Constructive Engagement

In the context of the GPSA Project
“Voice of Village Health Committees and Social Accountability of Local Self-Government”
Project Objectives

• To catalyze participatory processes at village level that lead to a clear identification of, and concrete responses to, problems related to health determinants.

• This has been accomplished through the formation of partnerships between DPI (local government expertise), AVHC (village presence and health expertise), and public authorities.
Partners & Beneficiaries

- **Village Health Committees in 25 communities** - associations of volunteers who deal with the health determinants.
- **Association of Village Health Committees** – a legal body that unites over 1,600 village health committees across Kyrgyzstan.
- **Local Self-governments in 25 municipalities**
- **Local communities in 25 pilot villages**
Methodology

Participatory Rural Assessment (PRA) – inclusive community action to identify priority needs of local communities related to health determinants.

- Over **2,400 people in 30 Kyrgyz villages** participated in the PRA process. Everyone participated on a voluntary basis.
Methodology

- The Plans generated by the PRAs are used to frame a **dialogue between local governments and Village Health Committees** on concrete responses to those needs

- **Public budget hearings** to increase local ownership of solutions proposed and oversight of public authorities to take action
Project Results

- 50 improvements in service delivery according to priorities identified during PRAs:
  - **Aleksadrovka village** - the heating systems in two village schools; new truck and garbage containers for garbage collection;
  - **Kyzyl-Kyshtak village** - children from remote villages have a school minibus for safe trips to and from the school;
Project Results

• **Shor-Bulak village** - access to clean water for the local school;
• **Chong-Sary-Oi village** - a new sports ground for local youth;
• **Sovetskoe village** - village roads repaired and street lights installed;
Engaging with multiple stakeholders

- Local authorities
- CSOs – at village and national level
- National Government
Before beginning, we predicted the following priority health determinants...

All of which are local government’s competencies...

• clean water
• safe housing
• sanitation
• hygiene
• epidemiological situation / protection from infection
The PRA process, however, revealed different priorities in local communities...

*Priority issues in sphere of health determinants*

- Sport, culture and youth: 31
- Garbage collection and landscaping: 24
- Municipal roads and bridges: 23
- Conditions in kinder gardens: 20
- Security: 20
- Conditions in schools: 17
- Drinking water: 17
- Access to medical services: 9
- Sanitation and hygiene: 6
- Municipal property management: 2
- Local economic development: 2
- Access to basic municipal and state: 2
- Municipal transport: 1
Adapting to Reality

- It turned out that local governments were not directly responsible for most of the prioritized health determinants—identified via the PRA process.

- The Project’s response has been to promote a multi-sector approach and enlarge the number of stakeholders.
We also realized that we could add leverage for success by introducing horizontal accountability measures:

• To sustain participatory processes at village level they need needs national level support

• The Kyrgyz Chamber of Accounts is engaged to mandate participatory auditing of LSGs, with a focus on public budget hearings

• The Project’s operational findings have been useful as a data source for national policies
The role of gender in constructive engagement

- Most VHCs’ leaders are women
- Most of the LSGs’ officials - men
- Poor communication development: VHCs and LSGs speak different languages
In response...

- Female leaders need additional capacity development efforts with a focus on:
  - LSG legal basis knowledge;
  - Communication skills.
Development Policy Institute
http://dpi.kg/en/

The Association of Village Health Committees
http://kadk.kg/