (TOC) – WHO contribution in Kyrgyzstan 2014-20197



* In particular the following: Strategy for the protection and promotion of public health of the Kyrgyz Republic 2020, Den Sooluk National Health Reform Programme of the Kyrgyz Republic for 2012-2016; and for 2019: State Program of Kyrgyz Republic on Public Health Protection and Health Care System Development for 2019-20130 – “Healthy Person – Healthy Country”

b. Evaluation matrix

Using the theory of change, the evaluation team developed an evaluation matrix which defines specific indicators/measures for assessing each sub-question and indicates what data collection method and data sources were used to inform each of these. The evaluation matrix is available at the end of this Annex.

c. Inception note

The inception note was prepared following the Evaluation Office template and focused on methodological and planning elements of the evaluation. It presented, taking into account the various logical/results frameworks and the evaluation questions, a detailed evaluation framework and the evaluation matrix. Data collection tools and approaches were clearly identified in the evaluation matrix. It was shared with the WCO prior to the mission.

Data collection phase

The evaluation team used a pragmatic mixed-methods approach in addressing the evaluation questions. The evaluation matrix details for each sub-question the main data collection methods. To this end, different instruments have been employed and evidence from different sources triangulated.

a. Documents review

The evaluation matrix identified key documents that were reviewed prior to the mission. Relevant information has been extracted to address the corresponding sub-questions. A preliminary review of documents available had shown limitations in terms of data availability as some of the sub-questions do not easily lend themselves to quantitative assessment. This reinforced the case for combining careful review of different data sources.

b. Stakeholder interviews

These were the main form of primary data collection. The evaluation team conducted a large number of interviews (list available in Annex 4) with WHO colleagues at the three levels of the Organization as well as with all main partners in-country. Care was taken to ensure that the interviewees felt comfortable to express their opinions. The evaluation used a combination of individual and group interviews across the different activities. In practice, individual interviews were usually the most useful in providing detailed information and opinions. Group interviews, on the other hand, provided helpful insights into retrospectively understanding the processes of decision-making (which have often not been systematically recorded) as well as the implementation processes (where participants identified what elements fed into decisions, and how the implementation process took place over time). By default, all interviews have been treated as confidential by the evaluation team.

c. Country mission

Planned after the document review, the country mission took place in August 2019 and was the opportunity for the evaluation to complement the information gathered through stakeholder interviews. The mission started with a briefing with the WCO. An in-country feedback session was organized at the end of the mission with the WCO.

d. Data analysis

The evaluation team triangulated all information collected and compiled information in an evaluation grid structured by evaluation question, sub-question and indicators. Evaluation findings were then drawn only after a thorough cross-checking and triangulation of all information related to each evaluation question. This ensured that answers to evaluation questions were based on solid and cross-checked evidence. The evaluation team identified a certain number of challenges to address some of the evaluation questions, which are described below.

Reporting

On the basis of the cross-checked evaluation findings, the team formulated answers to the evaluation questions. These answers informed the drafting of the conclusions. These included, to the extent possible, lessons learned and best practices identified in the course of the evaluation.

Finally, the evaluation team provided practical, operational recommendations for future adjustments and actions. Each recommendation is based on the answers to evaluation questions and overall conclusions, which in turn will be linked to evaluation findings per evaluation question and ultimately to the data collected.

Gender, equity and human rights

The evaluation ensured that gender, equity and human rights issues were addressed to the extent possible and through several means. A number of sub-questions within the evaluation matrix are gender sensitive with appropriate related indicators. The document review paid specific attention to how these issues were addressed at planning, implementation, monitoring and evaluation stages of WHO contributions. Finally, these dimensions have been reflected in the interviews.

Limitations of the evaluation

The evaluation encountered a few other relevant issues:

- The lack of a TOC to identify and assess the value chain of WHO work and in particular of the WCO in Kyrgyzstan represents an important challenge. This constraint will be mitigated by proposing a TOC, including assumptions, to be tested during the evaluation.
- Another constraint is the absence of performance indicators for BCA outcomes/budget outputs, means of verification and targets (including baseline values). While WHO programme budgets contain global output and outcome indicators, targets are not specified for Kyrgyzstan. This constraint will be mitigated by stakeholder interviews, analysis of secondary data and triangulation of available evidence to assess progress towards BCA priorities and focus areas.

Considering the limitations identified above, the evaluation team could only assess progress for each of the main outcome groups identified in the theory of change but was not able to measure them against planned targets as they were not identified in a measurable manner.

Evaluation matrix

Evaluation sub-questions	Indicator/measure	Main source of information
EQ1 - Were the strategic choices made by WHO in the BCAs (and other relevant strategic instruments) the right ones to address Kyrgyzstan's health needs and coherent with government and partners priorities? (relevance)		
1.1 Are the BCAs and other relevant strategic instruments based on a comprehensive health diagnostic of the entire population and on <u>Kyrgyzstan's health needs</u> ?	Availability in the BCAs of a comprehensive health diagnostic inclusive of gender-related issues and covering all population (minorities, migrants) living in Kyrgyzstan and based on evidence-based data available such as data from the Global Health Observatory or other reliable and valid sources (e.g. Demographic Health Survey)	Document review
1.2 Are the BCAs and other relevant strategic instruments coherent with the <u>National Health Strategy</u> and any other relevant strategies, as well as the SDGs targets relevant to Kyrgyzstan?	Level of alignment of health priorities identified in the BCAs, and other relevant strategic documents, with <ul style="list-style-type: none"> - Priorities of the National Health Strategy - MDG targets in Kyrgyzstan - SDG targets in Kyrgyzstan 	Document review
1.3 Are the BCAs coherent with the UNDAF?	Level of alignment of the BCAs with the UNDAF	Document review KII
1.3.1 Are the key partners clear about WHO's role in Kyrgyzstan?	Level of clarity among partners about the role of WHO in Kyrgyzstan	Document review KII
1.4 Are the BCAs coherent with the <u>WHO General Programme of Work</u> and aligned with WHO's international commitments?	Level of coherence between the BCAs and <ul style="list-style-type: none"> - GPW 12 & 13 - MDG & SDG targets 	Document review
1.4.1 Do the BCAs support good governance, gender equality and the empowerment of women?	Availability of explicit reference in the BCAs to <ul style="list-style-type: none"> - good governance, - gender equality and empowerment of women - equity concerns and human rights 	Document review KII
1.5 Has WHO learned from experience and <u>changed its approach in view of evolving contexts</u> (needs, priorities, etc.) during the course of the BCAs?	<ul style="list-style-type: none"> - Changes or orientation in the implementation of the BCAs and rationale for these changes - Consider changes with regards to the SDG agenda 	Document review KII
1.6 Are the BCAs <u>strategically positioned</u> when it comes to:	<ul style="list-style-type: none"> - Indication of best practice in terms of strategic positioning 	Document review KII
1.6.1 Clear identification of WHO's comparative advantage and clear strategy to maximise it and make a difference?	<ul style="list-style-type: none"> - Explicit elements of WHO's comparative advantage identified in the BCAs - Explicit strategy to value the comparative advantages identified 	

Evaluation sub-questions	Indicator/measure	Main source of information
1.6.2 Capacity of WHO to position health priorities (based on needs analysis) in the national agenda and in those of the national partners in the health sector?	<ul style="list-style-type: none"> - Clear linkages between BCA priorities and most important health needs in the country as identified in the health diagnostic (see 1.1) - Indication of role played by WHO in the development of the national health agenda - Indication of role played by WHO in development of main national partners in the health sector 	
1.6.3 Specificities of the partnership between WHO and the Government of Kyrgyzstan in the specific context of “delivering as one”? Has this evolved between BCAs? If so, how?	<ul style="list-style-type: none"> - Indication of partnerships elements in the BCAs - indication of evolution in the BCAs - Reasons for change in partners - Reasons for evolution within continuing partners 	
EQ2 -What is the contribution/added value of WHO towards addressing the country's health needs and priorities? (effectiveness/elements of impact/progress towards sustainability)		
2.1 To what extent were the relevant country biennial workplans based on the focus areas as defined in the BCAs (and other relevant strategic instruments, or as amended during course of implementation)?	<ul style="list-style-type: none"> - Availability of explicit linkages between the workplans and the focus areas described in the BCAs - Weight (and trend) of activities in workplans not included in the BCAs and rationale for their inclusion in the workplans 	Document review KII
2.2 What were the main <u>results achieved for each outcome</u> , output and deliverable for the WCO as defined in the country biennial workplans?	<ul style="list-style-type: none"> - Level of achievement for each BCA priority and any other key activities within and outside the BCAs - Identification of key results and best practices - Identification of added value of WHO contributions 	Document review KII
2.3 What has been the added value of <u>regional and headquarters</u> contributions to the achievement of results in-country?	<ul style="list-style-type: none"> - Indication of HQ/RO contribution to BCA development and to the design of other strategic documents - Indication of HQ/RO contribution to specific activities in Kyrgyzstan - Indication of participation of Kyrgyzstan partners in regional or global initiatives/capacity development opportunities directly linked to BCA priorities - Identification of added value from key results and best practices 	Document review KII
2.4 What has been the contribution of WHO results to <u>long-term changes in health status</u> in-country?	<ul style="list-style-type: none"> - Indication of long term WHO engagement in selected areas or work - Perception of stakeholders on WHO's role to changes in these areas - Identified key results and best practices 	Document review KII
2.5 Is there <u>national ownership</u> of the results and capacities developed?	<ul style="list-style-type: none"> - Indication of key areas of national capacities developed - Indication of changed practices among partners following WHO support and capacity development activities - Indication of continued activities by national partners following end of WHO support - Identified key results and best practices 	Document review KII

EQ3 – How did WHO achieve the results? (efficiency)		
3.1 For each priority, what were the key <u>core functions</u> ¹⁶ most used to achieve the results?	<ul style="list-style-type: none"> - Reference to core functions supporting achievement of results in biennial reports and other WCO, RO and HQ documents - Linkages between activities in programme budgets and core functions - Perception of stakeholders about WHO functions most used - Identified best practices 	Document review KII
3.2 How did the <u>strategic partnerships</u> contribute to the results achieved?	<ul style="list-style-type: none"> - Reference to the strategic partnerships identified in the BCAs, and to others as identified by the WCO, including the UNCT - Indication of their contributions to the results - Perception of strategic partners about the contribution of the partnerships to the achievements 	Document review KII
3.3 How did the <u>funding levels and their timeliness</u> affect the results achieved?	<ul style="list-style-type: none"> - Level of funding compared with budget planned for BCAs and other activities - Timing of funding over the BCA period - Main funding mechanisms used - Perception of stakeholders on level of funding, timeliness and relationship with WCO performance 	Document review KII
3.4 Was the <u>staffing</u> adequate in view of the objectives to be achieved?	<ul style="list-style-type: none"> - Level and number of staff available for BCA implementation and other activities - Perception of stakeholders on staffing situation and relationship with WCO performance 	Document review KII
3.5 What were the <u>monitoring mechanisms</u> to inform BCA implementation and progress towards targets?	<ul style="list-style-type: none"> - Availability of monitoring mechanisms - Availability and usefulness of monitoring reports on progress towards targets - Identified best practices 	Document review KII
3.6 To what extent have the BCAs <u>been used to inform</u> WHO country workplans, budget allocations and staffing?	<ul style="list-style-type: none"> - Availability of explicit linkages between BCAs and workplans, budget allocations and staffing - Weight of the BCAs versus other activities undertaken by WCO 	Document review KII

¹⁶ **Core functions:** 1) Providing leadership and engaging in partnerships; 2) Shaping the research agenda, and simulating the generation transition & dissemination of knowledge; 3) Setting norms & standards and promoting implementation; 4) Articulating evidence-based policy options; 5) Providing technical support & building capacity; 6) Monitoring health situations & trends

Annex 3: List of people interviewed

WHO Country Office

Artykova, Nazira	WHO Representative/Head of WHO Country Office
Atatrah, Tasnim	Country Preparedness and International Health Regulations Officer
Esengulov, Abkar	Country Preparedness and International Health Regulations Officer
Habicht, Jarno	Former WHO Representative/Head of WHO Country Office
Isamadyrova, Seide	Administrative Assistant
Kalysbekova, Begaim	Programme Assistant
Kasymbekova Kaliya	Communicable Diseases Officer
Kasymova, Bella	Programme Assistant
Kirillova, Yana	Consultant, Vaccine-Preventable Diseases and Immunization
Kudaibergenova, Cholpon	Programme Assistant
Moldokulov, Oskonbek	Noncommunicable Diseases Officer
Monolbaev, Kubanychbek	Vaccine-preventable diseases and Immunization Programme Officer
Muminovic, Mirza	Administrative Officer
Salieva, Saltanat	Human Resources for Health Officer
Sartbaev, Almazbek	Programme Assistant
Sydykova, Aygul	Health Financing Officer
Tentiev, Nurbek	ICT Assistant
Tilenbaeva, Nurshaim	Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Officer
Zhumaliev, Almaz	Communications Officer

WHO Regional Office for Europe

Jakab, Melitta Zsuzsanna	Senior Health Economist, Health Financing
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