


www.ifrc.org  
Saving lives,  
changing minds.

# Annual report Kyrgyzstan

 International Federation  
of Red Cross and Red Crescent Societies

**MAAKG001**  
**30/APR/2012**

**This report covers the  
period 01/01/2011 to  
31/12/2011.**

The Red Crescent Society supports polio immunization campaign through social mobilization in target areas. Photo: **Kyrgyzstan Red Crescent**



## In brief

### Programme outcome

Programmes of the Red Crescent Society of the Kyrgyz Republic (RCS KR) are aligned with the strategic aims of the Strategy 2020 to save lives, protect livelihoods, and strengthen recovery from disasters and crises; enable healthy and safe living; and promote social inclusion and culture of non-violence and peace. The capacity-building efforts are in line with the enabling action one to build strong National Red Cross and Red Crescent Societies.

### Programme summary

The Kyrgyzstan Red Crescent is committed to provide timely and relevant quality services to vulnerable people. In order to progress in that direction, the National Society chose to modify the model of partnership through applying an operational alliance (OA) approach. The Kyrgyzstan OA encourages the shift from ad-hoc projects to a long-term programme approach, enabling joint programme planning and performance management in order to achieve greater impact and eliminate duplication of efforts.

When the OA concept was launched in the Kyrgyzstan Red Crescent, it triggered a wide-ranging process of the organisational change in order to accommodate new and different ways of working. This change process has become an integral part of the National Society **organisational development** (OD) work.

The **disaster management** programme of the Red Crescent Society ensures institutional capacity building by improving the staff and volunteers' knowledge and skills in disaster management, planning for disasters, maintaining technical resources (including communication equipment and transport), and strengthening partnerships with public authorities and other stakeholders.

The National Society **Tuberculosis (TB) prevention** programme provides services to people with TB and disseminates information about the disease among their family members and general population. Within the **HIV prevention** programme, the National Society has been using peer education approach in their work with most at risk populations and young people. The Red Crescent continues to provide harm reduction services targeting injecting drug users. Start of 2011 saw the move of community based health and first aid (CBHFA) from being a separate project to being mainstreamed across all National Society programming areas as an approach. The Kyrgyzstan Red Crescent also contributed to the national polio immunization campaign through community mobilization in target areas.

The **principles and values** programme reached partners and general public with key messages through campaigns on calendar dates. The information and education centres for migrants and mobile teams of the Kyrgyzstan Red Crescent provided services to 3,070 migrants.

### Financial situation

The total 2011 budget is CHF 1,227,137 of which CHF 1,047,766 (85 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 884,305 (84 per cent) of the funding. The lower expenditure rate is characterised partly by the funding time-frame which spans into 2012 as well as by the internal crisis which affected the implementation rate and the funds had to be carried over to 2012.

[Click here to go directly to the financial report.](#)

See also [Final report on Kyrgyzstan Civil unrest emergency appeal](#)

### No. of people we have reached in 2011

- **2,516 RC volunteers and active community leaders** across Kyrgyzstan were trained in key aspects of Community Based Health and First Aid;
- **88 peer trainers** and **171 peer educators** were trained to promote knowledge and encourage safer practices in HIV prevention, including reduction of stigma and discrimination
- **18,165 people** benefited from HIV peer education and awareness raising sessions. Of this number 43% were male and 57% female (please see Table 1 below for the break-down by population).
- **650 people** benefited from the Red Crescent harm reduction project, with 93% of the total number representing male population
- **150 people** benefited from the work of the Red Crescent Information Centre for People Living with HIV
- **1,542 people with TB** received direct support in treatment adherence (this number represents 39% female and 61% male; of the total number 2% were children and 15% people over 65)
- Over **220,000 people** in Kyrgyzstan were reached through awareness raising work on TB with such messages as general information about TB, early detection and treatment seeking and treatment completion.
- Some **1,500 people** benefited from the National Society Recovery Operation following July 2011 earthquake
- Over **30,000 people** were reached through the disaster preparedness and risk reduction initiatives
- **3,870 migrants, community leaders and local authority members** were reached through the services of the National Society migration programme

**Table 1. Break-down of population reached through peer education sessions.**

Target group	Number
Schoolchildren	6,977
Students	7,312
Sex workers	210
Injecting Drug Users (IDUs)	60
Taxi drivers	458
Truck drivers	89
Internal migrants	1,647
Uniformed personal	412
Vulnerable children	177
Vulnerable women, TB clients (Women project, TB programme beneficiaries)	823
<b>Total</b>	<b>18,165</b>

### Our partners

The donors supporting the programmes multilaterally through the International Federation are the Red Cross Societies of Britain, Finland, Norway and Sweden, the European Commission and the Japanese government.

### Context

The Red Crescent Society of Kyrgyzstan had been struck by the internal crisis throughout 2011, which had not only had a highly negative impact on all programmatic and managerial components but also compromised the organisation’s cooperation with partners.

A number of planned events were cancelled, including a partnership meeting scheduled for May 2011, where the new operating model in an alliance was to be clarified; the coordination frameworks and programmatic changes were to be agreed upon with partners to reflect the OA principles. In addition, a reception devoted to the Red Cross Red Crescent Day in May, that the President of the country was to attend as a key note speaker, had to be cancelled. The Governing Board meeting on 12 May that was to endorse the newly established SMT was interrupted by an internal dispute.

A 6.1 magnitude (magnitude 7-8 as per the Ministry of Emergency Situations reports) earthquake struck parts of Kyrgyzstan, Uzbekistan and Tajikistan on the 20<sup>th</sup> of July 2011. Damages cost in three countries was estimated over 30 million USD. The epicentre was located in Batken oblast of the Kyrgyz Republic, where over 4,000 households were affected. The affected area is highly vulnerable, food insecure and is one of the regions of the Kyrgyz Republic with the highest levels of extreme poverty<sup>1</sup>. This area has already been affected since the beginning of 2011 by floods and mudslides. The Red Crescent Society of the Kyrgyz Republic, with support from the International Federation, provided relief items to people affected by these disasters and also deployed a recovery specialist to plan, design and implement a recovery programme to help people affected by the earthquake recover from its consequences<sup>2</sup>.

HIV in Kyrgyzstan continues to grow by about 15% each year. In 2011, according to the report by the AIDS Republican Association the number of registered HIV cases increased from 3,288 to 3,887, while the WHO puts preliminary figure of about 10,500 people living with HIV in Kyrgyzstan (State Programme on Prevention of HIV and its impact 2012-2016). The major share of all HIV cases is attributed to the injecting drug use. In response to this alarming situation the Red

<sup>1</sup> The official extreme poverty level was set at KGS 986 (or USD 21) per capita per month in January 2011. The poverty level stands at KGS 1618 (or USD 34) per capita per month.

<sup>2</sup> The recovery assessment report is available on the following link:

[https://fednet.ifrc.org/PageFiles/81708/Report\\_FINAL.pdf](https://fednet.ifrc.org/PageFiles/81708/Report_FINAL.pdf)

Crescent Society has put a particular emphasis on working with injecting drug users, sex workers and also established Information and Support Centre for PLHIV.

Over the last three years the growth of HIV and TB co-infection and multi-drug resistant TB is consistently on the rise in Kyrgyzstan. In response to this challenge the Kyrgyzstan Red Crescent has become an active contributor to the National Programme “Tuberculosis V” for 2011 – 2014 which aims at further reduction of TB in country.

## Progress towards outcomes

### Disaster Management

#### Programme component 1: Disaster management planning

##### Outcome:

- Improved ability to predict and plan for disasters to mitigate their impact on vulnerable communities, and to respond to and effectively cope with their consequences.

##### Achievements

The Red Crescent Society of Kyrgyzstan took active part in testing the revised regional disaster response/ contingency plan (DR/CP) of the Central Asia National Societies in March 2011. All DR stakeholders in the region (including the ICRC, partner National Societies, the UN agencies, and Kazakhstan emergency ministry) attended the test and provided feedback that was later used to refine the plan. The Red Crescent also signed two regional *Memoranda of Understanding* between the IFRC and National Societies of the region: *on mutual assistance* in case of an emergency and on the regional disaster response team (RDRT) deployment.

In 2011, the Kyrgyzstan Red Crescent, with direct advisory support from the German Red Cross and with input from the Netherlands Red Cross, ICRC and IFRC, elaborated a draft of the national CP based on the scenario of a complex emergency. The Contingency plan was approved by the Senior Management of the National Society in the second half of 2011. However changes that the Kyrgyzstan Red Crescent had encountered during the second half of the year require respective reflections in the previously developed plan including revision of contingency planning, realigning standard operating procedures, and improving existing systems and procedures. The Kyrgyzstan Red Crescent with support from the International Federation started addressing these aspects at the end of 2011 during a DM meeting which was facilitated by the IFRC and attended by all key personnel including the SG and all Branch Directors. The meeting resulted in an in-depth revision of the DM organizational structure as well as definition of tasks and responsibilities of staff involved in the functioning of the department. Another outcome of the meeting was a defined set of activities for 2012 in line with the 2012-2015 Long-Term Planning Framework for Kyrgyzstan. (For more information please see component No 2).

In April the National Society became a member of the established Kyrgyzstan National Platform for Disaster Risk Reduction (NPDRR) that aims at enhanced coordination of disaster risk reduction at all levels. The same month the Kyrgyzstan Red Crescent actively participated in the consultation meeting on procedures for admission of humanitarian assistance in the event of emergency situation organized by UNDP.

#### Programme component 2: Organizational preparedness

##### Outcome:

- Strengthened capacity of the National Society in disaster preparedness and response through increased skills and knowledge of Red Crescent staff and volunteers, strengthened financial and technical resources, effective mechanisms for emergency response and recovery assistance.

## Achievements

Five new members of the regional disaster response team from branches and headquarters of the Kyrgyzstan Red Crescent successfully passed the regional DRT training that took place in Tajikistan in May 2011. The participants obtained knowledge and skills needed for effective response and were added to the list of the RCRC staff and volunteers that can be deployed on RDRT missions.

The National Society DM officer attended the Global Community Safety and Resilience Forum held in March in Damascus (Syria) and participated in the development of practical recommendations and measures to improve delivery, impact and accountability of disaster risk reduction (DRR) and climate change adaptation programmes. The forum also provided a chance to exchange best practices in DRR among different National Societies at the global level.

Within the frameworks of strengthening National Society capacity in disaster management, including security of personnel and efficient and quick communication channels, the NS started to focus on the improvement of their communications infrastructure, including radio equipment and its functioning. To support the National Society efforts, the IFRC radio specialist carried out a technical assessment of radio communication equipment and re-mounted a radio station for communication in case of a disaster in Bishkek. Three HF radio stations in branches require repairs.

Since early 2011 the National Society started to implement a Volunteering in Emergencies project which aims at creating a system for preparing a wide range of volunteers who could be deployed to respond to an emergency. The first few months of the year were devoted mainly to studying existing tools and experiences and to planning a thorough approach to strengthen Kyrgyzstan Red Crescent volunteering in emergencies practice. A system of establishing a layer of volunteers-leaders was designed and a five-day workshop was developed for the volunteers-leaders which provide strong orientation into the Kyrgyz Red Crescent Society as well as practical skills in disaster preparedness and response. The first workshop was provided in July. Since June 2011, the National Society has also carried out regular two-day general orientation seminars, training 150 volunteers in a condensed version of the above-mentioned workshops. Regular exchange of experience between provinces as well as with other National Societies also contributes to strengthening knowledge and skills and to creating a community of volunteers in emergencies.

Despite the challenges, caused by the internal crisis and a temporary paralysis of the HQ functioning, the Kyrgyzstan Red Crescent trained key disaster management staff and volunteers in the Branches to help strengthen the coping mechanisms of the most vulnerable communities. National Society managed to undertake 3 day training in disaster preparedness/disaster response and first aid for newly created 4 National Disaster Response Teams (NDRT) in four Branches, namely Chuy, Issyk-kul, Naryn and Talas. A total of 48 Red Crescent staff and volunteers participated in the training – twelve members in each of the teams. Besides the theoretical knowledge the teams were exposed to simulation exercise and were able to gain hands on experience in conducting assessments. The Teams were then provided with equipment comprising of vests, rain coats, and first aid kits.

## Programme component 3: Community preparedness/Disaster risk reduction

### Outcome:

- Strengthened capacities of communities in disaster-prone areas to respond to future disasters through community-based disaster preparedness and implementation of mitigation projects.

## Achievements

Late arrival of funds, as well as the challenges that the Kyrgyzstan Red Crescent faced in the second half of the year, which eventually lead to the departure of the Head of DM Department and subsequently to a lack of a focal point within Kyrgyzstan Red Crescent HQ DM department,

delayed implementation of community based preparedness/disaster risk reduction components under this sector. Implementation will be intensified in the coming year. Through this DM program component, the National Society will not only bolster its capacity to deliver services, but also strengthen local communities and their coping mechanisms, thereby contributing to the outcome of saving lives, protecting livelihoods, strengthening recovery from disasters and crises, and enable healthy and safe living.

Within the frameworks of DIPECHO – VI the National Society has been active in involving communities in disaster risk reduction related work in disaster prone rural areas. The response capacity of vulnerable communities was strengthened through the establishment of disaster response tools (Local Disaster Committees-LDC) in 12 most disaster risk areas in Osh, Batken and Jalalabad regions. Overall within the DIPECHO–VI implementation timeframe 2010/11, 44 communities were supported to follow up on their vulnerability capacity assessment (VCA) report priorities by, a) implementing appropriate small-scale mitigation measures, b) training community disaster response teams, c) undertaking disaster response drills, and d) developing appropriate early warning systems.

Newly established LDCs were introduced to the local hazards and their impact, climate change risks and their impacts, disaster preparedness and risk reduction activities and how to prepare their own disaster response and contingency plans.

In addition, in 2011 the Kyrgyzstan Red Crescent started a new project with support from the American RC focusing on preparing Bishkek's urban population to earthquakes.

#### Programme component 4: Recovery

##### Outcome:

- Increased capacity of the National Society to restore or improve pre-disaster living conditions and reduce the risk of future disasters.

##### Achievements

Effective efforts were made to deliver adequate response to emergency that hit the country in 2011. On the 20<sup>th</sup> of July 2011 a 6.1 magnitude earthquake struck parts of Kyrgyzstan, Uzbekistan and Tajikistan. The epicentre was located in Batken oblast; 52 kilometres east of Batken city, 7 kilometres of the Kan village, 125 kilometres south-west Osh city. This was followed by a second earthquake of magnitude 3.5.

There were no casualties in Kyrgyz Republic and only 15 people were injured. The earthquake affected mainly the oblast of Batken – damaging 3,745 households – and Osh - 469 households according to Ministry of Emergency Situations (MES) figures. In total there were 4,223 households affected, approximately 25,338 people. The NDRT rapidly responded with situation assessments, rendering first aid and distributing non-food items from pre-positioned emergency stock. The available network of trained RC volunteers was also utilized by other partners for distribution of emergency items to the affected people. To identify priority needs and potential recovery opportunities the Kyrgyzstan Red Crescent /IFRC recovery assessment team (RAT) was deployed after the earthquake, comprised of 15 NS staff and boosted by the IFRC recovery expert. As a result of the recovery assessment, the International Federation and the National Society have agreed on rendering of shelter assistance to 1,806 people (approximately 301 families) in Pulgon and Kan provinces: 217 and 84 households respectively, based on the following criteria:

- Households whose house was completely destroyed,
- Households with partially damaged houses
- Families who used to live in flats in multi-storey apartment blocks and due to the damage to those buildings were forced to rent the space outside of their houses

In all, shelter assistance targeted families that lack the capacity to repair or rebuild their homes. In addition to this denominator, Kyrgyzstan Red Crescent's beneficiary selection criteria prioritized families headed by women without income, families headed by children, persons with disabilities, families with young children or elderly family members, multi children families, families of different ethnic groups and other socially excluded groups, families which have not been beneficiaries or recipients of any substantial assistance from the government and other organizations.

The International Federation and Kyrgyzstan Red Crescent have agreed on the provision of construction material support through a cash voucher system to 131 households in Pulgon and 84 in Kan whose houses were completely destroyed. Under the mentioned method, a beneficiary is allocated a cash voucher worth of KGS 6,000 (CHF 120), which they then use to purchase their choice of shelter materials in the shops designated specifically for that purpose. Kyrgyzstan Red Crescent branches in targeted localities, supported by the International Federation, have explored local procurement options, and selected 3 hardware stores where beneficiaries could shop. The commodity voucher system was piloted in Pulgon on a small scale, just for 15 families and, following adjustments following the testing period, it will then be rolled out on a larger scale during January 2012. This new approach contributes to the creation among beneficiaries a sense of ownership of recovery process since they are encouraged to conduct their own independent comparison of prices, to bargain for better prices with the shops, and to decide independently the choice of materials and from which of the recommended shops to redeem their vouchers.

During the reporting period 70 households, 32 in Pulgon and 38 in Kan who represent community with the partially damaged house were supported with basic construction tool kit which would assist them during the reconstruction process. Each kit included 23 items such as shovels, hammer, saw, trowel, screw driver, pliers and ext which are locally used and accepted in construction works

16 families in Pulgon who used to live in flats in multi-storey apartment blocks that have been fully damaged and un-repairable, and thus were displaced have received one time cash grant that would enable them to cover rental and utility cost for the temporary places they are renting until the local authorities provide them with alternative housing. Currently flats are under construction and are supposed to be completed by May 2012. During the intervention each beneficiary was requested to open the account in designated bank, which was free of charge procedure and upon provision of account details each family was transferred amount equal to KGS 6,000 (CHF 120). It is estimated that average rental is up to KGS 1,000 (CHF 20) per month thus it could cushion their expenditure for 6 months until new flats are completed.

All 301 households, recipients of shelter assistance received one Hygiene kit per household to be able to replenish the household equipment and rebound as quickly as possible. The Federation's logistics personnel have locally procured 210 hygiene kits whereas remaining 91 kits were provided by Kyrgyzstan Red Crescent from their disaster preparedness stock.

During the reporting period as part of the objective of supporting, building and strengthening the capacity of the Kyrgyzstan Red Crescent in recovery sector, two day workshop was conducted in August 2011 by Federation recovery expert following the completion of assessment carried aftermath of earthquake. Kyrgyzstan Red Crescent DM staff was introduced to basics of recovery process and related topics such as cash transfer programming, livelihoods, food security. Participants had a chance to get introduced to the recovery assessment methodologies, planning, data consolidation and elaboration of recovery PoA.

### Constraints or Challenges

A considerable challenge to the implementation of activities under the disaster management program was posed by the management and governance crisis which affected the implementation schedule. Following an almost complete paralysis to the work of National Society for a few months, the Red Crescent by mid-November resolved its operations. Over those months, Kyrgyzstan Red Crescent had had to maintain a delicate balance between delivery quality, efficient services and dealing with organisational changes, turnover of trained staff and volunteers that impeded overall

program implementation process and pace. In an effort to address those challenges, the International Federation's country office shared its knowledge and expertise in program management and was actively involved in guiding the National Society through the transitional period to overcome stagnation and suspension of activities.

## Health and Care

### Programme component 1: HIV and AIDS

#### Outcome 1:

- Vulnerability to HIV and its impact reduced through preventing further infection.

#### Achievements

In 2011, the Red Crescent Society with support from the International Federation developed a model of dissemination of key messages and information that relate to HIV in wider communities through a system of Health Promoters. This required adaptation of the third module of Community Based Health and First Aid (CBHFA) in Action to the HIV related theme and allowed for the application of mapping tools, community mobilisation and preparation of Health Promoters. By mid 2011 all staff members that work on HIV programme were equipped with knowledge, materials and tools and started preparing Health Promoters, which resulted in that 18 of them were trained in 3 areas.

More attention in 2011 was paid to the issue of retention of peer educators and peer trainers. The work with peer educators and peer trainers was less structured in the past but within the frameworks of the current PE model, all volunteers before they become peer educators are being offered an induction session. Those people who are willing to continue, receive appropriate training, peer educator's kits and information materials which are specifically designed to suit the context of various most at risk populations, RC T-shirts and Vests as well as regular supervision and support through structured weekly meetings in the NS Volunteering Centres that have been established through the funding from the Government of Japan. In addition the Kyrgyzstan Red Crescent now signs an agreement with each volunteer outlining duties and responsibilities of both parties. In 2011 out of 88 peer trainers and 171 peer educators who were recruited, trained and supported, over 60% of peer trainers and 85% of peer educators continue to work (the retention rate of peer educators in 2010, was way below 60%, which was also caused by the situation of civil unrest in the South of the country).

In the framework of the Peer Education programme, the peer educators with training, support and guidance from the Kyrgyzstan Red Crescent conducted peer education sessions on HIV, Sexually Transmitted Infections (STIs), and drug use, covering over 18,000 most at risk populations (MARPs), such as sex workers, injecting drug users (IDUs), people living with HIV (PLHIV), labour migrants, vulnerable children, truck and taxi drivers, and uniformed personnel. Results of the pre- and post-tests, with 80% to 90% of right answers in average for the latter, showed that the trainings had increased participants' knowledge. This significant improvement in comparison with previous years was the result of implementation of the findings and recommendations of the 2010 Evaluation of the NS HIV Prevention Programme.

The Red Crescent harm reduction point operating in Karabalta served over 650 beneficiaries. Among them 160 are regular customers of the points. Over the period more than 13,000 syringes were distributed, a return rate made 73 percent. Information activities were conducted directly in the syringe exchange/distribution point, as well as through outreach-workers in the places where drug users gather. The National Society involved four volunteers from IDUs in the programme. In the second half of the year self-support groups were established for IDU and their relatives who meet twice a month in the Information and Consultation Centre for PLHIV (please see Component Outcome 2). Since June to end of December 12 such meetings took place.

Throughout November and early December the Kyrgyzstan Red Crescent commenced a country-wide campaign “Getting to Zero: Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths”. Peer educators and programme volunteers together with other partner NGOs on a daily basis conducted informational sessions, showed movies, distributed informational materials and red ribbons. On December 1, 2011, together with UNAIDS, UNDP, KR PLHIV Union, the HIV prevention programme conducted a big event in the Art center Loft. The campaign concluded with a gala concert, where celebrities brought attention to the issue of HIV and to the work the Red Crescent is undertaking to address these issues. The funds that were raised during the concert contributed to Christmas presents for children living with HIV.

#### Outcome 2:

- Vulnerability of PLHIV is decreased through expanding HIV support.

In 2011 the Kyrgyzstan Red Crescent has continued provision of legal and social support to PLHIV (187 people in total) through its Consultative Centre: social support was provided to 90 people; 58 people received psychological support; 39 people accessed support from the lawyer. In addition, 191 people attended a number of information sessions, 16 people have become members of self-help groups; 70 people were referred for TB testing. According to the beneficiaries’ feedback, the work of the Centre and the establishment of the self-help group practices are proving to be of high value to them. Two of the PLHIV who first started visiting the Centre in April and felt that life was over for them, not only accepted their status and started learning how to move on, but also formed a couple and got married. A lot of people receive support and guidance in accessing health services for surgeries and other treatment, others receive support in finding a job.

#### Outcome 3:

- Vulnerability of PLHIV decreased through reducing HIV stigma and discrimination.

The key targets within this component outcome for the NS were the development of a Policy on HIV and AIDS in the workplace policy as well as an advocacy campaign in close collaboration with PLHIV unions and NGOs.

For realization of first task, the NS set up a working group, which reviewed existing policies of IFRC and UN agencies, and developed a Draft Policy of the Kyrgyzstan Red Crescent on HIV and AIDS in the workplace. This Draft Policy was submitted to the Kyrgyzstan Red Crescent Governing Board for their revision and approval. However, the internal crisis that shook the Red Crescent Society of Kyrgyzstan since May 2011 prevented the Governing Board from working with the Policy. This work has now been planned for 2012.

In 2011, the Kyrgyzstan Red Crescent participated in 2 round tables organized by AIDS service organizations (“Partner Network” Association; “Harm Reduction Network” Association; “PLHIV country network” and some other organisations). Soros Foundation-Kyrgyzstan provided a venue for the round-tables. The result of these meetings was a joint appeal to the Prime-Minister of the country, regarding enhancing social welfare services to children living with HIV.

During AIDS Memorial Day, NS together with PLHIV Union “Lotus” conducted several activities to attract public attention to stigma and discrimination regarding PLHIV. Members of PLHIV Union conducted sessions in high schools and universities. The National Society released a social video ad displaying stigma in Kyrgyz society. This video was shown during World AIDS Day and Aids Memorial Day on central TV channels.

#### Outcome 4:

- The capacity of the National Society to deliver and sustain scaled up HIV programmes strengthened.

In the course of the year, based on the training model received from the International Federation, the Red Crescent Society run three workshops for its programme officers building their knowledge

and skills base in planning, volunteer management and referral mechanisms. The referral aspect was very new for the RC Society, yet is one which is extremely important as often populations who are most at risk of HIV such as IDUs and sex workers are denied access to the required services or even to the relevant information and external support is required. All programme officers had gone through refresh trainings. One Regional Health planning meeting took place which was also attended by the NS Senior management.

During first quarter of 2011 the Kyrgyzstan Red Crescent HQ initiated and conducted two workshops with the personnel of the Issyk-Kul Regional Representation of the RC with a view of development of the NS integrated programme. IFRC Country Representative / Senior Advisor facilitated these working meetings in which almost all senior management staff of NS took part. As a result of this work, the integrated programme, which includes activities of all Departments in the NS under the NS Strategy 2010-2018, was developed. Issyk Kul region was to become the pilot region for the integrated programming but the crisis unfortunately put this work on hold.

During summertime HIV programme volunteers passed refresh training in the summer camp organized for RC volunteers. More than 20 volunteers from different regions had an opportunity to build their skills in delivering HIV prevention trainings. Two volunteers participated in FACE 2011 (European First Aid Competition), which was hosted by the Italian Red Cross in September 2011.

Unfortunately the internal crisis in NS prevented implementation of full scale of activities planned within this component outcome.

### Constraints and Challenges:

The major challenge for the programme has become the internal crisis, and since August until mid November the programme was constrained and at times unable to operate. Due to the high competition for peer educators and peer trainers, particularly from among the most at risk communities, the slow down in activities, support and supervision to peer educators and peer trainers meant that they left the RC to cooperate with other organisations. In addition, the Kyrgyzstan Red Crescent planned to undertake an assessment of its HIV Programme with support from the British RC but the assessment did not take place and was postponed to an indefinite date.

### Programme component 2: Tuberculosis

#### Outcomes:

- Clients with TB received support from the Red Crescent.
- TB awareness increased and stigma associated with TB reduced through communication and social mobilisation.
- Participation of community members in the Red Crescent TB programming increased.

#### Achievements

The Kyrgyz National Society implemented the TB prevention programme in six sites of the country – Bishkek city, Alamedin district (Chui province), Karabalta, Osh, Djalalabat and Kara-Suu district (Osh province). The programme aimed at improving treatment outcomes by encouraging treatment adherence of vulnerable people with TB in the continuation phase of treatment: people with low income, having many children, older people, homeless people, as well as people with alcohol and drug addiction.

Fifteen visiting nurses of the Kyrgyzstan Red Crescent selected TB clients in cooperation with TB dispensaries, made home visits, raised awareness of the disease, provided psychological support to clients and their relatives, developing a commitment to treatment. Direct observation of treatment was provided to 231 clients with the indicator of success being at 89.7% (please see table 2 below). On a monthly basis, TB-clients were also receiving hygiene kits as an incentive and support to observe required sanitary and hygiene norms. In addition, the nurses provide

information to all members of the household where the TB-client lives about how to protect oneself from TB, about the importance of regular and continued treatment and the implications of treatment interruption. The programme served 1,542 TB clients of which 1,164 have completed treatment by the end of 2011 and 378 people were continuing their treatment.

In May 2011 the Kyrgyzstan Red Crescent started working with multi-drug resistant TB clients reaching 16 people in total, 1-2 clients per one nurse. Nurses were ensuring direct observation of treatment on a daily basis. However, as a result of the internal crisis which brought the organization to a stand still for several months, these 16 MDR-TB clients in the city of Bishkek were handed over to the National TB Programme (NTP) for further support.

**Table 2: Treatment outcomes in clients under DOT**

Category	Number/percentage
Red Crescent TB-clients under DOT	231
RC TB-clients with defined treatment outcomes	186
Among them:	
Treatment completed	38 (20.4%)
Cured	129 (69.3%)
Interrupted	0
Treatment failed	10 (5.4%)
Died	2 (1.1%)
Transferred	7 (3.8%)
Continue treatment	45

28 volunteers from former TB clients were recruited to support the programme implementation. Volunteers worked in cooperation with visiting nurses and assisted them in information dissemination and education activities. The importance of involving people who have cured from TB as volunteers is two-fold. On the one hand, they are a good example and role models of treatment success for those people who are undergoing treatment. On the other hand, this group of people help form key advocacy messages that aim at decision makers and service providers as well as communicate key messages to the society at large to help address existing stigma and discrimination. The number of young volunteers was 150.

The Kyrgyz National Society is a member of the Thematic Working Group on Information and Education within TB CARE in Kyrgyzstan that includes health professionals, the government and community members. As part of the group the Red Crescent contributed to the TB awareness raising campaign dedicated to the World AIDS Day. Public events included: distribution of information materials, placing TB-related posters in public transport, sports events among students, youth entertainment events, video and audio broadcasts on TV and radio channels. In total, the Kyrgyzstan Red Crescent printed 16,000 booklets, 2,000 stickers, and 8,000 brochures with information about TB. A number of articles about TB and the Kyrgyz National Society's activities were published in the most popular newspapers of the country. An estimated coverage of the campaign was 100,000 people. Furthermore, in cooperation with the NTP a free x-ray examination was organized among migrants in all programme sites since many of them had no access to medical care due to lack of (residence) registration. About 2,300 migrants were tested, among them 95 people with TB were detected and 5 people with complicated forms of TB were hospitalized.

The established 8 groups of TB promoters recruited 47 volunteers who made home visits and informed their community members about signs of TB to promote early referral and of measures to prevent TB.

**Constraints and Challenges**

Considerable time in 2011 was devoted to the development of a four year TB Strategy and a two-year programme proposal that includes all aspects of the TB-related work, builds on the changing pattern of TB in Kyrgyzstan and considers key recommendations of the 2008 TB Review. The proposed mode of implementation was through building a consortium using the Operational Alliance tools. The internal crisis caused major distraction to this process and while the Strategy was more or less complete, it was not possible to complete the development of the two year log-frame and an action plan. This activity will be completed in 2012.

In addition, the internal crisis affected the established relationships with Project-HOPE whereby the RC Society was the reception of food items for their further distribution to TB clients of 1<sup>st</sup> and 2<sup>nd</sup> category across the whole of the country. This work could only last for three months from June to August 2011.

### Programme component 3: Community-based Health and First Aid

#### Outcome:

- Population health improved through prevention of diseases, health promotion, trauma reduction, and basic first-aid training.

#### Achievements

In 2011 the Kyrgyzstan Red Crescent trainers in Community-based Health and First Aid (CBHFA) were conducting information sessions on CBHFA for active volunteers and community leaders in Osh, Jalalabad, Batken, Talas, Issyk-Kul, Chui and Naryn provinces. Totally, 2,516 people were trained. These trained volunteers have become the key link between communities in which they live and information on health promotion and existing health services. 32 women who are participants of the Kyrgyzstan Red Crescent programme for vulnerable women were trained as peer educators in CBHFA methods and tools and are now monitoring the situation in their communities through the specially designed diaries for monitoring of changed attitude and behaviour in relation to ones' own health.

180 volunteers were involved in polio immunization campaign throughout April and May 2011. The Community Mobilisation of the CBHFA in action toolkit was applied. This, together with active volunteering network and strong partnership with other organisations, resulted in 95% of children being vaccinated against polio.<sup>3</sup>

Throughout 2011 efforts were put into mainstreaming CBHFA as an approach in the majority of the NS programming with a view to move away from the perception that CBHFA is a stand alone programme. To facilitate such integration several training courses and refresh-training sessions on CBHFA approach were arranged for staff of the HIV and TB prevention programmes and the programme for vulnerable women. These training courses reached 88 NS staff in total. Information sessions on CBHFA approach have also been conducted for 137 active volunteers of these programmes, who will be training the target groups. This number includes 33 Visiting Nurses who work directly with TB clients and communities in which TB clients live. The key topics of these courses included CBHFA in action, Volunteering; Social Mobilisation; situation analysis in my community; health promotion. CBHFA approach is now being applied every time the NS selects a community and identifies issues within the community.

CBHFA guidelines for trainers have been adapted to the context and standards of the Kyrgyz Republic and have been approved by the Ministry of Health of the Kyrgyz Republic. Separate modules on CBHFA approach for HIV and TB programmes have been developed and published.

CBHFA Coordinator and CBHFA trainers were actively involved in preparation and conducting of a baseline assessment of the National Society Programme that targets vulnerable women and which are supported bilaterally by the British Red Cross. The base-line assessment focused on maternal,

---

<sup>3</sup> The report about the Kyrgyzstan Red Crescent Society Polio campaign is available at the IFRC Representative in Kyrgyzstan

child, and neonatal health in six sites: Osh Region, Jalalabad region, Chui region, Talas region, and Bishkek and Tokmok cities. 655 people took part in the assessment.

A range of Red Crescent First Aid courses took place across the country reaching 253 volunteers and service users of such National Society activities as Disaster Management and support to Vulnerable Women. It was however possible to arrange several two days First Aid courses for local authorities and volunteers. The NS First Aid Evaluation was conducted at the end of 2011 and key recommendations and proposals for the strengthening of this service were provided.

In 2011 five First Aid Volunteers of the Red Crescent Society of the Kyrgyz Republic took part in the FACE competition on First Aid in Rome. In addition to a good level of recognition of those active volunteers who promote First Aid in Kyrgyzstan, participation in FACE gives an opportunity to further master First Aid skills and knowledge as well as receive information on existing good practice and methodologies in First Aid Training.

### Constraints and Challenges

The current technical and financial resources of the Kyrgyzstan Red Crescent only allow the NS to provide general training in First Aid (FA) across the country to the public and in schools, to businesses and some international organisations. Yet, the country's vulnerability to natural disasters and to the situations of unrest requires the NS to diversify the focus of its FA training courses and to strengthen its capacities, skills and resources in First Aid training provision. In order to address this gap, the Kyrgyzstan Red Crescent will develop its First Aid short-term and long-term Strategy and a plan of action in 2012 and will intensify its efforts to attract required support to strengthen the First Aid provision and standards in the country.

Funding is another challenge and efforts will be put into the development of a fund-raising strategy towards the First Aid development and delivery.

## Organizational Development/Capacity Building

Programme component 1: National Society organizational development and capacity building (headquarters and branches)

### Outcome 1:

- Management and governance effectively support the delivery of the National Society programming.

### Achievements:

Strengthening the Kyrgyzstan Red Crescent governing board is part of the change process. It aims to ensure more active participation of the board members in identifying strategic directions, promoting RC activities externally and engaging in humanitarian diplomacy. In the framework of the Governing Board and senior management development plan, two National Society governing board members and the secretary general visited the Swedish and Norwegian Red Cross Societies in April 2011. Practical examples of the governing board involvement in different areas, including resource mobilization, were brought home and are to be adapted by the Kyrgyzstan Red Crescent governing board and management.

Towards the end of August the internal crisis escalated and paralysed the National Society at all levels: Governing Board, Management and operational functioning. The IFRC and the ICRC established a dialogue with all members of the Governing Board in an attempt to promote the responsibility of the Board in restoring the legality in the organisation and in protecting the organisational integrity and functioning in full adherence to the Kyrgyzstan Red Crescent Statutes. Since October the Governing Board has intensified its work, appointed a Secretary General and meets every four weeks to supervise the progress. During the Governing Board meeting which took place in November 2011, two working groups were established. One is to prepare the

forthcoming Extraordinary Congress tentatively scheduled for March 2012 whereas the other will revise the Kyrgyzstan Red Crescent Statutes, rethink the National Society structure, and develop selection criteria (job description) for the Secretary General, the Chairman, and the Governing Board members. Terms of Reference for both working groups were also developed taking into consideration the recommendations of the NS Governing Board members as well as the IFRC and the ICRC.

A senior management team (SMT) was established with the primary goal to identify strategic directions of the National Society and assist in implementation of these directions to attain the organizational goal. The idea of the SMT stemmed from the necessity to promote a more consultative and wider decision-making process within the National Society. The terms of reference for the SMT have been developed with bilateral support from the British Red Cross and through the IFRC. The SMT met twice to develop, *inter alia*, a crisis management plan for the National Society and approve a business plan establishing a planning, monitoring, evaluation, and reporting (PMER) unit. Following the internal crisis, the SMT disbanded. However, the new Secretary General, a former SMT member acknowledging the pertinence of giving senior managers greater decision-making power, expressed his willingness to re-establish the SMT and to call for weekly meetings.

In March 2011 the Kyrgyzstan Red Crescent participated in the forum of leaders of the five Central Asia National Societies held in Dushanbe (Tajikistan). Strengthening the National Societies auxiliary status through a well-planned humanitarian diplomacy (HD) and developing strategic partnerships with traditional and non-traditional donors through a well-planned fundraising were among key decisions of the Leadership Forum concerning development. The first step in this direction was a workshop on HD and fundraising for the regional National Societies organized by the IFRC in Almaty in June. As a result of this workshop a road map for promotion of HD, including education of the governing board members, was developed.

### Outcome 2:

- Increased capacity for programme development and management.

### Achievements:

While the initial aspiration of the National Society was to develop the Operational Alliance around the organisational-wide integrated programme, it has proven difficult to achieve this goal in a short span of time. Instead it was proposed to first develop integrated programmes at the level of regional branches. Issyk-Kul regional branch was selected a pilot. Following the two working meetings organised in Karakol (January 2011) and Bishkek (February 2011), during which HQ-based Programme Managers and staff members of the Issyk-Kul branch developed the latter's pilot programme's logical framework, the NS's Change Management Team (CMT) worked on finalising the logical framework matrix and compiling the narrative part of the programme. This is the first time that a NS develops a branch programme that does not only include all key activities relevant to the context of the province, but also use a common set of working approaches and tools towards programme management. An external Financial Resources Management consultant supported the National Society Financial Resources Manager and the Head of the Issyk-Kul branch in drafting an annual financial plan and a budget corresponding to the programme logframe and activities.

The Kyrgyzstan Red Crescent, with significant support and guidance from the IFRC, has developed a four-year comprehensive TB prevention strategy to be supported by a two-year proposal that includes all aspects of the TB-related work, builds on the changing pattern of TB in Kyrgyzstan and considers key recommendations of the 2008 TB Review. The process involved wide-ranging and intensive consultations with all major stakeholders in TB in the country. This TB strategy incorporates elements of integration with HIV, CBHFA approach and aspects of organisational development.

A methodology for integrated programme planning and design was developed during the Issyk-Kul programme planning and incorporates aspects of the Project/Programme Planning methodology, the logical framework workshop developed by NORAD<sup>4</sup>, the Kyrgyzstan Red Crescent Strategy 2010-2018 and the IFRC Strategy 2020. Integrated planning approaches have now been adopted by the DM, OD, and Health & Social Care Departments. Consisting of integrated logframes, plans of actions, and budgets, with inputs from all five Regional Branches, various PNSs, and other donors, they ensure greater consistency and represent undeniable progress towards strategic planning.

The CBHFA in action approach is integrated in all health and social care / development programmes and is reflected in the budgets accordingly.

The crisis and resulting changes have affected the NS structure. In order to support the Kyrgyzstan Red Crescent revise this structure, the IFRC facilitated two workshops (respectively for OD and DM Departments) gathering key staff members at HQ and Branch level, including all five Branch Directors. The participants agreed on strategic directions and priorities for 2012 and revised the structure of the OD and DM Departments along IFRC criteria. Among others, they defined new job descriptions and rationales for the positions of both Heads of Departments. The new structure is to be approved by the Governing Board in the first quarter of 2012.

Certain steps have been made in the human resources (HR) development process. The Kyrgyzstan Red Crescent's organigram was updated to reflect changes in the organisational structure and include newly created positions (e.g., Volunteering in Emergencies Project Coordinator and Assistant, RFL Assistant, IHL Assistant). The NS also developed a workshop preparation manual which provides practical guidance to all staff on how to organise events (e.g., workshops, seminars, meetings).

An external human resources consultant - funded by the British Red Cross and the IFRC - supported the Kyrgyzstan Red Crescent in developing the ToR for the Senior Management Team<sup>5</sup> (SMT) along with an action plan for the SMT development and functioning; in reviewing the HR Action Plan for 2010-2012 in accordance with the recommendations of the Mid-Term Review Report on all HR intervention areas; and in defining the process of establishing a PMER unit in the Organisation and in finalising the job description of PMER manager, who is to be hired by the second quarter of 2012. The amendments to the Action Plan 2010-2012 allowed for a follow-up on new activities now planned for 2011-2012.

The Financial Management Development elaborated the Kyrgyzstan Red Crescent's consolidated budget for 2011, which provides a holistic picture of the National Society. This will allow the Financial Department to identify the numerous expenses not included in the budget which contribute to the NS's budget deficit.

A financial management development action plan for 2011-2012 was produced with the help of a financial consultant, supported by the British Red Cross and the IFRC, who also helped to evaluate Naryn and Issyk-Kul branches' financial systems to introduce a centralised accountancy. The external audit for 2009 was completed and funded by the previous pledge; the audit of the year 2010 accounts was also conducted and the report was finalised in the framework of this pledge.

Financial Management was revised and streamlined. The National Society introduced a codification system for budget and accounting items and developed unified budgeting and financial reporting formats. Mechanisms of transportation costs calculation (taking into consideration travel distances, technical inspection and maintenance, repair and purchase of spare parts, and transport taxes) were also developed to capture all future costs in advance, during the planning phase. Per diems and training courses were also codified. This new unified approach aims at helping both the

---

<sup>4</sup> Norwegian Agency for Development Cooperation (NORAD)

<sup>5</sup> For more information on the SMT see Expected Result 2.4.

Financial Department and project coordinators to plan and monitor financial aspect of project management.

Following the creation of a Logistics position, internal procedures on logistics were developed together with procurement procedures. The way ahead includes the establishment of a supplier database.

The Kyrgyzstan Red Crescent prepared the establishment of a Planning, Monitoring, Evaluation, and Reporting (PMER) Unit to improve the NS's organisational performance management. A preliminary needs and gaps analysis revealed a lack of understanding of the PMER process and of its added value to programmes and demonstrated that the various phases of the project management cycle were often disconnected from each other.

A working group comprising of the National Society staff, an external HR consultant, and the OA Senior Adviser has already developed the rationale, action plan, and budget for the PMER function, as well as the PMER Manager's job description, and all documents were adopted by the Senior Management Team (SMT).

### Outcome 3:

- Volunteer capacity improved through relevant training and participation in core activities.

### Achievements:

Resource centres for volunteers have been established in the five Regional Branches (Osh, Jalal-Abad, Batken, Issyk-Kul, and Chui). They are now fully operational and have become an essential part of Volunteer Management in the regions. Volunteers can exchange their experience and improve their skills according to their profile. Furthermore, the resources centres provide a knowledge base for Kyrgyzstan Red Crescent staff as well.

The induction course, delivered twice a month to new volunteers, is under revision with participation of the HR Department. The revised course is planned to be available by April 2012.

On a quarterly basis, volunteers, Branch staff members, and members of the DM Department conduct a course aimed at preparing volunteers to react to emergency situations. The course, which consists of both theoretical and practical training, includes components of First Aid, RFL, IHL, and Safer Access. In 2011 it was conducted in July and in December.

The Volunteer Department together with the DM Department is currently developing an on-line volunteer database aimed at facilitating the management of registered volunteers. The latter will be separated into two categories: (i) Project Volunteers, assigned to a specific project, and (ii) General Volunteers, to take part in various punctual actions. The database will be accessible throughout the entire country, through internet.

The Volunteer Management Strategy is under development. It will codify the role of volunteers, the recruitment and selection process, communication mechanisms, training and development issues, as well as volunteer attraction and retention strategies. On the basis of that Strategy, a Volunteer Management Guidebook is also under development, as well as a Volunteer Handbook (i.e., distributed to volunteers) containing all the necessary information on volunteering.

The Volunteer Department run one summer camp and one winter camp for 20 and 27 volunteers respectively. These camps provide theoretical and practical trainings, refresher trainings and competitions, and remain one of the most attractive forms of volunteer encouragement and thus of volunteer retention.

2011 also saw a remarkable success story. One Kyrgyzstan Red Crescent volunteer was one of the three RCRC volunteers (from all the 187 NS) to be accepted to the Chapman-Holcombe International Internship Programme in San Francisco, USA.

## Constraints and Challenges

Due to the internal challenges in the Kyrgyzstan Red Crescent it was impossible to share the TB strategy with partners for further discussions. This will be included into 2012 plans.

The financial reporting and budgeting templates with guidance notes, developed by the finance team, were applied to the HR plans; however, the finalisation of this process was postponed until late 2011- early 2012.

Integrated planning is much more time-consuming than traditional planning, and time went lacking during the first attempt.

According to the Kyrgyzstan Red Crescent's plan the developed performance appraisal mechanism was to be launched across the National Society by the end of 2011. However, due to the internal crisis this work was put on hold until 2012. Based on the recommendations of the BRC HR team the RCSR HR together with an external consultant reviewed and updated the performance appraisal package, including the development of a new "Performance Appraisal Guide for Managers".

The modified version of the 1C accounting system could not be installed, which delays the use of the new codification system and unified formats (see achievements) as well as the automatic formatting of financial reports.

Project coordinators continue to include all transportation costs (consisting of 30% of the RCSR's uncovered administrative costs) within fuel consumption budget line, as they think donors will not accept to fund transportation costs calculated in terms of distance. The newly introduced transportation costs calculation mechanisms aim at addressing this issue.

## Principles and Values

### Programme component 1: Promotion of humanitarian principles and values

#### Outcome:

- Fundamental principles and humanitarian values of the Movement promoted.

#### Achievements:

The Red Crescent reached partners and general public with key messages through campaigns on calendar dates – the World Red Cross Red Crescent Day, the World TB Day and others – and mass media. In total 33 media sources, including periodicals, web-based media, TV and radio channels, highlighted the Red Crescent activities. Thirty new Red Crescent volunteers in the headquarters and branches received knowledge about the fundamental principles and humanitarian values and used it while rendering humanitarian assistance and delivering services to vulnerable people.

In January the results of the fundraising campaign carried out in the end of 2010 and aimed to support vulnerable children were published in the national newspapers and on the National Society's web-site to demonstrate how the funds were used, ensure transparency and support the image of the Red Crescent.

In March the National Society organised a press-conference where staff from the headquarters and southern branch as well as representatives of local authorities of the southern Kyrgyzstan explained what humanitarian assistance had been distributed by the National Society in response to violence and population movement in the south of the country in 2010 and according to what humanitarian principles. Eight mass media agencies – TV channels, radio, newspapers and information agencies – attended the press-conference.

In June the results of the RC competition for journalists titled “Helping people we help our society!” were announced and 26 winners received symbolic prizes. The competition aimed at highlighting the problems of migrants, their needs, and issues of discrimination, xenophobia, and the role of the National Society in tackling those issues.

In cooperation with the International Humanitarian Law (IHL) programme information officer of the Kyrgyzstan Red Crescent started shooting a video reel about the Red Crescent Society to present it to partners and communities. A story from Osh city, included in the video reel, covered issues of the emblem and the principle of neutrality and a story from Karabalta town – assistance to older people, vulnerable people in a hospice and a shelter for street children. Interviews of people from Osh city affected by violence last year will be part of the video reel to help promote non-discrimination and tolerant attitude among local citizens of different nationalities and prevent conflicts.

The Kyrgyzstan Red Crescent together with the communications team from the British RC produced a slide show and a video devoted to the 100<sup>th</sup> anniversary of the International Women’s Day and highlighting the important work of the NS in addressing root causes of vulnerability of women and girls in Kyrgyzstan. The slide show can be accessed on the following link [BRCS IWD - Kyrgyzstan Women's Programme](#) .

Information campaigns to advocate for migrants’ rights were conducted within the regional migration project. The National Society and the IFRC secretariat organized events and participated in meetings of partners promoting humanitarian principles and values and increasing the awareness of migrants’ needs. The regional information campaign held in Astana (Kazakhstan) in June included the conference marking the end of the EC-funded Central Asian Labour Migration Network project. About 30 participants from the Central Asian National Societies, the IFRC, the EU delegation, UN agencies, foreign embassies, ministries, police, civil society organisations, mass media and volunteers from migrants attended the event. They learnt about the Red Cross Red Crescent mission and principles, the Red Crescent activities with a focus on the labour migration project, its achievements and perspectives and discussed migrants’ needs and possible ways to solve their problems. The event significantly increased the level of awareness of work and image of the Central Asian Societies including the Kyrgyzstan Red Crescent.

## Programme component 2: Anti-discrimination and violence prevention

### Outcome:

- Ability of communities to combat discrimination, intolerance and violence and to promote respect for diversity enhanced.

### Achievements:

Over the reporting period the information and education centres for migrants and mobile teams of the Kyrgyzstan Red Crescent provided services to 3,070 people in 20 communities of internal migrants in Bishkek city and intending migrants in Jalalabad, Osh and Batken provinces. The services included legal consultations, psychological support, HIV, TB, sexually transmitted infections (STIs) and other diseases prevention, first-aid training, tracing services. In total the National Society provided 370 training sessions and 1,000 consultations in centres and through a hot line.

Advocacy work included two panel games on migration organised at branch level in which of community leaders, volunteers, and local authorities participated. About 800 people were covered by the debates. Messages on gender-based violence and discrimination continued to be spread as part of the National Society’s promotion activities within all programmes.

## Working in partnership

The National Society continues coordinating the disaster management activities with members of the shelter cluster in the country, led currently by the UNHCR, through regular meetings,

information sharing and inter-agency contingency planning following the sector approach. Like in previous years the National Society coordinated its disaster response operations with the Disaster Response Coordination Unit (DRCU), consisting of UN agencies and other NGOs. Being part of the DRCU the Red Crescent became a member of the NPDRR established in February 2011. The role of the National Society in the NP will be to inform and mobilize the community on DRR, needs assessment and data collection but this is yet to be fixed officially.

The Kyrgyzstan Red Crescent is also part of the project “Building sustainable community resilience through Disaster Risk Reduction in Central Asia” implemented by the consortium of the American, German and Netherlands Red Cross Societies, the central Asia Red Crescent Societies and IFRC and funded by DIPECHO in 2010-2011. In the consortium the Netherlands Red Cross is a lead agency and applicant and the IFRC has a designated role in ensuring overall coordination with other Red Cross Red Crescent projects and harmonization of approaches in the areas of the IDRL promotion, contingency planning and RDRT training.

Besides, in June the Red Crescent started the urban earthquake preparedness initiative focusing on Bishkek and supported by the American Red Cross.

Red Crescent Society of Kyrgyzstan has an EU certification from the European Network on FA Training Network and a licence from the Ministry of Education for FA training provision. While the NS has good relations with the Ministry of Health and all key health departments and services at all levels in the country, further strengthening of existing partnerships is required to develop standards in First Aid training and provision and mainstream these across the country. Good relations have been established with Alliance on Reproductive Health, Help Centre for Women, Arysh, UNFPA, WHO and UNICEF in the area of reproductive, maternal and child health.

The HIV Programme was supported by such RC Movement partners as IFRC, Finnish Red Cross, British Red Cross and American Red Cross. In view of the situation with Global Fund funding, most organizations that work in HIV related area had no financial support in 2011, and most of them address their request to the Red Crescent Society. The Kyrgyzstan Red Crescent HIV prevention programme work closely with Republican AIDS Centre who provide their technical support in preparation of information and communication materials. The NS in its turn provided Centre with syringes and condoms. During 2011, the National Society participated almost in all partner meeting and conferences on HIV that were held in Kyrgyzstan.

Key partners of TB prevention and control programme are the Ministry of Health, National Phthisiology Center, Republican Health Strengthening Centre, oblast' and city TB prophylactic centers, Family Medical Centers, DOTS corners. The collaboration is aimed at developing/retaining motivation to continue treatment, early detection, and increasing level of early diagnosis seeking. Other partners are Global Fund; project Hope, ICRC, Medicine San Frontiers, and the ICRC. Kyrgyzstan Red Crescent TB prevention programme” is a member of Coordination Council on TB in Kyrgyz Republic.

### **Contributing to longer-term impact**

The long-term change process allowed developing a pilot integrated programme at the branch level, which is in its finalisation stage. The Integrated Programming approach aims at developing and implementing the National Society programmes that address the complexity of community-based vulnerabilities as the Kyrgyzstan Red Crescent correctly perceives that one type of vulnerability leads to another. Gender equality, equity, diversity, and community empowerment promoted in the Red Crescent activities are serving as a basis for the Integrated Programme.

The very establishment of the SMT and the internal crisis itself both shed a light on the urgent need to move from a centralised, one-person approach to collegial, consultative decision-making mechanisms, which appear critical to foster stability and ensure efficiency and effectiveness throughout the National Society.

In December 2011, the IFRC regional representation organized a training<sup>6</sup> on methodology of an integrated programming on prevention, care, treatment and support of populations at high risk of HIV and TB for 25 service providers (visiting nurses, social and outreach workers) from five Central Asian National Societies. In May, the National Society visiting nurses passed refresher trainings on the DOTS strategy, DOTS Plus, psychosocial support to TB clients and their families and on CBHFA tools. The training also introduced a change of programme approach with greater focus on community mobilisation through TB promoters.

The National Society, with significant support and guidance from the IFRC, developed a four-year comprehensive TB prevention strategy that includes all aspects of the TB-related work, builds on the changing pattern of TB in Kyrgyzstan and considers key recommendations of the 2008 TB Review and subsequent developments by the IFRC TB working group of the model and indicators of the TB programme. The process included wide and intensive consultations with all major stakeholders in TB in the country. This TB strategy also incorporates elements of integration with HIV, CBHFA approach and aspects of organizational development.

Deployment of an IFRC recovery expert who ensured a highly participatory process with the staff and volunteers of the National Society in planning for, conducting and analysing the recovery related assessment and supporting these activities by a tailor made recovery workshop during which a plan of action for recovery intervention was put together has contributed to the NS ability to independently plan for such work in the future.

## Looking ahead

The finalisation and implementation of the integrated programme in the Issyk-Kul province is planned for 2012. Following this pilot programme, the Kyrgyzstan Red Crescent plans to develop similar integrated programmes in other provinces, at the branch level, over the next years. The RCSK will seek the support of partner National Societies and the ICRC in order to ensure a wider degree of ownership and accountability. These programmes will initially be implemented in the field of HIV (using Global Alliance tools) prevention, tuberculosis prevention, disaster management, social care and organisational development, and will incorporate such cross-cutting themes as CBHFA, migration, as well as human resources, financial management development, and PMER development.

The development of operational strategies in health and social care, disaster management and organisational development was planned for the reporting period but had to be postponed until 2012 due to the internal crisis in the Kyrgyzstan Red Crescent and change of some key personnel. A comprehensive disaster management evaluation was planned for October 2011 that was to contribute to the development of the DM strategy but this exercise was moved too. While the operational strategies have not yet been developed, the basis for those was laid during the four-year planning within the IFRC long-term planning framework. Each area of the National Society activities was analysed to identify a baseline, long-term objectives, challenges, and areas of required support.

In 2012, the Kyrgyzstan Red Crescent ought to develop ToR for the Governing Board, re-establish a fully-functioning SMT, and institutionalise the latter's involvement as to enforce transparency at all decision-making stages.

The new PMER Unit will need to develop Key Performance Indicators (KPI) for the Organisation as a whole, which will be supported by proper reporting formats and guidance. The Operational Alliance initiative has been put on hold pending the NS' decision and proposal in this regard. In order to achieve integration between programmatic and financial reporting and set a unified reporting format, the PMER Unit will work in close cooperation with the Finance Department and the various Programmes.

---

<sup>6</sup> The training was funded from other source.

In 2012 HIV programme will continue the focus of 2011 within the frameworks of the Global Alliance model, with key programme outputs being: Preventing further HIV infection; Expanding HIV care, treatment, and support; Reducing HIV stigma and discrimination; Strengthening Kyrgyzstan Red Crescent Society capacities to deliver and sustain scaled-up HIV programme.

The Informational Consultative Centre for PLHIV in Kara Balta with its multidisciplinary team of specialists for PLHIV proved to be successful and there are plans to build on this activity and expand it further.

It is also hoped that the HIV assessment will be conducted in 2012 and the Policy on HIV and AIDS in the workplace will be adopted by the NS Governing Board.

## How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGO's) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on [www.ifrc.org](http://www.ifrc.org)

## Contact information

For further information specifically related to this report, please contact:

- **In the Kyrgyzstan National Society:** Rustam Aleyev, Secretary General, email: [r.aleyev@redcrescent.kg](mailto:r.aleyev@redcrescent.kg); phone: +996 557 557 245
- **IFRC Representative in Kyrgyzstan:** Olga Dzhumaeva, email: [olga.dzhumaeva@ifrc.org](mailto:olga.dzhumaeva@ifrc.org); phone: +996 312 30 03 17; and fax: + 996 312 30 03 19
- **At the IFRC Europe Zone Office:** Evgeni Parfenov, Head of Operations, email: [egveni.parfenov@ifrc.org](mailto:egveni.parfenov@ifrc.org); phone: +36 1 8884 502; and fax: +36 1 336 1516