Report of the Consultancy by Peter Fajans and Ruth Simmons on the UNFPA-supported Stronger Voices Project in Kyrgyzstan

April 7-17, 2008

Objective: To provide technical support to the UNFPA-led Stronger Voices Project in Kyrgyzstan for the further development and refinement of a strategy for institutionalizing and scaling-up project activities.

Background: Kyrgyzstan is one of six countries that participated in the UNFPA-led Stronger Voices (SV) project. This project sought to strengthen both the demand for and the supply of quality SRH services through rights-based participatory approaches to mobilize communities and through working with providers to strengthen their capacity to provide higher quality SRH services responsive to community needs. The project has been funded by the UN Foundation and WHO/RHR has provided technical assistance to the project at the global and country levels in Kyrgyzstan, Nepal and Peru.

The pilot intervention study in Kyrgyzstan, conducted in nine villages in two oblasts, was completed in 2004 and the UN Foundation approved a second phase of the project (June 2004-May 2007) during which period the project expanded to an additional ten villages in Issa-kata and Tup rayons, developing a greater focus on the needs of young people. A key new component of the project was the implementation of the Stepping Stones curriculum, as part of community and in particular youth mobilization efforts.

In 2005, UNFPA/HQ requested technical support from WHO/RHR and ExpandNet to assist the Kyrgyzstan project team in the development of a strategy for further scaling up of project activities beyond the current 20 villages. A proposal was approved in June 2006 and Dr Ruth Simmons and Dr. Peter Fajans visited Kyrgyzstan in September 2006 to work with members of the Project Steering Committee and other key stakeholders to utilize the draft WHO/ExpandNet practical guidance document on scaling up to develop detailed recommendations constituting a strategy for next steps in institutionalizing and scaling up the project interventions. Subsequently, UNFPA expanded project implementation to six additional villages, three in Naryn and three in Talas Oblast.

At this time UNFPA is in the process of seeking funding for further scaling up of the Stronger Voices initiative. The terms of reference for the WHO/ExpandNet mission were to observe implementation of the project in the new 2007 pilot sites; provide technical assistance concerning implementation of the components of the scaling up strategy; and develop recommendations for future action, to be shared with UNFPA, WHO, and other Health SWAP partners during the mid-term SWAP review. Activities of the mission were to include as follows:

- To become familiar with the current UNFPA programme on SRH in Kyrgyzstan;

- To meet with the key project counterparts and visit expansion sites in Naryn and Talas oblasts;
- To meet with representatives from the Ministry of Health, SWAP partners, and the project Steering Committee;
- To assess progress with the implementation of the scaling-up strategy developed during the previous ExpandNet/WHO mission;
- To discuss and make recommendations on the necessary actions and future strategy for scaling up of the SV project innovations;
- Provide input to identify ways of mobilizing resources through linking the SV project activities to the health SWAp and other funding mechanisms;

Activities: During the first day of the mission, we received a briefing and had discussions with Gulnara Kadyrkulova, Assistant Representative, UNFPA and Cholpon Asambaeva SRH Program Officer, UNFPA on recent project accomplishments, the progress made in implementing the prior recommendations for scaling up and on the institutionalization of project activities more generally. In addition, we met with members of the project Steering Committee. This group includes representatives from different Departments and Institutes affiliated with the Ministry of Health, including the Republican Health Promotion Centre, the Mandatory Health Insurance Fund (MHIF), the Association of Family Group Practitioners (AFPG), and representatives from NGOs, including the Kyrgyz Family Planning Alliance and Mutakalim, an Islamic NGO working on women's health and rights. During the meeting we discussed the activities of each of the groups represented in the project, as well as their visions and expectations concerning future scaling up of the project in the future.

During the next three days of the mission, Ruth Simmons and Peter Fajans, together with the Gulnara Kadyrkulova, AR, UNFPA and two members of the Steering Committee from the FGPA and the MHIF, made field visits to the project sites in Talas Oblast, including visits to Kyzyl Oktyabr, Kok Tash, and Madanyat villages.

During these visits, we held conversations with a wide range of project stakeholders including health staff providing services in feldsher ambulatory points (FAPs), Family Group Practice and Family Medicine Centres (FGPs and FMCs), including staff from the Health Promotion Unit and rayon level administrative institutions, as well as with community leaders, local NGO members, village health committee members, school principals, teachers and students, and members of youth groups in each of three project villages.

On our return, we met for discussions with Ministry of Health officials from the Department of Health Care prior to leaving for Kochkor Rayon in Naryn Oblast. In Kochkor, after initially meeting with the head of rayon's Health Promotion Unit, and the leadership of the rayon's FGC, we proceeded to visit the three project villages. As previously in Talas in each we met for discussions with community leaders, local NGO members, village health committee members, school principals, teachers and students, and members of youth groups in the local schools. We also visited FAPs and FGP service delivery points and had discussions with health care providers working in these

institutions. The following morning we met with the head Islamic religious leader in the rayon and with the head of education at the rayon level, prior to returning to Bishkek.

The last day of the mission was spent working with the AR, UNFPA and national consultant (the former project officer) making visits for discussions with key stakeholders in the Ministry of Health and with representatives of international/donor organizations. We discussed how best to institutionalize project innovations in the Ministry of Health activities under Manas Taalimi, the new MOH five-year health plan which places emphasis on community mobilization, and maternal health and child health. The newly adopted national reproductive health strategy provides further support and a political window of opportunity for strengthening sexual and reproductive health activities and services at this time, although sexual and reproductive health are not explicitly mentioned in the current SWAp review documents which provide the basis for funding implementation of ongoing health sector reforms.

The following sections describe our principle observations, findings and recommendations for necessary actions to be taken to facilitate successful institutionalization and scaling up of the Stronger Voices interventions. These are presented in the format of the ExpandNet/WHO framework.

1. The Innovation

- **Demand side**:

Enthusiastic response to the Stepping Stones (STST) Methodology: Conversations in the field demonstrated that STST is an important methodology for mobilizing communities around sexual and reproductive health (SRH) awareness and action. There was enthusiasm among students, teachers, adults, village health committees, and service providers, as well as increased cross-generational conversation around multiple RH topics. Everyone found this remarkable as prior to implementation of STST these subjects had been largely taboo for discussion within families and communities. Many students expressed interest in receiving even further training. However, some teachers felt it was difficult to fit STST into an already busy curriculum and some stakeholders mentioned that even though the STST curriculum is very successful, it is not so easy to change the traditional mentality related to sexual and reproductive health. The enthusiastic response to the STST methodology is all the more remarkable in that the project was implemented in remote villages.

It was also observed that participating communities had developed strong focus and increased dialogue on the prevention of HIV/AIDS transmission, drug abuse, domestic violence and alcoholism. All of these are central health problems in the Kyrgyz Republic.

Stepping Stone's focus on health promotion provides a much needed emphasis within the Kyrgyz health system: The STST methodology has special significance in

Kyrgyzstan because until recently, there has been insufficient emphasis on health promotion within a health system that is largely focused on medical care services. The structural issues surrounding implementation of health promotion are being clarified and strengthened within the health sector reform process. But to date most of the emphasis has been on addressing prevention and treatment of specific disease entities. The STST process is unique in that it has focused more broadly on promotion of healthy behaviors, utilization of health services such as contraception, delivery care and more generally safe sexual behavior.

STST has created new intra- and inter- generational dialogue, as well as increased dialogue between service providers and clients, while focusing on gender equity, social responsibility and psycho-social development of youth, empowerment of both young people and women and the elimination of negative cultural practices such as bride-napping.

Stepping Stones is more successful with youths than with adults, and more with women than with men: Because of time constraints the training of adults tends to be more informal in nature and less intensive as compared to that of the young people in the community. A number of the NGOs have invested time in youth peer to peer activities that complement the STST training. Students also report more activities among their peers than among adults in the community. Therefore not surprisingly, the activities focused on youth appear to have the greatest impact.

It has been more difficult to engage men than women in the STST training. As scaling up proceeds, greater efforts should be made to involve men. These should take account that men often are reported to appear indifferent, but in fact are shy. For example, we were told that men often stay after the training to ask questions which they did not feel free to raise earlier. Changes in the timing of training (see next point) may facilitate greater male participation.

Extending the training for adults over a longer period of time may increase participation: There was extensive discussion about the length of time and the organization of the training. Once the distinction between training of trainers/facilitators and the training of community members was clarified, there was general consensus that five continuous days of training of the Training of Trainers (TOT) team is feasible. However the training for community members who are not trained as trainers might best be spaced out over a period of weeks or even months, consisting of shorter sessions of two to three hours, based on community members' preference and availability.

Need for a short manual on community entry that is based on actual experience: One of the recommendations that emerged during the Strategy Development Process in 2006, was the need to develop a standardized method for community entry and community mobilization prior to other project activities. Subsequently a manual was developed by project steering committee members and others from the Ministry of Health. However, this manual is academic in orientation and not realistic in terms of the

amount of effort and expertise needed to implement the recommended steps in a nationwide program.

Not surprisingly the process of initial community entry and mobilization in the most recent phase of expansion does not reflect the contents or demands of the manual. There is a need to revise and simplify this manual so that it provides realistic guidance for a process that can be implemented within the financial and programmatic constraints likely to be in place during expansion. Community entry does not have to be a lengthy process.

The revision of this manual should be based on the process and experience of the non-governmental organization involved in community entry and mobilization to date. The manual also has to plan ahead to the community entry strategies that will be used during the process of expansion. At that point community entry may take place not at the level of one village, but work with the several villages grouped under the local government, the Ail Okmotu.

The revised STST manual is well received but more copies are needed and a shorter, complementary document for participants of the training program would be helpful. One of the recommendations of our 2006 consultancy was that the Kyrgyz STST manual should be revised so as to use more appropriate language in dealing with culturally sensitive issues. This had been undertaken by a working group from the MOH and the revised manual has been utilized in the expansion of activities in Talas and Naryn Oblast.

Project stakeholders and community members interviewed reported that they found the manual appropriate, clear and easy to understand. Some suggested that it was too long, but others emphasized that for the trainers the length was appropriate, but that a shorter document should be developed for trainees to complement the current manual for trainers. Above all, there was a strong plea that additional copies of the manual should be made available to villages. The 2-3 copies typically provided are insufficient.

Who should receive STST training: There was consensus that STST training should include staff from the health promotion cabinet, from the local government (Ail Okmotu), from the FAP/FGP, as well as at least one teacher and students from the local school, adult members of the village community and members of the Village Health Committee, wherever such committees had been organized and were functional.

It became clear to us that discussions often did not distinguish between the training of STST trainers and the training of community members, students in schools and others who would benefit from the methodology but who would not be expected to act as trainers of others. For example, concern was expressed that involvement of the Village Health Committee (VHC) members in STST training might overload the busy VHC. Implicit in this concern was the expectation that the all of the five to seven VHC members would be trained as trainers. However, this is not essential; other community members with interest in RH could be identified and trained as trainers. However, it would be advantageous if at least some members of the VHC participate in community

level training as participants. The intermittent training proposed should not interfere with their other VHC activities. In fact, having participated in the STST training would likely enhance their capacity to communicate effectively with a broad range of the community members on the health topics for which the VHC has responsibility.

Appropriate timing and language of training are essential: It was repeatedly emphasized that training should be provided during seasons when community members are free to devote attention to volunteer work and to avoid training during the busy agricultural season. Moreover, in some regions the training needs to be conducted in the Uzbek language.

- **Supply side:**

Training to improve the quality of RH services: A unique feature of the SV project is that the innovation includes attention to strengthening community demand as well as the provision of better quality of SRH services, i.e. the supply side. The components of the innovation that focus on strengthening health service delivery have included assessment of providers' needs at the Feldsher Ambulatory Points (FAPs) and the Family Group Practitioner (FGP) centers, the provision of basic necessary equipment for the provision of RH services; and training for providers in both technical aspects of RH, as well as in counseling. Furthermore, as indicated previously, some of the providers also have participated in the training of trainers in the Stepping Stones methodology. In the initial pilot the needs assessments of services and subsequent training of providers was implemented by a senior representative of the FGP association and of the Mandatory Health Insurance Fund (MHIF).

One of the recommendations from the 2006 strategy development workshop was the need to standardize the SRH curriculum for providers. Since that time, a standard curriculum for integrated RH services, based on WHO guidelines, has been developed through the WHO/UNFPA Strategic Partnership Program and was field-tested in project sites in Talas and Naryn. In addition, a standardized curriculum for counseling on SRH, as well as a curriculum on maternal and child health care have been developed and implemented in project sites. Training for all of these curricula was implemented by master trainers from the Kyrgyz State Medical Institute for Continuous Training – an institute of the Ministry of Health.

The short time of our visits to the health centers precluded evaluation of providers' knowledge and skills and observation of service delivery. However, interviews with providers convinced us that the training had been successful in meeting the urgent need for increased provider competence and had increased their capacity to interact with communities, who in turn had developed new openness and increased desire for information on RH. Some providers at the FAP reported that more patients were now coming to them for both information and services, rather than going to the FGP, the next higher level of service delivery.

Challenges remain: Despite the significant gains in institutionalizing the supply side component of the SV project, several challenges remain. In future scaling up it will be important to coordinate provider training with community mobilization and STST training activities. Although responsibility for the training of primary care providers in SRH has been acknowledged by the Ministry of Health, implementation throughout the country will take considerable time. In future expansion of SV innovations it will be necessary to ensure that adequate funding to support training for health care provider is available and that planners ensure that training is coordinated with community mobilization and STST training.

Equipment and drugs: In addition to the training, provision of equipment and drugs must be coordinated. We were informed that procurement will take place through the SWAP and through World Bank support. Provision of drugs and equipment will have to be coordinated with the introduction of demand-side interventions as well.

2. The User Organizations that Implement the Stronger Voices Innovation

The importance of partnership: Successful scaling up will depend on close collaboration, coordination and partnership among multiple agencies and institutions, including the community. The following are the key partners under the overall guidance of the Ministry of Health:

- Rayon-level staff from the health promotion unit (HPU)
- Staff from the Feldsher Ambulatory Point (FAP) and the Family Group Practioners (FGP)
- The Kyrgyz State Medical Institute for Continuing Education
- NGOs working on reproductive health at the community level
- Village Health Committees (VHCs)
- Interested community members
- Schools including vocational schools

The evolving role of the HPU in health promotion: Working with the community on health promotion activities is the responsibility of the rayon level health promotion unit (HPU), under the supervision of the Republican Health Promotion Center of the Ministry of Health. HPU staff play a central role in developing and supervising the Village Health Committees under Swiss Red Cross (SRC) or the US Agency for International Development (USAID) projects. VHCs have been adopted as a national model for community health involvement and have been established in more than 800 villages in Kyrgyzstan. The number continuing to function actively is reported to be considerably fewer. The health promotion unit at the oblast level has been eliminated, leaving the rayon level HPU in place, but structurally a part of the rayon-level Family Medicine Center. This means that the director of the Family Medicine Center supervises the HPU

and is therefore likely to be someone who has a strong curative medicine orientation, but with less of an appreciation for the importance of health promotion.

Moreover, the HPUs are severely constrained in their ability to engage with community-based activities. They do not have a working budget, their staff works only part-time on health promotion, while providing curative care at the FMC for the remainder. There is no dedicated funding for transportation to the village level to work with the community, except when paid for in connection with VHC activities supported by the SRC or USAID.

All stakeholders agreed that the HPU must be involved in implementing the community mobilization activities and STST training, but this should not imply that the HPU staff would coordinate or implement all of the activities. The expectation is that at least initially, HPU staff will play a more limited role focused on some supervision and support.

There are ongoing discussions to resolve the structural and financial issues, as well as the job responsibilities of the HPU, both within the Ministry of Health and in the context of the SWAP review process. At the same time there is a new draft national health promotion strategy under review (developed with technical assistance from WHO) which will assist in clarifying how the STST methodology will fit within the future directions for health promotion and public health in Kyrgyzstan.

UNFPA is committed to provide STST training in the future to at least one staff member from all HPU throughout the country.

Participation of FAP/FGP staff is both feasible and essential: Community-level health care providers at both the FAP and FGP service delivery points are responsible for providing integrated health care, including both curative care and health promotion. As discussed above, they play a major role in participating in the STST curriculum and in providing reproductive health services. Although some stakeholders feel that health staff are already overloaded in terms of their curative care activities, field visits revealed that they are eager to participate and in some places they have played a key role in the community mobilization process. They feel that participation has contributed to their professional development and capacity to provide information and services to the community. At the service delivery points visited, the daily patient load did not seem to be so large as to preclude participation of at least some of the staff in the training of trainers or in community level training activities.

Institutionalizing the WHO RH training through the Kyrgyz State Medical Institute for Continuing Education: We were impressed with our discussions with one of the master trainers of the Institute who has played a central role in the field-test of the WHO integrated RH training package in the project villages. In the future the WHO integrated training program will be provided through the Institute on a national basis. It would be desirable to ensure that the key messages from STST program – autonomy, community

empowerment, gender equity, intergenerational dialogue, safe sex etc – are integrated into the more technically oriented focus of RH training of medical providers.

NGOs are playing a lead role: In the original pilot villages as well as in the expansion villages in Naryn and Talas, NGOs have played the leading role in the process of community mobilization and STST training. It was clear from discussions with all the stakeholders that it will be important for NGOs to continue to play a central role in the process of expansion.

It will be challenging to fund the NGOs through the SWAP process, particularly since we learned that salaries of NGO staff are considerably higher than those in the public sector. This is worrisome because it implies either obtaining bilateral parallel funding from the donors, or from the Global Fund. This continuing role raises the problem of financial support which will be discussed later under point 6. However currently the MoH is considering the possibility of sub-contracting with NGOs on some health promotion issues.

Where Village Health Committees (VHCs) exist it is advisable to involve them: Village health committees - an innovative program supported by the Swiss Red Cross and USAID- typically consist of five to seven volunteer core members, but include up to 30 community members working in health action groups dedicated to specific health topics. In the villages visited, members of the VHC played an important role in the implementation of the SV innovations. At the national level concern was expressed that the addition of STST training and related activities might overload the already busy VHC members. However, discussion in the community and with individuals involved in implementing the SV project, it became clear that this is not necessarily so. Typically, only one or two members are actively involved in STST activities and it would seem logical that a health action group focused on STST training could be added to the already existing action groups of the VHC. Alternatively, members of the VHC could only participate through receiving STST training, but do not have to act as STST trainers themselves.

NB. Subsequent to the mission we have been informed by UNFPA AR that at the insistence of the MoH, the Swiss Red Cross has committed to support STST implementation through the VHC, including an adaptation of the STST for VHC. UNFPA will provide quality assurance for the new adapted version. The National Health Promotion Center, in collaboration with the national STST experts (NGOs) will provide technical expertise, capacity building and mentoring. This will be reflected in the forthcoming SWAP review recommendations.

Flexible strategies to ensure participation of community members are advisable: In some villages we saw that community initiative groups on RH had been created, members of which were trained as STST facilitators. In others, community members who were neither affiliated with the VHC, nor with a community initiative group, but who had interest in RH were trained as facilitators. Thus, there are multiple ways to organize community participation. Such flexibility is constructive - what matters is what works best in a given situation.

The central role of schools: We learned that several teachers and principles had been initially reluctant to engage with the STST methodology due to the sensitive nature of the SRH topics. The program reminded some at least initially of the political debacle several years prior with the Healthy Life Styles Curriculum, which had been considered by some as too explicit in its presentation. There was also some concern that implementation of STST was difficult because of an already overcrowded curriculum. However, even those who had initially been opposed had become enthusiastic supporters of the methodology, to the point of expressing interest in providing training to neighboring schools. The teachers who had been trained as trainers felt confident that they would be able to provide training to the new cohorts of 9-11 graders, once the currently trained cohort of students had graduated.

We were particularly impressed by the enthusiasm and the capacity of the student leaders who had been trained as trainers. Students who had not been trained as trainers reported that these leaders had organized after-school training sessions and that there was a new culture of openness and discussion among students on topics including friendship and love, sexuality, contraception, STIs and HIV/AIDS, drug abuse, alcoholism and violence in the home. Furthermore in one village we spoke with a student who had also organized STST training for the village youth age 16-25 who were not in school. This confirms the remarkable power and impact of youth trainers.

An apparent turning point in community acceptance of the SV activities in each of the villages was reported to have been the rayon-level competition for youth organized by the project in Naryn. This competition featured groups from each of the schools competing in a popular TV show format where participants had to develop jokes and clever responses to questions based on the RH health topics covered in the STST curriculum. The competition was extremely popular among the young people. The competition had been videotaped and excerpts were broadcast on the local TV station. The DVD of the competition was widely copied and circulated among young people including in neighboring villages. In each of the three villages visited adults reported that the TV broadcast had been instrumental in assuaging their concerns about the appropriateness of SV training in RH.

A separate but related activity supported by UNFPA has been the implementation of the STST curriculum in vocational schools. UNFPA is supporting implementation of STST in 5 of the 47 vocational schools nationally and plans on covering 5 schools within the next year (2009)..

Importance of continued coordination among partners: The participation of multiple partners in the implementation of the SV project has been an essential factor in the success of the project. As scaling up proceeds, coordination among them will continue to be essential. In particular it will be important to ensure temporal coordination so that innovations are organized at the appropriate time by the different implementing organizations.

3. The Resource Team

UNFPA's leadership role: It was clear from conversations with many stakeholders that UNFPA is the major champion of the SV innovations and that this role is critically important for the sustainability and expansion of project innovations. UNFPA has played an admirable role in keeping the SV voices innovations and particularly the Stepping Stones methodology on the policy agenda at a time when project funding has essentially come to an end. This strong advocacy has already influenced the national health sector reform process and is likely to continue to do so in the future.

We understand that there is an interest at the highest levels of the Ministry of Health to support future implementation of SV with SWAP funding. UNFPA is advocating for community mobilization and STST training to be funded through the SWAP procurement mechanism and has pledged to fund an initiative to train HPUs in the country in Stepping Stones through the UNFPA country budget. Since the end of the project they have also been funding a national consultant to assist in monitoring and coordination of continued SV project activities.

UNFPA has also played a central role, together with the WHO country office, in supporting the Kyrgyz Institute for Continuing Medical Education in adapting the WHO integrated RH curriculum and, funding permitting, will continue to support the Institute's role in SRH training. Finally, under the SV project UNFPA ensured basic medical equipment and drugs for the provision of RH services to project areas, as well as more generally. This function has now been taken over by the Ministry of Health with World Bank support.

The role of NGOs as facilitators must continue at least for the next several years but this requires additional funding: Implementation of the SV project at the local level in the provinces has depended on the central role of several strong NGOS with a focus on SRH, each working in a different provinces. It is clear that without their contribution the project would not have succeeded. There was strong agreement among all of the stakeholders, including the MOH, that non-governmental organizations, especially the ones which have supported introduction of the SV innovations to date must continue to play the lead role in facilitating and providing technical support in expanding the innovations from the SV project. The expectation is that once capacity of the Health Promotion Units has been strengthened and resources for field support and training have been allocated to these units, they will be in a position to assume an increasingly stronger role in the training and supervision of STST trainers/facilitators at the community level.

Discussion with NGO representatives indicate that they have learned a great deal from the process of introducing the STST methodology and are now in a position to expand the process to new areas in a less resource intense manner. NGOs have learned to create the capacity among community members to conduct some of the activities which were previously undertaken by them. This is critical because the level of time and external

input of human resources in the villages to date does not represent a sustainable model. Nonetheless there is consensus on the point that the NGOs' input in the initial process of community mobilization and training remains essential in the coming years. Not only have they learned how to work more efficiently at the village level, but they are also ready to operate on a larger scale – involving the rayon administrator, the Ail Okmotu, and religious leaders from the beginning of the process.

As discussed above, the NGOs' role in scaling up SV innovations requires external funding.

4. The Environment

There are both opportunities as well as considerable constraints in the larger environmental context within which the scaling up of the Stronger Voices innovations will have to take place.

The need for an emphasis on SRH is highlighted by the fact that these topics were essentially taboo during the Soviet era, became a priority for a short period of time after the collapse of the Soviet Union, only to be followed by another period of silence. Currently there is greater openness and donor support, which has created a window of opportunity for expanding the Stronger Voices innovations.

Socio-cultural, religious and economic patterns are different in the north and the south of the country. Currently the SV innovations have only been implemented in the north of Kyrgyzstan. As the STST interventions are being expanded to new regions it will be important to remain flexible and adjust the methodology to the requirements of the local context. Especially in light of the greater influence of Islam in the South, we endorse the position expressed by several stakeholders that some pilot testing prior to larger scale expansion in the South would be important. Such expansion will also require translation of the STST curriculum into the Uzbek language.

Shortage of medical care providers due to out-migration: Kyrgystan is experiencing problems with high levels of out-migration of health care providers to neighboring countries where salaries are higher. This suggests that planning for new/continuing training of new providers in the future will be important. This also reinforces the importance of increasing community-level capacity for health promotion.

Integration/coordination with related community-based initiatives supported by other donors: In our first consultancy we had argued for the need to explore the increased co-ordination and potential integration of the SV innovations with other community-based programs. Projects supported by other donors, especially those funded by the Swiss Red Cross and USAID also involve community-based interventions related to health. These provide opportunities for integrating some aspects of the Stronger Voices innovations with these initiatives and the USAID project co-coordinator with whom we spoke was interested in doing so. This will require further discussion with USAID. More

broadly, the potential for increased co-ordination with other community-based activities needs to be pursued.

Moreover it will be important to clarify vis-à-vis the SRC that expansion of the SV interventions will not interfere or compete with the work of the VHC. In order to do so, it will be necessary to elaborate a detailed work-plan, specifying necessary time and resources for implementing each of the SV components. Such a detailed work-plan will show that two interventions are complementary in the village setting – one does not weaken the other. In contrast they have the potential for being mutually reinforcing.

NB. Subsequent to the mission we have been informed that the Swiss Red Cross and USAID have committed funds for implementation of STST through the VHCs nationwide. It was requested that UNFPA undertake a mapping exercise at the rayon level to identify potential STST resources for further capacity building, to assist STST implementation through the VHCs.

A favorable policy environment: Overall, the policy environment in Kyrgyzstan is very favorable to the scaling up of SV innovations. The health sector reform process and the positive manner in which the SV project is viewed by key decision-makers provides excellent prospects for ensuring institutionalization of the SV innovations, as well as for some allocation of funding through the SWAP process.

Although Kyrgyzstan has a reproductive health law and a national reproductive health strategy, the Manas Taalimi Joint Review document from October 2007 considers MCH a priority but does not mention reproductive health explicitly. Advocacy for the Stepping Stones methodology and training using WHO's integrated SRH curriculum provide an important opportunity to highlight the importance of SRH in the health sector reform process.

The role of religious leaders: While some local religious leaders who have been briefed about the project have been supportive, others have distanced themselves from the project. In Naryn Oblast the NGOs the Kyrgyzstan Family Planning Association and Muktakalim have made major efforts to work with religious leaders to create awareness about the SV project and to seek their support. We met one of the key rayon level leaders of the Muslim community who expressed strong support for the project, its goals and objectives. He had worked with the NGOs to develop materials concerning the role of Islam in family planning and health more generally, and had become a champion of the project. He commented favorably on the fact that the project was organized in remote areas, that it improved communication among men and women and that the language with which the content was delivered was based on the Muslim religion. Moreover he saw special benefits for young women who were likely to leave the village to work in cities and towns where they might become at risk of infection with STIs or HIV/AIDS.

The efforts of this religious leader had been successful in mitigating initial opposition of village religious leaders and served as an illustration of how important it will be to

involve influential religious leaders in the scaling-up process. According to one of the NGO leaders, support from religious leaders is now especially important, given the fact that the influence of religion is expanding.

The role of local government: The rayon administrator is the Akim, whose deputy for social affairs is in charge of health, education and related social activities. Below this level is the Ail Okmotu, an elected body of fifteen members which is headed by a leader appointed by the Akim. The Ail Okmotu has responsibility for 3-5 villages and has a budget with resources provided by the state and local taxes. In turn each village has a village chief.

Two distinct patterns of involvement of local government were observed during the field trips. Where explicit efforts had been made to involve local government leaders it was possible to obtain both their endorsement, as well as more concrete support in the form of transportation to facilitate training, and support in mobilizing the community to participate. Where such efforts had not been explicitly made, members of the Ail Okmotu were indifferent and did not play the role in community mobilization that had been expected of them.

Systematic advocacy and involvement of the local government and district administration will be essential in the expansion of the SV innovations. They can play an important role in mobilizing community support and can potentially also mobilize local funding for activities. This will be especially so if the program has received national endorsement and if the community is mobilized to understand that their taxes pay for the salaries of the Ail Okmotu.

Uncertain future funding: All the stakeholders at the village level expressed a need for continued training activities and modest funding. To date the modest funding for materials and transport that is required have come from the UNFPA SV project, which has now officially come to an end. Although the Kyrgyzstan UNFPA office is determined to raise funding for continued support and expansion, both through the SWAP, as well as through UNFPA central/regional funds and bilateral donor parallel funding, to date efforts have not been successful. Our recommendations for future mobilization of financial resources are discussed below in section 6.

5. The Role of Political/Policy/Legal/Institutional Scaling Up

As discussed under section 3, UNFPA Kyrgyzstan has been remarkably successful in keeping the Stronger Voices innovations on the policy agenda at a time when the Manas Taalimi health sector reform and the SWAP review provide valuable opportunities for institutionalizing successful project interventions within the national program. A representative from UNICEF and from the MOH have been given responsibility for coordinating the scaling up of a variety of community-based innovations in the context of the SWAP review. UNFPA is maintaining close contact with this process and has been reassured that the SV innovations, in particular the Stepping Stones methodology, will be supported.

UNFPA is also planning on introducing the Stronger Voices project results for senior representatives of the Ministry of Health at their weekly meeting, thereby ensuring that the results reach a wider audience. A roundtable organized in 2007 with participation of key national stakeholders contributed to the wide awareness at the national level of the Stronger Voices project.

In addition UNFPA is pursuing advocacy with the Ministry of Education to ensure that the STST becomes institutionalized within the educational curriculum of the country.

6. The Role of Expansion to Other Rayons and Provinces

Strong demand: We saw considerable evidence of demand for the STST training during field-visits. We were told that teachers from neighboring villages, members of other VHC, and community members who had heard about the STST training expressed interest in having similar activities in their villages. There is no doubt that there is both a need and demand for scaling up to other parts of the country.

Need to move beyond the focus on one village to a larger administrative unit: There is need to test ways of working on community mobilization and STST training on a larger scale than the single village. For example, one rayon could be targeted, beginning with awareness raising through roundtables etc that include the rayon administration, the Ail Okmotus, and leaders from the educational, health, and religious sectors. Subsequently, this would be followed by training of trainers/facilitators comprising representatives from all villages under a single Ail Okmotu.

The importance of working with representatives of local government from the very beginning was reinforced in discussions with the representative from the Swiss Red Cross. He explained that in the initial stages of creating village health committees, SRC had not interacted with these local government leaders, which they had concluded was a major mistake. In more recent years SRC always interacts with the local government when beginning the process of establishing VHCs.

Taking advantage of economies of scale and developing ways in which initially trained villages under one Ail Okmotu could serve as demonstration site for other villages and rayon leaders will be important in program expansion. Selection of the first Ail Okmotu could be based on willingness of these leaders or possibly wealthy individuals within the community to provide support to the process – for example by taking on some of the transportation or related costs for training. The pace and scope of expansion will depend on the availability of funding to support the process.

Role of media in dissemination: A video made of the competitions among schools was transmitted on TV and there was great demand for the DVDs made from the video, suggesting that one should explore the potential role of mass media for both advocacy and SRH content dissemination.

Need for flexible strategies that allow adjustments to local contexts in terms of ethnicity, influence of religion, the level of interest local leadership and local infrastructure. For example, the influence of Islam is stronger in the south, and in other areas VHCs do not exist in all villages or are not necessarily functional where they have been created. Interventions may need to be adapted to varying circumstances to remain effective.

Importance of cost analysis: One of the recommendations in the strategy development process during our first visit to Kyrgyzstan was the need to assess the implementation costs of the various project components during the pilot phase, as well as the future costs under more realistic program implementation during scaling up. Information about costs when implementation is embedded in the routine program remains an important issue, necessary both for advocacy with SWAP partners, as well as for the planning of future scaling up. Although cost-details were not available, the opinion was often expressed that the SV innovations are not costly.

Need for additional funding to scale up SV innovations: Introduction of SV interventions cannot proceed much further without additional funding.

- One possible, though longer term prospect, will be to mobilize support from the Global Fund, which now has interest in proposals that include components featuring integrated attention to HIV/AIDS and SRH. It would seem that implementation of the STST curriculum could be supported under this component. Additionally, the Global Fund's emphasis on strengthening health systems provides important potential future funding opportunities. Support for future HPU activities could well be justified under this component

- We strongly support explorations for further support from UNFPA headquarters

- Colleagues from the WHO office in Bishkek expressed interest in helping to mobilize resources for a scaling-up demonstration site which tests expansion of SV to a rayon level. This conversation should be pursued further.

Monitoring and evaluation. The need to develop indicators for monitoring and evaluation of the Stepping Stones training and its subsequent impact was repeatedly emphasized by senior leaders and by UNFPA and WHO.

Sustainability: The view was expressed by some that the willingness and ability of community members to volunteer and remain active does not always last for a lengthy period. To the extent that the VHC system is used, one should take into account that reportedly, of the 846 committees that have been created to date, only approximately 40% are still functioning. Creative solutions must be found to address these concerns as scaling up proceeds.

Importance of proper timing: Long gaps between the initial preparatory work at the community level and subsequent training of health staff or community members create problems.

7. The Role of Spontaneous Scaling up

The NGOs who have facilitated introduction of the SV project report using the STST methodology in their own work with youth and community development more broadly. During both our first and second visits to Kyrgyzstan the NGOs involved argued that their work with the SV project had created the capacity within their NGO to apply the SV methodology more broadly. They expressed confidence that they will use the STST methodology in some of their other activities/projects, even if there will not be any further specific external support for Stepping Stones. For example one of the NGO with a national network of branches suggested that they would recommend the use of the STST methodology to their other branches within the context of their youth peer-to-peer program.

Conclusions

It is very clear that the activities implemented through the Stronger Voices project to date represent a very important set of initiatives to improve sexual and reproductive health for women, men and youth in Kyrgyzstan. Furthermore, these activities provide a critical support for achieving the goals of the national health strategy Manas Taalimi, and the process of national health sector reform. We are very impressive by the degree of policy advocacy undertaken by UNFPA to promote institutionalization of the innovations. As a result, there appear to be promising opportunities for mobilizing funding for future large scale expansion of the project components. However, to achieve this outcome, we feel strongly that the next step in expansion will need to be an effort to implement activities in a scaling up demonstration site, where the feasibility and effectiveness of a slightly modified model, utilizing a feasible level of resource inputs, and implementing the modifications suggested above can be demonstrated. This will provide not only a basis for future planning of coordinated inputs as the activities become further institutionalized, but will also serve as a demonstration site for future advocacy and learning. We would be pleased to provide further future input to the development of a proposal for this next phase of implementation of the scaling up strategy.

Annex 1. Individuals with whom discussions were held during the visit
Day 1

Members of the Steering Committee:
Ms. Lubov Komarevskaya, Head of Analysis and Prospective Development Management of Mandatory Health Insurance Fund (MHIF)
Ms. Syimjan Mukeeva , Head of the Association of Family Group Practitioners (AFGP)
Ms. Baktykan Tolonova, Head of the Information/Technical Department, Association of Family Group Practitioners (AFGP)
Ms. Djamilya Usupova, specialist Republican Health Promotion Centre (RHPC)
Ms. Bahtygul Bozgorpoeva, Head of Kyrgyz Family Planning Alliance/KFPA NGO
Ms. Jamal Frontbek Kyzy Jamal, Head of Mutakalim NGO

Ms. Gulnara Kadyrkulova, UNFPA AR
Ms. Cholpon Asambaeva, UNFPA NPO

Day 2/3 Talas Oblast, Bakai Ata Rayon
Alliance for Reproductive Health (ARH) – Ms. Lena Mihailidi
Ms. Jamyla Madalbekova Former Head of the oblast health promotion centre –
Mr. Djyakypov Melis, Talas coordinator of Swiss Red Cross activities and ARH member
ARH volunteer members
Visits to Kyzyl Oktyabr, Kok Tash, Madanyat villages, members of VHCs, FAP staff, community leaders, teachers and youth
Rayon Akim and Deputy for Social Affaires

Persons participating in the field trip:
Ms. Lubov Komarevskaya
Ms. Baktykan Tolonova
Ms. Gulnara Kadyrkulova, AR, UNFPA
Mr. Peter Fajans, RHR/WHO
Ms. Ruth Simmons, WHO Consultant
Ms. Lisa Kulchitskaya, translator/interpreter

Day 5
Mr Sabyrjan Abdikarimov, Deputy Minister for Public Health
Ms. Amara, Deputy Head Healthcare Department, Ministry of Health
Ms. Dinara Sagynbaeva, Head of Healthcare Department, Ministry of Health

Day 6/7/8 Visit to Kochkor Rayon, Naryn Oblast
Health promotion Unit, Ms. Gulkair Tentieva
Deputy of Head of Rayon FGC, Ms. Damira Altymysheva
Head of FGC,
Ms. Gujamal Sultanalieva, Member of Parliament
Head of Rayon Education Department
Imam Hatib, Kochkor Rayon

Visit to Kar- Moinok, Don Alysh, and Komsomol villages, members of VHCs, community leaders, FAP staff, participating teachers and students

Team members
Ms. Bahtygul Bozgorpoeva, Head of KFPA NGO
Ms. Djamilya Usupova, specialist (RHPC)
Ms. Nurgul Smankulova, former Project Manager
Ms. Lisa Kulchitskaya, translator/interpreter

Day 9
Mr. Meder Omurzakov, WHO Kyrygystan
Mr. Kubanychbek Monolbaev, WHO Kyrygystan
MS. Cholpon Imanalieva, UNICEF
Mr. Greg Garret, USAID-ZDRAV+
Mr.Tobias Schueth, Swiss Red Cross
Members of the Steering Committee and the MOH Department of Health Care staff
Ms. Nurgul Smankulova, former Project Manager
Ms. Gulnara Kadyrkulova, AR, UNFPA