UNFPA-WHO Scaling Up SRH Workshop
Case Study for Day 2 Exercise
STRONGER VOICES IN KYRGYZSTAN

I. CONTEXT

Nestled in the mountains of Central Asia on the ancient paths of the Silk Route, Kyrgyzstan is a small country of 5.2 million people. It is home to an ethnically diverse population - a majority of ethnic Kyrgyz, with Russian, Uzbek, and Uighur minorities. Although most people consider themselves secular, Islam is the principal religion, and there is a large minority of Orthodox Christians. Historically, ethnic Kyrgyz were nomadic. Today 65 percent of the population lives in rural areas.[1]

Kyrgyzstan is one of the seven poorest countries of the former Soviet Union. After independence in 1991, Kyrgyzstan suffered six consecutive years of economic decline – worse than the United States and Germany during the Great Depression.[2] Almost 65 percent of the population currently lives below the national poverty line.[3]

Health care in Kyrgyzstan has similarly deteriorated. Under the Soviet system, the government provided free comprehensive health care. But this is no longer a reality. Kyrgyzstan's health system relies on the infrastructure that is left; and while some basic services are free, most are not. Public spending on health dropped from over 7 percent in 1992 to hover around 4 percent in the latter half of the decade.[4] More recent figures suggest the government spends only 2.2 percent of GDP on health, or $7.16 per capita.[5] Quality of care decreased alongside resources and out-of-pocket expenses went up. As a result, the Kyrgyz people use fewer health services.[6]

With regard to reproductive health, there are some positive trends. Since 1990, birth, fertility and infant mortality rates have declined. Approximately half of all women use modern contraception. HIV prevalence is currently low, but steadily growing. The majority of HIV cases results from increasing drug use, a major issue among the young male population. The maternal mortality ratio is also high at 110 per 100,000 live births, and incidence of iodine and iron-deficiency diseases have increased.[7]

In recent years, the government has adopted several laws and policies supportive of sexual and reproductive health. The Law on Reproductive Rights (2000) ensures the right for all people, including adolescents, to obtain confidential information and access to reproductive health care, including family planning services. Laws also guarantee gender equality and protecting individuals from domestic violence (2003).[3] In September 2006, the Ministry of Health approved the first National Strategy for the Protection of Reproductive Health, which runs until 2015. The national health reform program, "*Manas Taalimi" (2006-2010)*, aims at strengthening primary healthcare by 2010, where attention has shifted to community involvement in health promotion

[1] PRB 2006 World Population Data Sheet.
[2] Marie E. Bonilla-Chasin, Edmundo Murrugarra, WB Moukim Temourov, "Health Care During Transition and Health Systems Reform: Evidence from the Poorest CIS Countries," paper prepared for the Lucerne Conference of the CIS-7 Initiative, Janary 20-22, 2003.
[3] Country Profiles for Population and Reproductive Health: Policy Developments and Indicators 2005, UNFPA and PRB, March 2006.
[4] Bonilla-Chasin et al.
[5] UNFPA and PRB 2006.
[6] Bonilla-Chasin et al.
[7] UNFPA and PRB 2006.

issues through village health committees. More priority attention is also given to maternal and child health care.

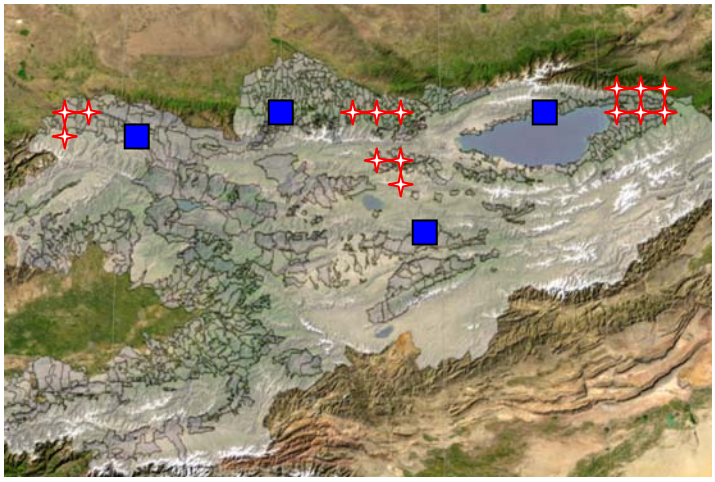
II. STRONGER VOICES FOR REPRODUCTIVE HEALTH IN KYRGYZSTAN

STRONGER VOICES: AN OVERVIEW

Between 2002 and 2007, UNFPA with WHO, UNICEF, and ILO-STEP, supported the Stronger Voices for Reproductive Health project in Kyrgyzstan. The project brought users and providers together to focus on community healthcare needs. It sought to increase demand and improve the quality of sexual and reproductive health care by empowering communities, women and young people, while working with providers to strengthen the supply side of services. The main objectives were to:

- Increase communities' awareness of reproductive health and reproductive rights;
- Increase young people's knowledge on sexual and reproductive health and health-seeking behavior;
- Develop linkages between communities and the health delivery system; and,
- Strengthen community-based initiatives to demand quality reproductive health services.

To increase demand, the project piloted a community mobilization strategy. To enhance supply, it sought to build the capacity of local and regional health providers and to improve health facility standards. Main activities included:



Pilot villages
District center

- Providing training for a wide range of groups, including women and young people, on sexual and reproductive health and social mobilization;
- Mobilizing communities to form action groups and youth clubs to identify and address their needs and problems related to sexual and reproductive health;
- Creating resource centers where community members can get information about sexual and reproductive health;
- Improving health care providers' skills through training; and,
- Renovating healthcare facilities to meet the demand for services.

Stronger Voices was implemented in a total of 42 villages in 4 provinces: Issyk Ata, Chui; Tyup, Issyk Kul; Kochkor, Naryn; and, Bakai Ata, Talas.

These villages of about 1000 to 2000 people (200 to 400 households) were selected based on the availability of existing community groups or organizations. The villagers' limited access to sexual and reproductive health services was another important factor. Most of the villages are located in the remote areas with poor access to clean water. They lacked both a physician and pharmacy.

MAKING IT WORK:
PARTNERSHIP-BUILDING FOR SEXUAL & REPRODUCTIVE HEALTH IN KYRGYZSTAN

Strong partnerships at the community, national, and international levels laid the foundation for the success of Stronger Voices. The participatory baseline assessment, planned project activities, and their implementation were all realized in close collaboration with partners.

At the community level, Stronger Voices fostered partnerships between the *Ayl Okmotu* (the local government authority council), the *Aksakals* (the village elderly council), village healthcare providers, school administrators, teachers, community initiative groups, and young people.

At the national level, UNFPA worked with government departments, other UN agencies, and non-governmental organizations. A national level steering committee with senior government and NGO representatives provided ongoing strategic planning, coordination and organization of activities. The Ministry of Health was the main government partner with several of its departments, such as the Association of Family Group Practitioners, the Mandatory Health Insurance Fund, and the Republican Health Promotion Center.

National partners each led specific aspects of the project based on their respective niche: medical, social, educational, or informational. Government partners implemented part of the community assessment and conducted provider trainings. The NGOs, experienced in community mobilization, operated in sites where they had established trust and partnership with communities.

At the international level, the World Health Organization (WHO) was an active technical partner to the project. During the project's initial phase, UNFPA and WHO engaged national partners to develop the project's strategy and objectives. WHO continues to promote Stronger Voices' successes and its potential scaling up in Kyrgyzstan.

Without a commitment to partnership at each of these levels – and communication and coordination amongst them – Stronger Voices could not have achieved the impact it did. Partnerships ensured that work on the supply side complemented achievements on the demand side, promoted efficiency and sustainability of achievements. By joining forces, stakeholders not only strengthened their knowledge, skills and voice, but also the sustainability of a movement towards better health through empowered communities and a responsive, quality healthcare system.

ACTIVITIES

INROADS TO ACTION:
HELPING LOCAL LEADERS UNDERSTAND REPRODUCTIVE HEALTH AND RIGHTS

Given the sensitive nature of sexual and reproductive health, Stronger Voices needed to be introduced carefully in project villages. No success could come without committed, ongoing community engagement. For this purpose, the buy-in of local leaders was crucial. Their support had to be sought and gained to ensure the participation and engagement of the community.

At the outset, community initiative groups were formed. They spread the word about local problems related to sexual and reproductive health. They explained that the community had an opportunity to take action and find solutions.

For example, in Issyk-Ata rayon the issue of bride-napping was raised by community leaders. In Kochkor rayon, young women worried about the lack of access to sexual and reproductive health information.

The Stronger Voices national steering committee and staff consulted with local authorities, as well as formal and informal community leaders, about the initiative. They met to discuss Stronger Voices' scope and rationale, and talked about the social and legal aspects of sexual and reproductive health. The Ministry of Health and NGOs then trained district and local officials, lawyers, as well as villages' councils of elders, called *Aksakals,* on concepts of quality, rights and responsibilities of the health system, relevant laws, and sexual and reproductive health, including HIV prevention.

GETTING STARTED: FINDING OUT WHAT COMMUNITIES WANT AND NEED

In order to plan the project's priorities and activities, Stronger Voices' partners needed to understand both health care *demand* and *supply* in targeted communities. For this purpose, government partners and local NGOs conducted a community needs assessment.

To understand demand, the assessment focused on local perceptions of health care services and existing knowledge on reproductive health and rights through surveys and focus groups. Findings revealed that some community members have limited sexual and reproductive health knowledge, and given other factors such as cultural sensitivities surrounding sexual and reproductive health or the potential lack of trust in providers' skills, many services may go underutilized. In other words, demand for health services was relatively low, but there was potential to increase it.

For example, many people knew about family planning but did not use a contraceptive method. Very few people, including local government and medical professionals, were aware of laws protecting individual's reproductive rights.[8]

To gauge supply, health facilities were assessed with a checklist based on standards set by the Ministry of Health. The exercise surveyed the range of services offered, staff technical skills, availability of medicines and contraceptives, equipment, as well as more qualitative topics such as relationship to the community, and linkages to secondary and tertiary healthcare.

The assessment showed that available services for sexual and reproductive health were poor. Community members reported concerns about:

- Limited access to properly trained medical providers or specialists;
- Dilapidated and poorly equipped healthcare facilities, such as:
    - Limited access to contraceptives and other basic medicines;
    - Few laboratory services;
    - No emergency transportation to the nearby Family Group Practice (secondary healthcare), or provincial hospital; and,
- Confidentiality of the current services, such as the lack of anonymous consultation for STI diagnosis or treatment.

[8] Final Report on the Results of the Study Held in the Framework of the Project: Improving the Quality of Sexual and Reproductive Health Care Through Empowering Users. Stronger Voices. Kyrgyzstan; Report of baseline study in pilot villages. Stronger Voices, Kyrgyzstan 2003..

HARNESSING ENERGY:
FORMING COMMUNITY GROUPS FOR REPRODUCTIVE HEALTH

The results of this assessment paved the way for project planning and implementation. Stronger Voices project staff and NGO Representatives held village meetings to report back and discuss the findings of the assessments.

At this stage, NGO partners helped form or identify local organizations to plan and implement activities. These groups, the Community Initiative Groups (CIGs), aimed at raising community awareness and improving the existing sexual and reproductive health infrastructure. Members of these groups included active, informal village leaders, as well as civil servants such as healthcare providers and teachers.

NGO partners trained the Community Initiative Groups on community mobilization, sexual and reproductive health, and reproductive rights. CIGs learned how to organize themselves and identify their priority concerns, call community meetings with district and local leaders, and develop community action plans to improve the quality of sexual and reproductive health services.

For example, one critical concern identified by community groups was the poor physical conditions of the health care facilities; in response, the CIGs mobilized their own funds and painted and fixed the facilities.

TRAINING THE NEXT GENERATION:
GIVING YOUTH AND TEACHERS THE TOOLS FOR A HEALTHIER FUTURE

Stronger Voices enlisted NGOs (Alga, Institute of Equal rights and Opportunities, Micro Credit Civil Foundation, and the Human Development Centre) to train communities using the *Stepping Stones* curriculum. This training methodology gradually guides participants towards analyzing and addressing sexual and reproductive health issues in a participatory and interactive way. The methodology emphasizes relevance to both males and females and for participants of all ages. It was one of the main tools Stronger Voices used to raise awareness of sexual and reproductive health.

Stepping Stones is a training methodology on community mobilization and sexual and reproductive health developed by ActionAid, an international non-governmental organization. In India and several African countries, the training was successful in bringing communities together to discuss health problems. Stepping Stones is not only about health but also a life-skills training, which covers many aspects of life, including why we behave the ways that we do, how gender or generational norms influence us, and how we can change our behavior to make ourselves and our communities healthier.

In Kyrgyzstan, trainers from various regions of the country were brought together to get familiar with the Stepping Stones methodology. The Kyrgyz trainers decided that, although Stepping Stones was useful in its current form, it needed to be adapted to local realities, mentality, and traditions. Hence, extensive work was done to obtain community feedback and improve the manual for the Kyrgyz context. The adapted version of Stepping Stones is now available in Russian and Kyrgyz, was approved by Book Chamber of the Kyrgyz Republic and is in the process of approval by the Ministry of Health.

Stepping Stones was especially relevant for teachers and students. After teachers were trained on youth sexual and reproductive health and HIV/AIDS, they began including issues on sexual and reproductive health and rights into their lessons. Many went on to become *Stepping Stones* trainers themselves.

Stepping Stones was also used in youth clubs in order to develop peer-to-peer education. Similar to CIGs, youth clubs were engaged in community mobilization. Young people got involved in improving knowledge on sexual and reproductive health and changing the status quo in mentalities.

A youth summer camp brought young people from various regions together. In this camp, they learned to plan and carry out activities related to community mobilization and sexual and reproductive health. Sessions were held on critical thinking, team building, participatory assessment tools, project development, and communication skills. The use of interactive and innovative methods, such as role-plays and icebreakers, were used to strengthen their training skills.

STRENGTHENING LOCAL CARE: IMPROVING PROVIDER SKILLS AND COMMITMENT TO REPRODUCTIVE RIGHTS

The Ministry of Health spearheaded supply-side activities to improve the quality of sexual and reproductive health care. In collaboration with the Kyrgyz Medical Institute of Continuous Training, health care providers received new trainings and refresher courses to improve their technical knowledge, skills and qualifications on sexual and reproductive health. Topics included:

- Observation of women during antenatal, patrimonial and postnatal periods;
- STI treatment;
- Urgent gynecological and urological problems;
- Emergency care during childbirth; and,
- Counseling.

Providers were also trained on the state benefit package (co-payment schedule and rights to free services) guaranteed through the Mandatory Health Insurance Fund. In addition, the Drug Provision Department provided pharmacy training in Bishkek to local pharmacists to obtain certificates for legally running drug stores created through the CIGs.

THE FINAL ELEMENT: ADDRESSING FACILITY NEEDS

Even with their new skills and knowledge, healthcare providers could bring little improvement to their practice in dilapidated health centers without functioning equipment. Creating an adequate health care environment was central to respond to the expectations of empowered communities.

Stronger Voices provided basic medicines and equipment. These included gynecological chairs, scales, pelvic meters, refrigerators, electric stoves, medical couches, instrument trolleys, among other supplies and instruments for providing reproductive health care. This was the first time since the collapse of the Soviet Union that village health clinics obtained medical equipment.

Community Initiative Groups also took on physical facility improvement projects. For more expensive projects they could not undertake themselves, they advocated through the projects'

linkages with provincial leaders and policy makers for the necessary budgetary allocations. As such, all parties had a hand in improving the physical environment for health care.

RESULTS

The results achieved by Stronger Voices reflect its participatory approach. A major result of the project was to bring a wide range of stakeholders together and open communication channels to improve sexual and reproductive health care. Communities, healthcare providers and government partners found common goals, ultimately strengthening both demand and supply of community health care provision.

COMMITMENT AND COLLABORATION: PARTNERSHIPS FOR ACTION

A broad spectrum of community members and stakeholders were brought together in the project – often for the first time. Community members and health care providers worked together as members of Community Initiatives Groups. This promoted dialogue, strengthened their relationships and fostered a common understanding of community needs.

Together, with the NGOs, they developed CIG action plans. Community meetings with local authorities, police and lawyers, teachers, healthcare providers, and leaders ensured an ongoing discussion on sexual and reproductive health concerns.

TAKING REPRODUCTIVE HEALTH INTO THEIR OWN HANDS

The head of one *Ayl Okmotu* (local authority) described Stronger Voices' achievements in his village: *When we lived in Soviet times we were used to free services, everything was free and available. So people experienced hardships during the transfer to reforms. We did not know how to work together; this project taught us how to work together, and really pushed us to create community organizations and jamaats* [Community Initiative Groups].

After the trainings, people started creating jamaats, and started working themselves… They elected leaders; they were followed by many people. And if at first there seemed to be small numbers of people attending, in the end we could not even fit people into one room."

The buy-in of local, regional, and national authorities gave Stronger Voices legitimacy and confidence that their efforts could lead to real change. Continued cooperation and support, such as access to government buildings, was also a factor for success.

In one village, the CIG gained the support of local authorities to renovate an unutilized government building to become a resource center. In another village, a youth club received a free, five-year lease for youth activities.

MORE THAN TALK: COMMUNITY GROUPS DEMAND SERVICES, SOLVE LOCAL PROBLEMS

The Community Initiative Groups mobilized communities to achieve the goals set in the action plans. Resource Centers were established by CIGs in several villages. The centers serve as meeting points for the groups and other community members. They are equipped with a telephone, computers, and have small libraries with information materials on sexual and reproductive health and other health and development issues. Stronger Voices contributed chairs, desks and bulletin boards, which for a community meeting room, to discuss problems and conduct trainings.

To address the need for emergency transportation, villages established an on-call rotation for car owners and in some cases also raised funds to maintain stocks of fuel. In two villages, CIGs set up home-based pharmacies.

CIGs also played an important advocacy role with district and national authorities. They argued for improved coordination between various levels of health care providers and advocated for wider health care accessibility at the local level. Their efforts significantly improved communication and cooperation between various healthcare levels, particularly between the district and local levels. A local nurse described the change:

> "*The district health facility did not support us before. After the project started, the district started treating us differently. They started listening to us. We received equipment; it became very nice. We started inviting them from the district center. They worked here all day—they brought their laboratory, ultrasound, they checked everybody."*

In one area, a physician was released from a district clinic and placed in a village to improve provision of services from the local health facility. In another village, the action plan identified the need for maternity beds in the local clinic; the CIG advocated and received two additional beds. Another village successfully lobbied to be assigned a gynecologist as their healthcare provider because they determined their previous primarily health generalist was inappropriate for their needs. During one training, it was revealed that the local healthcare provider was selling contraceptives which are usually free of charge. Chief doctors and staff met to eliminate this practice.

STRONGER VOICES PASSES THE TEST: TEACHERS AND STUDENTS EMBRACE SRH LESSONS

Stronger Voices helped teachers and young people develop a common language on sexual and reproductive health issues and learn how to demand quality care. Since there is no official school curriculum for sexual and reproductive health education in Kyrgyzstan, *Stepping Stones* provided a new methodology which could be used both in formal and informal settings. Local authorities became convinced of the usefulness of providing sexual and reproductive health information. They gave the go-ahead to include lessons on a weekly basis. Stronger Voices' final evaluation showed that in villages where Stepping Stones trainings were conducted, students had higher levels of sexual and reproductive health knowledge.[9]

Youth in Kyrgyzstan are not used to being active in their community. Stronger Voices helped them increase their involvement in their community by giving them practical tools and leadership skills. The youth clubs were instrumental in raising awareness of sexual and reproductive health through peer-to-peer education programmes, small dramas, workshops.

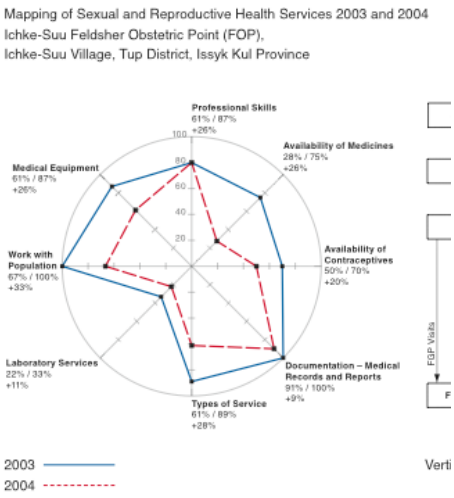
Youth clubs re-energized young people and their broader community. Young people started discussing youth issues at large beyond sexual and reproductive health issues. They successfully brought them up in community meetings where they are now able to express their general needs. In some villages, youth clubs were also able to raise funds from the community to respond to some of these needs.

[9] Final Evaluation of the Stronger Voices for Reproductive Health: Imrpoving the Quality of Sexual and Reproductive Healthcare through Empowering Communities Project; Project implementing organization: UNPFA; Period of evaluation: 2002-2007. Consulting Agency "Expert", Kyrgyzstan, July 2007.

SUPPLY-SIDE RESPONDS TO NEEDS: PROVIDERS OFFER HIGHER QUALITY OF CARE

Stronger Voices successfully increased the quality of care. Sharpening demand, improving health providers' knowledge and skills, and providing basic equipment were all factors in this success.

As the diagram shows, over 50 percent more medicines and types of contraceptives were available in 2004 than in 2003, and providers offered approximately 20 percent more services.



FEELING THE IMPACT OF STRONGER VOICES: ONE NURSE'S EXPERIENCE

For the past six years, Raya, a nurse, has provided services for just over one thousand people in a small village. She receives clients at the local health facility in the morning. In the afternoon, she visits homes to monitor pregnancies and newborns. Raya is always on call for emergencies. A doctor from the district hospital visits the local facility twice a month for regular patient care, and twice a year to conduct gynecological exams. She appreciates the help she receives from the district:

When I arrived here, I was alone and responsible for the entire village population without assistance. For the first time, I conducted gynecological checkups on women, and pregnant women.

The facility is poorly equipped. A small building with four small rooms, it has no running water, no telephone, and, at the time Stronger Voices started, no refrigerator.

Stronger Voices helped Raya improve her technical skills. Raya participated in a number of Stronger Voices trainings and activities, both as a community member and as the local nurse:

"During the medical training, I learned how to insert and remove IUDs. I didn't know about client rights before. Today, I speak freely with the community and encourage their choice. Formerly, people weren't aware of sexual and reproductive health and lacked information regarding contraceptive methods. Nowadays, they understand they have a right to choose contraceptives.

One striking improvement has been the repair of the post. The facility changed, and people now come for medical examinations and consultation in comfortable conditions"

Raya also is an active member of the Community Initiative Group formed through Stronger Voices, leading one group with 15 members. The group has a work plan to improve the health of the community. In their most recent project they cleaned the open gutters because people use the water. Their next plan is to try and improve access to clean water.

Raya shared her perception of the Stronger Voices results in her village: *"The project supported our village; it changed our judgment and view. After the trainings, the community perceived sexual and reproductive health differently, understanding the necessity to address these issues."*

CHANGING SOCIAL NORMS: SILENCE AROUND SEXUAL AND REPRODUCTIVE HEALTH BROKEN

In small villages, most people know each other and are often related, making it embarrassing to bring up private issues related to sexual and reproductive health. Civil servants, teachers and healthcare providers are community members and are usually subject to the same taboos.

The project helped to dispel the shame associated with discussing issues related to puberty, reproductive organs, contraceptives, STIs and HIV/AIDS. The entry point was the involvement of the local communities into the baseline study to learn about the challenges they face, followed by community discussion about the results of the findings. Ongoing discussions, meetings with the community, and successive trainings helped community members to better understand and discuss sexual and reproductive health. This approach also helped project staff be more culturally-sensitive.

A trainer explained how attitudes changed: *Our mentality is such that many issues are hard to discuss. In general we used to say "sex does not exist" - they found children in cabbages... somehow somewhere, apart from sex. And these issues, such as pregnancy, puberty, pubescence and periods, everything was hard. For example, a daughter would not ask her mother, and a mother would not talk to her daughter; they avoided the discussion. For example, a girl would most likely go to a friend to ask about periods—when it starts, what to do. Maybe only 1 of 100 girls asks her mother or received such information from her mother. Now they can talk about this, not everybody, but the majority.*

Stronger Voices also helped Kyrgyz communities confront cultural norms around bride-napping: Many girls in Kyrgyzstan, including in Stronger Voices villages, face the frightening possibility of being kidnapped and forced into marriage. Once bride-napped, girls have little prospect of returning home. Parents rarely rescue them: even if the bride-to-be does not consent to marriage, families are concerned that if they take her back she will have no future marriage prospects.

Maya, a Stronger Voices CIG member, broke tradition and brought her bride-napped daughter, Zarema, home. Maya was the first in her community to respect her daughter's right to consent to marriage. She brought the issue to the *Aksakal*, the local elderly council, protesting the tradition as a violation of individual rights. Since then five other families followed her lead.

The examples set by families protesting bride-napping are helping girls to take a stand as well. One young girl who participated in Stronger Voices said: *"If I am bride-napped, I am confident that I can argue it is the wrong decision and insist that my voice is considered."*

CHALLENGES AND LESSONS LEARNED

Many of the challenges of Stronger Voices are common to projects mobilizing communities around sensitive issues. Other challenges relate to the broader constraints facing the health sectors of many developing countries and any project's limited ability to address them. Lessons learned indicate that planning and adopting a flexible approach can mitigate these challenges.

First, achieving buy-in from key community leaders and groups took a long time. Gaining the support of religious groups and the *Aksakals* (elderly councils) in Kyrgyzstan required extensive relationship-building and communication. Stronger Voices achieved the greatest impact where the trainers lived in the villages for the duration of training, gaining the trust and cooperation of stakeholders.

The project also had to work around the local calendar to engage people – particularly adult men. During the spring, summer, and fall months many people are busy with livestock and agriculture, often away from the village, and therefore have less time to participate in community activities. Winter is the ideal time to reach the population, when people are usually home.

Even with the right timing, finding adult men willing to become trainers was extremely difficult. Younger men were more interested and in one case an 18-year old boy was training 30-year old men. This age difference adversely affected the training results, as older men had difficulties accepting the leadership of a younger peer, especially on sexual and reproductive health issues.

Reaching vulnerable, socially isolated community members can be even more difficult. Even with the desire to participate, some may not have the time, means, or personal freedom to do so. Planning enough time and resources to gain trust and involve critical populations can make a project appear expensive and protracted. Yet the accomplishments of the Stronger Voices Community Initiative Groups, for example, show that it is perhaps the most important investment to make.

When the CIGs first began trying to mobilize community members, they faced difficulties discussing such sensitive issues with their friends, neighbors and relatives. Communities at first did not understand the project's aims and it was difficult to explain reproductive health. People initially thought the topics did not follow morals. Elderly women considered the discussions inconvenient and vulgar, and many men seemed indifferent to the issues. Resource Centers experienced obstacles, as disseminating information on sexual and reproductive health was considered taboo.

Some Community Initiative Groups found it hard to stay focused on sexual and reproductive health. In some villages, it was felt that other serious health concerns were more pressing, such as brucellosis. Trainers also had a tendency to adapt the curriculum to their own and move away from discussing sexual and reproductive health.

Nonetheless, the support of local NGOs was crucial to keep the focus on sexual and reproductive health. This presence also guaranteed long term assistance to CIGs. After Stronger Voices ended, they continued to conduct trainings, distribute information materials, and channel resources to CIGs.

Still other challenges are linked to the broader socio-economic situation of the country outside the scope of Stronger Voices. The local health providers are underpaid and often decide to emigrate to richer neighboring countries, such as Kazakhstan, or change jobs. Despite the improvement to the local health facilities, they still remain without running water or telephone access. For this reason, many community members still prefer going to the district health facility, even if it is further away. There, the facilities are better equipped, more confidential, and have qualified specialists.

Despite these structural challenges, Stronger Voices made a difference and contributed to strengthening primary health care at the community level. Communities identified their needs and strived to address them as much as they could. They identified lines of accountability and opened a dialogue with local officials to receive what they felt they needed.

In summary, the following elements were essential to the project's success:

- Close collaboration and partnership between community members and all stakeholders, particularly local authorities;
- Supportive policy framework in partnership with the Ministry of Health;
- Assessment of local needs and appropriate goals set with community participation;
- Engagement and capacity-building of existing NGOs, Community Based Organizations, and Community Initiative Groups;
- Awareness-raising on sexual and reproductive health before attempting to mobilize communities for action;
- Adequate monitoring throughout implementation;
- Professional training for health care providers; and,

- Youth engagement.

III. STRONGER VOICES' BROADER IMPACT

Stronger Voices brought about achievements that will be beneficial to future sexual and reproductive health efforts in Kyrgyzstan. At the national level, Stronger Voices strengthened the capacity of government and NGO partners on sexual and reproductive health, developed a comprehensive training manual on sexual and reproductive health, gained national recognition, and participated in efforts of national health reform.

The success of Stronger Voices' community mobilization strategy reinforced the Ministry of Health's commitment to community involvement through *Manas Taalimi*, the national health reform programme. Stronger Voices' showed how community involvement can improve healthcare at the primary level. It also helped ensure that sexual and reproductive health remained on the reform agenda.

Thanks to Stronger Voices partnership-building, dialogue improved between government representatives and staff at the regional, local, and community level. A number of the national partners met for the first time through the project, which led to new long-term alliances and cooperation.

The country also has a new set of training materials, curricula, and toolkits that can be used for institutionalized learning. In addition to the adaptation and translation of the *Stepping Stones* training manual, a national pool of *Stepping Stones* master trainers was formed. UNFPA committed to adapt the manual for religious leaders. A manual on community mobilization was also created and can guide future work on creating demand for sexual and reproductive health care.

The project's successes also brought media attention. Press trips resulted in good coverage of the issues addressed by Stronger Voices and inspired other communities beyond the project's scope.

IV. CONCLUSIONS

Stronger Voices saw much success in Kyrgyzstan and the stage is set for work to continue though the project has ended. At least one CIG has plans to expand *Stronger Voices* training to neighboring villages. Based on the strong relationships they have built with the local authorities, and their previous successes with fund-raising, they are confident that they will be able to independently obtain the necessary support. Involvement in the CIGs and youth clubs has clearly been a source of pride for many members, now identifying themselves as activists and leaders. Continued work by many of the CIGs and youth clubs means that Stronger Voices will continue having an impact even after the project is over.

Priority placed on community involvement by Manas Taalimi, the national health sector reform – and the success demonstrated by community mobilization through Stronger Voices – provides the context for the Stronger Voices model to be incorporated across Kyrgyzstan. More skilled providers, expanded services, sensitized communities, increased attention to sexual and reproductive health in schools, and the movements towards positive social change all empower Kyrgyz communities to improve their sexual and reproductive health. Indeed, the processes of reform underway can build on this chorus of stronger voices.