

Global Partnership for Social Accountability (GPSA) Grant Application Form | Word Version

GPSA requires that all grant applications be submitted using an online application form. Applicants may use this Word version to work on the grant proposal offline, and copy and paste its contents into the e-application. Please refer to the GPSA website at www.worldbank.org/gpsa to find the link to the e-application, to download this document and the Application Guidelines. You may contact the GPSA Helpdesk at gpsa@worldbank.org for questions about the grant application process.

PART 1 OF GPSA APPLICATION

SECTION 1: PROJECT BASIC DATA SHEET

1.1 Project Title. Insert name of Project.
<i>Voice of Village Health Committees and social accountability of local self-government bodies on health determinants of rural communities of Kyrgyzstan</i>
1.2 Country where the Project will be implemented. Mark all that apply. <i>[List of participating countries will show in e-application]</i>
1.3 Project Overview <i>[Click on text field in e-application to complete the list of questions below in pop-up window]</i>
➤ Recipient/executing organization name. For mentoring proposals, name of mentor organization.
Development Policy Institute
➤ Address of recipient organization. Please make sure address includes the country.
➤ Country in which applicant CSO is a legal entity. Please select from list below. <i>[List of participating countries will show in e-application]</i>
Kyrgyzstan
➤ Mentee(s) organization(s) name(s)
Association of Village Health Committees of Kyrgyz Republic
➤ Project Manager. If manager not appointed yet, indicate name of Project main contact person.
Main contact person- Nadezhda Dobretsova, chairperson of the Development Policy Institute
➤ Phone. Include country area code.
➤ Email of main project contact person.
➤ Project implementation period: Start date. Estimated date when the Project would begin receiving GPSA funding; an estimated start date should be anytime after July 1st, 2013. If the Project is already being implemented, please explain so under Part 2: Project Description/Description of Components and Activities
<i>[Upon clicking on text field calendar will appear to select date]</i> August 1, 2013
➤ Project implementation period: End date. Estimated closing date should be between 3 to 5 years after Project start date.
<i>[Upon clicking on text field calendar will appear to select date]</i> November 1, 2016
➤ Project geographic scope: Indicate if project will be implemented at the (a) National level or (b) Sub-national level only. If (b), specify geographic areas covered by the project
The main activities of the project are conducted in the municipalities of the Kyrgyz Republic covering all 40 rayons (districts). The Project will focus on 1 pilot municipality, covering from 1 – 5 villages, in each rayon. At a national level, there is a support for the Association of Village Health Committees for furthering practice dissemination in other

municipalities, where VHCs operate.

The Project will cooperate with at least two National level stake-holders – the National Agency for LSG and Ethnic issues, and the Ministry of Health , particularly – National Center for Health Promotion. NCHP is a regular partner for the AVHCs and it is expected that this initiative will be supported as well. Besides, DPI had brief meeting and discussion of the proposed initiative with the GASR, which was later transformed into National Agency for LSG (the letter of support attached). Both Agencies will be regularly provided with information for clarification of the vision on measures and budget allocations to be taken on local level, and which are to be taken on the national level in order to have improvements on health determinants in rural areas. Information will be based on PRA results analysis and practice of VHCs.

➤ **Requested GPSA Grant amount. Total Project cost.** (in US dollars) Requested amount should range from US\$500,000 to US\$1,000,000; requests below US\$500,000 may be considered depending on the Project’s duration and characteristics. GPSA financing may cover 100% of total project cost but it should not exceed 50% of the organization’s total operating budget.

➤ **Total Project cost. (in US dollars)** Overall project cost, including GPSA requested funding.

➤ **Financing sources.** Additional financing sources. If yes, please list them and include the budget amount contributed by these sources to the Project.

“Voice and accountability” Project funded by SCO in the amount of US\$50 000 for administrative costs; and DPI in the amount of US\$5000 for expertise of training materials.

SECTION 2: PROJECT OBJECTIVES

2.1 Describe the proposal’s core objective(s), distinguishing between the higher-level goals that guide it and the specific, strategic objectives that are expected to be achieved during the project’s time frame.

Project objectives describe outcomes by explaining the intended benefits (physical, financial, institutional, social, or other types) to a specific community/group of people or organizations, and/or institutional changes that are to be realized, through one or more interventions. The intended benefits should be:

- Measurable and
- Specific.

By reading a PO, one should be able to determine which group is being targeted directly by the project and what they will be doing better or differently as a result of the project interventions. The nature of the outcome(s) described in the PO should be based on a realistic (and evidence-based) assessment of what effect can be achieved with the available resources (and inputs provided by the Project) over the relevant time horizon using the approach being pursued. Outcomes described in the PO will have to be defined later on in the Proposal’s results framework, through indicators, which are often, but not always, quantifiable and measurable or observable. Some indicators are qualitative. In some settings, desired outcomes may include changes in people, organizational or institutional processes, practices, behaviors and relationships, which may best be tracked through qualitative data.

Higher-level Project Goal – capacity building of Village Health Committees (VHC) to influence the policy of the local government (LG) and to make local governments accountable to the people on the determinants of health through the implementation of joint programs and the consideration of the residents’ interests in local budgets.

Social determinants of health - these are the conditions in which people are born, live, work and age. These terms are unfair to different groups; in the case of rural residents it includes access to clean water, safe housing, sanitation, hygiene, the epidemiological situation and protection from infection. In the KR, the Association of Village Health Committees (AVHCs) devotes all its activities to health determinants of the rural population, and includes 1,600 Village Health Committees (VHC) in 80% of the country’s rural municipalities. The purpose of VHC is to empower rural communities to act independently to improve their own health. The structure of Association and description of its activities can be found at **Annex_1_ARHC**.

The main partner of VHC at a village level should be the local self-governments (LSG), as under the law of the Kyrgyz Republic, LSGs are responsible for most of the determinants of health (**see Annex_5**). However, the relationship between LSG and VHC is weak and they cannot work together. Rural health priorities are not reflected in local budgets, and local governments do not take into account the interests of public health in their policies.

Specific and strategic project objectives:

- **Knowledge, training, mentoring, and institutional development. Involvement of VHC in the budget process at local level. Capacity building of Association and VHC in cooperation with LSG issues.** Results: 40 VHCs are trained and use arrangements with LSG and participate in the budgeting process and undertake joint activities; 1,600 VHC received information on practices of the trained and experienced 40 VHCs; AVHC possesses the knowledge of the LSG system and ways to cooperate with them; AVHC has the skills, practical development and implementation of strategic documents.
- **Inclusion of rural residents’ interests in the area of health policy, planning and local government budget.** Results: Trained VHC apply their knowledge into practice for the PRA (Participatory Rural Assessment); local governments use the PRA data analysis when making decisions on the determinants of health, and include them in the local budget; the initiatives of LSG + VHC are developed and implemented.
- **Improvement of LSG accountability on determinants of health to the public.** Results: The budget takes into account the priorities of local communities on health issues; LSG report on the implementation of initiatives on health determinants; VHC know and use ICT for public monitoring of the status of local budgets

[MAX 300 WORDS]

2.2 Indicate the proposal’s focus area. Please mark all focus areas that apply to this Project.

Social accountability initiative or program	X
CSO Institutional strengthening	X
Capacity-building and technical assistance	X
Mentoring [one or more of the above through mentoring]	X

2.3 GPSA Pillars of Governance. Which GPSA “pillars of governance” are addressed by the proposal? Mark all that apply.

Pillars of Governance	GPSA Expected Outcomes (Program level)	Pillars addressed by the Project
Transparency	➤ People are able to get more information about government activities and are able to use this information effectively	X
Representation and voice	➤ People have a mechanism and/or policies through which they can voice their concerns to the government and influence policy	X
Accountability	➤ Local Self Governments are more accountable to beneficiaries in delivery of services and in management and use of public resources	X
Learning for improved results	➤ GPSA beneficiaries have greater knowledge and practice of social accountability, and civil society organizations have greater capacity to implement social accountability initiatives	X

2.4 Project Goals and CSO’s Mission. Relate your proposal’s goals and objectives to your organization’s mission, objectives and existing program areas. Explain clearly how the proposal fits within your organization’s work. If you wish to attach supporting materials about the Project or your organization’s work, you may do so at the end of the application, or you can include a website link in your answer.

The mission of DPI is improving the quality of life of citizens in Kyrgyzstan through the development of local government and capacity building of local communities (**Annex_2_DPI_INFO_ENG**). The goals of the application are entirely congruent with the mission of DPI. With extensive experience in the enhancement of local government capacity, DPI represents a good bridge to connect the initiative and activity of VHC on the determinants of health (living conditions) to the duties of LSG. DPI greatly helps LSG bodies by making them more transparent and accountable to the public for their own functions and delegated authority. However, health issues have not been the focus of DPI, as health care is considered a state function and the responsibility of local government.

Nevertheless the determinants of health - the conditions of life - are the exclusive property of local government functions, and working in this direction enriches the experience and expertise of DPI. DPI implements a number of projects on transparency and social accountability (see websites www.dpi.kg, www.vap.kg, the publication "The Civil Budget 2012» <http://www.dpi.kg/ru/publications/full/51.html>, the publication "Enhancing the participation of youth in decision-making at a local level http://www.dpi.kg/upload/file/Molod_web_RUS.pdf, studying the budget state of journalism in Kyrgyz Republic <http://www.dpi.kg/ru/publications/full/76.html>. In total, there are more than 20 projects, and DPI performs only those projects that coincide with the mission of the organization.

AVHC mission is aimed at the improvement of the health and welfare of the rural population on health determinants. However, up until now, VHC and their associates have been working in certain areas of disease and infection prevention: promoting the sale and consumption of iodized salt to address iodine deficiency, monitoring arterial hypertension, equipment and procedures to reduce the incidence of brucellosis and problems associated with high alcohol consumption. But the determinants of health: access to water and sports, sanitation, garbage collection, recreation for the elimination of harmful lifestyle, and nurseries for the harmonious development of children have been poorly covered by the activities of VHC due to the lack of close effective cooperation with local self-government bodies responsible for these services. These services have a local nature and are identified by the Law as issues of local importance, and thus as a responsibility of LSG. Developing local budgets LSGs have the right to allocate funds for the above mentioned services, though in most of the cases such funds are limited.

External evaluation of the VHC (INTRAC): "The meetings in rural LSGs are held weekly, where they discuss the problems of the village. Representatives of the courts of elders and rural cooperatives noted that VHC provides public information, but it is not enough to constitute itself as an independent organization. For example, VHC could work closely with the associations of drinking water consumers in the area of water quality monitoring, but only in one village VHC was their involvement in the monitoring of the quality of drinking water noted."DPI, in terms of its mission, will help to expand the VHC and complement their work as part of their mission to improve the determinants of health for community development through the improvement of local government through this project.

[MAX 400 WORDS]

2.5 Project Beneficiaries. Please identify the project's beneficiaries. *[Click on text field in e-application to complete the two sub-questions]*

2.5.1 Project's main direct beneficiaries. People benefiting directly from the Project's outcomes. This involves identifying people for whom the project is intended to bring changes, e.g. population from targeted areas benefiting from improved access to or use of specific services, and for whom the change in policy or practice will make a difference in their lives. If the project intends to engage people from poor and vulnerable groups, please make sure to explain clearly how are they going to be engaged in the Project, including what is expected in terms of outcomes that will benefit these specific groups.

Direct beneficiaries: new knowledge and skills through trainings, meetings and information dissemination will be provided to 1,600 VHC, 51 rayon health committees, 40 village health committees and 4 VHC staff members. Technical assistance in the form of computers will be provided to 40 VHCs. New opportunities and resources for the involvement of citizens in solving problems of local importance will be given to a minimum of 100 LSG officials (executive bodies and local councils) and 100 VHCs members. New knowledge on the determinants of health and the priorities of the population of their villages on these issues will be gained by approximately 400 deputies of local councils in rural LSGs of the KR.

[MAX 250 WORDS]

2.5.2 Project's indirect beneficiaries. Wider community benefiting from potential Project outcomes and impact. For Projects focusing on governance reforms, expected outcomes and impacts may benefit the country as a whole.

By improving the state of health determinants (HD) in LSG, the indirect beneficiaries of the project will cover rural

population of almost 10 % of rural LSGs in the Kyrgyz Republic. These benefits will be obtained through the implementation of joint initiatives by VHC and LSG (e.g. organization and clearing of garbage; helping mothers in harmonious development of children (kindergarten) and improvement of access to budget information on health services, and other initiatives that are the responsibility of LSG. The project will have a long-term effect of joint action plans to improve the HD and these benefits will be long term.

[MAX 100 WORDS]

SECTION 3: PROJECT DESCRIPTION

3.1 Sectors of Focus. *[Click on the text field in the e-application to mark your answer(s)]*

Please mark the sector(s) of focus of the proposal		Mark proposal's scope for the sector(s) indicated		
		National	Regional (in-country)	District/Local
Core public sector focus	Transparency/Access to Information		X	X
	Budget Accountability			X
	Procurement	X		
	Anti-corruption			X
	Other (please specify)			
Sector focus	Education			
	Health and nutrition			X
	Social protection			X
	Water and Sanitation			X
	Energy			
	Transport (roads/public transport)			
	Natural resources			
	Other (please specify)			

3.2 Project Strategy. The Project must spell out a clear strategy to generate changes and deliver tangible results. The *strategy in this context* refers to the courses of action that will be prioritized and taken by the Project to achieve its expected outcomes. The Project's strategy is broader than the choice of specific social accountability "tools" or mechanisms, and should also consider other dimensions such as constituency-building (including national and sub-national level options), alternatives for engaging with the state, communications and outreach, among others.

[Click on text field in e-application to complete the 5 sub-questions in pop-up window]

3.2.1 Summary of Project strategy. Describe the governance and/or development issues that will be addressed by the project ("What?") Summarize the project's strategy to achieve the proposed changes and reforms. ("How?") If the Project's focus is institutional strengthening of CSO(s) only, please summarize the Project's institutional development strategy. In which ways will it link with the implementation of social accountability activities by beneficiary CSO(s)?

WHAT? DPI will help VHCs to establish with LSG a standing working relationship - to make them partners in health determinants. Today, VHC represent community organizations that have a desire to work with the local government, but are unable to do so. DPI will teach VHC the basics of LSG and LSG bodies will become more transparent and accountable to the community on the issues of living conditions that affect health. The efforts of VHC are limited to the dissemination of information on the prevention and spread of infections. However, the number of health determinants includes a wider range of living conditions such as: drinking water, facilities for pre-school aged children, sanitation, public buildings, waste disposal, landfills, disposal of dead animals, etc. These issues are the responsibility of local government; and local government have the right and obligation to ensure funding for these services. But VHCs are not sufficiently involved in the process of solving these problems mainly due to lack of knowledge about obligations of LSGs towards health determinants and about budgetary process. At the same time LSGs lack accountability to the community and they do not always take into account the priorities of the population in their decisions as the local council forming the local budget, but only inform

citizens about their activities. Bringing both parties to a dialogue after training both on relevant topics to improve local services affecting health is the main strategy for the Project.

HOW? The project will provide trainings and consultations for the VHCs, the result of which will be the development and implementation of a joint action plan to improve the determinants of health, and the consideration of the activity plan in local budgets. Plans will be based on the priorities of the population identified during the PRA (**Annex_3_Model_DPI**). Joint action plans on health determinants of LSG and VHC will be a practical tool for execution of agreement on cooperation signed between VHCs and LSGs. Interested LSGs (10) will be advised to develop a local policy/program, "My village is a healthy village" that local governments will carry out in close partnership with the VHC (**see Annex_6**).

[MAX 200 WORDS]

3.2.2 Strategy for building multi-stakeholder support. What is the strategy for building multi-stakeholder support for the project? Which strategic pathways will be used? (e.g. coalition-building, use of networks, targeted outreach to change agents across diverse stakeholder groups, such as private sector, media, others; strategic coordination of local and national civil society monitoring interventions; use of transnational networks and coalitions; use of international standards and independent monitoring mechanisms; among others) If the Project's focus is institutional strengthening of CSO(s) only, please explain how the proposed activities will improve beneficiary CSO(s)' capacities for building multi-stakeholder support for its social accountability work."

The work of the project will focus on the development of a national network of village health committees and their empowerment in collaboration with the local government. In the KR there are 1,600 VHCs, uniting 18,000 villagers. VHCs are registered as community-based organizations in rural LSG bodies.

VHCs merge into 51 Rayon Health Committees (RHC) which have registered with the Ministry of Justice. RHCs make up the Association of Legal Entities "Association of VHCs." Members of the association, through the VHCs, work in 80% of the country's municipalities (**Annex_1_ARHC**).

A multi-lateral support strategy will be to closely concerned with: COMMUNITY (conveys information about their priorities to the VHC, requires information from LSG) ↔ CPS (affects the policy of LSG) ↔ local government (including the budget and policy priorities of community) ↔ VHC (interaction is through the association, experience exchange) ↔ ASSOCIATION (provides training and exchange of experience, technical support to VHC through RHC) ↔ RHC (facilitate the process of experiences exchange, consultation between VHC at district level).

DPI will facilitate the project and disseminate the information among all LSG and VHC in the country. **Annex_4_Multi_Stakeholder_Support** graphically shows the strategy of multi-lateral support building.

[MAX 200 WORDS]

3.2.3 Strategy of constructive engagement. What is the proposal's strategy of constructive engagement with the state (executive, legislative, judicial/national, sub-national, local, regional)? What actors are expected to use what type of information related to or generated by the Project, and how these actors will use such information? If the Project's focus is institutional strengthening of CSO(s) only, please explain how the proposed activities will improve beneficiary CSO(s)' capacities for constructive engagement with the state.

The main partner of VHC within Project's framework will be executive and representative bodies of LSG. With VHCs' main support and participation of LSG, PRA will be held and information obtained on priority needs of rural population on health determinants (HD). Obtained data will form the basis of a Joint Action Plan between the VHC and LSG. 40 LSGs will conduct public budget hearings identifying planned budgets for HD priorities. Hearings are to be conducted with active participation of VHCs. Approximately 2500 people will participate in local budget discussions.

In some LSGs (at least 10), long-term programs "My village - healthy village" will be developed. LSGs will gain knowledge and skills on involving communities in decision-making processes, conducting PRAs and organizing public hearings.

There are a number of partners for GPSA amongst GoKR: DHOs, Ministry of health and NSALG. Units of the Ministry of

Health (District Health Offices (DHO) would be the key partners and reports-analyses recipients for their relevant regions. The Ministry of Health (National Center for Health Promotion), State Agency for Local Self-Government (SALG) obtain the method of interaction at national level. The Ministry of Health and NCHP receive indirect help in development of national network of VHCs, which help promoting prevention of diseases and contribute to improving health of population. The Ministry of Health will also receive an opportunity to assess results of VHC, comparing the results of PRA-2007 and PRA-2014, and the SALG will see the "weak points" of LSG in HD. According to 2007 PRA the following health determinants were accounted: clean drinking water, medication, medicines, information, public bathhouses, sanitation, nutrition, public gym (sports), ambulance, pharmacy, family planning, heating, and unemployment. 2007 PRA results were never reflected in local budgets and were used exceptionally for AVHCs' internal needs. Comparing results of 2007 and 2014 PRA would let stakeholders (especially from the side of the Ministry of health and DHOs) to:

1. determine the most alarming determinants that should be included in development policies
2. detect whether current and past policies influence health determinants enough to make changes

Besides, unlike 2007 PRA, 2014 PRA result will be used to influence local policies through reflecting the most pressing issues in local budgets to ease situation in pilot municipalities. [MAX 200 WORDS]

3.2.4 Communications and outreach strategy. What is the communications and outreach strategy for attracting the attention of different audiences, including the media? If the Project's focus is institutional strengthening of CSO(s) only, please explain how the proposed activities will improve beneficiary CSO(s)' communications and outreach capacities.

Communication strategy will be developed which will include the key messages and channels of information for each target audience. The project's overall key message is "LSGs and VHCs can improve living conditions of villagers and make them healthier". This message will be updated to point out specific benefits for each target audience. The project provides the following communication activities: launching the project at a general meeting of the Association of VHC; information campaign at district level; the publication of at least three issues of the Association's newspaper "Den Sooluk"; publication of one issue of "Municipalitet" journal - the only regular Kyrgyz specialized publication for LSG bodies; the involvement of the media in the experience exchange activities; inviting journalists - including regional ones - to activities held by VHC and LSG, including public hearings. DPI will disseminate information via e-mails (press releases) to about 500 addressees and post information on the DPI and AVHC websites. In order to enhance the communication capacity, Association will develop the Strategy for AVHCs development (see Annex_6).

[MAX 200 WORDS]

3.2.5 Choice of social accountability mechanisms and tools. What are the specific social accountability mechanisms or tools implemented or employed in the project? How will they contribute to the proposed outcomes? If the Project's focus is institutional strengthening of CSO(s) only, please explain how the proposed activities will improve beneficiary CSO(s)' capacities to design and implement social accountability mechanisms and tools.

The main mechanism of the project will be the Model of the participation of citizens in local issues, developed and implemented by DPI under the project "Voice of Citizens and Accountability of LSG: budget process", funded by the Swiss Government. A graphic display of model is presented in **Annex_3_Model_DPI_Engagement** (description in Russian: http://www.vap.kg/upload/file/PRA_RUS.PDF).

The model includes the following tools for social accountability:

- identification of the community's needs through PRA;
- prioritizing issues and discussing them at village meetings;
- development of a joint action plan;
- representing the population's interests in the local council,
- public hearings;
- access to information addressed from LSG to the population on how problems and needs are taken into

consideration and what actions are taken to satisfy them.

In some municipalities, in order to assess progress, the Municipal Index of Social Justice will be applied, which is reflecting the determinants of health and equity of resource distribution among groups of citizens.

Thus, the following tools will be used:

- Participatory budgeting (through PRA),
- Independent budget analysis (DPI expert will help some VHC to analyze local budgets),
- Citizen report cards (partially used by questioning at hearings),
- Public hearings (public hearings are to be held on theme: "Reflection of the status of health determinants in the local budget»,
- E-governance (partially through training to obtain information through the site "Infosystem" www.okmot.kg on expenses and revenues of local budgets);
- Formal public petition process (through an appeal of VHC to LSG with requests for budget information and preparing proposals for inclusion in budget expenditures issues on health determinants);
- Use of the Supreme Audit Institution reports / other Oversight Agencies' reports & data (through the analysis of the report of the local council on the budget as the highest governing body of LSG).

In fact, all tools of social accountability, listed in paragraph 3.3, would be fully used in this project to achieve the transparency and accountability of LSG addressing conditions for healthy living of rural population in the Kyrgyz Republic. Only using On-line civic application tool is not possible because the rural municipalities of Kyrgyzstan do not have appropriate web-sites, and people are not experienced in using such online tools.

[MAX 400 WORDS]

3.3 Social Accountability Tools. Please select the social accountability tools and mechanisms that are expected to be used during the Project's lifetime. Mark all that apply. This information will be used for knowledge and learning across GPSA's activities. *[Click on text field in e-application to mark your answer(s)]*

Social Accountability Tools and Mechanisms	
Transparency and Access to Information	
Develop policy proposals to advance new, modify or reform existing transparency and access to information legislation or regulations (national, state/provincial, municipal, sector)	X
Develop information and communications materials to make public information accessible to targeted audiences	X
Submission of requests for access to public information	X
Develop online database <u>to display</u> public information in accessible, understandable formats	X
Independent budget analysis (national, state/provincial, municipal, sector)	X
Use of Supreme Audit Institution reports/other Oversight Agencies' reports & data	X
Other(s) Please specify:	
Voice and Representation	
Develop civic application to display public information and engage citizens or targeted audiences through the use of ICT tools (e.g. crowd-sourcing, SMS)	X
Capacity-building of CSOs, CSO networks and/or targeted citizen groups	X
Setting-up or strengthening state-civil society councils or committees	X
Use of formal public petition process or organization of informal collective petition process (e.g. using web-based petition tools)	X
Use of formal citizen participation mechanisms (e.g., public hearings, participatory rulemaking processes, etc)	X
Other(s) Please specify:	
Accountability	
Develop online civic application <u>to monitor</u> government's enforcement of transparency/ATI policies	
Develop web-based civic application to monitor (national, state, municipal, sector) public programs and institutions	
Independent budget monitoring (including budget expenditures tracking, budget process monitoring)	X
Design and implement community scorecards to assess service delivery (availability of inputs, service quality)	X
Design and implement social audits of public policy/public program implementation, community-based monitoring of public works' execution	X

Independent monitoring of procurement and contracting processes	X
Design and implementation of complaints handling or grievance redress mechanism	
Collaboration with accountability institutions (e.g. Ombudsman Office, Supreme Audit Institution)	
Use of international standards and monitoring mechanisms to monitor (national, state/provincial, municipal, sector) country's compliance, enforcement and implementation of policies and programs	X
Other(s) Please specify:	

3.4 Summary of Project Components. *[Click on text field in e-application to complete the three sub-questions]*

3.4.1 Project Summary. Please provide a general description of the proposal's main components, including their key objectives, activities, beneficiaries and stakeholders that will be engaged. You will be able to provide detailed information about each component in Part 2: Project Components.

Component I. "Knowledge and learning: Capacity building of VHCs in participation in the formation and execution of local budget; capacity building of the Association of VHC in matters of cooperation with LSG." About 600 representatives of VHCs and LSGs will be trained on the basics of local self-government, citizen participation in the budget process and will gain skills necessary for cooperation; skills on PRA focused on determinants of health and knowledge on negotiating for local communities' health priorities to be included in local budgets. In at least 40 municipalities, the VHCs will receive technical assistance and equipment (computer and printer). This will enable them to better interact with the local governments. It is assumed that the AVHCs will develop a strategy for the promotion of health determinants in cooperation with LSGs for the period up to 2017 (the time period is to be confirmed, though it is likely to be tied to the time frame of the country-wide Strategy for Sustainable development recently adopted by the President of KR). AVHC will obtain knowledge and skills on development of strategic documents and support implementation of approximately 40% of the planned strategic activities during the period of the Project.

Transfer of knowledge, information and experience – is a cross-cutting theme of the project. All participants of the Project will participate in trainings:

- DPI will train on how to work with LSG,
- AVHC - on working with the determinants of health,
- VHC – on lessons learned from cooperation with LSGs and vice-versa.

On the other hand, recipients of knowledge and experience will also perform all the interested parties:

- DPI will learn new skills in the management of health determinants
- AVHC and VHC will learn how to work with local government,
- local government leaders and employees – how to work with VHC,
- local communities – how to identify their priorities and bring them to the authorities.

The results of the component:

- AVHC implements its Internal Strategy for AVHCs development,
- Application of tools for exchange of information & experience in the field of LSG accountability to the communities on the determinants of health.

Component II. "Identifying the local communities' priorities focused on health of the population and taking them into account in LSGs policies" Trained representatives of 40 VHCs will conduct PRA sessions focused on the determinants of health. 40 LSGs of Kyrgyzstan will use the data of PRA analysis for decision-making and will include the identified priorities in local budgets.

Component III. "Strengthening the accountability of local government to communities on the determinants of health and a reflection of them in the local budget." LSG will learn how to better use social accountability mechanisms with a focus on determinants of health. Public hearings on the "determinants of health to be included in local budget," will be conducted in 40 LSG. Suggestions of VHCs and citizens made at Public hearings will be included in local budgets. Local policies (program) on health to address the problems of specific target groups (e.g., children and youth, women, young mothers) will be developed and approved in at least 10 LSGs. Village health committees will be trained and will begin to use ICT for monitoring status (income and expense) of their local budgets.

[MAX 500 WORDS]

3.4.2 Summary of Lessons Learned. Summarize what lessons have been learned from previous experiences in the project's sector or area, including projects carried out by your organization or by other actors in your own country, or from other countries. Explain how the project design has taken these lessons into account.

An important lesson learned by DPI during many years of work in development of LSGs is that citizen participation can help solve many problems of local community, even without involvement of large financial resources. However effectiveness of citizen participation and sustainability of its impact depend on readiness of LSGs to accept help from community and openness and willingness to include priorities of community in local budget. We are going to work purposefully with heads of LSGs and deputies of local councils to convince them in effectiveness of cooperation with citizens' groups using success stories from previous projects as examples.

We were convinced that:

1. one of effective tools of dissemination of expertise is through real discussions of real practitioners when according to "peer-to-peer" principle villagers share knowledge and experience, and receive evidence from practitioners that changes are possible.
2. It is more effective to rest upon existing groups of interest in identifying priorities of local communities, rather than create new ones: in this case it will be already existing and working network of VHSs, uniting 18,000 volunteers in 80% of country's municipalities.
3. local initiatives gain more stability, if local councils adopt local regulations: In this Project, it will be Joint Action Plans and local policies/programs "My village - a healthy village".

[MAX 250 WORDS]

3.4.3 Alternatives Considered. What alternative interventions were considered in the design of this project? What were the pros and cons of such alternatives? Please include at least one alternative considered. Explain the reasons why the chosen project design is the most appropriate.

The first considered idea was about promoting transparency in rural high-schools financing, as their maintenance is responsibility of LSG. But the idea was rejected as: (1) currently financing of high-schools is in the process of transferring from local budgets to state budgets, LSGs partly released from responsibilities and that's why this issue drops out of DPI's mission; (2) there are a lot of other large NGOs in the educational sector that deal with transparency and accountability issues.

During discussions of Project jointly with Association the following was discussed: involve District Health Offices (DHO) – subdivisions of Ministry of Health - in conducting PRA. The idea was refused as (1) only health determinants are considered, participation of medics is not necessary; (2) VHCs must learn how to conduct PRA themselves in order to do it independently in future; (3) DHOs are not involved in decision-making process, whereas Project addresses to interaction between VHCs and LSGs – decision-makers on local level. Herewith second argument about necessity of conducting PRA by VHCs themselves was critical. Hereby in development of Project various options and approaches were considered and the most appropriate topic and most rational, effective, result and sustainability oriented approach for project implementation were selected

4.1 Capacity-Building: Please explain and justify how you are planning to address your organization's – or mentee(s) CSOs - capacity-building throughout the Project's lifetime. Capacity-building areas may include organizational areas (financial management, ICTs, etc) or core areas related to the achievement of the Project's objectives (e.g., sector/policy analysis, such as poverty or budget analysis, etc.) Indicate whether your plan to request external support for this purpose; if you have already identified external support please explain.

This question must refer to the recipient's or mentee's capacity-building and institutional strengthening activities. Capacity-

building activities related to the implementation of social accountability activities, and targeted at the Project's direct external beneficiaries must be described in Section 3: Project Description, under the appropriate Component. If the Proposal focuses on Institutional Strengthening of beneficiary CSO(s)' only, and this issue has already been addressed under a Component, you may skip this question indicating "Question answered in Component X".

DPI was considering possibilities of LSGs to work with health care issues for long time period. LSGs are not specialized in health care, but for rural communities – our main beneficiaries according to our mission – access to health care services is very important. During development of National Report on Human Development (UNDP, DPI) we first time faced the problems of interaction between Health Care and LSG. Thus capacity of DPI will be increased in expertise in the field of possibilities of LSG to improve its performance in the health care. Association of VHC and VHCs themselves know little about LSG system and possibilities to interaction of VHC and LSG.

Thereby in the project framework the capacity of Association and thus of its members, 1600 VHCs will increase in the field of LSG system. Association and VHCs will gain new knowledge and skills on analyzing local budgets and understanding how health determinants could be included in local budgets. Association and VHCs will gain skills and knowledge to control over revenue and expenditures of local budgets through website "Infosystema" (www.okmot.kg), where online mode all payments, including procurements, and income records in local budget are reflected. Thus DPI and Association will mutually increase capacity of each other in their own fields (but as Mentor and more experienced in LSG field party, DPI will provide larger amount of knowledge).

DPI will help Association to develop own internal Strategy for AVHCs development (see Annex_6) – strategic document where would be described mechanisms and tools of Association to help it facilitate capacity building of VHCs and RHCs in the future. There would be developed Strategy on Cooperation of VHC with LSG. DPI will provide technical support through this Project: 1 PC for Association and 40 PCs for pilot VHCs; equipment for better interaction with LSG and access to information (printers)

[MAX 400 WORDS]

4.2 Role of Partners. Describe the Project's proposed implementation arrangements with external actors/partners; and proposed roles and types of contribution to the Project. For Mentoring proposals, clearly describe mentoring and partnership arrangements between mentor organization and mentee(s) CSO(s).

Graphic image and detailed description of Role of Partners in **Annex_4_Multi_Stakeholder_Support.**

Agreement on joint implementation of project will be signed between DPI and Association of VHCs, where role and responsibilities of both parties will be stipulated. DPI will be the main implementer of the Project and will be responsible for financial part, reporting, materials content, personnel management. Association will be a subcontractor and according to the stipulated scope of work and deadlines will receive financing in several installments to carry out its respective Project's part.

Association will hire two new employees on its own (DPI will develop tests and will participate during interview). Association will also procure equipment to VHC (40 computers and printers) through tender and its employee has to be trained how to conduct tender according to the legislation of the KR. Reporting requirement: DPI will develop monitoring and evaluation system based on its own System of internal oversight.

Association will collect initial documentations on work between VHC and LSG (new employee – coordinator on work with RHC) and provide it to the DPI's specialist on monitoring and evaluation. On the local level VHC and LGS bodies almost everywhere signed model agreements on cooperation. These agreements stipulate that VHC and LSG cooperate with each other and conduct joint consultations, such as: «VHC has a right to participate in local council work during discussion of issues related to village development, including budget planning with a right of advisory vote». However these agreements do not work in practice due to the fact that VHC are not able to stand as a competent partner to LSG. Based on the Project results VHC and LSG will develop Joint Action Plans so that these Agreements could start to work in practice.

[MAX 400 WORDS]

4.3 Monitoring, Evaluation and Learning. You are suggested to answer the following questions after you have completed the Project's Results Framework (refer to required attachments)

[Click on text field in e-application to answer the 3 sub-questions below]

4.3.1 Monitoring. Please describe the Project's monitoring system, including the specific methods and tools that will be used. Justify how the proposed methods and tools are adequate to the problem(s) being addressed by the project. What resources will be needed to rollout and implement the monitoring system? E.g. financial, human, technical, use of ICTs, etc. Will external support be needed? If yes, please explain. Please make sure to address all these questions.

Monitoring will be conducted on the basis of developed and approved Work Plan of Project, logical framework of Project, and joint work plan of project partners. DPI Monitoring and evaluation specialist is in charge of monitoring the project. The purpose of project's monitoring system is to obtain the information required for decision making to improve the project's performance, to identify dismissals and to determine how the project achieves its goals and objectives.

There will be a two-site monitoring missions: 1) the initial-entry phase of the project–The Project Officer will hold a primary input-monitoring to determine next steps and identify current situation, and 2) an intermediate in order to identify the errors and deviations on the set goals, objectives and plan of action. The following methods will be used during the field monitoring activities: a) analysis of project documents, reports of VHCs, RHCs, trainers and consultants, b) supervision, and c) interviews of people involved in Project, partners and stakeholders. The monitoring reports must be provided to Project Manager, and partners with possible recommendations and lessons learned for future use.

Continuous project monitoring will be carried out directly by the project manager and M&E specialist. Monitoring tools include collection, storing, processing, classification and analysis of data obtained during Project. A reporting pack will be developed separately for each event: Trainings, Public hearings, PRA, etc.

Monitoring data will be provided to monitoring specialists after each event held in compliance with certain standards and kept during the project period. Monitoring specialist will monitor the progress of the project and how the project affects concept of human rights, gender, environment and good governance. The data will be entered in the Excel file system in accordance with the DPI's Internal Control System. Data analysis will be performed in respect of the project in general, and with regard to the individual municipalities.

In order to improve efficiency, VHC and RHC will introduce a new system for monitoring at their levels, which is a system of monitoring activities: analysis, evaluation and forecast of the impact of environment on state of physical health and physical development of children and youths. This system will include a database on the state of physical health of population and development of children, teenagers and young people, formed on the basis of annual observations and statistical reports. Special attention will be paid to the analysis of cause and effect relationships between the state of physical health and development of children, adolescents and young people, and quality of solutions to local issues, reflecting the determinants of health in the area of responsibility of LSGs. Based on the analysis of causality LSGs will provide conclusions and recommendations on how to strengthen the outreach through VHC. Resources: Salaries for the monitoring and evaluation specialist, the project manager, the Excel program, statistical data.

AVHCs will monitor performance of VHCs within the frames of this Project. VHCs will also be monitored by local communities in terms of proper advocating for health determinants to be included in local budget prioritizing
[MAX 500 WORDS]

4.3.2 Evaluation. Describe the intervention's evaluation methods. Why these are adequate to evaluate the intervention expected intermediate and final outcomes? What resources will be needed to design and implement the proposed evaluation(s) Will external support be needed? If yes, explain. Please make sure to address all these questions.

The project evaluation will be conducted once by the M&E Specialist upon completion of the project, in order to determine the sustainability of the project's results and the project's impact on its direct and indirect beneficiaries. The evaluation of

the project will have the following criteria: the conformity of the project's design with the needs of beneficiaries and its relevance; productivity; effectiveness; influence on external environment; sustainability of the project's results. The indicators are those which were included in the GSPA-Results Framework. The project evaluation will include the following cross-cutting issues: the project's impact on human rights, ecology, gender aspects, and good governance.

The first stage of project evaluation will include field trips, meetings with partners and project beneficiaries, as well as with interested people; survey among the project's participants. Also there will be used methods of express evaluation: questionnaire of key participants, group questionnaire, observation and focus groups.

Furthermore, as part of the project evaluation process, there will be conducted cabinet work in order to assess the impact of the project on health determinants and the quality of LSG's work (application of monitoring data, statistical data of human development and LSGs' reports). The information will be provided by the project partners in the course of the project implementation to the M&E Specialist. In order to write the final report, the partners will provide the documents 2 months before the end of the project, to ensure that the project evaluation can be conducted and that the final GSPA report is provided in time. The results of the project's evaluation will be used in the final report, together with conclusions and recommendations to interested parties.

Upon the donor's request and at their expense, there may be conducted a post project evaluation, which will demonstrate the sustainability of the project's results and the possible lessons learned from the project implementation. Such post project evaluation may be conducted one year after the project finishes.

The necessary resources: salary for the M&E Specialist, database of the monitoring, statistical data and Excel program.

[MAX 500 WORDS]

4.3.3 Knowledge and Learning. Describe the proposal's approach to knowledge and learning (K&L) including type of learning products (case study, how-to notes, lessons learned report, etc), and who will be responsible for it? Will researchers or academic institutions be involved in any way?

Specify how the information produced through monitoring and evaluation will be used to feed into the proposed intervention, adapting it and improving its likely effectiveness and impact. What resources will be allocated to develop and implement the proposed K&L system? Does the organization have an existing K&L system that will be used to support the project's K&L activities? Will external support be needed? If yes, explain. Please make sure to address all these questions.

Many of the Project activities are associated with trainings and other knowledge and learning transfer efforts. These include trainings with presentations of legal aspects of LSG system and other similar conceptual topics; interactive sessions with discussions and, more important, with "home assignments". Training events' participants will be given instructions on applying the gained knowledge to their daily practice.

The Project will provide consulting and mentoring for knowledge application. Facilitation of public events by the Consultants and staff of the Mentor (DPI) and Mentee (AVHCs, and individual VHCs) will be a type of "on-the-job" training. One of the new tools to be used by the Project is SWOT analysis of public transparency events. Thus, lessons learned will be one of the key elements for knowledge and learning component.

Besides, Consultants will provide analysis of the practices during the course of the Project, which will be developed into the case-studies for further dissemination. A big role in knowledge and learning have two regular publications: MUNICIPALITY magazine (the only LSG related publication) and "Den-Sooluk" newspaper focused on health issues, telling stories of local HVCs.

It is planned that all the best practices will be recorded and published in a special issue of the MUNICIPALITY. Besides, the case-studies, lessons learned and other Project info will be available on several websites, including but not limited to: www.dpi.kg; www.municipalitet.kg. The products in electronic format will also be provided to other SCOs, NGOs both local

and national focused on community development; on LSG issues; transparency and health for information and potential redistribution among their partners, etc.

Consultants will be responsible for proper collection of the accurate information for lessons-learned reports, for case-studies, success stories. Monitoring Specialist will also input into design of the above documents based on evaluations of the effectiveness and, which is most important, impact of the Project activities.

Realizing the importance of the knowledge and learning DPI will have a staff member responsible for the best practices dissemination as a part of the outreach effort. Such an arrangement is proposed based on the experience DPI has in terms of K&L practices, which proved to be effective.

[MAX 500 WORDS]

4.4 Sustainability. Please consider the following questions in your answer about the project’s sustainability:

Do you expect that the intervention(s) implemented by the Project will continue beyond the duration of the Project? Is sustaining the intervention beyond the duration of the GPSA funding a condition to sustain any positive outcomes? If yes, how do you plan to ensure the sustainability of the intervention(s)? If the project will be implemented as a pilot, or in a specific geographic area (local or regional level) please explain if it could be replicated or scaled up at a broader level, and how could this be carried out.

VHCs are sustainable communal organizations whose development processes have been ongoing for 10 years. There are no conditions preventing VHCs’ functioning after project. VHC members are volunteers, mostly women, who are always interested in improvement of living conditions, family members’ health. Main obstacle for VHCs’ effective functioning and better achievements is absence of knowledge, experience in cooperation with LSG. This project will enable obstacles to be overcome. Joint action plans, “My Village is Healthy” local policies/programs will be applied in municipalities, included into budgets. Association of VHC, RHC will continue activities.

The aforementioned inclusion of health determinants in LSGs policy and budgets is only a part of LSGs and local communities’ cooperative activities. Cooperation should be conducted in other LSGs’ and State delegated functions. DPI facilitates this process within “Voice and Accountability” project (Switzerland, www.vap.kg). Whilst in 2012-2015 first phase of VAP is for Jalal-Abad and Issyk-Kul oblasts (13 villages), later VAP will expand (1 pilot per rayon in KR).

Today, VHCs’ involvement in this process is weak. Accordingly, both projects will increase activities in Jalal-Abad and Issyk-Kul oblasts, in other oblasts GPSA project will create so-called “growing-points” in some municipalities, which will probably be later succeeded by VAP, within framework of which VHCs will be involved. On the other hand, DPI will use HD focused Joint Action planning practice for dissemination among VAP’s pilot municipalities.

PART 2: PROJECT COMPONENTS

The proposal may have a maximum of 3 components; in addition, all proposals must include a Knowledge and Learning (K&L) component. Please note that you will be able to provide further information about your K&L plan in question 4.5.1 (Monitoring, Evaluation and Learning). The table below explains the rationale for designing a K&L component and offers some guiding questions for this process:

Guidance for designing the K&L component

One of GPSA’s key objectives is to contribute to the generation and sharing of knowledge on social accountability, as well as to facilitate knowledge-exchange and learning uptake across CSOs, CSOs’ networks, governments and other stakeholders. *GPSA’s Knowledge Window* will seek to put the best knowledge on social accountability tools, practices, and results in the

hands of practitioners and policy-makers in order to enhance the effectiveness of SAcc. Support will cover:

- (1) Development of a global platform for knowledge management, exchange and networking, and
- (2) Other knowledge and learning activities aimed at developing and nurturing practitioner networks and peer learning, especially South-South exchanges, and filling research gaps. The Knowledge Platform will provide support to GPSA Grantees through knowledge and learning throughout the project cycle. The knowledge management platform will generate a site for learning, peer to peer exchanges and networking, providing ongoing support to project implementation. Other knowledge and learning activities, including S-S workshops, specific events and knowledge partnerships, etc., will help grantees perfect SAcc projects and provide them with access to expert and peer knowledge about SAcc lessons learned and good practices to feed into their projects.

Consistent with these objectives, *GPSA requires that grant proposals include a K&L Component, whereby applicants develop a K&L plan that will enable them to approach the proposed interventions as opportunities for improving their knowledge about the strategies and pathways for advancing transparency, accountability and civic engagement. Special emphasis should be made on learning mechanisms, including those available to the recipient and beneficiary CSOs, and also to key external audiences.*

Some key questions to answer in designing the K&L Component are:

- ✓ What are our K&L needs and priorities? What types of K&L resources do we already have? Are they effective in achieving the objectives for which they were developed? Do we need to improve them or generate new resources?
- ✓ Who are the specific audiences or groups that we would like to engage in our K&L plan? What are their specific needs and what are the objectives we seek to accomplish in terms of K&L devised for them?
- ✓ If the proposal includes an operational component for implementing a social accountability intervention, what mechanisms will be developed to generate K&L derived from the intervention? How do we devise K&L opportunities that are realistic within our time and resource limitations, and that may help us to generate useful feedback along an analysis – action – reflection continuum?
- ✓ If the proposal includes capacity-building/training activities designed for specific audiences, what types of K&L products would be useful to develop in order to (i) generate ongoing and dynamic learning opportunities beyond single, one-time capacity-building events; (ii) ensure that such products are utilized by our intended audiences in an effective manner?

Part 2 of the e-application requires the following information to be completed for each component. If you are working on your application offline, please copy and paste the table below in this document for each component included in the proposal.

Component 1: Insert Title/Definition of Component

Knowledge and Learning: “Capacity building of village health committees and the Association of VHC in matters of cooperation with the LSGs and participation in budget process”

[MAX 30 WORDS]

Description of Component. The component’s description must summarize its main objectives and activities, beneficiaries and other key stakeholders that will be engaged.

Representatives of VHCs and LSGs in 40 pilot municipalities will be trained and use knowledge in basics of LSG, participation of citizens in formation and implementation of local budgets, and will receive skills on the cooperation with the executive bodies of LSGs and local councils; knowledge and skills in PRAs focused on health determinants, and knowledge on how to advocate for health determinants to be included into local budgets as other local priorities. AVHC will have knowledge and skills for the design of strategic documents, namely the Sustainable development strategy of AVHCs as a membership organization (estimated period is 2014 – 2020), and will receive support for the implementation of 40% of activities included in the Strategy by the end of project (2016). Component activities:

- 1) Project launch – general meeting of Association with elements of institutional development, discussion of problems in cooperation with LSGs and project realization (Association and 51 RHCs).

- 2) 2-day training “Basics of LSG and Health Determinants as an Issue of Local Importance. PRA and joint action plans design for VHCs and LSGs” delivered to VHCs and LSGs in 40 pilot municipalities.
- 3) Development, approval and implementation of internal AVHCs development Strategy– (Strategy for AVHCs development as a sustainable membership organization promoting capacity building of the membership, describing mechanisms for knowledge and practice sharing, including an action plan for the period till 2020 (Annex_6)).
- 4) Organize exchange of experiences for 51 RHCs (1 round of rayon level meetings for all 51 RHCs);
- 5) Lessons learned – at least 16 documents compiled based on results of various types of Project activities on the level of pilot VHCs, LSGs, rayon on various stages, from PRAs to PBHs. Lessons learned will be disseminated among all VHCs (1600) and at least 30 actors on the National level;
- 6) Publication and dissemination of the AVHCs’ newspaper "Den Sooluk";
- 7) Working meetings with National level stakeholders.

[Max 350 WORDS]

Planned outputs: insert one or more outputs. You will be required to define indicators for each of these outputs in the Results Framework.

Outputs are the direct products of project activities and may include types, levels and targets of services to be delivered by the project. The key distinction between an output (a specific good or service) and an outcome is that an output typically is a change in the supply of goods and services (supply side), while an outcome reflects changes in the utilization of goods and services (demand side).

- Three training modules will be designed, tested, and approved by the Association:
 - I "The basics of LSG. The determinants of health as a matter of local importance. PRA for the development of LSG policy. Development, implementation and monitoring of the Joint Action Plan by VHC and local government ",
 - II "Joint planning and implantation. Public budget hearings"; and
 - III "Local budget transparency. Public monitoring. Access to and use of INFOSYSTEMA".
- About 200 representatives of VHCs and LSGs are trained on topics of Module I
- The Association has four employees trained on the basis of LSG, functions and authorities of LSGs, local budgeting process, as well as on collaborative planning on health determinants and their inclusion in local health policies and budgets The Project will design and produce 3500 copies of brochure on "LSG and VHC" to promote collaboration between these two parties for better local services focused on health determinants for dissemination among 1600 VHCs;
- DPI will provide consultations and mentoring to AVHCs on a regular basis on such issues of the AVHCs development Strategy implementation as:
 - how to conduct advocacy campaigns to promote health determinants as priorities of local government through the media;
 - how to increase network capacity of AVHC as a network organization for the transfer of expertise, knowledge and dissemination of information
- At least 25% of the total 40 supported pilot communities’ practices will be analyzed and presented as success stories/case-studies/lessons learned
- A new tool for the exchange of experiences introduced (collective SWOT-analysis of events or success stories)
- 3 Issue of the AVHCs newspaper “Den Sooluk” will be produced and disseminated among all 1600 VHCs. These issues will have special sections dedicated to the Project activities on the level of municipalities/communities, and to capacity building of the AVHCs as a membership and network organization.

Estimated value (in US dollars) of Component: please note that this value must be consistent with the Component’s estimated cost as included in the proposed Budget

USD 328 780

Timeframe of Component: estimated dates when activities under this component will start and end.

Start date: 08/01/2013

End date: 11/01/2013

Describe the **main assumptions** that need to work out in order to achieve the expected intermediate outcomes defined for this component.

Assumptions are the hypotheses and suppositions that must hold for the Component's activities to be implemented, outputs delivered as planned in the pathway towards the achievement of outcomes. They may refer to *behaviors, attitudes and interests* (e.g.: actors will cooperate towards a common purpose, or will be interested in devoting time to learning about X issue, etc), to *processes and events* that will follow a certain sequence, or to the *management of resources* (the availability or effective handling of which may positively or negatively affect the Project's expected outputs and outcomes), among others. The many *factors that affect each stage of the change process* must be assessed—by reviewing the broader context, prior experiences and research—to identify which underlying assumptions would facilitate and which ones could endanger the success of the proposed intervention.

Along this analytic exercise it is important to be aware that the processes that lead from activities to outputs to outcomes are not linear or always logic, hence the need to work in depth on the connections between the delivery of outputs and how these outputs will contribute toward the achievement of outcomes.

The main assumption of this component is the desire of the Association and the individual VHCs to improve their interaction with the local government. VHC made efforts to improve the interaction for many years, however so far they have not been able to reach the success because they neither have knowledge about the system of local government and public administration in general nor any experience with the practical arrangements. In other words, the main assumption is the presence of the ability and willingness to acquire new knowledge and skills of the Association and VHC to work with the local government. Another important assumption is the willingness of the National Center for Health Promotion to support the work of the Association at the same level as at present. NCHP support and loyalty is very important to the success of the project, as NCHP is the main partner of AVHC at national level. With the participation of NCHP, AVHC receives grants to conduct awareness campaigns for the prevention of diseases, which partially covers the organization's expenditures.

Risks: what are the risks that the assumptions listed above don't hold? Please define each risk, along with how you rate it (indicate "HIGH", "MEDIUM" OR "LOW" RISK after defining it) and the measures you plan to take to mitigate or avoid these risks, or in the case that your assumptions don't hold.

Risks are identified in relation to the assumptions: for example, for an assumption stating that a participatory process will be implemented in an inclusive and transparent manner, a possible risk may be that of elite cooptation, which may be high, medium or low, depending on the context (factors outside the Project's control) and on the Project's ability to influence such process so that the assumption holds (factors within the Project's control). It is critical to identify risks in a realistic manner, as well as the possible mitigating measures that may be taken (by the Project or others) or be in place to avoid or minimize such risks.

The risk for this component is related to the fact that the Association may not be interested enough to learn and acquire new skills to work with local government. This risk is defined as "LOW", since multiple meetings with representatives of the Association confirm their great desire to work in this project. In addition, participation in the project will help the Association to increase the number of staff, provide new skills for project implementation and enable the experience of working with the World Bank. Another risk could be the change of management of the Association, but this is unlikely since there is no obvious reason ("LOW"). Another risk could be relations with the Ministry of Health and District Offices for Health promotion. However, it is also regarded as "LOW" risk, as the Association is the only aligned effective distribution channel of information on disease prevention and the efficacy of the work of the Ministry of Health and Rayon Centre for Health promotion mainly depends on the work of VHC.

Component 2: Insert Title/Definition of Component

"Identifying the local communities' priorities focused on health of the population and taking them into account in LSGs policies"

Description of Component. The component's description must summarize its main objectives and activities, beneficiaries

and other key stakeholders that will be engaged.

This component considers the operative interventions that will be carried out by trained VHCs in 40 municipalities. Trained representatives of 40 VHCs will conduct PRAs focused on determinants of health. At least 40 LSGs will use PRA data analysis for decision-making on issues of local importance and determinants of health, and will include identified priorities into budgets. VHCs' capacity to conduct PRAs and to collaborate with LSGs will be developed. In at least 40 municipalities, VHCs will be provided with computer + printer to prepare documentation and interact with LSGs. The component's activities are:

- 1) Conducting PRA-sessions: 4 - 5 sessions (depending on size and structure of population) will be conducted for target audiences - women, youths, elderly, migrants / minorities (if any), farmers / shepherds / entrepreneurs) in 40 municipalities. DPI will monitor, and summarize PRA results. The analysis of PRA results will bring a recommendation to 40 VHC leaders to continue working with LSG.
- 2) DPI will carry out a comparative analysis of the 2007 PRA with the results of the 2014 PRA, and present a comparative analysis to at least 30 representatives of government agencies, NGOs and donors in order to assess the extent to which health determinants are reflected in LSGs' budgets, policies and programs.
- 3) Training on topics of Module II delivered to about 200 people (VHCs and LSGs representing 40 pilot municipalities); LSGs and VHCs develop draft joint action plans based on PRA results and recommendations coming from DPI's report; (or including parts on health determinants to existing plans);
- 4) VHCs present copies of drafts of Joint Action Plans from their relevant municipalities to the AVHC;
- 5) DPI jointly with AVHC analyzes plans collected by Association and communicate recommendations and analysis back to 40 municipalities through AVHC;
- 6) LSGs and VHCs in 40 pilot municipalities conduct public gatherings for discussion of joint action plan, and further adoption by local councils (Keneshes);
- 7) Monitoring of Joint Action Plans' implementation by DPI experts, including site visits by DPI experts for supporting VHCs and LSGs in developing such plans, (facilitating developing plans) collecting examples of specific tasks to improve determinants of health;
- 8) 40 VHCs will be equipped with computers to prepare better quality documents, including written requests for budget information; information dissemination, including information on local budget in general, and allocations of funds for health determinants' improvements.

[Max 350 WORDS]

Planned outputs: insert one or more outputs. You will be required to define indicators for each of these outputs in the Results Framework.

Outputs are the direct products of project activities and may include types, levels and targets of services to be delivered by the project. The key distinction between an output (a specific good or service) and an outcome is that an output typically is a change in the supply of goods and services (supply side), while an outcome reflects changes in the utilization of goods and services (demand side).

- Priorities of population are identified through PRAs and analyzed in terms of the health determinants in 40 municipalities throughout the country.
- PRAs' Analyses Report focusing on health determinants, prepared by DPI, and disseminated to at least 30 Policy-makers at national level
- PRAs' Analyses Report translated into user-friendly recommendations on how to address the identified priorities are shared with 40 participating municipalities and VHCs
- Joint Action Plan with a focus on the determinants of health developed and implemented by 40 VHCs and LSGs. Coverage: 40 LSGs and 40 VHCs; 40 computers and printers installed and operative in 40 VHCs. A written guide on obligation of the recipients to use the equipment for the purposes of the project will be provided to these VHCs during the initial Project launch event. This guide will also cover such topics as: how to take advantage of computer programs (including the internet) to connect to their VHC peers, prepare documents/reports, communications/requests for information to LSGs, and assist LSGs to ensure access to public information.

Estimated value (in US dollars) of Component: please note that this value must be consistent with the Component's estimated cost as included in the proposed Budget

USD 134 404

Timeframe of Component: estimated dates when activities under this component will start and end.

Start date: 02/01/2014

End date: 11/01/2014

Describe the **main assumptions** that need to work out in order to achieve the expected intermediate outcomes defined for this component.

Assumptions are the hypotheses and suppositions that must hold for the Component's activities to be implemented, outputs delivered as planned in the pathway towards the achievement of outcomes. They may refer to *behaviors, attitudes and interests* (e.g.: actors will cooperate towards a common purpose, or will be interested in devoting time to learning about X issue, etc), to *processes and events* that will follow a certain sequence, or to the *management of resources* (the availability or effective handling of which may positively or negatively affect the Project's expected outputs and outcomes), among others. The many *factors that affect each stage of the change process* must be assessed—by reviewing the broader context, prior experiences and research—to identify which underlying assumptions would facilitate and which ones could endanger the success of the proposed intervention.

Along this analytic exercise it is important to be aware that the processes that lead from activities to outputs to outcomes are not linear or always logic, hence the need to work in depth on the connections between the delivery of outputs and how these outputs will contribute toward the achievement of outcomes.

Assumption is the ability of VHC to carry out a PRA session independently and make a qualitative analysis of the results. In 2007, the PRA session was conducted by the doctors of district health offices (DHO) - The structure of the MOH. During this PRA, several VHCs were established and therefore they do not possess their own experience in conducting PRA. Therefore DPI admits that not all 1,600 VHC representatives will be able to carry out PRA, but at least in 40 municipalities PRA will be a success. This fact suggests the broad impact of the project. Another assumption is the great experience of DPI in conducting PRA within the project framework, "Voice of citizens and accountability of local government: the budgeting process", funded by the Swiss government.

Risks: what are the risks that the assumptions listed above don't hold? Please define each risk, along with how you rate it (indicate "HIGH", "MEDIUM" OR "LOW" RISK after defining it) and the measures you plan to take to mitigate or avoid these risks, or in the case that your assumptions don't hold.

Risks are identified in relation to the assumptions: for example, for an assumption stating that a participatory process will be implemented in an inclusive and transparent manner, a possible risk may be that of elite cooptation, which may be high, medium or low, depending on the context (factors outside the Project's control) and on the Project's ability to influence such process so that the assumption holds (factors within the Project's control). It is critical to identify risks in a realistic manner, as well as the possible mitigating measures that may be taken (by the Project or others) or be in place to avoid or minimize such risks.

The risk is that VHC cannot independently carry out high quality PRA and make a qualitative analysis of the results - "MEDIUM". The project will prevent the development of this risk in several ways. Firstly, DPI Consultants in practice will train the representatives of 40 VHCs on how to conduct a PRA session. Secondly, the staff will monitor the implementation of PRA sessions in the communities. Thirdly, the analysis of PRA and a comparison with the results of 2007 to advice at a national level will be carried out by the management expert of DPI with the participation of the Association. DPI has no doubt that it can overcome this risk, as it is essential to train VHC to conduct PRA and analyze the results independently. DPI's Experience and practice shows that rural residents are fully capable of carrying out such activities on their own, subject to prior learning.

Component 3: Insert Title/Definition of Component

Component III. "Strengthening the accountability of local government to the people on the determinants of health, and reflection of them in the local budget."

[MAX 30 WORDS]

Description of Component. The component's description must summarize its main objectives and activities, beneficiaries and other key stakeholders that will be engaged.

LSG bodies will be trained to use social accountability mechanisms with a focus on determinants of health. At least 40 LSGs

will conduct public hearings on "Health determinants in the local budget," and take into account proposals which will be made by VHCs and citizens during the hearings. At least 10 local self-government bodies will develop and approve LSGs' local health policies and/or programs to address the problems of specific target groups (e.g., children and adolescents, women, young mothers) related to health determinants. Such policies can become sustainable tools of social accountability as basis for budget allocations for the activities foreseen in these policies. Analysis on use of such policies in pilot municipalities will be disseminated among all VHCs through "Den Sooluk" newspaper and promoted among LSGs through "Municipalitet" magazine. Village health committees will be trained and begin to use ICTs to monitor the status of local budgets (income and expense) of their LSGs, and to make the monitoring information publicly available. Major achievements and lessons will be accumulated and published in the MUNICIPALITY magazine distributed among all LSGs and National agencies, ministries, NGOs. Component activities:

- 1) Training on "Transparency of local budgets' tools. Public monitoring, and access to the information on GU "Infosystem" (coverage - representatives of 40 VHCs/LSGs);
- 2) Holding public hearings on the "Reflection of the health determinants in the local budget" (40 LSG);
- 3) Publication and dissemination of the "Municipality" magazine (content includes success stories, lessons-learned, etc.)

[Max 350 WORDS]

Planned outputs: insert one or more outputs. You will be required to define indicators for each of these outputs in the Results Framework.

Outputs are the direct products of project activities and may include types, levels and targets of services to be delivered by the project. The key distinction between an output (a specific good or service) and an outcome is that an output typically is a change in the supply of goods and services (supply side), while an outcome reflects changes in the utilization of goods and services (demand side).

- Following trainings and PRAs at least 40 public hearings held on the "Health determinants in the local budget". Each pilot municipality will obtain support for conducting public budget hearing (PBH) for 2016 draft budget (to be conducted in Mid-Summer of 2015). It is assumed that next year at least 10 municipalities will conduct PBHs for 2017 draft budget (to be conducted in Mid-Summer of 2016) independently;
- 40 LSGs allocate funds in local budgets to improve services (identified as critical priorities during PRAs) to be suggested during the PBHs;
- 130 improvements of health determinants implemented based on Joint action plans in total. Which means that each pilot municipality will implement actions focused on improvement of 2 – 4 identified local priorities associated with health determinants (E.g.: land parcels for garbage collection will be allocated and fenced; information campaign on children diseases will be conducted with engagement of municipal resources (information boards, municipal servants, special presentations conducted during public events), etc.);
- 25% of the trained municipalities are consulted on development of local health policies and/or programs to address the problems of specific target groups (e.g., children and adolescents, women, young mothers) related to health determinants;
- 40 VHCs trained in ICT to track the status of the local budget on-line;
- 30% of trained VHCs discuss the results of the monitoring of local budgets using ICT (during the regional meetings);
- Municipality magazine production and dissemination (1 issue dedicated to the GPSA Project to be distributed among all municipalities (485) and VHCs (1600))

Estimated value (in US dollars) of Component: please note that this value must be consistent with the Component's estimated cost as included in the proposed Budget

USD 135 676

Timeframe of Component: estimated dates when activities under this component will start and end.

Start date: 05/01/2015

End date: 11/01/2015

Describe the main assumptions that need to work out in order to achieve the expected intermediate outcomes defined for this component.

Assumptions are the hypotheses and suppositions that must hold for the Component's activities to be implemented, outputs delivered as planned in the pathway towards the achievement of outcomes. They may refer to behaviors, attitudes and interests (e.g.: actors will cooperate towards a common purpose, or will be interested in devoting time to learning about X issue, etc), to processes and events that will follow a certain sequence, or to the management of resources (the availability or effective handling of which may positively or negatively affect the Project's expected outputs and outcomes), among others. The many factors that affect each stage of the change process must be assessed—by reviewing the broader context, prior experiences and research—to identify which underlying assumptions would facilitate and which ones could endanger the success of the proposed intervention.

Along this analytic exercise it is important to be aware that the processes that lead from activities to outputs to outcomes are not linear or always logic, hence the need to work in depth on the connections between the delivery of outputs and how these outputs will contribute toward the achievement of outcomes.

The main assumption of the component - the willingness of local government to disclose information about the budget and actively cooperate with VHC. The position of LSG in this matter is very different from municipality to municipality and largely depends on the personal position of the head of LSG to finance and budget. On the other hand, the situation is affected by VHC - in some places they take aggressive and offensive behavior towards LSG, constantly criticize them and do not make constructive suggestions - it scares the local governments and alienates them from the idea of cooperation with the community in general and in with VHC in particular. Important assumption - the state policy in the area of transparency and accountability, as proclaimed in the National Strategy for Sustainable Development, in paragraph 5 of Section 2.7. "The development of local government" is defined as the direction of development: "Enhancing the role and responsibility of the heads of local authorities, improving their form of accountability to the local community and members of local councils." Another assumption is that in November 2012, after the election of deputies for the local councils, the composition has been greatly renewed - according to DPI observations the number of new deputies in most rural LSG in Issyk-Kul and Jalalabad exceeded 60-80 per cent. The local councils are mainly composed of young, enterprising deputies, who have a great desire to control the executive bodies of local self-government, especially the budget. This assumption will help VHC to seek greater transparency and accountability of local budgets.

Risks: what are the risks that the assumptions listed above don't hold? Please define each risk, along with how you rate it (indicate "HIGH", "MEDIUM" OR "LOW" RISK after defining it) and the measures you plan to take to mitigate or avoid these risks, or in the case that your assumptions don't hold.

Risks are identified in relation to the assumptions: for example, for an assumption stating that a participatory process will be implemented in an inclusive and transparent manner, a possible risk may be that of elite cooptation, which may be high, medium or low, depending on the context (factors outside the Project's control) and on the Project's ability to influence such process so that the assumption holds (factors within the Project's control). It is critical to identify risks in a realistic manner, as well as the possible mitigating measures that may be taken (by the Project or others) or be in place to avoid or minimize such risks.

Risks regarding the willingness to cooperate of LSG with VHC will greatly differ in different municipalities. However, this risk can be rated as "LOW", as the heads of the LSG are well aware of the principles of transparency and know that we are obliged by law to disclose information; in addition, the majority of VHC already have a formal cooperation agreement with the LSGs. Therefore, none of the leaders of LSG will show open resistance. DPI will minimize the risks of covert resistance by providing a large number of examples of the cooperation with the community will be represented, including the VHC and helping to address local issues better and more efficient during the training activities and dissemination of information to managers and employees of local government.

PART 3 OF GPSA APPLICATION: PRELIMINARY ORGANIZATIONAL ASSESSMENT

This section covers information that is required in order to carry out a preliminary assessment of your organization's management and governance capacities. In the event the proposal is selected for grant funding, please note that the

organization will be required to undergo a full due diligence assessment. As part of the latter, the organization may be required to receive training on fiduciary aspects related to the management of the GPSA grant.

Type of CSO. Indicate what type of civil society organization is the recipient organization. For purposes of the GPSA CSOs include legal entities that fall outside the public or for profit sector, such as non-government organizations, not-for-profit media organizations, charitable organizations, faith-based organizations, professional organizations, labor unions, workers' organizations, associations of elected local representatives, foundations and policy development and research institutes. Include year of establishment as a legal entity.

Activity Reports. Does the Organization publish an annual activity report on its website? If so, please attach the file at the bottom of this page or provide the link to the website. If not, indicate "No".

Prior WB experience. Does the Organization have prior experience with a World Bank-financed project or grant implementation? If so, please specify and include project names, funding amounts and years of implementation (e.g. 2005-2009). If not, indicate "No".

Financial Reports. Does the Organization have financial audit reports? If yes, please attach at the bottom of this page a copy of each of the two most recent audited financial statements and procurement reports. If not, indicate "No".

Public Audit Reports. Are the audit reports public and/or published on the website? If so, please provide the link. If no, please state so in the space below.

References. Provide at least 3 references that can attest to your organization's management and implementation capacity. Include names of persons, positions, organizations and contact information (telephone and e-mail). References may include people from government, CSOs and donor organizations.

For proposals that include mentoring arrangements, if the Mentor Organization is submitting the application only, please attach a letter of support from the Mentee Organization(s) at the end of the application.

ATTACHED FILES

Please download the required attachments from the online grant application. Fill out the templates offline and upload them.

- Proposal Budget template
- Project Team template
- Project Results Framework template

If you wish to add supporting materials about the proposal or your organization's work, you may do so by clicking on "attached files" at the bottom of Part 1 of GPSA Application.