

Out in the cold

Community-led services
abandoned as donor funding
declines in Kyrgyzstan

In January of 2019, the landscape of support for many people living with or affected by HIV in Kyrgyzstan had changed radically. The middle-income country, already facing declining donor funding for the HIV response, had the services of their three community-led, non-governmental organisations (NGOs) put to an end ...

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1. Introduction

In January of 2019, the landscape of support for many people living with or affected by HIV in Kyrgyzstan had changed radically. The middle-income country, already facing declining donor funding for the HIV response, had the services of their three community-led, non-governmental organisations (NGOs) put to an end due to the cease of funding from the country's Global Fund (GF) programme. The funding was given to other organisations to provide these services. However, this sudden change left the community of the most marginalised people who inject drugs and people living with HIV with interrupted access to services and changes in service quality.

In April of 2019, the International Network of People Who Use Drugs (INPUD), with support from the Community Rights and Gender Technical Assistance Programme (CRG), decided to investigate the situation to identify measures that might be taken to ensure access to needed services. On top of that, the investigation also intended to learn any lessons that might be relevant to Kyrgyzstan and other middle-income countries facing similar reductions in donor funding and slow implementation of social contracting. An international and a local consultant were contracted to conduct a series of interviews and focus groups to gain an understanding of the situation, with their primary focus on services for people who use drugs. (See Annex 1 for more details on the research methodology.)

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2. A Sudden Change

Kyrgyzstan, a lower middle-income country, is facing decreasing donor support for its response to HIV. Social contracting has yet to fill the gaps left by the decrease in donor funding for social services. In the face of decreasing funding from the Global Fund (specifically a 30% reduction in funding from its previous grant), the Kyrgyz Country Coordinating Mechanism (CCM) had come to a decision in 2014 to gradually reduce some of the costlier services such as shelters, half-way houses and drop-in centres. The decision took place as the CCM was in the midst of preparing the concept note for its currently ongoing programme, which will be completed by the end of 2020. At the time, it was expected that the country would begin to finance these programmes through social contracting. Community representatives and their constituencies were consulted on the decision and had agreed to this strategy for cost reduction.

Community representatives from Ranar, Prosvet and Crying Crane reported that in November of 2018, officials from the principal recipient (under UNDP) had informed them that their funding would continue despite the fact they would have to reduce their budgets. In response, each organisation reduced their budgets as agreed. Shortly after the conversations, UNDP unexpectedly announced a tender by 26 December 2018, in which the three organisations were informed that their funding would be discontinued. The abrupt end of funding failed to allow them the space and time to find alternative sources of funding, as well as to plan ways to ensure a proper handover for the continuity of services for their beneficiaries.

When the decision was made in 2018 to gradually reduce the number of NGOs providing services, it was not done with the intention of halting the services that were provided by community-led organisations. However when the reduction was implemented, it turned out to be these very community-based organisations that were affected. Three organisations: Ranar — which is led by people who use drugs (PWUD); and Prosvet and Crying Crane — both of which are led by people living with HIV (PLHIV) suddenly had their funding cut and had to abruptly stop providing services to their beneficiaries. Interviewees — both from among the affected community-led organisations and from UNDP — highlighted that the community-led organisations did not win the tender due to the cost of their services, and not because of the quality of the services. As a result, the quality and accessibility of services to their beneficiaries was afflicted.

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2.1 Prosvet: Communities left out in the cold

Prosvet, a PLHIV-led organisation registered in 2011, was Kyrgyzstan's leading NGO providing support for treatment uptake and adherence. The organisation had been serving people throughout northern Kyrgyzstan, of which their approach to supporting PLHIV was often used as a model for other organisations in Kyrgyzstan to learn from.

Homelessness is a problem for PLHIV in Kyrgyzstan as many PLHIV — especially people who inject drugs — lose connections with family and friends due to many reasons, such as time in prison, and stigma against them. Their basic need for shelter must be addressed before other health related issues, before other health related issues, such as adherence to HIV treatment can be addressed. Prosvet's services were designed to meet their clients' need where they were done through peer support services provided in Bishkek, along with a shelter operation that could house up to 10 people at a time. With no time to prepare appropriately for the end of their funding — having learned on 26 December that their funding would be discontinued after 1 January — they had to close the shelter on 31 December, leaving the shelter residents out in the streets on a cold night on New Year's Eve. Some people found alternative places to live — including in the homes of Prosvet's staff. However, there were others who could not be tracked. *"It hurt deeply – we lost people,"* said one volunteer from the programme. *"They don't see us as people,"* said one former resident of the programme.

Since then, with support from INPUD, Prosvet had some access to funds from Aidsfonds, as well as from the AFEW Emergency Support Fund for Key Populations (with financial support from the Elton John AIDS Foundation) to keep the residential programme running until alternative funding comes along. This funding is due to end in November 2020, and an alternative source of funding has yet to be identified. In the meantime, work had been done to enable support of the centre through social contracting, but due to COVID, there will not be a launch of social contracting tenders in time to save the centre.

Due to this, the access to Prosvet's other treatment and adherence support services had to be abruptly put to a halt. The work was to be carried out by another NGO — one that was not PLHIV-led but rather led by medics from the AIDS Center —after winning the tender for providing those services. There was a gap of approximately 6 months before the GF programme set up a successor to the residential service, which had also experienced periods of interruption of service when there was a gap in funding due to the tendering schedule. This resulted in

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"Having lost her daughter due to HIV-related complications, the director decided to get directly involved in the initiative."

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the delay of the tender results, leading to the failure of the new contracts to be arranged before the prior ones expired.

2.2 Crying Crane

The organisation Crying Crane was established in 2008 by parents and children directly affected by the HIV epidemic. Having lost her daughter due to HIV-related complications, the director decided to get directly involved in the initiative. Until December 2018, prior to the abrupt termination of their funding, the organisation was staffed by 13 individuals, 80% of whom live with HIV who worked to provide support for treatment uptake and adherence. They operated a drop-in center which also acted as a shelter for those in need. The services provided by Crying Crane were not designed to address the needs of key populations, but more towards the members of the general population.

By the end of December, as a result of the tender, UNDP announced that Crying Crane would no longer be funded. The work previously done by Crying Crane was to be carried out by an NGO that specialised in providing harm reduction services to people who use drugs. Though this NGO employs people who live with HIV and has a history of providing services to PLHIV, many of Crying Crane's clients did not feel comfortable accessing services there.

It is a positive development that support for treatment uptake and adherence for key populations will be upgraded, as it had been reported that Crying Crane was not well equipped to address the needs of sex workers and people who inject drugs. However, it is also problematic that the services for the general population were cut off so abruptly and without ample warning. Within the first 6 months after the organisation's funding ended, there was no strategic handover of know-how and expertise for serving their clients. On top of that, despite being offered positions, no former Crying Crane staff had been hired by the organisation that is newly serving their clients. There was also concern that their clients — many of whom are women and children — may not be comfortable accessing services at a harm reduction site, which is unfortunately a result of the intense stigma and discrimination surrounding drug use and people who use drugs. Some of Crying Crane's staff continued to work voluntarily, but no other emergency support was provided to them.

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2.3 Ranar and services for People who Use Drugs in Bishkek

Ranar is Kyrgyzstan’s first drug user-led organisation that started as an informal group in 1999 and was officially registered as an NGO in 2004. Ranar’s goal is to improve the quality of life of people who use drugs and people who had been in prison by meeting their fundamental needs, which includes providing food, housing, psychological support, HIV testing and linkage to treatment, peer-led support for ART uptake and adherence, legal support, and needle exchange. The organisation operated from an office from which the outreach work is coordinated and self-help groups and trainings are hosted, as well as a shelter for people who use drugs and former prisoners on the outskirts of the city. Since 2012, their activities had been supported through funding from the Global Fund. The support had enabled the work of 7 outreach workers, supported by the part-time work of a coordinator, a social worker, an M&E specialist, and an accountant¹.

Ranar’s work is specifically focused on the people who were the most marginalised by addressing their basic needs — this includes housing, food, employment, and personalised case management services by trusted peers. They did this with the knowledge that preventing and treating HIV comes much easier once those basic needs are met. As the majority of Ranar’s staff, volunteers, and leaders are themselves from the community of people who use drugs — many of whom had, at some point, been recipients of care provided by Ranar — they have a unique understanding of those needs. Many of Kyrgyzstan’s harm reduction advocates and defenders of the rights of people who inject drugs have experience of receiving support from Ranar or have at some point worked for Ranar.

Ranar served 2 out of 4 districts in Bishkek, regularly reaching approximately 940 regular clients with the minimum package for prevention. On average, between 20 to 40 new clients were enrolled per quarter. In the second half of 2018, 450 of their beneficiaries were tested for HIV. At the end of 2018, Ranar abruptly stopped receiving support from the Global Fund programme and was not able to provide a smooth transition for its clients. Within 6 months of the end of funding, some Ranar volunteers were still providing support to clients, however they expressed their understanding that many of their clients were going without much-needed services.

Since the closure of Ranar’s programme, the NGO, Rans Plus — which had no prior experience in the engagement of harm reduction services in Bishkek — took

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on the responsibility for serving all 4 districts in Bishkek. Ranar staff, however, doubted their clients were being served adequately. Regarding the service transition, Ranar staff were not approached to handover client services to Rans Plus. On top of that, according to them, as of May 2019, none of their outreach workers were employed by Rans Plus. They surmised that the clients were probably accessing syringes through pharmacies as the cost of syringes is minimal (only about 3 Kyrgyz Som compared with the 1000 Kyrgyz Som cost of a typical dose of common drugs used.) Their concern largely revolved around Ranar’s other services — such as the psychological support, counselling, legal support, support for decisions about HIV testing and treatment — that Ranar staff were worried that people were missing. *“I had a unique relationship with everyone I worked with... the kind of trust that isn’t built overnight,”* said one of Ranar’s former outreach workers. *“How will they even find people?,”* said another, *“they did not even ask us for help. We were very surprised.”*

Representatives from Rans Plus confirmed that there was no strategic handover from Ranar. Within one year after the closure of Ranar’s services, representatives from Rans Plus confirmed that they had hired 4 outreach workers from the Ranar team and others from Alternative Narkology (which had served the two districts of Bishkek that were not served by Ranar) in an attempt to address this oversight. *“The clients don’t care which organisation they receive the services from as long as their contact person remains the same,”* noted the leadership of Rans Plus. Representatives from Rans Plus did not receive any financial or technical support for the transition but indicated that they were in no need of further technical support. On top of that, the unique identifier codes of Ranar’s clients was not requested and therefore not used in the transition so it is impossible to ascertain how many of Ranar’s clients are among the clients being served by Rans Plus. This lack of interest and consideration in the well-being of these clients by those involved highlights that the loss of community-led services can mean the loss of client centered services.

According to officially reported statistics, Rans Plus was quick to reach new beneficiaries in Bishkek. They had so far reached 1951 people with basic prevention packages, exceeding their target indicator set for 1920 in the first quarter of 2019. Throughout the rest of 2019, Rans Plus continued to meet or exceed their target indicators. At the national level, the Kyrgyz GF programme has consistently reached over 90%, and sometimes over 100% of its target indicator for access to the basic prevention package for people who inject drugs. As an example, in the first half of 2019, they had reached target indicator for access to the minimum prevention package of 15935 PWID (of 25000 estimated during the last population

¹ Annex 3b. Work Plan (Budget) to the Sub-Recipient Agreement between the United Nations Development Programme and Public Fund “Ranar”

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size estimate), distributing approximately 131 sterile needles and syringes and 21 condoms per client². The data however failed to account for the number of Ranar's previous clients who had access to Rans Plus' services. Since most of Rans Plus outreach workers did not have experience serving the two districts of Bishkek that were served by Ranar, it is possible that Ranar clients are underrepresented among Rans Plus clients.

In essence, the indicators may not be telling the whole story. There is qualitative evidence that the cut to Ranar's services was not without consequences for its beneficiaries. Focus group participants who were former clients of Ranar noted that they did notice a change in the quality and accessibility of services since the beginning of 2019. Some participants felt that there were fewer points of care where they can get services. They highlighted that they did not feel comfortable accessing needles and syringes in the governmental health care points. "We feel that we are not wanted there," said one participant. Others noted that the proximity of the Rans Plus office to the police station was problematic. One former Ranar outreach worker noted, "we referred our clients to Rans Plus if they needed syringes but often they refused to go because it was too close to the police station." At the same time, Ranar operates another office funded by the Global Fund programme in Bishkek in a newly built up part of the city without extensive access by public transportation, which is also problematic for clients.

The lack of drop-in centres was apparent. "During winter time especially, it is hard to talk about health conditions with people whose primary needs like a place to sleep, or wash their clothes are not met," said one focus group discussion (FGD) participant. Rans Plus does offer opportunities for beneficiaries to wash clothes and have a shower, but the fact that the site is located in an area with limited access to public transportation makes it inconvenient to reach. Participants of both FGDs confirmed that the shelters were missed, and expressed that there were many people who inject drugs in need of shelter. Some highlighted that the people who inject drugs were shunned from government-funded shelters. There are two types of governmental shelters: for homeless people, and for victims of domestic violence. The FGD participants highlighted that people who inject drugs felt uncomfortable and stigmatised in both. They also highlighted that the conditions in the shelters were unsanitary and not well-managed.

Many interviewees and FGD participants expressed their belief that the push to achieve target indicators can interfere with beneficiaries getting the services they

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need. This is a problem that predated the rapid transfer of services from Ranar to Rans Plus, but one that seems to be needlessly continuing. The leadership of Ranar mentioned, prior to the closure of their services, that their team anticipated this very challenge. Ranar saw harm reduction as much more than needle and syringe distribution, and emphasised the importance of outreach workers developing individual and trusting relationships with beneficiaries. They believed that it was this very nature of relationship that could help people make healthy decisions, like getting tested for HIV or starting treatment. At some point, the PR required that outreach workers get in touch with at least 150 people in a week. Ranar leadership however noted that this was impossible to achieve and that a drive toward achieving such a target would eliminate opportunities for proper counselling and relationship-building.

The cost of the services (not the quality of services) proposed by Ranar in the December 2018 tender was cited as the main reason that its proposal was rejected. Representatives from Prosvet and Crying Crane were also told that cost — rather than quality of proposed services — was the reason they lost the tender. This idea was reiterated in the interviews with representatives of UNDP and UNAIDS. The leadership of Ranar surmised that their higher cost was due to having a lower case load per outreach worker and more reasonable pay for their work. In addition to that, he suggested that the high number of contacts with beneficiaries per week encouraged by the PR was unrealistic, and would exclude the kind of personal contact and relationship building that helps the most marginalised people make decisions and access services to promote their health. This problem predated the closure of Ranar's outreach activities.

Some other pressing problems that may be related to the drive to achieve indicators were raised by the FGD participants. Some participants claimed that, in order to receive syringes, they would have to get tested for HIV first or recruit other people who inject drugs who were willing to be tested. "It feels like they are focused on meeting their target indicators only – you come with your problem and they don't even have time to talk with you so sometimes it is even easier to purchase your own syringes," said one participant. Also, in reference to what seems to be a coercive nature of HIV testing, one FGD participant said, "the fact that they force us to get tested every 3 months is insane. I told them that I did not have any risk behaviour but they insisted on testing me otherwise they would not give me methadone."

Additionally, there are some notable problems related to the service quality that the recent tender failed to solve. There was a broad understanding among the interviewees (from Ranar, Rans Plus, UNDP and UNAIDS) that there have been

2 HIV and TB Dashboard for Kyrgyzstan for Jan-June 2019

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significant changes to the drug scene in Bishkek since the last Integrated Biological and Behavioural Study (IBBS) was conducted in 2016, where a dramatic increase in the use of synthetic stimulant drugs had been noted. FGD participants highlighted that people may inject up to once per hour during a session of use and that the number of syringes and condoms allocated per user was inadequate. Ranar's community-based team — in which outreach workers had long-standing trusting relationships with beneficiaries — would regularly gather information from the beneficiaries. This information in turn would give them a deep understanding of the drug scene in Bishkek. Rans Plus, at the same time, takes a similar approach. However, Ranar leadership felt that it was challenging for them to adjust their approach to the changing needs of their beneficiaries. *"The bureaucratic system doesn't let us quickly change our approach,"* they said. They noted that, without further research, *"we lack evidence to prove our claims."* Again, there was broad consensus that a new population size estimate and IBBS is needed. Ranar leadership also highlighted that there would not be time to conduct a new IBBS before the new concept note for Kyrgyzstan to be completed in 2020.

It is also important to note that the participants from both FGDs (both referred to by Ranar and Rans Plus) reported that they were rarely asked to express their opinions about the quality of services provided within the framework of HIV prevention projects funded by the GF. In turn, they did not feel equipped and capable of influencing the decision-making process about what services get funded by donors. The FGD participants also had limited information about the CCM and the opportunities to influence its decisions.

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3. Responding to the Crisis

Since the closure of the community-led services provided by Ranar, Prosvet, and Crying Crane, actions were taken to counter the loss of these community-led institutions. This would not have been possible without: prior involvement of community in GF processes; strong linkages between communities on the ground and regional networks and global networks; and the coordinated advocacy amongst these groups.

The Community, Rights and Gender Strategic Initiative (CRG-SI) Fund was critical in enabling the following actions. The affected organisations released an open letter describing the situation, which eventually drew the interest of regional and global supporters of the important role that community-led organisations have in countries' responses to HIV. INPUD consulted local communities to appeal to the Legal Fund Agent (LFA) for Kyrgyzstan's GF programme — which is the United Nations Office for Project Services (UNOPS) — and to the Office of the Inspector General (IOG) to investigate whether the actions that led to the closure of the community based services were in compliance with Global Fund and UNDP rules. No violations were found in accordance to the rules. INPUD also advised the CBOs to reach out to the Global Fund Portfolio Manager (PM), which confirmed that the actions taken were in line with GF regulations.

In spite of the fact that the actions taken were declared to be in line with the rules, it was clear to supporters of greater community involvement that further investigation and action was needed. The Eurasian Network of People who use Drugs (ENPUD), along with INPUD, raised the issue in the Strategic Advisory Group to the UN on HIV and Drug Use (SAG) which is comprised of community representatives, member state representatives, representatives of UN agencies, and the Global Fund.

Following the issue being raised, INPUD then liaised with the Global Fund CRG team and jointly planned a response, both in terms of developing a case study report to understand what is happening on the ground and as a basis for advocacy, as well as for identifying immediate actions, such as emergency funding support to fill the gap in service provision. The CRG helped Prosvet to get in touch with Aidsfonds to access emergency funding, and the CRG team gave INPUD the flexibility to allocate funds from the Strategic Initiative grant to further investigate the case. Through the Free Space Process, the PITCH programme also financially supported this report. The investigation drew attention to the fact that, in spite of the tender being done in accordance with all of the rules, the actions taken were harmful to meaningful community involvement and to programme beneficiaries. *"I do think that political pressure works,"* said Mick Mathews of INPUD.

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There had been plans to further reduce the number of NGOs from 15 to 9. However, in September 2019, in the wake of the repercussions of ending community-led services, UNDP proposed not to further reduce the number of NGOs providing services, to which the CCM agreed. Additionally, the PR engaged the Ranar team to assess the quality of harm reduction services, which is an important step toward retaining the unique knowledge and perspective that this community-based group that had functioned for over 20 years had to contribute to the response to the epidemic. Ranar has been able to continue providing shelter in spite of the decrease in donor funds due to the rare insight of AIDS Foundation East West (AFEW). The foundation had funded the purchase of a house for Ranar years ago, thus lending to the sustainability of the programme.

“Ranar has been able to continue providing shelter in spite of the decrease in donor funds due to the rare insight of AIDS Foundation East West ...”

“It is important to acknowledge that some governments will persistently resist funding services and programmes for criminalised populations.”

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4. Lessons and Recommendations

There are a number of lessons that can be learned from study of the situation described above including:

4.1 There is a dangerous tendency for the reduction in donor funds to outpace the implementation of social contracting.

In Kyrgyzstan, as in many countries, shrinking donor funds led governments to finance programming around treatment only and to neglect the areas of financing prevention programming and social support for key populations — which are so often performed most effectively by community-led non-governmental organisations. It is important to acknowledge that some governments will persistently resist funding services and programmes for criminalised populations.

RECOMMENDATION 1: Advocacy by groups, including those representing key populations, technical partners and other allies, should be stepped up for implementation of social contracting to support community-led services. Donors should adequately fund these efforts.

RECOMMENDATION 2: Until social contracting programmes adequately support community-led services, or where social contracting is unlikely to happen, international donors should continue to fund community-led services and programmes.

4.2 Community-led organisations can be disproportionately affected by reductions in donor funds.

Without careful planning and advocacy, community-led organisations can be disproportionately affected by reductions in donor funding. Such a retreat from greater involvement of key populations and PLHIV can be harmful to service quality and to the ability of key populations to advocate around their rights and needs.

RECOMMENDATION 3: Communities should seek strong and meaningful participation in their CCMs and in working groups involved in developing concept notes, as well as in their work around their national AIDS programmes. Technical partners and technical support providers should work to build capacities, provide resources, and align with meaningful involvement of communities and advocacy in these processes. Community representatives on CCMs should actively keep their constituencies informed and reach out to them for feedback.

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RECOMMENDATION 4: Stakeholders must live up to their commitment expressed in the 2016 Political Declaration on Ending AIDS that called for “community-led service delivery to cover at least 30% of all service delivery.”

4.3 Sudden closing of community-led services built up over years is not cost-effective.

While it is beyond the scope of this study to quantify the funding that went into building up the services that were closed down, clearly there was significant investment over many years that enabled knowledgeable staff to provide well-managed services. The sudden loss of these skills renders past investment with significant impact on the future, especially in a time of great need. Moreover, community-led efforts can build the kind of solidarity that leads to resilience which goes beyond HIV prevention, testing and access to care, one which is often a necessary precursor to effective work to address HIV amongst criminalised populations. A move to shift support away from community-led efforts may be harmful to this exact kind of resilience that is needed in the face of declining donor support. Moreover, the brief time period between the announcement of tender results and the end of the funding stream from the previous tender, does not allow organisations the time to properly adjust to their new funding situation.

RECOMMENDATION 5: Community-led organisations and their partners should work towards developing sustainability plans to enable adjustments to reductions that don’t end in closure of services and sudden unemployment of qualified staff. The handover, if needed, should be carefully designed to maintain people-centered service during and after transitions.

RECOMMENDATION 6: Decision makers, funders, and technical support providers must support community-led organisations in developing people-centered sustainability plans.

RECOMMENDATION 7: CCMs and PRs should plan tender results announcements to allow organisations sufficient and ample time during the previous funding stream to adjust to changes.

4.4 Community-led organisations may need to find creative ways to reduce costs.

As donor funding declines and services prepare to transition to social contracting as their source of funding, community-led groups may have to seek ways to provide people-centered services more efficiently. However, it must be

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“Donors and decision-makers should support innovative solutions to meet the needs of clients more efficiently.”

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recognised that community-led groups provide more comprehensive services that improve overall quality of life which should always be the ultimate goal.

RECOMMENDATION 8: Community-led groups should demand, and technical support providers should provide support in building capacities for developing ways to address the needs of beneficiaries more cost-effectively.

RECOMMENDATION 9: Donors and decision-makers should support innovative solutions to meet the needs of clients more efficiently.

RECOMMENDATION 10: Research on the cost-effective analyses of community-led approaches that account for wider a range of impacts beyond quantitative service targets should be funded, undertaken and widely disseminated.

4.5 Communities can appeal for international support to address harmful management of reduced donor funds.

Communities affected by the sudden changes in Kyrgyzstan could not find solutions within the country and reached out for support to international entities like INPUD, the CRG, and Aidsfonds and received it.

RECOMMENDATION 11: Communities that see their members afflicted by the changes taking place during the transition from donor to state funding should reach out to international entities like INPUD and the CRG and others for support.

5. Annex 1:
Methodology

In April of 2019, the International Network of People Who Use Drugs (INPUD), with support from the Community Rights and Gender Technical Assistance Programme (CRG), decided to investigate the situation to identify measures that might be taken to ensure access to needed services and to learn any lessons that might be relevant to Kyrgyzstan and other middle income countries facing similar reductions in donor funding and slow implementation of social contracting. The research focused mainly on the impact of the changes for the beneficiaries of the harm reduction services of Ranar in Bishkek, and more lightly on the consequences for beneficiaries of Prosvet and Crying Crane. The research also examined the financial sustainability of the NGOs involved, what it means for their ability to advocate on behalf of people who use drugs, and the participation of people who use drugs in decision-making.

An international and a local consultant were contracted to explore the situation. The consultants were given a briefing by representatives of INPUD and the CRG about the situation with the instruments for the research being developed in consensus. During an exploratory visit in May 2019, the international consultant interviewed the leadership of three of the community-based organisations (CBOs) affected: Ranar which serves people who use drugs and prisoners in Bishkek; Prosvet which serves people living with HIV in Bishkek and the Chuy Oblast; and Crying Crane which serves women and children living with HIV in Osh as well as representatives of the Principal Recipient (PR), the Country Coordinating Mechanism (CCM), and UNAIDS using semi-structured interviews. The consultant also heard from 16 programme beneficiaries (12 men and 4 women) whose access to services were affected by the changes through focus group discussions (FGDs). Follow up research was done in January of 2020 by the local consultant which included additional interviews among representatives of the CCM, the CCM secretariat, Ranar and Rans Plus (the organisation that began to serve beneficiaries in Bishkek instead of Ranar) and additional FGDs among beneficiaries of harm reduction services in Bishkek. Separate FGDs were held among beneficiaries referred by Ranar and Rans Plus.

“The abrupt end of funding failed to allow them the space and time to find alternative sources of funding...”

6. Annex 2:
List of Key Informant Interviews

Name	Position/Organisation 1st round of interviews	Date
Sergei Bessonov	Programme Coordinator, NGO “Ranar”	April 21, 2019
Aziza Kurbanova	Director, NGO “Crying Crane”	April 21, 2019
Erkin Musaev	Director, NGO “Prosvet”	April 22, 2019
Shahnaz Islamova	Director, NGO “Tais Plus”/ CCM member	April 22, 2019
Itana Labovic	UNDP GF Project Manager	April 22, 2019
Inga Babicheva	HIV and TB Coordinator/Deputy Programme Manager, UNDP	April 22, 2019
Saltanat Dospaeva	Operations Manager, UNDP	April 22, 2019
Meerim Sarybaeva	Country Manager, UNAIDS	April 23, 2019
Venera Maytieva	Member, the oversight committee under CCM	April 23, 2019
2nd round of interviews		
Kasiet Irgebaeva	Assistant of the Executive Secretary, CCM Secretariat	Dec 26, 2019
Shahnaz Islamova	Director, NGO “Tais Plus”/ CCM member	Dec 27, 2019
Ibragim Lebusov	Director, NGO “Rans Plus”	Jan 10, 2020
Sergei Bessonov	Programme Coordinator, NGO “Ranar”	Jan 11, 2020

Focus Group Discussions (FGDs)

# of FGD participants	Venue 1st round of FGDs	Date
12 (4 women, 8 men)	NGO “Ranar”	April 22, 2019
7 (2 women, 5 men)	NGO “Prosvet”	April 22, 2019
2nd round of FGDs		
14 (1 woman, 13 men)	NGO “Rans Plus”	Jan 10, 2020
11 (2 women, 9 men)	NGO “Ranar”	Jan 11, 2020

The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. INPUD will expose and challenge stigma, discrimination, and the criminalisation of people who use drugs, and their impact on the drug-using community's health and rights. INPUD will achieve this through processes of empowerment and advocacy at the international level, while supporting empowerment and advocacy at community, national and regional levels.

INPUD is very grateful for financial support from Bridging the Gaps; the Robert Carr Fund, the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the Partnership to Inspire, Transform and Connect the HIV response (PITCH). PITCH is a joint partnership between Aidsfonds, Frontline AIDS and the Netherlands Ministry of Foreign Affairs.



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FRONTLINE AIDS



BRIDGING THE GAPS
Health and rights for key populations



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First published in 2020 by

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