

5 key words:

Kazakhstan
Tajikistan
Kyrgyzstan
Capacity
Building

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number **GHH-1-00-07-00068-01**. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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AIDSTAR-Two Project Trip Report

1. Scope of Work:

Destination and Client(s)/ Partner(s)	Kazakhstan, Tajikistan and Kyrgyzstan. USAID CAR regional Office.
Traveler(s) Name, Role	Elden Chamberlain, Consultant & Team Leader; Robert Baldwin, consultant; Slava Kushakov, Alliance consultant; Sarah Johnson, Project Director, AIDSTAR-Two; Stephanie Calves, Senior Technical Advisor, MSH
Date of travel on Trip	22 Mar – 18 May 2013
Purpose of trip	Conduct capacity assessments of 49 NGOs across Kazakhstan, Tajikistan and Kyrgyzstan and develop country reports/recommendations and develop regional capacity building strategy.
Objectives/Activities/ Deliverables	<ol style="list-style-type: none"> 1. Adapt and develop tools for assessing the management, organizational, programmatic, and technical capacity of the selected Central Asian NGOs working on HIV or with key affected populations. 2. Lead in collaboration with his team, the implementation of the rapid, structured diagnostic assessments of selected NGOs in Kazakhstan, Kyrgyzstan, and Tajikistan. 3. Facilitate the analysis of the data and compile the various sections/reports produced by team members to draft one assessment report per country based on findings. 4. Submit draft assessment reports for three countries the CAR Mission, including the development of a regional strategy to build the capacity of HIV/AIDS NGOs across CAR based on assessment findings. 5. Based on the assessment reports and in consultation with HIV donors, stakeholders, and NGOs as well as USAID CAR's primary partners (Abt/Quality Project and PSI/Dialogue Project), facilitate the development of a technical assistance plan and recommended follow up per country that includes capacity building strategies, focused on improving leadership, management, organizational, programmatic, financial, and technical capabilities of NGOs (including GFATM-funded NGOs) to plan and support services for key affected populations; improving the capacity of NGOs to diversify funding through approaches such as social contracting with governments and community contributions; and strengthening the capacity of selected NGOs to manage multiple sources of funding and to provide and manage sub-grants to other NGOs or entities working in HIV/AIDS.
Background/Context, if appropriate.	<p>Across Central Asia, countries face a broad range of challenges to implementing national HIV responses that can effectively contain growth of the epidemic. First, countries have largely vertical, specialized systems of health care delivery that lack the coordination or referral mechanisms needed to facilitate access to a continuum of HIV/AIDS prevention, treatment, and care services. Policies and practices across the region in many instances fail to address the service needs of key affected populations; constrain their access to services and violate their rights; limit implementation and scale-up of evidence-based prevention, treatment, and care services such as medication-assisted therapy (MAT) and overdose prevention; and generally</p>

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AIDSTAR-Two Project Trip Report

overlook the potential role of non-state actors, including NGOs and coordinating bodies, communities, and the private sector in the delivery of HIV services. There are high levels of social stigma and institutional discrimination against key affected populations, which affects both service supply and demand. Moreover, there is inadequate political commitment, leadership, and fiscal support for HIV programs targeting key affected populations. Finally, institutions, organizations, and individuals across the region lack the capacities and systems needed to effectively plan, implement, manage, and monitor HIV programs.

Through AIDSTAR, USAID would like to support structured diagnostic assessments of a representative sample of NGOs in Kazakhstan, Tajikistan and Kyrgyzstan. Diagnostic assessments will inform the development of country level capacity building strategies and activities. Current CAR USAID implementing partners through the Quality Project (Abt Associates) and Dialogue Project (PSI) will support planning and implementation of the assessments as well as in-country strategies for NGO capacity development.

2. Major Trip Accomplishments: Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

All deliverables achieved.

Assessment Methodology refined

Assessments conducted with 49 NGOs in three countries

3 country stakeholder meetings held

3 country reports produced and 1 regional strategy developed

3. Next steps: Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
Final copies of country reports sent to USAID CAR	Sarah Johnson	June 21 2013
Final copy of Regional capacity development strategy	Sarah Johnson	June 25 2013

4. Contacts: List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Contact info	Home organization	Notes
See attached schedule			

5. Description of Relevant Documents / Addendums: Give the document's file name, a brief description of the relevant document's value to other staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

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AIDSTAR-Two Project Trip Report

File name	Description of file	Location of file
Schedule		attached
Tajikistan Country Report		attached
Kazakhstan Country Report		attached
Kyrgyzstan Country Report		attached
Central Asia Capacity Building Strategy		attached

AIDSTAR II: NGO CAPACITY ASSESSMENT SCHEDULE/ITINERARY

Assessment Team:

Team Leader: Elden Chamberlain;
Robert Baldwin;
Slava Kushakov;
Stephanie Calves;
Sarah Johnson.

Observer: Nurali Amanjolov, Kazakh PLHIV Network Chairperson

USAID/CAR/HEO Team:

Head of HEO: Leslie Perry;
Project Management Specialist/HE/Tajikistan: Dilorom Kosimova;
Health Project Management Specialist/Kyrgyzstan: Chynara Kamarli;
Regional Strategic Information Advisor: Arman Dairov (+7-701-788-6428).

Date	Day	Time	Activity	Team Members Travelling	Travel & Logistics
Mar 24	Sun		Arrive Almaty	Elden Chamberlain; Robert Baldwin;	Various arrival times Renion Residence Hotel
Mar 25	Mon	0900-1700	Team Meeting/ Finalise Tool Etc		
Mar 26	Tue	0900-1700	Team Meeting / Finalise Tool Etc		
Mar27	Wed	0900-1300 1500-1630	Prepare tools etc for discussion with USAID CAR USAID Almaty Office (In-Briefing) Leslie Perry, HE Director Khorlan Izmailova, Regional HIV Advisor; Jesse Joseph, Health Officer; Arman Dairov, Regional Strategic Information Advisor; Quality Project Representatives.		
Mar 28	Thur		Travel to Tajikistan	Elden Chamberlain; Robert Baldwin; Slava Kushakov Joins Team;	ALA – DYU Tajik Air 7j4898 1430 – 1630 Serena Hotel Dushanbe

Mar 29	Fri	0900 – 1200 1300- 1700	<p>Tajikistan Stakeholder Meeting Quality Project Office in Tajikistan will assist with it. Quality Project Office conference room could be used.</p> <p>Assessment Team works on critical feedback provided during stakeholder meeting.</p>		
Mar 30	Sat	0900 1130 1430	<p>Dushanbe NGOs: Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles on site</p> <p>NGO “Spin Plus” (PWID and PLWHA) Djamalov Pulod +992-93-505-9111</p> <p>League of women living with HIV” (PLWHA)</p> <p>“Vita” (Prisoners)</p>		<p>Need car and driver</p> <p>Need Translator</p>
Mar 31	Sun		Dushanbe (internal team meeting/analysis)		
Apr 1	Mon	0900 1130 1430 1600	<p>Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles on site</p> <p>MAT Client Initiative Group (PWID)</p> <p>NGO “Marvorid” (SW)</p> <p>NGO “Legal Support” (MSM)</p> <p>“Guli Surkh” (PLWHA)</p>		<p>Need car and driver</p> <p>Need Translator</p>
Apr 2	Tue	0900 – 1700	Capacity Assessment Workshop with all NGO/CBOs in Dushanbe (Day 1)		<p>Need Workshop Venue etc</p> <p>Need Translator</p>
Apr 3	Wed	0900 - 1700	Capacity Assessment Workshop with all NGO/CBOs in Dushanbe (Day 2) Debrief		<p>Need Translator</p> <p>Need Workshop Venue etc</p>
Apr 4	Thu		To Kulob	Elden Chamberlain; Robert Baldwin; Slava Kushakov;	<p>Drive to Kulob</p> <p>Need Car & Driver</p> <p>Markazi Mashvaratii</p>

					Kishovarzi (MMK) Hotel
Apr 5	Fri	0900 1130 1430	Kulob NGOs: Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles on site in Kulob NGO "Anis" – outreach workers (SW and PWID) Bozorov Rustam +992-901-88-3838 NGO "Sudmand" (SW) NGO "Jovidon" (PWID)		Need Car & Driver Need Translator
Apr 6	Sat	0900-1700	Capacity Assessment Workshop with all NGO/CBOs in Kulob(Day 1)		Need Translator Need Workshop Venue etc
Apr 7	Sun		AM – Finalise Capacity Analysis Workshop if necessary. PM – to Dushanbe		Need Translator? Need Workshop Venue etc? Drive to Dushanbe Need Car & Driver Serena Hotel Dushanbe
Apr 8	Mon		To Khudzand	Elden Chamberlain; Robert Baldwin; Slava Kushakov	DYU – LBD Somon Air 4J47 1200-1300 Khujand Grand Hotel
Apr 9	Tue	0900 1130 1430 1630	Khujand NGOs: Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles NGO "Anti Spid" (SW) NGO "Dina" (PWID) NGO "Akson" (MSM) NGO "Khayeti Nav" (Prisoners)		Need Car & Driver Need Translator
Apr 10	Wed	0900-1700	Capacity Assessment Workshop with all NGO/CBOs in Khujand Day 1		Need Translator Need Workshop

					Venue etc
Apr 11	Thu	0900 - 1700	Capacity Assessment Workshop with all NGO/CBOs in Khujand Day 2		Need Translator Need Workshop Venue etc
Apr 12	Fri		To Dushanbe Tajikistan Assessment Report Drafting	Elden Chamberlain; Robert Baldwin; Slava Kushakov	LBD-DYU Somon Air 4J48 1700-1800 Serena Hotel Dushanbe
Apr 13	Sat		To Bishkek Internal team meeting/ finalise Tajikistan Report	Elden Chamberlain; Robert Baldwin; Slava Kushakov Departs	DYU – FRU Avia Traffic YK750 1130 – 1405 Holiday Hotel Bishkek
Apr 14	Sun	0900 - 1700	Internal Team Meeting / Analysis /		
Apr 15	Mon	0900 – 1200 1300- 1700	Kyrgyzstan Stakeholder Meeting Quality Project Office in Kyrgyzstan will assist on it. Quality Project Office conference room could be used. Assessment Team works on critical feedback provided during stakeholder meeting.		
Apr 16	Tue		Travel to Chui Oblast Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles 0900 NGO “Rans Plus” (prisoners) Ibragim Lebuzov +996-555-357-050 109A Almatinskaya, Polyclinic #9 1130 NGOs “Pravo na Zhizn” (PWID), Aibar Sultangaziev, Director 996-555-619-558 Sokuluk town 1430 “Anti-Stigma” (PWID and PLWHA) 39/1 Kurenkeev Str., Kant town Maria Vladimirovna +996-552-216-136 1600 NGO “Ayan Delta” (PWID)	Elden Chamberlain; Robert Baldwin;	Drive to Chui Oblast (1 hour from Bishkek) Need car & driver Need Translator Return to Bishkek

Apr 17	Wed	0900 - 1700	Capacity Assessment Workshop with all NGO/CBOs in Chui Oblast Day 1		<p>Drive to Chui Oblast– return to Bishkek Need car & driver</p> <p>Need Translator</p> <p>Need Workshop Venue etc</p>
Apr 18	Thur	0900 - 1300 1400	Capacity Assessment Workshop with all NGO/CBOs in Chui Oblast Day 2	<p>Stephanie Calves Joins team.</p> <p>Nurali Amanjolov Joins team</p>	<p>Drive to Chui Oblast– return to Bishkek</p> <p>Need car & driver</p> <p>Need Translator</p> <p>Need Workshop Venue etc</p>
Apr 19	Fri	0900 1130 1430 1600	Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles Bishkek NGO “Tais Plus” (SW) NGO “Sotsium” (PWID) “Harm Reduction Network” “Kyrgyz Indigo” (MSM)		<p>Need car and driver</p> <p>Need Translator</p>
Apr 20	Sat	0900 1130 1430 1600	Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles Bishkek “Gender Vector” (MSM) Association of country network of PLWHA “Shag na vsrtechu” (PLWHA) “Aman Plus” (Prisoners)		<p>Need car and driver</p> <p>Need Translator</p>
Apr 21	Sun		Internal team meeting / analysis Bishkek		

Apr 22	Mon	0900 - 1700	Capacity Assessment Workshop with all NGO/CBOs in Bishkek Day 1		Need Translator Need Workshop Venue etc
Apr 23	Tue	0900 - 1700	Capacity Assessment Workshop with all NGO/CBOs in Bishkek Day 2		Need Translator Need Workshop Venue etc
Apr 24	Wed		To Osh Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles 1030 NGO "Plus Center" (PWID component) Focus Groups Discussions with clients (PWID component) Ravshan, Director, +996-555-175040 1300 NGO "Roditeli protiv narkotikov" (PWID) 1500 NGO "Rainbow" (MSM)	Elden Chamberlain; Robert Baldwin; Stephanie Calves; Nurali Amanjolov	FRU – OSS Avia Traffic YK179 0800-0900 YK145 (1700-1800 tue pm?) USAID/Quality Recommended Hotel? Need Translator Need Car & Driver
Apr 25	Thur		Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles 0900 NGO "Musaada" (MSM) 1130 Association of country network of PLWHA 1430 NGO "Podruga" Nadejda Sharonova, Director +996-555-613-538		Need Car & Driver Need Translator
Apr 26	Fri	0900 - 1700	Capacity Assessment Workshop with all NGO/CBOs in Osh Day 1		Need Translator Need Workshop Venue etc
Apr 27	Sat	0900 - 1700	Capacity Assessment Workshop with all NGO/CBOs in Osh Day 2		Need Translator Need Workshop Venue etc

Apr 28	Sun		<p>To Bishkek</p> <p>Drive from Bishkek to Almaty</p>	Elden Chamberlain; Robert Baldwin; Stephanie Calves; Nurali Amanjolov	<p>OSS -FRU Avia Traffic YK146 0940-1040</p> <p>Car & Driver needed</p> <p>Renion Residence Hotel</p>
Apr 29	Mon	0900 - 1200 1530- 1730	<p>Kazakhstan Stakeholder Meeting Quality Project Office in Kazakhstan will assist on it. Hotel conference room could be used.</p> <p>Assessment Team works on critical feedback provided during stakeholder meeting.</p> <p>Kyrgyzstan Assessment Report Drafting</p>		
Apr 30	Tue		To Ust-Kamenogorsk	Elden Chamberlain; Robert Baldwin; Stephanie Calves	<p>ALA-UKK Air Astana KC301 1235-1430</p> <p>Need USAID/Quality Hotel Recommendation</p>
May 1	Wed	1000 1400	<p>Labor Day</p> <p>Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles</p> <p>NGO "Kuat" (SW, PWID and PLWHA)</p> <p>NGO "Answer" (PWID and PLWHA)</p>		<p>Need car and driver</p> <p>Need Translator</p>
May 2	Thu	0900 - 1700	Capacity Assessment Workshop with all NGO/CBOs		<p>Need Translator</p> <p>Need Workshop Venue etc</p>
May 3	Fri		To Astana	Elden Chamberlain;Robert Baldwin; Nurali Amanjolov; Stephanie Calves	<p>UKK-TSE Air Astana KC346 1145 – 1330</p> <p>USAID/Quality Recommended Hotel?</p>

May 4	Sat	0900 - 1700	Astana Ust-Kamenogorsk assessment report drafting	Stephanie Calves Departs	
May 5	Sun		To Karanganda	Elden Chamberlain; Robert Baldwin; Nurali Amanjolov	Need Car and Driver Astana - Karanganda Need USAID/Quality recommended Hotel
May 6	Mon	1030 1430 1300 1530	Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles NGO "Kredo" (Prisoners) NGO "Sau Urpak" (SW and MSM) NGO "Shapagat" (PLWHA) NGO "Umid" (PWID and PLWHA)		Need Car and Driver to visit NGOs as very far apart Need Translator
May 7	Tue		Capacity Assessment Workshop with all NGO/CBOs in Karanganda Day 1		Need Translator Need Workshop Venue etc
May 8	Wed		Capacity Assessment Workshop with all NGO/CBOs in Karanganda Day 2		Need Translator Need Workshop Venue etc
May 9	Thur	0900 - 1700	Victory Day Public Holiday To Almaty	Elden Chamberlain; Robert Baldwin; Nurali Amanjolov;	KGF – ALA SCAT Air DV746 0730 – 0900

				Sarah Johnson Joins Team	Renion Residence Hotel
May 10	Fri	0930 1130 1430 1600	Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles PSI (SW and PLWHA) Medical Center "Medical Doctor Li" (SW and MSM) NGO "Doverie Plus" (PWID) Social Support TUMAR (PWID)		Need Car & Driver Need Translator
May 11	Sat	1130 1430 1630	Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles in Almaty NGO "Adali" (MSM) NGO "Amulet" (MSM) NGO "Kovcheg" (Prisoners)		Need Car & Driver Need Translator
May 12	Sun	0900 - 1700	Almaty (internal team meeting/analysis)		
May 13	Mon	0900 - 1700	Capacity Assessment Workshop with all NGO/CBOs in Almaty Day 1		Need Translator Need Workshop Venue etc
May 14	Tue	0900 - 1700	Capacity Assessment Workshop with all NGO/CBOs in Almaty Day 2		Need Translator Need Workshop Venue etc
May 15	Wed	0900 - 1700	Kazakhstan assessment report drafting (2 team members) Analysis / synthesis of 3 country assessment reports (2 Team members)		
May 16	Thur	0900 - 1700	Prepare Agenda /process for strategy development day		
May 17	Fri	0900 - 1700	Strategy Development Day with USAID CAR		Need Workshop Venue etc

May 18	Sat	0900 - 1700	Finalise Assessment reports / Finalise Draft Capacity Strategy Document		
May 19	Sun	0900 - 1700	Finalise Assessment reports / Finalise Draft Capacity Strategy Document		
May 20	Mon	0900 – 1200 1400- 1530	Draft Capacity Strategy Completed Debrief with USAID CAR		
May 21	Tue	0900 - 1700	Depart Almaty	Elden Chamberlain; Robert Baldwin; Sarah Johnson	

Central Asia NGOs Assessed by AIDSTAR-Two

March 24-May 21, 2013

Kyrgyzstan

Location	Name of NGO	Point of Contact	Email Address
Chui	Rans Plus	Ibragim Lebusov	rans_plus@list.ru
Chui	Pravo na Zhizn	Mariam Beishenova	akdeer05@mail.ru
Chui	Anti-Stigma	Balkabek Israilov	antistigma@mail.ru
Chui	Ayan Delta	Olga Novikova	delta57@mail.ru
Bishkek	Tais Plus	Shahnaz Islamova	taisplus@gmail.com
Bishkek	Sotsium	Batma Estebesova	sotsium2009@mail.ru
Bishkek	AntiAIDS	Chynara Bakirova	chbakirova@gmail.com
Bishkek	Labrys	Sanni Kurmanova	kyrgyzlabrys@gmail.com
Bishkek	Harm Reduction Network	Madina Tokombaeva	harmreductionnetwork.kg@gmail.com
Bishkek	Kyrgyz Indigo	Dan Orsekov	kyrgyz.indigo@gmail.com
Bishkek	Gender Vector	Sergei Kostenko	gender_vector@mail.ru
Bishkek	Association of Unity of HIV	Burul Isaeva	pozpeople@mail.ru
Bishkek	Shag na vsrtechu	Iskender Shayahmetov	shag_navstrechu@mail.ru
Bishkek	Aman Plus	Vyacheslav Taranyuk	aman.plus@rambler.ru
Bishkek	Asteria	Irena Ermolaeva	asteria07@rambler.ru
Osh	Plus Center	Ravshan Mazhitov	pluscentre.osh@gmail.com
Osh	Roditeli protiv narkotikov	Mamasobir Burhanov	rpn_osh@mail.ru
Osh	Rainbow	Maksat Usenov	rainbow.kg@mail.com
Osh	NGO "Musaada" (MSM)	Isa Nurmamatov	musaada@rambler.ru
Osh	Krik Zhuravlya	Aziza Kurbanova	azizakurbanova@mail.ru
Osh	Produga	Nadejda Sharonova	podruga_osh@mail.ru

Tajikistan

Location	Name of NGO	Point of Contact	Email Address
Dushanbe	Spin Plus (USG and GF)	Jamolov Pulod	spinplus.admin@gmail.com
Dushanbe	Marvorid (USG)	Majidov Makhmud	marvorid@yandex.ru
Dushanbe	League of women living with HIV (USG)	Mansurova Jonona	
Dushanbe	Vita (USG)	Ibragimov Bahrom	vita-tj@yandex.ru
Dushanbe	MAT Client Initiative Group (USG)	Buydokov Umed	
Dushanbe	Legal Support (USG and GF)	Pirova Aziza	pazizax@mail.ru
Dushanbe	Guli Surkh (USG)	Kamilova Sevar	aidsti@mail.ru
Kulob	Anis (USG and GF)	Bozorov Rustam	anis.41@mail.ru
Kulob	Sudmand (USG)	Saidaliev Tolib	sudmand@rambler.ru
Kulob	Jovidon (USG)	Ergasheva Mastona	npo-jovidon@mail.ru
Khudzand	Anti Spid" (SW) (USG and GF)	Aripov Orifkhoja	anti-aids@mail.ru
Khudzand	Dina (USG and GF)	Karimov Sino	dina-dd@mail.ru
Khudzand	Akson (USG and GF)	Jabborov Azim	axontj@yandex.ru
Khudzand	Khayeti Nav (USG)	Abdurahmonov Abdukholik	hayoti_nav@mail.ru

Kazakhstan

Location	Name of NGO	Point of Contact (Head of NGO)	Email Address
Ust-Kamenogorsk	Kuat	Sair Nurlan Biahmetuly	kuat-vk@mail.ru
Ust-Kamenogorsk	Answer	Yelena Rastokina	yelena_r_86@mail.ru, pf_answer@mail.ru
Karaganda	Kredo	Nadezhda Kozachenko	credokrg@mail.ru
Karaganda	Sau Urpak	Elena Nosyreva	lenanosyreva@mail.ru
Karaganda (Temirtau)	Shapagat	Zoya Ruzhnikova	zosya66@mail.ru shapagat-temirtau@mail.ru
Karaganda	Umit	Gulmira Smailova	aiman_umit@mail.ru
Almaty	Adali	Sergei Skakunov	adali2005@mail.ru
Almaty	Amulet	Valentine Rogoza	neon4ik@list.ru, amulet.kz@mail.ru
Almaty	Doverie Plus	Rosa Oleinikova	doverieplus@mail.ru



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capacity for impact

AIDSTAR-Two Project

PEPFAR CAR REGIONAL NGO CAPACITY DEVELOPMENT STRATEGY

Strategic Options 2013-2019

Submitted: June 27, 2013

This document is made possible by the generous support of the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Agency for International Development (USAID) under contract No. GHH-I-00-0700068-00. The contents are the responsibility of the AIDSTAR-Two Project and do not necessarily reflect the views of USAID or the US Government.

Table of Contents

Table of Contents	2
Acronym List	3
I. Background	4
II. The Capacity Building Conundrum	6
III. Goal of the Regional NGO capacity development strategy	8
IV. Summary of Findings from the Assessment of NGO Capacity in the HIV Sector in Central Asian Republics (Tajikistan, Kyrgyzstan, and Kazakhstan)	9
Partnerships, referral systems and coordination	9
HIV and AIDS technical capacity of key and front line staff.....	9
Organizational systems.....	9
Promotion of participation of PLHIV and other affected communities	10
Involvement in evidence and consultation-based advocacy.....	10
V. Strategic Opportunities and Potential Interventions	13
Strategic Opportunity #1: Strengthen partnerships, referral systems, and coordination	14
Strategic Opportunity #2: Strengthen HIV and AIDS technical capacity of key and front-line staff	16
Strategic Opportunity #3: Strengthen organizational systems	19
Strategic Opportunity #4: Strengthen promotion of participation of people living with HIV and other key affected populations	22
Strategic Opportunity #5: Strengthen the capacity of the NGOs for direct involvement in evidence and consultation-based advocacy	24
Annex 1: Timeline and Strategy Summary	27

Acronym List

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater involvement of people living with HIV and AIDS
HIV	Human immunodeficiency virus
LGBT	Lesbian, Gay, Bisexual, Transgender
MOH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-governmental organization
PEPFAR	President's Emergency Fund for AIDS Relief
PLHIV	People living with HIV
PR	Principal Recipient (of the Global Fund)
PWID	People who inject drugs
SR	Sub Recipient (of the Global Fund)
SW	Sex workers
USAID	United States Agency for International Development

I. Background

The HIV epidemic in the Central Asian Republics is concentrated within key populations that include injecting drug users or people who inject drugs (PWID), sex workers (SW), men who have sex with men (MSM), incarcerated populations, people living with HIV (PLHIV), and migrants. The epidemic is predominantly driven by injecting drug use; however, sexual transmission—largely between PWID and their sexual contacts—is playing an increasing role in the growth of the epidemic.

The Central Asian Republics (CAR) President’s Emergency Plan for AIDS Relief (PEPFAR) program is a regional program implemented by USAID, the U.S. Centers for Disease Control (CDC), and Peace Corps (in Kyrgyzstan). CAR PEPFAR receives funding at a regional level to support activities in the five Central Asian Republics: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan.

The overarching goal of the regional program is to prevent new HIV infections, particularly among key populations, and to provide high quality services for affected populations through strengthened and sustainable health systems. To achieve this goal, program activities aim to: (1) improve access by key populations to comprehensive, quality services; (2) strengthen the capacity of institutions, individuals, and systems to plan, manage, and monitor national AIDS programs that provide improved services for key populations; and (3) enhance the collection, analysis, and utilization of data to inform planning and policymaking.

Local non-governmental organizations (NGOs) play a key role in CAR in reaching key populations, providing them with information, education, support and other services designed to improve their access to HIV services. These NGOs also play a critical role in advocating for the end to stigma and discrimination and friendly, appropriate, accessible services as well as respect for human rights.

Most NGOs are funded through one source of project funding, largely either USAID or the Global Fund and there is concern about their present and future sustainability, which is fundamental to national AIDS efforts.

As such, USAID CAR aims to strengthen the organizational processes, management systems, program, financial and technical capabilities, and leadership of the NGOs to enable them to better contribute to these national efforts. To guide this process and ensure a systematic approach to NGO capacity development, USAID CAR asked the AIDSTAR-Two project to undertake rapid, structured, diagnostic assessments of 49 local NGOs across Tajikistan, Kyrgyzstan, and Kazakhstan, including PLHIV associations and other organizations working with key populations. USAID intends to use the assessment findings to inform the development of NGO capacity building strategies. Strategies will include approaches to both develop the technical and organizational capacities of less mature NGOs and strengthen the technical and organizational capacities of more mature organizations that may have the potential to take on increased leadership, umbrella, or management roles within the NGO sector.

The assessments were conducted from March 25 through May 13, 2013. Forty-nine (49) organizations were visited and organizational profiles were developed for each NGO. Forty-eight (48) NGOs participated in the NGO capacity analysis workshops conducted in different cities across the three countries. The request from the CAR PEPFAR team was to assess organizational processes; management systems; program, financial and technical capabilities; and leadership of NGOs. As a result of this

request, the representatives of the various NGOs in the capacity analysis workshops evaluated their current capacity in the following areas:

1. Partnerships, referral systems, and co-ordination
2. HIV and AIDS technical capacity of key and front-line staff
3. Organizational systems
4. Promotion of participation of PLHIV and other affected communities
5. Involvement in evidence and consultation-based advocacy

Partnerships, referral systems, and coordination with others enables an NGO to magnify the effect of its actions by the power of all those around it. Rather than working in competition with others and duplicating efforts, the NGO seeks to address the needs of its community in the best way it can (assessment in this area included assessing program and technical capabilities as per CAR PEPFAR's request).

HIV and AIDS technical capacity – The understanding of the epidemic continues to evolve. Those organizations that are able to refresh their methods and approaches in line with updated understanding of the epidemic and proven practices will likely serve their mission better (assessment in this area included program and technical capabilities as per CAR PEPFAR's request).

Organizational systems have long been recognized as important for the sustainability and efficacy of an organization's ability to function, including governance; strategy and structure; human resources and administration; program management, monitoring and reporting; and financial management and sustainability (assessment included organizational processes, management systems, and financial capacity as per the CAR PEPFAR request and as outlined in Management Sciences for Health's Management and Organizational Sustainability Tool or MOST).

The **promotion of participation of people living with HIV and AIDS and other affected communities** is integral to challenging inequality and marginalization which are often the underlying causes of people's vulnerability to HIV. This is also often a sign of how much an organization believes in its own messages and feels solidarity with its community (the assessment included program, technical and leadership capabilities as per CAR PEPFAR's request).

Involvement in evidence and consultation-based advocacy harnesses the power of institutions that can affect the lives of an NGO's community to a far greater extent than the NGO can itself. The inequalities and vulnerabilities faced by some people may be embedded in the structure of society and, in some cases, may only be addressed through advocacy (the assessment included program, technical & leadership capabilities as per CAR PEPFAR's request).

The AIDSTAR-Two team presented the findings of these NGO assessments in Tajikistan, Kyrgyzstan, and Kazakhstan and recommendations for addressing weaknesses to the PEPFAR CAR team on May 15, 2013 at the USAID mission in Almaty, Kazakhstan.

USAID CAR also asked the AIDSTAR-Two project to develop a regional capacity building strategy to identify strategic opportunities and interventions that would address the findings in the immediate future (2013-2015) and beyond (2016-2020).

This document summarizes the strategic opportunities identified by the AIDSTAR-Two team that could strengthen key capacities in local NGOs so that they can promote more effective prevention, care and support, and treatment programs and services for key populations in the Central Asia Region’s HIV epidemic. These opportunities may inform current PEPFAR CAR programming and strategic objectives in the near future as well as the next PEPFAR CAR Strategy (2016-2020). The country-specific assessment findings are contained in the Kyrgyzstan, Tajikistan, and Kazakhstan NGO capacity assessment reports that have been submitted to USAID CAR.

II. The Capacity Building Conundrum

One important consideration that is essential for interpretation of any data concerning the capacity of civil society organizations in Central Asia is the dynamics of funding available for HIV-related interventions generally as well as for NGO-based activities in particular. Although the civil society organizations working on AIDS in Central Asia have been exposed to multiple capacity building programs over the last decade, these capacity building efforts have not been matched with significant investment in the organizational strengthening and actual service delivery programming. Many HIV NGOs receive funding from the Global Fund and/or PEPFAR. Over the last couple of years, the majority of civil society HIV service providers have experienced significant decrease in funding from international donors and no corresponding increase in funding from national sources, with some of them reporting funding interruptions of as long as eight months in 2012, during which they were not able to pay salaries and relied on staff enthusiasm for retention of operations at a basic level barely sufficient to keep the organization on standby or retain some contact and rapport with their target populations. Many of the NGOs that were interviewed had to convert a significant proportion of their paid staff into volunteers who keep their association with the organization based on their dedication and barely tangible benefits. Some of the organizations reported losing the majority of their workers. Those who managed to retain their service delivery functions had to significantly shrink the services that they offered with whole service delivery areas (e.g., drop-in-center delivery of services or community-based rehabilitation for people who inject drugs) disappearing or significantly downsized. Drop-in and rehabilitation centers—apart from their direct value of delivering services to reduce harms associated with the use of illicit substances and respond to some of the essential needs of people who use drugs—are known to play a role as peer-support and relapse management facilities for front-line and other staff, volunteers, and activists working in HIV-service delivery to people who inject drugs. The recent loss or severe downshifting of several such facilities in Tajikistan adversely affects the morale of the essential HIV prevention and care workforce working with this key population.

The restricted access of the civil society service providers to funding does not necessarily reflect the volume of incoming funding streams. Poor donor coordination and lack of joint planning for an integrated nationwide response significantly exacerbates discontinuation of specific programs. The governments in CAR remain unconvinced regarding the benefits of focusing HIV efforts on key populations, despite their disproportionate HIV burden. Ironically, the mistrust of civil society coexists with significant weaknesses within the state public health system. For example, after several years of attempts to establish the required laboratory facilities, viral load testing remains unavailable in Tajikistan. This makes it impossible to establish the effectiveness of ART. The equipment that has been procured is not utilized due to the lack of capacity of the personnel as well as interrupted supply of required supplies. This again highlights the importance of coordination of efforts aimed to support

capacity development with those aimed to support the actual delivery of HIV and AIDS interventions and services.

One NGO reported a very worrying dynamic in their funding over the last three years. The funding went from approximately \$70k in 2010 to \$35k in 2011, which has led to discontinuation of most of the activities and termination of the organization's involvement in the delivery of most of their harm reduction services. The funding resumed on a significantly lower scale towards the end of 2012 and the harm reduction activities were about to be resumed at the time of the interview (April 2013), although the donor has not yet supplied them with the required commodities. The NGO has not been able to prevent the crisis despite its former collaboration with more than one donor agency.

Recommendations to USAID solicited during the workshops in the three countries can be interpreted as recommendations to any international agency involved in HIV and AIDS work in the country. Despite the assessment team's explicit request not to mention the increase in funding among the recommendations, the vast majority of them were requests for financial support for launching or strengthening the delivery of HIV and AIDS and related services.

The poorly predicted shifts in funding priorities of the donors are exacerbated by poor coordination and planning alignment which could ensure continuity of funding and avoid the gaps between grants (e.g., through special attention to planning of the closeout stages of a project allowing for "no cost extensions" and other methods enabling the NGOs to continue essential service delivery until another grant is received from the same or a different donor). The donors should assume greater responsibility for understanding the trends in the funding landscape and engaging with other donors to prevent any possible funding interruptions or prepare the recipients for timely adjustments in their approaches.

There is a strong impression among the assessment team members as well as the assessment participants that the HIV related civil society sector is oversaturated with a growing number of organizations, which is happening simultaneously with the far too thinly spread of modest available donor resources. This also leads to duplication of services and unproductive competition of providers for the same populations, and limits investment in the quality of interventions. The level of funding has dropped significantly over the last five years in all but one of the 49 assessed organizations. Some of them experienced severe funding interruptions of several months in 2012 and were unable to retain significant proportion of their trained specialists. This trend undermines the value of the past capacity development efforts. Any upcoming capacity development efforts risk significant loss in investment unless capacity development—which is needed—is carefully aligned with and attempts to influence the magnitude and focus of the upcoming investment in program implementation.

There remains a lack of coordination among capacity development efforts and, most importantly a lack of coordination between the capacity development programs and those that fund the actual delivery of the essential HIV services. Donor resources have been spread too thin over the past several years, providing the local NGOs with little room for the development of strong cadre of specialists and organizational systems. As a result, most of the civil society organizations are not prepared to comply with the increasingly strict requirements of the Global Fund and other major donors and are not equipped to participate in tenders. Unfortunately the internal operational processes of the current principal recipient (PR) of the Global Fund in Tajikistan for example, means that resources are not well designed for supporting the necessary scale-up of community-based service delivery, and the tendering method of sub-recipient (SR) selection leaves capable partners with no funding or very limited funding to continue and develop their important work. Moreover, the PR has also introduced an extra layer of

international SRs (including other members of the UN system) between the principal recipient and civil society sub-recipients, which has led to a further decrease in the proportion of funding made available for the field level HIV work.

The constituency of donors operating in the region itself need to reflect on the way they collaboratively plan and align their programs and exercise the flexibility required for such alignment in the best interest of the effective response to HIV epidemic in Central Asia. Without increased investment and more strategic use of limited resources, any expectations of the donors and international stakeholders of civil society to scale up the essential HIV services in the vulnerable and affected communities as a result of redesigned or intensified capacity development efforts will remain unrealistic.

III. Goal of the Regional NGO capacity development strategy

The goal of the regional NGO capacity development strategy (2013-2019) is to strengthen the capacity of key population NGOs to plan, manage, and monitor AIDS programs in order to increase access to and provide improved services for key populations. Strengthening NGO capacities in key areas such as partnerships, referral systems and co-ordination, HIV and AIDS technical capacity of key and front-line staff, organizational systems, promotion of participation of PLHIV and other affected communities, and involvement in evidence and consultation-based advocacy are fundamental to improving access and quality and overall human rights for affected groups and assuring that internal institutional, financial and program systems are strengthened so the NGOs can continue service delivery and advocacy.

The AIDSTAR-Two team took into account the FY 12 PEPFAR Capacity Building and Strengthening Framework which describe four integrated levels of capacity development: individual, workforce, organizational, and systems levels. This framework document stresses that:

*“The focus of capacity building will be on shifting abilities for implementation and management of PEPFAR-supported HIV services and programs to **local and national organizations over time**, while sustaining continued gains in health impact. This supports country ownership by providing the skills needed for local partners who will take on more leadership and direct program implementation roles over time, while international partners continue to provide capacity strengthening and technical assistance.”*

This AIDSTAR-Two strategy document presents strategic opportunities for strengthening the HIV NGOs, based on findings in the five capacity areas assessed.

IV. Summary of Findings from the Assessment of NGO Capacity in the HIV Sector in Central Asian Republics (Tajikistan, Kyrgyzstan, and Kazakhstan)

Partnerships, referral systems, and coordination

NGOs that focus on HIV reported varying levels of effective partnerships, particularly in relation to equality with partners, formalized agreements, and coordination. They work with a diverse range of other NGOs, including non-HIV focused NGOs, and often have formal partner agreements (MoUs) describing how they will work collaboratively together. There was some reported ‘unfriendly competition’ and misunderstandings between some NGOs with a need for more partner work meetings and joint events.

Many NGOs reported good partnerships with local government agencies such as police and health services, although these relationships appeared to be based on personal contacts. Partners’ agreements (MoUs) with government are limited and most appear to be symbolic, ‘MoUs on paper only,’ with a general belief that their partnerships with government were ‘often very one-sided and they expect a lot from us.’ These partnerships are mostly related to referral activities. Little government funding, if any, goes to support the organizations and the governments expect a lot in return for ‘recognition’ of the NGO.

Partnerships with international organizations seemed to be based on a donor-recipient relationship and there was an awareness that ‘the donors are leaving.’ Several NGOs commented that ‘we report to them but we do not get any feedback,’ and the donors are inflexible in regards to ‘our strategies not matching with donors’ and have onerous reporting requirements.

HIV and AIDS technical capacity of key and front-line staff

NGOs rated this capacity area as one of their strongest, although they also said they needed more skills in many areas including communication and negotiation, project management, monitoring and evaluation, leadership, advocacy, case management, and HIV updates. The important issue of organizational sustainability was self-identified by NGOs, which reported that they need skills development in strategic planning, social entrepreneurship, developing business plans, and local fundraising.

The assessment team found a lack of knowledge and awareness among some NGOs about the latest developments in HIV prevention and care. There also appeared to be a lack of awareness and knowledge of how to utilize new and emerging social media technologies to interactively communicate with their communities and as advocacy and educational platforms.

Organizational systems

There appeared to be a general informality in regards to governance for most NGOs in terms of boards of directors and strategic plans. The assessment team believes that only 25% of the NGOs had a functioning governing board separate from management, with strong links to its target community and that provided long-term independent vision and direction to the organization. Most NGOs said they had a strategic plan; however, it appeared that many of the organizations’ plans were largely based on currently funded projects and as such were limited in scope and time, and in most cases they were driven by the availability of external funding, ‘like most NGOs, we work from one project to another.’

This “project focus” also appeared to influence organizational structures with staff positions dependent on available funding and systems conformed to specific donor funded projects

Human resource policies and procedures, often in place to a limited degree, appear to be ad-hoc and ‘driven by donors.’ It was reported that staff had job descriptions but that recruitment policies could be vague. Many NGOs commented on the low salary levels paid to staff, which appeared to often be defined by donors at levels below those for comparable government positions. Policies in regards to volunteers were even more vague than those for staff.

While most NGOs reported a basic understanding of the project cycle, including needs assessments as the basis for all projects, and the importance of monitoring, evaluation and reporting, they stated that ‘this is what our donors demand’. So while many NGOs may understand the project cycle it is not clear that they are really committed to it as an essential element of their working effectively.

Most NGOs reported that they had basic financial and accounting systems that were supplied by donors and that systems vary between donors, often creating an unnecessary workload burden for NGOs with multiple donors, although there was general agreement that having multiple donors was better than having only one donor. The current reliance on project funds from international donors and the lack of coordination between donors exacerbates the weak capacity of NGOs to strategically plan for the longer-term and manage risks associated with funding interruptions related to project cycles. Financial and resource sustainability is a major and growing issue for NGOs working in the HIV sector in Central Asia.

Promotion of participation of PLHIV and other affected communities

The involvement of PLHIV and people from other affected communities in NGOs was often limited to outreach workers and volunteers, although it was pleasing to see that many of the founding board members and management are from the target communities for several NGOs. The growth and leadership of the Kazakhstan Union of PLHIV and the relatively new creation of the Kazakhstan PLHIV Women’s Network and the Central Asia PLHIV Network are welcome actions to increase community empowerment, collaboration, and involvement. The assessment team believes these types of networking initiatives should be expanded to other affected communities, such as MSM/LGBT, PWID, and sex workers.

Stigma and discrimination, especially by health care and other service providers, was frequently raised as a major issue impeding the involvement of PLHIV and other affected communities. It was seen as affecting people’s self-worth, increasing anxiety, and creating a barrier to people accessing effective health care and other required services. Greater and more collaborative efforts need to be made by all partners to raise HIV awareness and challenge ongoing HIV-related stigma and discrimination.

Involvement in evidence and consultation-based advocacy

NGOs generally had a good understanding of the need for advocacy to be based on evidence and community consultations, with several NGOs able to cite their involvement in HIV related research and working with their communities to gather evidence. NGOs were also able to give multiple examples of successful small and large-scale advocacy activities at the local level they had recently led. For example, in Ust-Kamenorgosk, local NGOs were able to come together to improve the level of service/reduce the discrimination clients were receiving from medical staff at the AIDS Center. However, NGO workshop participants generally said advocacy was one of their weakest areas of capacity, ‘we need more skills to do large scale advocacy.’

At the capacity assessment workshops, NGOs focused on assessing their internal strengths and weaknesses but in doing so, they also spoke about threats and opportunities that affected their capacity both positively and negatively in the overall environment at both the international donor and national level. At the international donor level, NGOs were appreciative of funding and the trainings and support provided, yet were concerned about future funding and felt constrained by international donors with their many requirements and dictates to NGOs on what to do and what targets to reach; they reported that because of a strict project focus by donors, the NGOs have been unable to develop a “*whole of NGO*” strengthening approach because donor funding focuses on funding projects within organizations, not the organizations themselves. As mentioned above, donors’ funding project cycles also sometimes affect the delivery of services, with services interrupted and staff forced to disband or move into a volunteer position when funding ends. Some mentioned slow funding dispersals and staff going without pay, sometimes for up to eight months. At the national level, on the positive side, some governments provided social procurement funding (Kazakhstan), yet NGOs did not feel fully consulted or a part of the national HIV and AIDS plan.

In analyzing country and regional findings in each of the capacity areas assessed, AIDSTAR-Two used a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis to better envision strategic opportunities by sorting the internal strengths and weaknesses reported by NGOs in the capacity assessment workshops and mapping these against opportunities and threats in the external environment that the NGOs and other key stakeholders identified, such as those mentioned above. Viewing the information this way can help to prioritize the best strategic opportunities and see potential *growth strategies* to maximize internal strengths and opportunities in the external environment (strengths/opportunities), *strengthening strategies*, that address internal weaknesses in order to take advantage of opportunities in the external environment (weaknesses/opportunities); *response strategies* that utilize internal strengths to face external threats (ST) and *withdrawal strategies*, in the face of internal weaknesses and threats in the external environment whereby the NGO withdraws waiting for more favorable circumstances for sustainability (WT).

This findings of the SWOT Analysis are found in Figure 1 on the following page.

Figure 1. Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

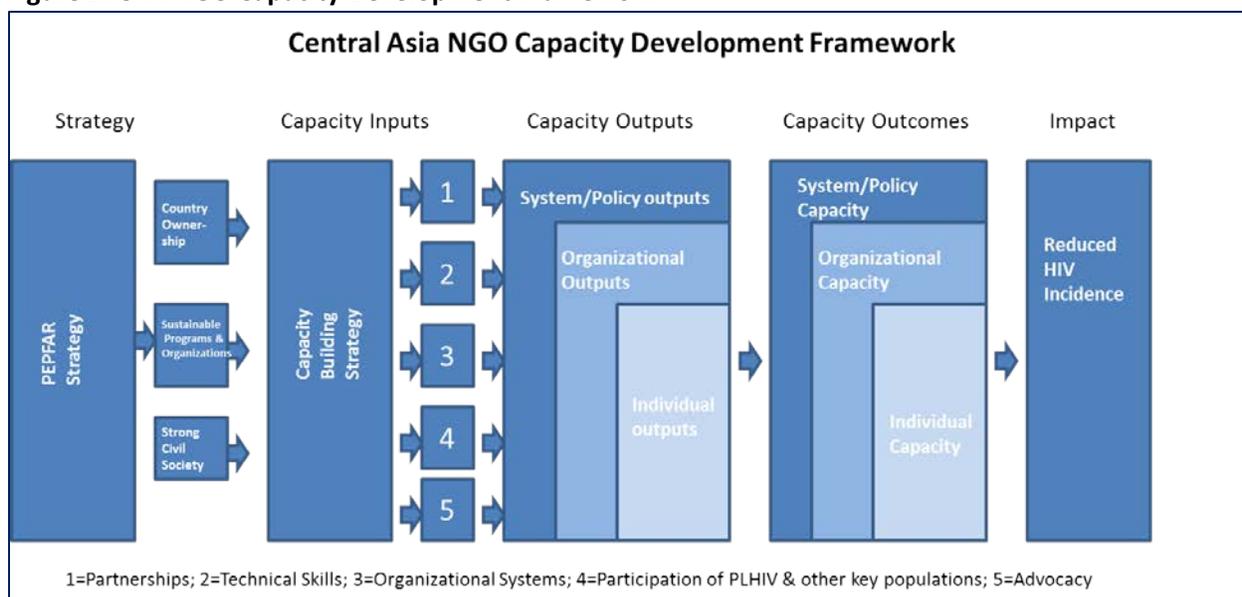
	<p>Strengths:</p> <ul style="list-style-type: none"> • Project management • HIV and AIDS technical skills • Capacity to reach key populations • Involvement of key populations • Local level partnerships and referrals 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Organizational systems especially resource generation/financial sustainability and governance • Advocacy strategic partnership/networks • Partnerships with governments
<p>Opportunities:</p> <ul style="list-style-type: none"> • Continued PEPFAR and Global Fund support until 2019 • Other possible funding: SOROS, embassies, business associations/councils • Social procurement (in one country) • Urgency to address increase in epidemic among key populations • USAID CAR democracy activities designed to strengthen civil society • PEPFAR Guidance on PWID, MSM, and the Blueprint for Creating an AIDS-free Generation. 	<p>SO: Use strengths to take advantage of opportunities</p> <ul style="list-style-type: none"> • Strategic capacity development with NGOs using a “whole of NGO” approach focusing on key areas to strengthen NGOs in a timely manner while donor funds remain • Strengthen networks • Strengthen government-CSO partnerships • Strengthen technical skills and knowledge to improve programming 	<p>WO: Overcoming weaknesses by taking advantage of opportunities</p> <ul style="list-style-type: none"> • Strengthen business planning/ resource generation skills. • Strengthen governance systems to ensure sustainable/accountable organizations • Develop strategic partnerships and networks to improve advocacy and collaboration
<p>Threats</p> <ul style="list-style-type: none"> • Overall stigma and discrimination toward key populations • Some lack of coordination among donors • Lack of acceptance—civil society is not recognized or accepted as an equal and valued member in the response • Diminishing donor funding (Global Fund, etc.) • Workforce issues (social workers unaccredited) • Untimely payments to NGOs by donors (Global Fund) • Funding for projects, not “whole of NGO” strengthening • National HIV strategic plans with insufficient priority on key populations and funding 	<p>ST: Use strengths to avoid threats</p> <ul style="list-style-type: none"> • Strengthen networks • Strengthen understanding of the greater involvement of people living with HIV and AIDS (GIPA) to create leadership pathways for key populations. • Advocate for reducing stigma and discrimination among government and other service providers • Develop a pathway towards accreditation for social workers 	<p>T: Minimize weaknesses and avoid threats</p> <ul style="list-style-type: none"> • Strengthen organizations to enable better accountability to the community. • Develop business plans and models to assist towards less reliance on donor funds • Better coordination between donors to ensure no funding gaps between the transfer of programs from one donor to another

The strategic opportunities are described in the following section.

V. Strategic Opportunities and Potential Interventions

NGO organizational capacity is an essential element supporting access to and quality of services, sustainability, and country ownership of the HIV response. A framework that reflects an integrated and reinforcing set of capacity building activities based on the five capacity areas examined during the assessment was developed by the assessment team. The framework addresses individual, organizational, and systems levels of capacity to further strengthen NGO leadership in the HIV response. Individual and workforce level capacity building activities should be within the context of and accompanied by strengthening of organizations and systems that will ensure the sustainability of activities, outputs, and outcomes.

Figure 2. CAR NGO Capacity Development Framework



The following five capacity areas below represent a linked set of strategic opportunities to achieve the overall goal of the NGO capacity development strategy. No one area of opportunity is necessarily more important than the other, as they work together synergistically. However AIDSTAR-Two suggests below the possibly sequencing of working on these strategic opportunities.

Each area includes a description of the strategic opportunity, recommended interventions to put this opportunity into practice, and potential outcomes. All strategic opportunities are designed to strengthen the foundation of HIV NGOs in the national HIV response before donor draw down.

Achieving these outcomes is based on six critical assumptions:

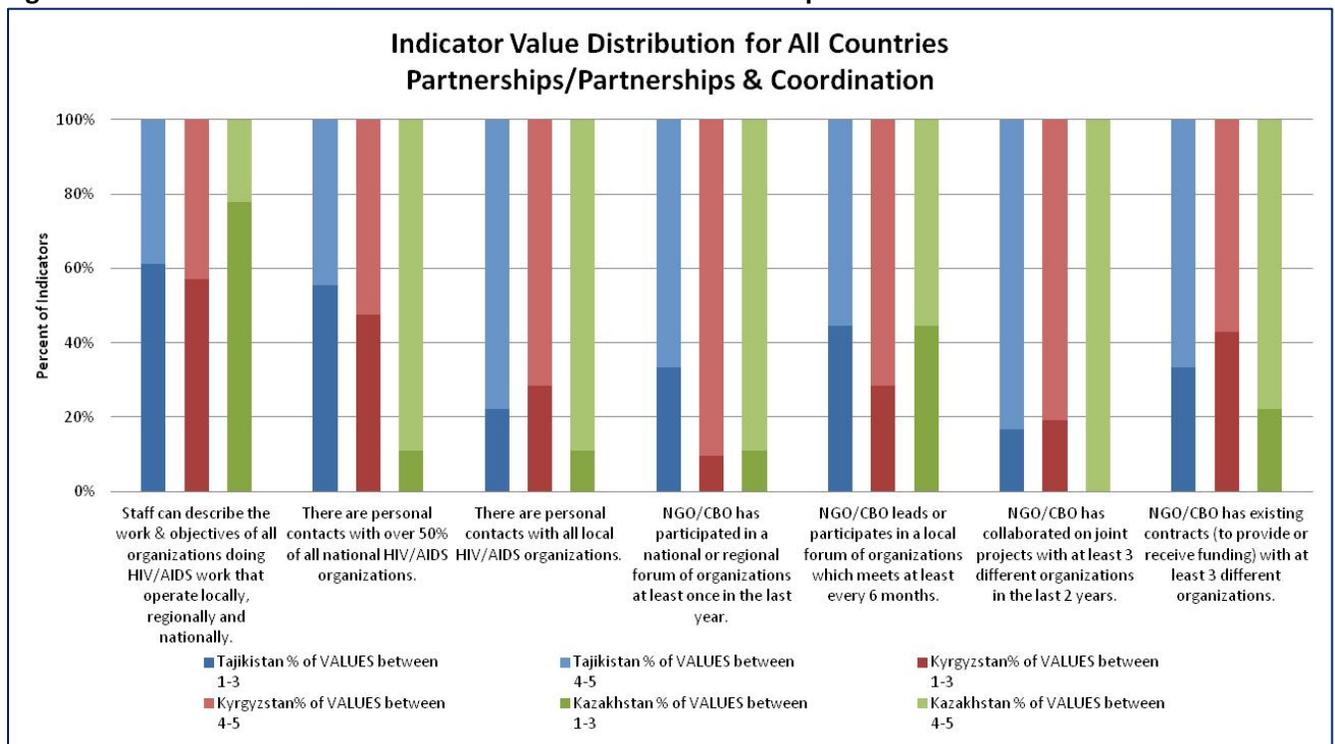
1. PEPFAR funding continues for key population NGOs
2. Global Funding also supports partnership building and funds NGOs
3. International donors continue to work in a coordinated way

4. Donors work with national governments under PEPFAR–government partnership frameworks to ensure government programming and coordination with NGOs
5. Policy and budget instruments exist to support the above (e.g., national HIV and AIDS strategic plans, innovations in financing HIV services)
6. Governments make HIV and AIDS services for key populations a priority for the HIV response in the country

Strategic Opportunity #1: Strengthen partnerships, referral systems, and coordination

Description: Create new relationships between NGOs that move beyond referrals to enable joint programming, economies of scale, development of country/regional wide best practice standards, and stronger advocacy. Partnerships, networks, referral systems, and coordination with other NGOs, government agencies, and international partners enable an NGO to magnify the effect of its actions by the power of all those around it. Rather than working in competition with others and duplicating effort, it seeks to address the needs of its community in the best way it can.

Figure 3. Indicator Value Distribution for all Countries—Partnerships



A score of 1-3 was determined to mean that NGOs required capacity support in this area. These are represented by the darker color in the bars. Across the region, NGOs generally could not describe others working in the HIV sector, particularly at the national and regional levels; this was supported by low levels of participation in forums and low levels of joint programming.

Findings:

Collaboration with donors was a frequently raised topic. In most cases, the ‘partnerships’ with donors are sub-optimal, and the extreme dissatisfaction of the NGOs in this area is well-illustrated by the

unilaterally expressed preference of participants for one rather than more funding sources by the participants of one of the workshops. In the current context, the term donor is associated predominantly with extremely varied and complex rules, regulations, monitoring and reporting requirements, and unstable supply of commodities rather than with sources of funding. Misbalance between funding and capacity development activities, lack of responsiveness and appreciation of expressed needs, rigidity of tender terms of reference which are not based on sufficient assessment of local needs, and poor involvement of NGO service providers and beneficiaries in program design are the main reported challenges in the relationships with donors.

Despite significant collaboration deficiencies, the NGOs do not have experience in initiating collaborative efforts (apart from specific service delivery partnerships with other service providers). They rely on external parties (international organizations, donors, or the official coordination structures) for initiation of any collective dialogue or action. This passive position leads to the loss of negotiating powers and limited ownership over and restricted participation in any resulting discussions or decisions. The recommended approach to resolving this challenge is to facilitate the development of local NGO networking mechanisms and coalitions and provide non-intrusive support required by these collaborative instruments to define the national and provincial level priorities, plans of action, and advocacy agendas.

Table 1. Strategic Opportunity #1: Strengthen partnerships, referral systems, and coordination

2013-2015
<p>Potential interventions:</p> <ol style="list-style-type: none"> 1. Strengthen knowledge and skills in partnership development: Increase understanding of partnerships and networks and role they play in the HIV agenda; develop skills and strategies. (AIDSTAR-Two 2013 activity, through development and application of capacity builders' guide, in conjunction with the Quality Project and follow up by the Quality Project to strengthen partnerships and networks.) 2. MSM network: Adapting Eastern Europe MSM package of services for Central Asia. Hold regional meeting between MSM NGOs in August 2013 to review and adapt package of services into Central Asia; develop capacity needs plans on support needed to implement/incorporate package of services into programming and create framework for Central Asia sub region for EECA MSM/HIV network. Follow-up by Quality Project. 3. An NGO-Government Coordination Roundtable on Key Populations should be developed and structured to provide an institutionalized means for engagement between NGOs, government, and international agencies in each country. This could serve as an important means to facilitate collaboration between sectors and among NGOs, share information about challenges faced in the provision of services, provide information about technical advancements in the PLHIV community, share information for policy development, and explore financing of key population activities. <p>Potential outcomes may include:</p> <ol style="list-style-type: none"> 1. Greater collaboration and joint programming between NGOs 2. Best practice service delivery for MSM 3. Coordination between NGOs and government to reduce duplication of services and funding

2016-2020

Potential interventions:

1. Supporting a national conference of non-governmental HIV service organizations focused on: coalition building, partnership development, and sustainability measures. This should include opportunities for experience sharing with other organizations in Central Asia and possibly NGOs in Eastern Europe, especially Ukraine.
2. USG to develop a system within the RFA process that allows for a percentage of the overall budget to be set aside for organizational strengthening.
3. Work with USG democracy and governance departments on general strengthening of civil society and improving regulatory and policy frameworks.
4. Continued fostering of a closer NGO-public sector partnership.

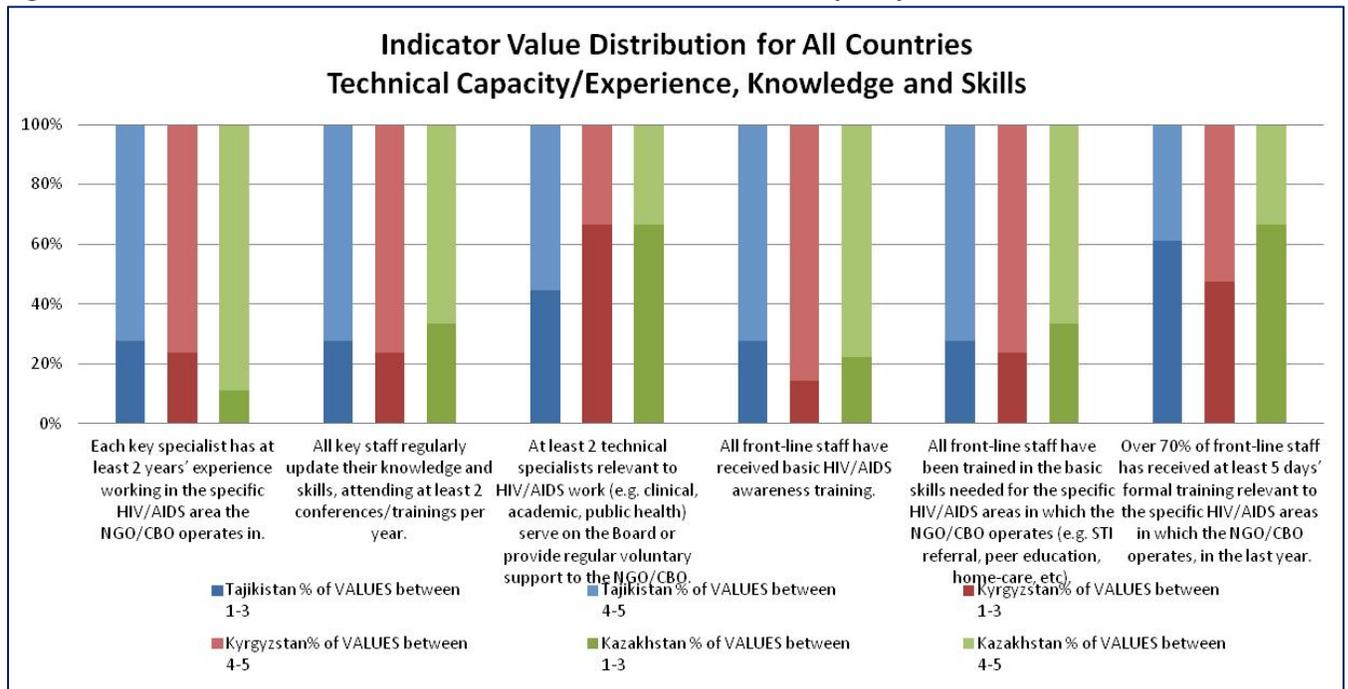
Potential outcomes may include:

1. Enhanced regional collaboration and program synergies
2. Institutionalized organizational capacity support for NGOs supported by USG
3. Integration of HIV focused NGOs into wider civil society strengthening activities of USG

Strategic Opportunity #2: Strengthen HIV and AIDS technical capacity of key and front-line staff

Description: HIV and AIDS technical capacity is fundamentally important in any NGO. It is important that all staff, especially front-line staff, have sufficient technical skills and knowledge to work effectively with clients and beneficiaries.

Figure 4. Indicator Value Distribution for All Countries – Technical Capacity



A score of 1-3 was determined to mean that NGOs required capacity support in this area. These are represented by the darker color in the bars. Across the region, NGOs do not have access to technical specialists to assist them in their programming and front-line staff do not receive support for specialist trainings. This is reflected by the models implemented that have essentially not been reviewed or updated since their inception.

Findings:

Many of the organizations assessed stated that they feel the need to provide enhanced training to outreach workers to increase the professionalization of their roles, and enhance skills and knowledge about ARV treatment to facilitate better adherence counseling for patients. Generally, most NGOs are drawing on community members and their target groups to identify volunteers and outreach workers. While these individuals may come with a strong ability to provide peer-to-peer support and basic knowledge of behavior change interventions, advanced technical skills are often weak. Additionally, the NGOs often do not view these individuals as professionals, impacting the leadership and professional growth opportunities available to them. Additionally, many organizations mentioned that they experience high turnover of trained staff, as individuals move on to larger NGOs or international organizations once they have developed skills in the local NGO setting. This has resulted in a brain drain from the NGOs and reluctance to provide enhanced training for other workers, in fear that it only enables them to leave and work elsewhere. To combat this, NGOs have identified that more institutionalized professional development mechanisms are necessary for the NGOs to ensure that there are career growth opportunities linked with training and skill levels of staff.

A certain lack of proactivity, characteristic of the majority of interviewed NGOs, affects their learning dynamics. It is rather unusual for CAR NGOs to initiate collection of information on a particular subject, or actively search for the news in the area of HIV prevention and treatment. They do not identify themselves as technical leaders in their respective country/province/city and they consider international organizations as their main sources of information required to perform their tasks. This also limits the ability of NGOs to identify gaps in their knowledge and skills, and design their learning and capacity development agendas.

Regarding management staff, NGOs reported a strong need for trainings to provide access to new information. In many cases, managers and administrative staff have been drawn from the community and lack strong recordkeeping, leadership, and management skills. As a result, operations systems are often weak and reporting processes are inefficient.

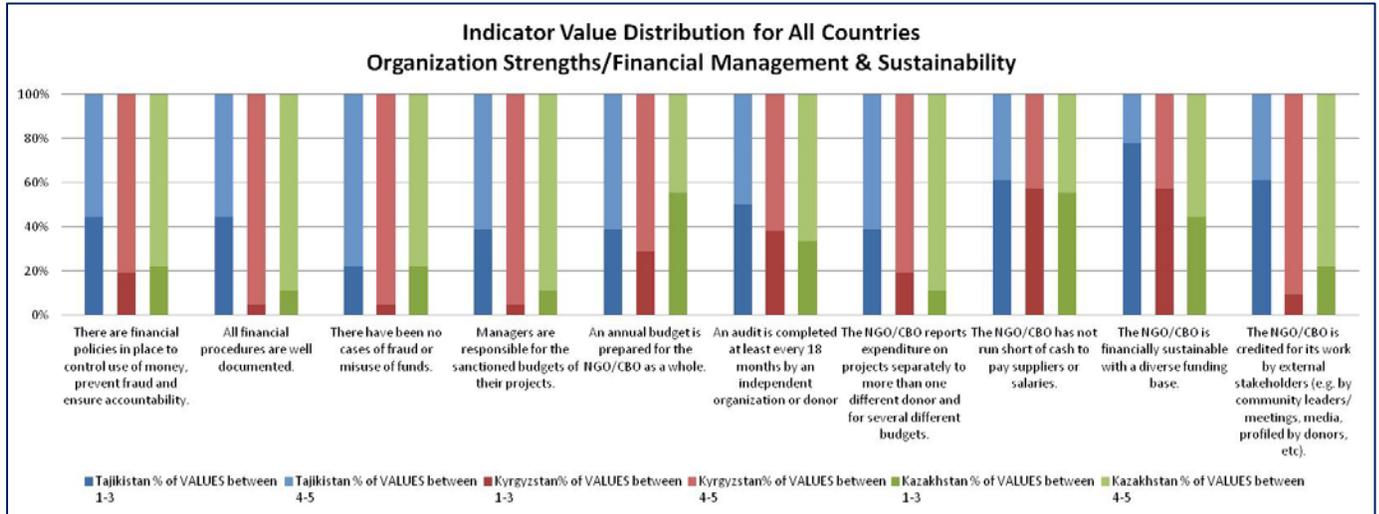
Table 2. Strategic Opportunity #2: Strengthen HIV and AIDS technical capacity of key and front-line staff

2013-2015
<p>Potential interventions:</p> <ol style="list-style-type: none">1. Strengthen technical skills: Provide knowledge/access to information about new HIV prevention practices and incorporate this into current programming with the support of AIDSTAR-Two Capacity Builder Guides on best practices for MSM, PWID, and other key population programming.2. Strengthen technical skills in gender: Provide group education modules for key populations and messages that engage and seek to shift harmful gender norms (that can be integrated into existing outreach models) [<i>Please see AIDSTAR-Two regional gender strategy document</i>]3. Ensure that essential HIV technical support needs of newly employed staff in well-established as well as younger NGOs are addressed. Several organizations demonstrated having significant accumulated capacity to offer such technical support in some essential areas such as: basics of HIV and prevention and care interventions targeting key populations, project development basics including formative assessment and mapping techniques, as well as organization of outreach work. <p>Potential outcomes may include:</p> <ol style="list-style-type: none">1. More focused prevention programs that utilize current best practice2. Gender appropriate programming3. HIV technical support is provided locally
2016-2020
<p>Potential interventions:</p> <ol style="list-style-type: none">1. A model which professionalizes the roles of outreach workers and social workers and links advanced skills to career growth opportunities could be developed.2. National training centers (or regional centers) could be supported to serve as a central point to ensure that needs are met across cadres of workers in the NGO community.3. Ensure access of technical and senior front-line staff to advance capacity development opportunities such as precisely focused study tours, international exchanges, and specialized training. Consider promoting participation of NGOs in the existing on-line training programs and use of mentoring possibilities. This should be linked to networking structures to ensure formalized connections between organizations and access to capacity development opportunities. <p>Potential outcomes may include:</p> <ol style="list-style-type: none">1. Career path for NGO staff developed and staff retained2. HIV technical support provided locally3. More focused prevention programs that reflect best practice

Strategic Opportunity #3: Strengthen organizational systems

Description: Strong organizational systems are fundamental to any organization, including financial management and sustainability (including resource and new business generation), project management, monitoring, evaluation and research, human resources and administration, and governance, strategy and structure.

Figure 5. Indicator Value Distribution for All Countries – Organizational Strengths



A score of 1-3 was determined to mean that NGOs required capacity support in this area. These are represented by the darker color in the bars. Across the region, NGOs do have basic systems in place but do not believe they are financially sustainable and have often had cash shortfalls.

Findings:

Although 95% of organizations report having a governing body in place, in most cases, these bodies are not functional and they are not involved in the governance or strategic oversight of the organizations. Almost all organizations report being properly registered. In order to obtain official registration, NGOs are required to establish a steering committee of at least three people. With some exceptions, even when the membership of this body has been strategically thought out to include representatives of beneficiaries and key stakeholders, the steering committees are not functional entities that provide strategic direction and high level decision-making to the organization. In the self-assessment, organizations indicated that they believed that their boards were not fully effective or committed to the NGO. In some cases, these steering committees are comprised of staff. One person reported that the leadership of many NGOs is concentrated around a single leader, meaning that governance is not generally seen as a collective and collaborative activity. Many organizations do have a functional board of managers, which is comprised of senior leadership among the organization's staff. This serves as a venue to make strategic organizational decisions as well as to manage day-to-day affairs. While these bodies are productive, there is a general lack of leadership and management capacity, engagement with stakeholders, and technical skills. As a result, these bodies are not operating at their ideal capacity to guide the organization.

Human resource policies and procedures, often in place to a limited degree, appear to be ad-hoc and 'driven by donors.' It was reported that staff had job descriptions but that recruitment policies could be vague, with volunteers being recruited to vacant staff positions based on the availability of project funds as 'they were already trained.' Many NGOs commented on the low salary levels paid to staff, which appeared to often be defined by donors at levels below those for comparable government positions. Policies in regards to volunteers appeared to be even more vague than those for staff, with one NGO noting that 'volunteer policies are generally not well documented except perhaps for youth-focused projects with donors.' In some cases the term 'outreach worker' seemed to be interchangeable with 'volunteer' and these positions were paid, though at a low rate.

Regarding financial management systems, almost all organizations scored themselves at a 4 or 5, with the most frequent score being a 5, for their financial management systems. This indicates that the NGOs are self-reporting that policies and procedures are in place, incidents of fraud or misuse of funds are nonexistent or infrequent, project budgets are in place, and organizations are able to submit financial reports to donors.

Sustainability is one of the capacity areas that illustrates most vividly the multiple linkages between various dimensions of capacity, and it remains a major challenge for many organizations. Most organizations reported a score of 3 or lower on indicators in this area, indicating that they have experienced shortfalls in funding and they do not have a diversified funding base. Most NGOs primarily receive funding from international donors.

A major weakness is that the NGOs do not have cash reserves to rely on when donor funding is not available. Some organizations have had to take out loans with high interest rates or use cash provided from members of the senior leadership's personal funds to cover budget shortfalls. One of the major budget shortfalls that was common to Global Fund recipients in 2012 was a delay of several months in issuing funding obligations under the grants from UNDP. During this time, many organizations continued to do their work without pay or were forced to use funding from other donors to cover shortfalls.

While most NGOs reported a basic understanding of the project cycle, including needs assessments as the basis for all projects' monitoring and evaluation and reporting, they stated that 'this is what our donors demand.' NGOs also reported varying levels of consultation with their communities when developing new projects and activities, including at 'general assemblies' and/or focus groups, though this was not consistent. So while many NGOs may understand the project cycle, it is not clear that they are really committed to it as an essential element of their working effectively.

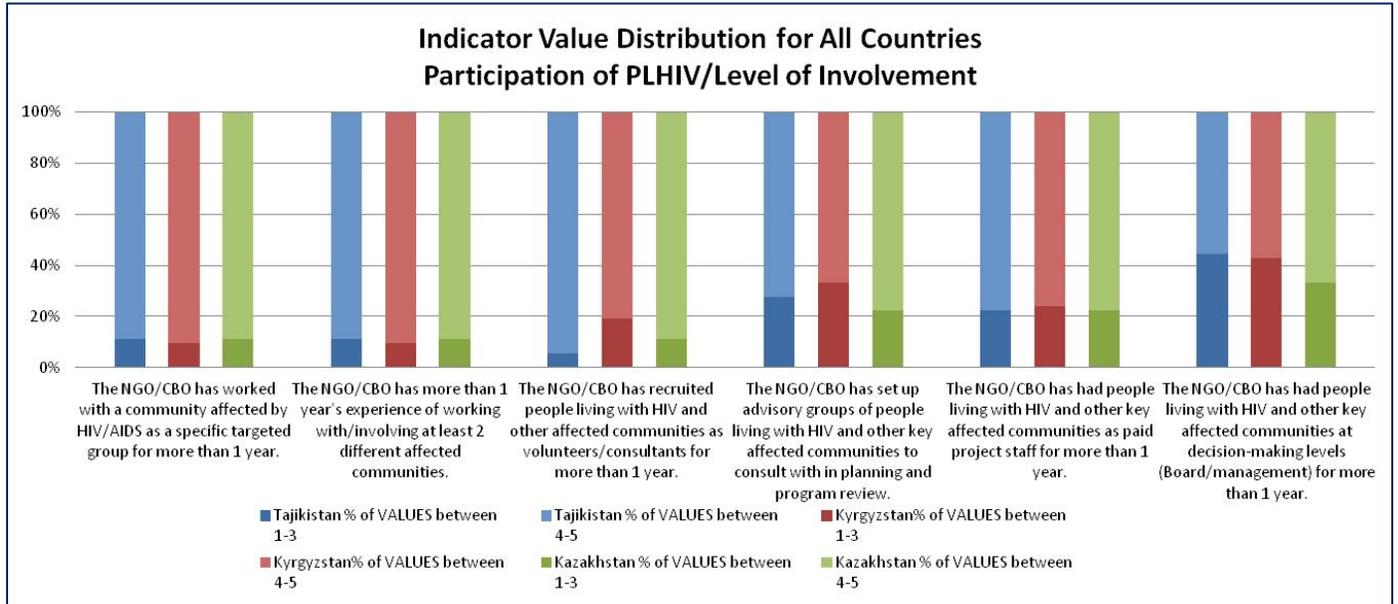
Table 3. Strategic Opportunity #3: Strengthen organizational systems

2013-2015
<p>Potential interventions:</p> <ol style="list-style-type: none">1. Finance and sustainability: Business plan development for sustainability. Bring together Plus Center (Osh), Answer (Ust-Kamenogorsk), and Shibuka Business Center (Khujand) to share experiences of developing business models, develop skills in business planning, develop draft business plans for their NGOs, and develop skills to transfer this knowledge to others. (AIDSTAR-Two 2013 activity, through development and application of capacity builders' guide, in conjunction with the Quality Project).2. Governance structures: Improve governance structures to enable clearer separation between governance and management and increase community participation in decision making. (AIDSTAR-Two 2013 activity, through development and application of capacity builders' guide, in conjunction with the Quality Project).3. Human resources and administration: Develop an understanding of role and function of volunteers and create systems to support volunteers within organizations. (AIDSTAR-Two 2013 activity, through development and application of capacity builders' guide, in conjunction with the Quality Project). <p>Potential outcomes may include:</p> <ol style="list-style-type: none">1. NGOs have developed funding streams that do not rely solely on international donors2. Clear separation of governance and management functions within organizations3. Clear understanding of role and function of volunteers is developed
2016-2020
<p>Potential interventions:</p> <ol style="list-style-type: none">1. Create long term strategic plans/vision for organizations and incorporate this into their work planning and programming.2. Program management: Move towards a whole of organization approach to project implementation. Incorporate this in RFAs.3. Identify NGOs to take on increased leadership, umbrella, or management roles within the NGO sector.4. Identify and work with local consultants/firms that can provide organizational development support funded by income generating activities. <p>Potential outcomes may include:</p> <ol style="list-style-type: none">1. NGOs move away from a project focus to a more holistic approach to their development2. Strong local NGOs take on leadership roles, particularly in advocacy, instead of relying on international organizations3. Technical and organizational capacity needs are provided locally4. Stronger organizational systems

Strategic Opportunity #4: Strengthen promotion of participation of people living with HIV and other key affected populations

Description: The promotion of participation of people living with HIV and AIDS and other affected communities is integral to challenging inequality and marginalization which is often the underlying cause of people’s vulnerability to HIV. This is also often a sign of how much an organization believes in its own messages and feels solidarity with its community.

Figure 6. Indicator Value Distribution for All Countries – Participation of PLHIV



A score of 1-3 was determined to mean that NGOs required capacity support in this area. These are represented by the darker color in the bars. Across the region, NGOs do involve key populations and draw staff and volunteers from among their ranks; however, key population involvement often remains at the outreach worker level and not at the management or policy level within organizations.

Findings:

This capacity area is designed to assess the level of involvement of the NGOs’ target populations and the mechanisms that are in place to promote ongoing linkages with the community and target populations that it supports. Generally, all NGOs scored highly in these areas, indicating strong connections with the communities they support. The general mindset was well conveyed by a participant in the Bishkek workshop, ‘Nothing for us without us.’ Most organizations implement outreach programs and peer-to-peer support activities, which means that they are able to maintain strong connections through service delivery with community members. Others have institutionalized mechanisms to seek community input through focus groups when developing new programs.

However, the involvement of PLHIV and people from other affected communities in NGOs was often limited to outreach workers and volunteers. As mentioned earlier, many of the founding board members and management are from their target communities for several NGOs, in that they were self-identified PLHIV, LGBT, and/or ex-PWID. NGO workshop participants also noted that many people came from multiple over-lapping communities (e.g., they were positive drug users), and that it was vital to

involve these communities' members due to their 'lived experience' and understanding of the needs of target populations. The growth and leadership of the Kazakhstan Union of PLHIV, formed in 2005, and the relatively new creation of the Kazakhstan PLHIV Women's Network and the Central Asia PLHIV Network in 2013 are welcome actions to increasing community empowerment. The assessment team believes these types of networking initiatives could be expanded to other affected communities, such as MSM/LGBT, PWID, and sex workers, to also increase their involvement and empowerment in all aspects of the HIV response.

Some of the challenges and barriers to involving affected communities included the following, according to NGO participants:

- Secrecy, especially in rural locations
- Stigma and discrimination by health care providers and also within communities, e.g., between PLHIV, PWID, and PLHIV MSM
- Self-stigma
- Lack of awareness of how key populations can be involved in programs beyond the beneficiary and outreach levels
- Low literacy and educational levels
- Lack of motivation
- Lack of personal resources, e.g., funds for travel to meetings, etc.

Table 4. Strategic Opportunity #4: Strengthen promotion of participation of people living with HIV and other key populations

2013-2015
<p>Potential interventions:</p> <ol style="list-style-type: none"> 1. Develop an understanding of GIPA to ensure that staff or volunteers from key populations can be considered for roles other than outreach workers. 2. Development and implementation of a leadership strategy to nurture and support key populations' leaders. 3. Support for the development of more inclusive governance structures to assist organizations in expanding their reach to target populations and involving them in the decision-making and oversight of the organizations. Training, templates, and tools are needed to assist NGOs in revising current structures and facilitating outreach and involvement of more people in organizational decision-making. <p>Potential outcomes may include:</p> <ol style="list-style-type: none"> 1. Greater involvement of PLHIV and other key populations at policy and decision making levels with NGOs 2. A larger pool of NGO leaders that take on advocacy and other roles and create a cadre of new leaders to replace those that leave 3. NGOs have institutionalized structures that support PLHIV and key population leadership and management

2016-2020

Potential interventions:

1. Collaboration between NGOs, partners, and government that support community involvement and quality accessible services by raising HIV awareness and challenging ongoing HIV-related stigma and discrimination, particularly within the health sector and among other service providers and decision-makers.
2. Develop and implement consistent, effective, and regular community consultation actions that increase the engagement and involvement of communities with NGOs.

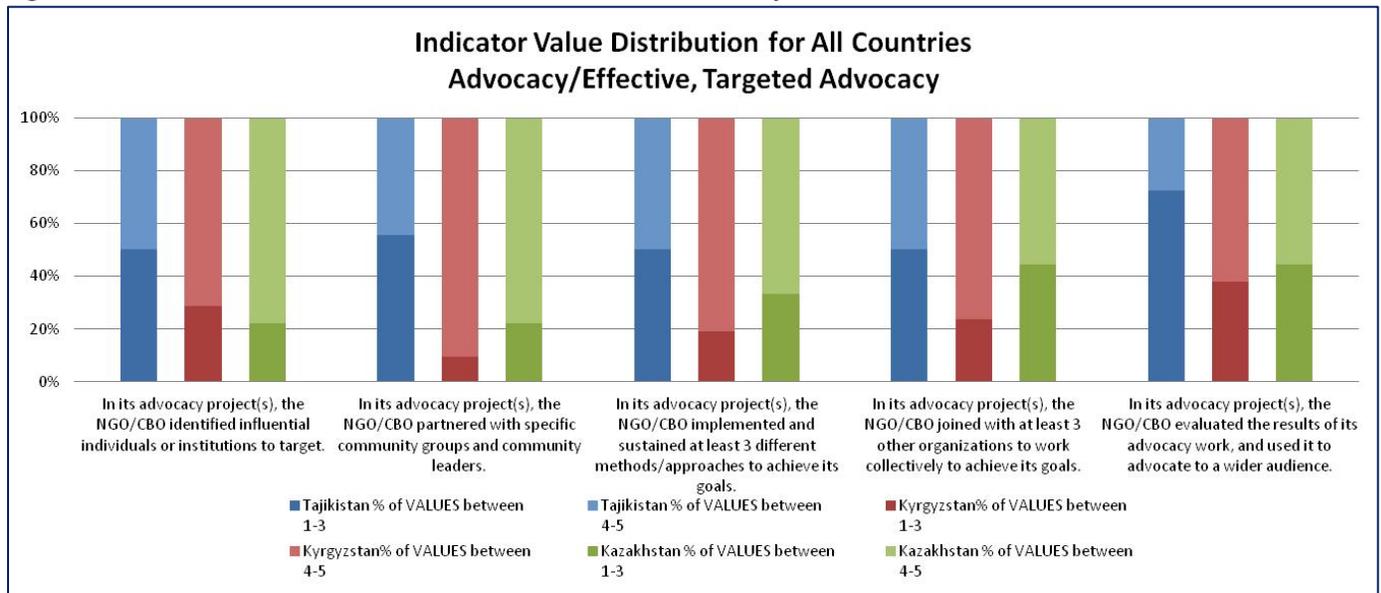
Potential outcomes may include:

1. Reduced stigma and discrimination in the health care sector
2. NGO programming better reflects community needs and priorities

Strategic Opportunity #5: Strengthen the capacity of the NGOs for direct involvement in evidence and consultation-based advocacy

Description: Involvement in evidence and consultation-based advocacy harnesses the power of institutions that can affect the lives of an NGO’s community to a far greater extent than the NGO can itself. The inequalities and vulnerabilities faced by some people may be embedded in the structure of society and, in some cases, may only be addressed through advocacy. Indicators in this area are designed to assess the systems in place to conduct research and consult with stakeholders to inform advocacy initiatives and the strength of actual advocacy activities.

Figure 7. Indicator Value Distribution for All Countries/Advocacy



A score of 1-3 was determined to mean that NGOs required capacity support in this area. These are represented by the darker color in the bars. Across the region, although NGOs generally consulted with others when undertaking advocacy activities, the consultation did not translate into advocacy coalitions, strategic advocacy planning or evaluation of advocacy activities.

Findings:

NGOs define advocacy in confrontational terms and generally avoid taking on advocacy roles, due to the feelings of extreme disempowerment among NGO staff and fear of the consequences advocacy may have on their funding and security. They believe that international organizations have stronger capacity to do advocacy as this provides them with a certain amount of “protection,” but these organizations have not yet become allies of the local civil society in advocacy. Collaborative, diplomacy-based forms of advocacy, although spontaneously practiced by organizations, are not defined as advocacy work. Documentation and promotion of such practices across the country would be useful for mastering more sophisticated approach to advocacy. NGOs that could potentially become national leaders require support in the development of networking within and beyond the civil society sector, and in forming a national advocacy agenda.

As noted in the country NGO assessment reports, HIV NGOs have been involved in some advocacy work, yet this work is generally limited to local level initiatives such as individual level discrimination by health personnel. Furthermore, many NGOs believe that international donors are better positioned to advocate than they are. It is critical to strengthen the knowledge and skills of the NGOs in conducting evidence and consultation based advocacy, given that many members of key populations are hidden or face difficulty accessing services due to marginalization based on stigma and discrimination.

Currently, organizations representing key populations (PLHIV, PWID, SW, MSM, ex-prisoners, migrants) in CAR have limited involvement in shaping policy and programming decisions. Some are represented in the Global Fund Country Coordinating Mechanism but this does not necessarily translate to full involvement in the national HIV plan. Stigma and discrimination toward key populations abound.

Table 5. Strategic Opportunity #5: Strengthen the capacity of the NGOs for direct involvement in evidence and consultation-based advocacy

2013-2015
<p>Potential interventions:</p> <ol style="list-style-type: none"> 1. Evidence-based advocacy: Increase understanding of advocacy and the role it plays in the HIV agenda, develop advocacy skills, and develop advocacy strategies (AIDSTAR-Two 2013 activity), through development and application of capacity builders’ guide, in conjunction with the Quality Project. 2. Continuing support for advocacy efforts by NGOs, INGOs, and donors, particularly the Regional PLHIV network, the Kazakhstan Women PLHIV Network, and the nascent MSM network. A collaborative effort of international stakeholders and local civil society actors aimed at the development of joint advocacy agenda should be supported. Creating a forum to link stakeholders on advocacy initiatives will enhance coordination and collaboration. It will also provide an opportunity to identify capacity development needs to ensure that initiatives are effective. 3. Leadership strengthening: Empowered civil society groups and key population leaders.

Potential outcomes may include:

1. Local, national, and regional advocacy strategies developed and implemented
2. Increased partnership and collaboration between the NGO, government and INGO sectors
3. Local ownership and leadership of advocacy activities

2016-2020

Potential interventions:

1. Use new and emerging social media technologies by NGOs to reach out to their communities for advocacy, education, and to create effective interactive communication platforms.
2. USAID implementing agencies to increase their role in national coordination structures by acting as a conduit and providing linkages between organizations and the government, in order to create the space for dialogue between civil society and government to occur.
3. Improve donor coordination and ensure a good balance of implementation funding and capacity development support. Specific mechanisms engaging the donors and NGO sector are required to effectively plan timely transitions between donor programs and implement measures to prevent interruptions in service delivery.

Potential outcomes may include:

1. Increased level of consultation with communities via new technologies
2. USAID contractors better understand their role in supporting advocacy efforts
3. Transition plans developed for the phase-out of USAID and Global Fund funding, or the transfer of programming between donors as one leaves and another picks up the project

Annex 1: Timeline and Strategy Summary

Potential Interventions	Methodology	Level of Opportunity	Short Term 2013-2015	Medium term 2016 - 2019	Outputs	Outcomes
Strategic Opportunity #1: Strengthen partnerships, referral systems and coordination						
Increase the understanding of partnerships and networks and the role they play in the HIV agenda, develop skills and strategies	Guidance		x		NGOs trained and implement guidance	Greater collaboration and joint programming between NGOs
MSM network: Adapting Eastern Europe MSM package of services for Central Asia. Hold regional meeting between MSM NGOs to review and adapt package of services in CAR	Meeting	Systems / Organization	x		CAR package of services for MSM developed	Best practice service delivery for MSM
Develop capacity needs plans on support needed to implement/incorporate package of services into programming and create framework for CA sub region for EECA MSM/HIV network	Capacity Plan	Organization / Individual	x		Capacity plan developed	Best practice service delivery for MSM
An NGO Coordination Roundtable should be developed and structured to provide an institutionalized means for engagement between NGOs, government and international agencies	Meeting	Systems	x		Coordination plan developed	Greater collaboration and joint programming between NGOs
Supporting a national conference of non-governmental HIV service organizations	Conference	Systems / Organization		x	Regional priorities and best practices established	Enhanced regional collaboration and program synergies
USG to develop a system within the RFA process that allows for a percentage of the overall budget to be set aside for organizational strengthening	Policy development	Systems		x	Policy	Institutionalized organizational capacity support for NGOs supported by USG
Work with USG democracy and governance departments on general strengthening of civil society and improving regulatory and policy frameworks	Joint programming/ roundtable	Systems / Organization		x	MoU	Integration of HIV focused NGOs into wider civil society strengthening activities of USG
Strategic Opportunity #2: Strengthen HIV and AIDS technical capacity of key and frontline staff						
Provide knowledge/access to information about new HIV prevention practices and incorporating this into current programming	Guidance	Systems / Organization / Individual	x		NGOs trained and implement guidance	More focused prevention programs that utilize current best practice

Strengthen technical skills in gender: group education modules for key populations and messages that engage and seek to shift harmful gender norms (that can be integrated into existing outreach models)	Guidance	Systems / Organization / Individual	x		NGOs trained and implement guidance	Gender appropriate programming
Ensure that essential HIV technical support needs of newly employed staff in well established as well as younger NGOs are addressed	Guidance / Skills Transfer	Organization / Individual	x		Skilled staff	HIV technical support is provided locally
A model which professionalizes the roles of outreach workers and social workers and links advanced skills to career growth opportunities to be developed	Model development	Systems / Organization / Individual		x	Model developed	Career path and recognition for community social workers and outreach workers
National training model (or regional) be supported to serve as a central point to ensure that needs are met across cadres of workers in the NGO community	Assessment / Training center models developed	Systems / Organization / Individual		x	Training model developed	HIV technical support provided locally
Ensure access of technical and senior front-line staff to advanced capacity development opportunities such as precisely focused study tours, international exchanges, and specialized training	Study tours / exchanges	Organization / Individual		x	Study tours /exchanges conducted	More focused prevention programs that reflect best practice
Strategic Opportunity #3: Strengthen organizational systems						
Business plan development for sustainability. Bring together Plus Center (Osh), Answer (Ust-Kamenogorsk), Shibuka business center (Khujand) to share experiences of developing business models	Guidance / Business Planning workshop	Organization	x		Business plan developed	Financially sustainable NGOs
Governance structures to enable clearer separation between governance and management and increase community participation in decision making	Guidance	Systems / Organization	x		Governance structures developed	Clear separation of governance and management functions within organizations
Human resources and administration: Develop an understanding of role and function of volunteers and create systems to support volunteers within organizations	Guidance	Organization / Individual	x		Volunteer management system developed	Clear understanding of role and function of volunteers is developed
Strategy: Create long term strategic plans / vision for organizations and incorporate this into their work planning and programming	Strategic Planning	Systems / Organization		x	Plans developed	NGOs move away from a project focus to a more holistic approach to their development
Move towards a whole of organization approach to project implementation	Analysis / meetings / model development	Systems / Organization		x	Systems developed to support whole of organization approach	NGOs move away from a project focus to a more holistic approach to their development

Identify NGOs to take on increased leadership, umbrella, or management roles within the NGO sector	Meetings / guidance	Systems / Organization		x	Umbrella organizations created	Strong local NGOs take on leadership roles, particularly in advocacy, instead of relying on international organizations
Strategic Opportunity #4: Strengthen promotion of participation of people living with HIV and other key affected populations						
A greater understanding of GIPA needs to be developed	Guidance	Systems / Organization / Individual	x		GIPA implemented	Greater involvement of PLHIV and other Key Populations at policy and decision making levels with NGOs
A leadership strategy needs to be developed to nurture and support key populations leaders	Strategy development	Systems / Organization / Individual	x		Strategy developed	A larger pool of NGO leaders that can take on advocacy and other roles and create a cadre of “new” leaders to replace those that leave
Support for the development of more inclusive governance structures	Guidance	Systems / Organization / Individual	x		Policies developed	NGOs have institutionalized structures that support PLHIV and key population leadership and management
Encourage more collaborative efforts between all NGOs, partners and government that supports community involvement	Guidance	Systems / Organization / Individual		x		Reduced stigma and discrimination in the health care sector
Support the development and implementation of consistent, effective and regular community consultation actions	Guidance	Systems / Organization / Individual		x		NGO programming better reflects community needs and priorities
Strategic Opportunity #5: Strengthen the capacity of the NGOs for involvement in evidence and consultation-based advocacy						
Increase understanding of advocacy and the role it plays in the HIV agenda, develop advocacy skills and develop advocacy strategies	Guidance	Systems / Organization / Individual	x		Advocacy agenda developed	Local, national, and regional advocacy strategies developed

A joint effort of international stakeholders and local civil society actors aimed at the development of joint advocacy agenda should be supported.	Meetings	Systems / Organization / Individual	x		Joint advocacy agenda	Increased partnership and collaboration between NGO and INGO sectors
Leadership strengthening: Empowered civil society groups and key population leaders	Guidance / training	Systems / Organization / Individual	x		Leaders developed	Local ownership and leadership of advocacy activities
Systemic efforts are required to improve donor coordination and ensure a good balance of implementation funding and capacity development support	Meetings / roundtables	Systems / Organization		x	Transition plans developed	Seamless transition for NGOs between donor funding
Encourage and support the use of new and emerging social media technologies by NGOs to reach out to their communities	Guidance / trainings	Systems / Organization / Individual		x	New and social media utilized by NGOs	Increased level of consultation with communities via new technologies
Encourage more proactive position of USAID contractors in national coordination structures	Meetings	Systems		x	Coordination structure developed	USAID contractors better understand their role in supporting advocacy efforts



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AIDSTAR-Two
capacity for impact

AIDSTAR-Two Project

Central Asian Capacity Building Strategy Project

Tajikistan

Submitted: JUNE 20, 2013

This document is made possible by the generous support of the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Agency for International Development (USAID) under contract No. GHH-I-00-0700068-00. The contents are the responsibility of the AIDSTAR-Two Project and do not necessarily reflect the views of USAID or the US Government.

Contents

Acronym List.....	3
Introduction	Error! Bookmark not defined.
I. Introduction.....	4
II. What is Capacity Building?.....	4
III. NGOs in Tajikistan	7
IV. Who builds NGO/CBO capacity in Tajikistan for HIV projects?.....	8
V. Assessment Tool/Methodology used for Project	11
VI. Assessment process (agenda/schedule/components of assessment)	13
VII. Tajikistan Methodology	15
VIII. Tajikistan Findings	16
Stakeholders Meeting	16
Workshops in Dushanbe, Kulob, and Khudjand with Tajik NGOs working on HIV with Key Populations	16
IX. Conclusions	28
X. Recommendations	29
Annex 1: NGO/CBO Profile Form	32
Annex 2: Overview of Tajikistan NGO Profiles.....	34
Annex 3: Assessment Tool and Self-Assessment Indicators.....	36
Annex 4: Consolidated Data from the Self-Assessment Scoring of Indicators.....	57
Annex 5: Tajikistan Assessment Team Schedule	72
Annex 6: NGOs involved in the Assessment Project.....	74
Annex 7: Country Stakeholder Meeting & Participants.....	75
Annex 8: Bibliography	77

Acronym List

AFEW	AIDS Foundation East-West
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
BCC	Behavior change communication
CARHAP	Central Asia Regional HIV/AIDS Program
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
HOP	Health Outreach Program (Original name for Dialogue Project)
IEC	Information Education Communication
LGBT	Lesbian, Gay, Bisexual, Transgender
MOH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-governmental organization
NCS	National Communication Strategy
NSP	Needle and syringe program
NTP	National TB Program
OST	Opioid Substitution Therapy
PEPFAR	President's Emergency Fund for AIDS Relief
PIU	Project Implementation Unit
PLHIV	People living with HIV
PMP	Performance monitoring plan
PWID	People who inject drugs
PSI	Population Services International
STI	Sexually transmitted infections
SW	Sex workers
TB	Tuberculosis
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO	World Health Organization

I. Introduction

The Central Asian Republics (CAR) President’s Emergency Plan for AIDS Relief (PEPFAR) program is a regional program implemented by USAID, the U.S. Centers for Disease Control (CDC), and Peace Corps (in Kyrgyzstan). CAR PEPFAR regional funds support activities in the five Central Asian Republics—Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan. The overarching goal of the regional program is to prevent new HIV infections, particularly among Key Populations, and to provide high quality services for affected populations through strengthened and sustainable health systems. To achieve this goal, program activities aim to: improve access by key populations to comprehensive, quality services; strengthen the capacity of institutions, individuals and systems to plan, manage and monitor national AIDS programs that provide improved services for key populations; and enhance the collection, analysis and utilization of data to inform planning and policymaking.

NGOs in CAR play a key role in reaching key or most-at-risk populations and improving their access to HIV services. As such, USAID CAR aims to strengthen the organizational processes, management systems, program, financial and technical capabilities, and leadership of NGOs to enable them to better contribute to national AIDS efforts. To guide this process and ensure a systematic approach to NGO capacity development, a rapid, structured, diagnostic assessment of selected NGOs, including PLHIV associations and other organizations working with key affected populations, has been undertaken. The assessments will be used to inform the development of capacity building strategies. The strategies will include approaches to both develop the technical and organizational capacities of less mature NGOs and to strengthen the technical and organizational capacities of more mature organizations that have the potential to take on increased leadership, umbrella, or management roles within the NGO sector.

II. What is Capacity Building?

Governments, donors, and NGOs have made significant investments in capacity building, but the term is often vaguely defined and operationalized, and its impact is seldom measured.¹ The mechanisms for planning, implementing and evaluating organizational capacity building can also be dramatically different in practice. In 2009, the World Bank put out a new and significant publication—Capacity Development Results Framework²—that stresses a strategic and results-oriented approach to nurturing the building and rational utilization of capacity at national and sub-national levels. There is also recognition that sound capacity building approaches and practices are essential to achieving PEPFAR targets and the Millennium Development Goals, as well as the PEPFAR and Global Health Initiative goals of health systems strengthening, country ownership, and sustainability.³ These approaches and strategies are also aligned with the commitments from the Paris Declaration on Aid Effectiveness, 2005.⁴

The nature and needs of health service organizations, both public sector institutions and civil society organizations, are changing dramatically. This is especially true for HIV/AIDS implementing organizations. Many of these local entities are being asked to take over programs, expand services, integrate programs or assume new organizational mandates, manage larger budgets, and employ larger

¹ NGO HIV/AIDS Code of Practice Project. December 2004

² Capacity Results Development Framework. World Bank 2009.

³ Capacity Building and Strengthening Framework. The President’s Emergency Plan for AIDS Relief (PEPFAR). Version 2.0. 2012

⁴ www.oecd.org/dataoecd/11/41/34428351.pdf

workforces.⁵ Many local HIV and AIDS organizations face the reality of diminishing resources. Organizations also face expectations for greater accountability and transparency as well as improved organizational results. As such, these organizations and donors must pay attention to needed improvements in leadership and governance, financial management, human resource management, planning and logistics, M&E and reporting, project and grants management and other internal systems and processes, team work, partnership and alliance building, resource generation and quality service delivery. Many organizations also need more effective external and internal communication, public-private partnerships and internal decision-making processes. Capacity building in these areas can contribute greatly to the efficiency and effectiveness of these organizations, along with technical strengthening.

In its capacity building work with NGOs in CAR to date, USG PEPFAR efforts have concentrated largely on technical training and mentoring of NGOs in a few areas of identified need (e.g., HIV/AIDS program management, financial management). A more strategic, systematic, and coherent approach to capacity development—one that focuses on developing cadres of NGOs which have the technical and organizational skills and capacities needed to better support the national AIDS response—is required.⁶ This means that capacity building needs to focus not only specific technical skill areas but also on organizational capacity needs that underpin the NGOs ability to implement programs.

Definition of Terms

The Capacity Building Framework reflects an integrated and reinforcing set of capacity building activities that address individual/workforce, organizational, and systems levels of capacity to further host country leadership in addressing HIV/AIDS.⁷ NGOs, the focus of this report, or any other HIV and health organization or institution for that matter, are not strengthened by a workshop approach. Workshops have their place but more effective capacity development often occurs *in situ* at the NGO, through mentoring, coaching, observation of best practices and organizational systems building, as well as through peer exchange opportunities that draw HIV NGOs together. The end goal of organizational capacity building for an HIV NGO serving key populations is an NGO integrated into the national HIV and AIDS response that is capable of sustaining the delivery of accessible, quality services to target

Textbox 1: Defining some key terms

- **Capacity:** the ability or power of an organization to apply its skills, assets and resources to achieve its goals.
- **Capacity development:** an on-going evidence-driven process to improve the ability of an individual, team, organization, network, sector or community to create measurable and sustainable results.
- **Organizational capacity building:** the strengthening of internal organizational structures, systems and processes, management, leadership, governance and overall staff capacity to enhance organizational, team and individual performance.

Source: Capacity Assessment Methodology User's Guide. Capacity Group for Development Policy. UNDP. May 2007.

⁵ Organizational Capacity Building Framework: A Foundation for Stronger, More Sustainable HIV/AIDS Programs, Organizations, and Networks. AIDSTAR-Two. 2011

⁶ USAID CAR Scope of Work, CAR NGO Capacity Assessment Project 2013

⁷ PEPFAR Capacity Building and Strengthening Framework, FY 2012

populations, with the participation of the target populations, while advocating for additional needed services, and an end to stigma, discrimination, and abuse of human rights.

Capacity building is integral to the USG's efforts in fighting the global AIDS epidemic. Following on the initial emergency response from 2003-2008, the second phase of the President's Emergency Plan for AIDS Relief (PEPFAR) 2009-2013 emphasizes fostering country ownership and building sustainability.⁸ This approach is consistent with the Paris Declaration on Aid Effectiveness, signed by more than 100 bilateral donors and developing countries, which states that the capacity to plan, manage, implement, and account for results is critical for achieving development objectives. To achieve these goals, the USG strengthens host country capacity (public sector and civil society) to respond to HIV and AIDS effectively and efficiently and to build sustainable national HIV and AIDS programs. Capacity building is an inherent part of initiatives and activities underway in PEPFAR,⁹ including program activities in technical areas covering prevention, care and treatment, and cross-cutting areas of health system strengthening and integrated health services, civil society (CSO) programs, country ownership, and transition to local partners and programs.

What are NGOs?

Civil society organizations (CSOs) strive to protect the rights of individuals and the common good by allowing individuals and groups to work together to improve the societies in which they live (CIVITICUS, 1994; Guthrie, 1994). The term CSO is a broad, inclusive category of organizations that includes any organization that functions outside of the state and operates on a non-profit basis. Included in this category are non-governmental organizations (NGOs) engaged in health and other development activities, the focus of this assessment.

The World Bank has adopted a definition of civil society developed by a number of leading research centers:

“The term civil society to refer to the wide array of non-governmental and not-for-profit organizations that have a presence in public life, expressing the interests and values of their members or others, based on ethical, cultural, political, scientific, religious or philanthropic considerations. Civil society organizations (CSOs) therefore refer to a wide of array of organizations: community groups, non-governmental organizations (NGOs), labor unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, and foundations.”¹⁰

Local NGOs in developing countries tend to look for external assistance to launch, grow, and sustain their programs and services. Over time, however, some NGOs are mature enough entities to be weaned off of on-going technical assistance; others simply want to diversify their streams of funding.

Country ownership implies a high degree of institutional, programmatic and financial sustainability for local institutions and organizations. AIDSTAR-Two defines sustainability in a systemic way, focusing not

⁸ President's Emergency Plan for AIDS Relief (PEPFAR) 2009–2013

⁹ PEPFAR Blueprint for Creating an AIDS Free Generation. 2012.

¹⁰ *Issues and Options for Improving Engagement between the World Bank and Civil Society*. World Bank. 2005.

only on financial sustainability, but also on the institutional and programmatic sustainability of an organization. This definition of sustainability¹¹ states that:

1. A well-managed organization is able to consistently adapt its governance practices, structure and systems to remain mission driven and market adjusted, allowing the organization to respond to the shifting priorities of its supporters and to new responsibilities towards its clients, while creating a positive work climate for its staff (institutional sustainability);
2. A well-managed organization is able to consistently secure, manage, and report on the use of revenue from various sources (e.g., user fees, grants, contracts) to support its ongoing programs and undertake new initiatives (financial sustainability);
3. A well-managed organization is able to deliver quality products and services that respond to its clients' needs and to anticipate new areas of need; is supported by a strong knowledge management system (programmatic sustainability).

Financial sustainability is not the same as self-sufficiency although the two are often confused. According to the Institute for Social Entrepreneurs, self-sufficiency denotes the ability of an organization to fund the future of its activities and endeavors through earned income *alone*, without having to depend in whole or in part on charitable contributions or public sector subsidies.¹² Financial sustainability is defined as an organization's ability to fund future activities and endeavors through a combination of earned income, charitable contributions, and public sector subsidies.

III. NGOs in Tajikistan

During the period when most post-Soviet countries were keen to democratize, the idea of an NGO was unknown.¹³ There was a lack of understanding of the role and purpose of NGOs, most of which were primarily supported by international donors. Introduced by Western donors, the term 'non-governmental organization' was often seen a pre-condition for democratic transformation. Much of the recent growth in CSOs, including both NGOs and other citizens' organizations, is the result of international influence.

The definition of NGOs used by Kazakh researchers—'open, not-for-profit civil society organizations which are not occupationally specific and do not seek state power' is common throughout the region.¹⁴ The majority of NGOs emerging after independence were service providers, replacing former social service provision institutions destroyed after the collapse of the Soviet Union. In the context of HIV, NGOs include service provider organizations that are not key population led, that implement prevention and care/support programs for key affected populations and community-based organizations (CBOs) of affected communities, including people living with HIV and AIDS, sex workers, people who inject drugs, and men who have sex with men, that are implementing HIV prevention, care, and support programs.

¹¹ *MOST: Management and Organizational Sustainability Tool: A Guide for Users*. Management Sciences for Health. 2004.

¹² Institute for Social Entrepreneurs, http://www.socialent.org/Social_Enterprise_Terminology.htm

¹³ *Organizational Capacity Building in Central Asia: Reflections from Kyrgyzstan and Kazakhstan*. Praxis Paper No. 15. Lola Abdusalyamova with Hannah Warren. INTRAC. February 2007

¹⁴ *Organizational Capacity Building in Central Asia: Reflections from Kyrgyzstan and Kazakhstan*. Praxis Paper No. 15. Lola Abdusalyamova with Hannah Warren. INTRAC. February 2007.

In CAR, similar to other post-Soviet regions, the NGO sector is relatively nascent and still developing with few mature (long-standing and well developed/structured, high performing) NGOs and even fewer community-led organizations. Government structures in the region also provide challenges as many systems are still structured around a centrist government implementation model that has little room for NGO involvement. In the HIV response, many of the implementing NGOs are not community-led but are health service provider NGOs with a larger portfolio that includes HIV or NGOs that have a HIV mandate that have focused on key populations as that is where the available funding is. The few community-based organizations being led by key populations that implement programs are both nascent in their development and severely under-resourced and thus lack the capacity to scale up beyond boutique or pilot programs.

The issues of mature versus nascent organizations and community led/service provider NGOs along with structural issues that affect NGOs' ability to operate efficiently are all challenges that help determine (and influence) NGO capacity to function and implement programs.

Since the majority of programs are implemented by NGOs that are not led by key populations, it is important that individuals and representing these groups are given an integral role to play in program design and implementation. A genuine commitment to the involvement of PLHIV and key populations in responding to HIV and AIDS is not simply an acknowledgement by the NGO that this is important, but rather it is a genuine commitment that ensures communities have control over their own health.

IV. Who builds NGO/CBO capacity in Tajikistan for HIV projects?

The emergence of capacity building activities in Central Asia, and the cast of actors involved, has developed and changed over of the years. In the immediate post-Soviet era of the 1990s, early days there was considerable external support and influence — principally from Counterpart International, USAID, and INTRAC — to develop local capability and expertise.¹⁵ Today there are a number of capacity building actors, some involved in direct provision while other provide support functions. There are, in addition, a range of academic institutions and private consultancy firms and business training centers providing capacity building for NGOs. These include:

Bilateral and Multilateral Agencies:

A key group of stakeholders involved in supporting capacity building for NGOs working in the HIV sector are the World Bank, the UN Development Programme (UNDP), USAID, the UK Department for International Development (DFID) and the Global Fund to Fight HIV/AIDS, TB and Malaria. Their investment in capacity building initiatives has been an integral part of their overall development assistance to both build the capacity of health systems to better respond to HIV and to key population organizations to allow them to effectively implement programming.¹⁶

¹⁵ Central Asia AIDS Control Project July 2005 – December 2010.UNDP. 2011.

¹⁶ Central Asia AIDS Control Project July 2005 – December 2010.UNDP. 2011.

For large community-based projects, the financing agencies (e.g., UNDP, the World Bank and Global Fund), have tended to create local Project Management Units or Project Implementation Units for the lifetime of the project. Below are some examples of programs being implemented from this group:

A. USAID

Capacity Project, 2004-2009

(Central Asia Program on AIDS Control and Intervention targeting youth and high risk groups) in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan.

Through the five-year Capacity Project, JSI Research & Training Institute, Inc. (JSI) sought to build Central Asian technical capacity to launch large-scale and urgent responses to HIV and AIDS, and to develop indigenous institutions and networks that can develop and manage the comprehensive HIV control programs.

USAID Quality Health Care Project, 2010-2015

The USAID Quality Health Care Project is a five-year program to improve the health status of Central Asians by building the capacity of public health systems, institutionalizing quality improvement methodologies at all levels of health services management, and empowering communities to respond to health needs, particularly for tuberculosis and HIV/AIDS. The project is implemented by Abt Associates along with Project Hope and APMG.

The main thrust of the HIV component of the Quality Project is to open up entry points for people from key HIV affected populations – injecting drug users, sex workers, and men who have sex with men, to the range of HIV prevention and care services they need. This involves working with civil society groups and health service providers to increase the effectiveness of referral, broker for better access to services and improve the range and quality of services available.

Capacity building to date has largely focused on building technical competencies and strengthening health systems a component of which has been building NGO capacity to strengthen its role in the health system.

USAID Dialogue on HIV and TB Project (Dialogue) 2009-2014

The Dialogue Project, implemented by PSI, is a strategic response to reduce the HIV and TB epidemics among key populations in five Central Asian countries: Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan, and Turkmenistan. The Dialogue Project contributes to reducing these epidemics by achieving and maintaining improved health behaviors among key populations in Central Asia, including increased use of HIV and TB prevention and control services.

Dialogue uses a regional strategic approach in addressing HIV and TB issues among key populations across all target sites in project countries. Activities to date have included: conducting direct outreach activities among five groups (IDUs, SWs, MSM, prisoners, and PLHIV) throughout five countries and gaining support of local government organizations and NGO partners; sub-awarding local NGOs as sub-grantees for outreach activities implementation; strengthening of established voucher referral networks; establishing and reinforcing the multidisciplinary teams approach to provide care and support to PLHIV, and case management for all key populations on TB treatment, throughout the region.

The Dialogue program has included a significant amount of capacity building at both the country and regional level. To date the capacity building has focused on HIV technical capacity rather than organizational capacity.

B. World Bank / DFID

The Central Asian AIDS Control Project financed by the World Bank and the UK Department for International Development was implemented for the period from 2005 to 2010 in four independent countries in Central Asia and had the Subcomponent on building capacity through creation of Regional Training Centers (RTCs) in the following areas: Kazakhstan: HIV prevention among youth; Kyrgyzstan: harm reduction programs; Tajikistan: HIV prevention among migrants and their family members; and Uzbekistan: treatment, care and support to people living with HIV.

C. Global Fund to fight AIDS TB and Malaria (GFTAM)/ UNDP

GFTAM supports HIV programs Kazakhstan, Tajikistan and Kyrgyzstan. All programs have significant NGO/CBO components focused on delivering safe sex and safe injecting supplies through a minimum package of services/peer education model. UNDP has largely been the agency through which the NGO/CBO components of projects have been managed. Capacity building to date has been to provide technical knowledge and capacity for the NGO/CBOs to deliver the minimum package of services.

International NGOs:

In 2007, The **International HIV AIDS Alliance**, through its Kyrgyzstan member, AAA (Anti AIDS Association) and other Alliance partners in Central Asia, secured World Bank funding to implement a project to reduce the spread of HIV and mitigate its impact in Kazakhstan, Kyrgyzstan, Uzbekistan, and Tajikistan. The project—part of the Central Asia AIDS Control Project (CAAP)—expanded access to HIV prevention, care, and support services. It increased the involvement of affected communities in programming and policy development, and strengthened the capacity of networks of people living with HIV to effectively support and influence national responses. With the project's support, eight new groups of people living with HIV were incorporated as legal NGOs.

AMFAR, through its GMT Initiative (formerly the MSM Initiative), provides financial and technical support to community organizations working to reduce the spread and impact of HIV among gay men, other men who have sex with men and transgender individuals (collectively, GMT) in low and middle income countries. The initiative has supported groups in Tajikistan and Kyrgyzstan and their partners across the region with organizational and technical capacity building.

The Open Society Foundations (Soros Foundation) maintains offices and programs in Kazakhstan, Kyrgyzstan, and Tajikistan, all of which have had HIV, injecting drug use, and MSM components that focus on capacity building to create a viable civil society. Some of the organizations supported by the Open Society Foundations have also been beneficiaries of GFTAM and USAID programs.

V. Assessment Tool/Methodology used for Project

Capacity building is driven by clearly defined objectives that state what the initiative is intended to achieve and how it will accomplish its objectives in the context of PEPFAR, the national strategic plan, and the expected prevention, care and treatment targets and HIV and AIDS program outcomes. In order to achieve this, a capacity assessment of HIV and AIDS organizations that indicates which aspects of capacity need improving and which areas already have good or excellent standards that can either be built on or shared with others is useful.

There is no one, best way of tackling capacity assessment and there are many existing instruments. Much depends on the complexity and context of the NGO concerned and what the NGO itself wants as well as what donors and funders may require. The degree of complexity results from a combination of factors: the history of the NGO; age, size, and development activity; geographic spread; sources of funding; the context(s) of action; leadership; and others. It does not refer to just structural complexity. However, consistent with the capacity building principles mentioned above, any assessment should be participatory and inclusive.

The CAR NGO assessments developed a systematic approach to NGO capacity development with the assessments of various NGOs in Tajikistan, Kazakhstan, and Kyrgyzstan being used to inform the development of country wide and a regional capacity building strategy rather than focusing on the capacity needs of any one organization. The assessment process identified and prioritized common themes and issues that need be addressed across each country and the region. The resultant strategies include approaches to both develop the technical and organizational capacities of less mature NGOs and to strengthen the technical and organizational capacities of more mature organizations.

The overall assessment approach was designed to gauge the **overall functioning of the organization**. The assessment was administered in the context of group assessments taking place at one time, enabling the participants to both draw conclusions for their own organizations as well as gain understanding of the capacity throughout the country/region as a whole.

The PEPFAR CAR team explicitly requested that the team assess a large number of NGOs in Tajikistan, Kyrgyzstan, and Kazakhstan that serve populations most at risk for HIV in the region including sex workers, people who inject drugs (PWID), MSM, PLHIV and prisoners: 14 in Tajikistan (in Dushanbe, Kulob, and Khujand), 18 in Kyrgyzstan (in Chui Oblast, Bishkek, and Osh) and 13 in Kazakhstan (in Almaty, Karaganda, and Ust-Kamenogorsk).

Taking these factors into consideration, this assessment used a combination approach that included a participatory approach for data collection via a capacity assessment workshop. To ensure objectivity, the assessments were undertaken by a team of three external facilitators and the findings of the assessors were triangulated to produce a final assessment. Observers were also present to learn from the process and to ensure local implementing agency understanding of the issues raised. An initial qualitative description of capacity of the organization as a whole was supplemented by quantitative measurement for specific capacity areas. A rapid assessment process was used that took place over two days, involving sessions for specific NGOs as well as wider discussions and assessments that were relevant to all organizations. This approach ensured minimum disruption to each organization while producing an assessment of the organizations' overall functioning.

Upon review of the myriad of assessment tools available, the assessment team adapted and utilized the International HIV AIDS Alliance **NGO Capacity Analysis and Community Based Organization Rapid Assessment Toolkits**^{17,18} as the basis for this assessment. These toolkits are among the few that allow for several NGO/CBOs to be involved in the process at the one time, so they best suited the timeframe and logistical issues faced by this project, which made on-site assessments of individual organizations impractical. The toolkits are designed to be flexible and adapted for use to meet the needs of different NGO/CBOs. They provided tools for analyzing and building capacity using a number of different methods that were applicable to either individual organizations or a group approach.

The workshop was structured with five different sessions looking at specific areas of capacity in addition to an introduction and wrap-up session. These sessions can be used in any order and in any combination, as appropriate for the organizations involved. The toolkits were easily adapted and through the first workshop session (entitled “what is capacity”) the opportunity was available to tailor the assessment tool to capture specific issues/problems/new technologies and developments that were of concern to the participants.

The workshop/analysis process used a combination of methods to ensure that the assessment process was participatory. These included:

- Quantitative and qualitative methods to determine scores for capacity indicators and capture more dynamic issues and perceptions of staff.
- Self-assessment techniques to encourage better ownership of results.
- Objective criteria to use for external validation to provide comparable results for evaluation purposes.
- Multiple instruments for triangulation to develop a comprehensive picture of capacity from different perspectives and assess the level of consensus over issues.

The request from the CAR PEPFAR team is to assess organizational processes, management systems, program, financial and technical capabilities, and leadership of NGOs. Hence, five areas of capacity important for delivering and supporting responses to HIV/AIDS will be addressed:

- **Organizational strength** has long been recognized as important for the sustainability and efficacy of an organization’s ability to function. (The assessment included organizational processes, management systems, and financial capacity as per the CAR PEPFAR team request.)
- **HIV/AIDS technical capacity** – The understanding of the epidemic continues to evolve as it is developed and shared from different contexts. Organizations that are able to refresh their methods and approaches in line with this understanding will likely better serve their mission. (Program and technical capabilities were assessed as per CAR PEPFAR request.)
- The **promotion of participation of people living with HIV and AIDS and other affected communities** is integral to challenging inequality and marginalization which is often the underlying cause of people’s vulnerability to HIV. This is also often a sign of how much an organization believes in its own messages and feels solidarity with its community. (This included program, technical, and leadership capabilities as per CAR PEPFAR request.)

¹⁷ NGO Capacity Analysis Toolkit. International HIV AIDS Alliance. 2004

¹⁸ CBO Capacity Analysis: A toolkit for assessing and building capacities for high quality responses to HIV. International HIV AIDS Alliance. 2007

- **Partnerships, referral systems, and co-ordination** with others enable an NGO to magnify the effect of its actions by the power of all those around it. Rather than working in competition with others and duplicating efforts, the NGO seeks to address the needs of its community in the best way it can. (Includes program and technical capabilities as per CAR PEPFAR request)
- **Involvement in evidence and consultation-based advocacy** harnesses the power of institutions that can affect the lives of an NGO's community to a far greater extent than the NGO can itself. The inequalities and vulnerabilities faced by some people may be embedded in the structure of society and, in some cases, may only be addressed through advocacy. (Includes program, technical and leadership capabilities as per CAR PEPFAR request).

For the majority of HIV focused NGO/CBOs, working in specific geographical areas or with specific population groups, all five areas of capacity will complement and reinforce each other, and together combine to enhance the sustainability, quality, integrity and impact of interventions. The initial in-country stakeholder briefing may identify specific issues that need to be addressed, either through these five capacity areas or via an additional assessment if it is warranted.

VI. Assessment process (agenda/schedule/components of assessment)

On arrival in Kyrgyzstan the assessment team held a meeting with key country level stakeholders to inform all stakeholders about process and seek their input. The schedule for the activities was as follows:

Assessment Schedule

Day 1	Preparation meetings with NGO/CBOs to outline assessment process and what it entails, allow assessment team to gain some insight into the organization and work with the organization to complete NGO profile
Day 2	Assessment workshop
Day 3	(Half day) Assessment workshop continues if required (Half day) Debrief

A team of three facilitators with substantial experience with NGO/CBO capacity building and HIV service delivery conducted the assessment. A representative from the implementing agencies of the Quality Project country offices was also invited to observe (but not participate in) the workshop.

The team began its work in each country with an initial stakeholder meeting. The objective of these meetings was to include representatives from the Ministry of Health, donor agencies, and others to inform stakeholders of the process and solicit their input on any specific capacity issues that the assessment team should be aware of or pay special attention to.

As the assessment process was facilitated by external facilitators it was vital that they meet with the NGO leadership to learn basic information about the organization, to better enable them to ask relevant, probing, and sensitive questions during the assessment process, and thus help the NGO to find out more about itself. The team completed a NGO/CBO profile for each local NGO as part of the overall

assessment. The profile included information about the NGO's background, details of its main programs and activities, and some key achievements and challenges. Preparing these profiles helped provide vital information for the workshop facilitators and the completed documents may serve as reference documents for future providers of technical support.

Groups of NGOs across different geographic areas in the three countries were invited to participate in the NGO/CBOs Capacities Analysis Workshop. The workshop's objective was to facilitate discussion and consensus building through systematic analysis of different capacities with stakeholders of several NGOs/CBOs.

The assessment tool used in the workshop was designed to be applied in a participatory manner with personnel from different levels of the organization including NGO/CBO directors, program managers, administrators, health care staff, HIV counselors, peer educators, monitoring and evaluation personnel, volunteers, and board members all being able to participate in the process. Obviously it was not viable for all involved with the organization attend the workshop. Therefore, it was critical that a representative group of approximately 5-6 participants from all levels of the organization attend, and that opportunities were created for all to speak openly (facilitators were cognizant that staff at some levels might be reluctant to speak openly in front of their more senior colleagues). In addition, participants were given the opportunity to work both collectively with other organizations as well as time alone to consider their organization's own specific needs.

The following areas were assessed in the workshop:

1. Partnerships, referral systems and co-ordination
2. HIV/AIDS technical capacity of key and front-line staff
3. Organizational strength
4. Promotion of participation of PLHIV and other affected communities
5. Involvement in evidence and consultation-based advocacy

The assessment process is described in detail in Annex 3.

Scoring the indicators:

As described in Annex 3, through the facilitated discussion, participants scored the indicators as a group. The tool has a simple qualitative scoring scale of 1-4, with one being the least capacity and four being the most capacity. The score was determined by consensus with the participants after discussion of each element of capacity. This process helped provide an overview of how the organization rates its level of capacity and collectively determine the capacity building priorities for the country/region/city involved in the workshop.

Country NGO Assessment Reports:

After each workshop, a summary document was produced that includes all of the NGO/CBO profile documents and outlines of the five capacity areas, their indicators, and the relative score. A short narrative is included that explains key issues raised and capacity priorities agreed on. After all of the in-country workshops have been completed, the summary documents will be combined to produce a single country capacity analysis document that outlines the five capacity areas, relative strengths and

weaknesses, and priority areas for capacity development. [This document is the summary country NGO assessment report for Kyrgyzstan.]

Limitations:

This analysis process does not produce detailed capacity assessments of individual organizations. This was due to the number of NGOs and CBOs involved and the fact that there were not enough resources and/or time to undertake in-depth individual organizational analysis. It did, however, produce a foundation assessment of organizations and a framework for an assessment process that organizations may choose to apply directly to themselves.

The process as described only looks at five areas of capacity. Participatory re-design of the indicators could allow different or additional capacities to be analyzed, in more or less depth. Capacities that relate to conducting research, documenting findings, providing support to other NGOs, and mobilizing communities are all examples of areas that could be explored further using the existing workshop format.

While the suggested indicators are believed to be relevant for many NGOs, users of this toolkit should also be aware that some might seem ambitious or unrealistic for smaller CBOs. This needs to be considered sensitively, as otherwise their application may unduly depress or disappoint a small but aspiring CBO. Furthermore, in reality, many capacities (for example in advocacy work) are dependent on the capabilities and passion of individuals, which can be difficult to capture and measure adequately. Sometimes, such capacity can only be measured by proxy. The indicators that point to such proxies, however, are not intended as a scientific measure of capabilities.

VII. Tajikistan Methodology

In Tajikistan, the project focused on three major cities: Dushanbe; the capital, Kulob, a major center in the south, on the Afghanistan border and the country's second largest city; and Khudjand, in the north of the country. One hundred (100) NGO staff and volunteers representing 20 non-governmental organizations were involved in the assessment project.

During the individual NGO discussions, a basic profile of the organizations was compiled (see Annex 2). This profile provided background information for the assessment team to enable tailoring of the workshops and to assist in the qualitative analysis process. The sample of Tajik NGOs contained well established NGOs as well recently created ones. The oldest NGO was established in 1998 and the youngest one in 2013. Nineteen (19) out of 20 are legally registered. Ten (10) NGOs were operating in Dushanbe, four in Kulob, and six in Khudjand. Nine out of 20 had some sort of a strategic plan guiding the organizational priorities, and only four had a functioning governing board. The average number of staff per organization was approximately 10 people with the largest staff consisting of 27 members; the average number of volunteers collaborating with organizations was 11, with the largest number of volunteers 68. Only a quarter of all organizations reported having more than one funding source, and at least two had no current source of income at the time of the interviews. The beneficiaries of NGOs included PWID (7), sex workers (10), MSM (5), migrants (1), vulnerable youth (1), PLHIV (9), LGBT (1), prisoners (2), women (4), and children (2). Fourteen (14) NGOs defined their main area of work as prevention, and 11 as care and support.

VIII. Tajikistan Findings

Stakeholders Meeting

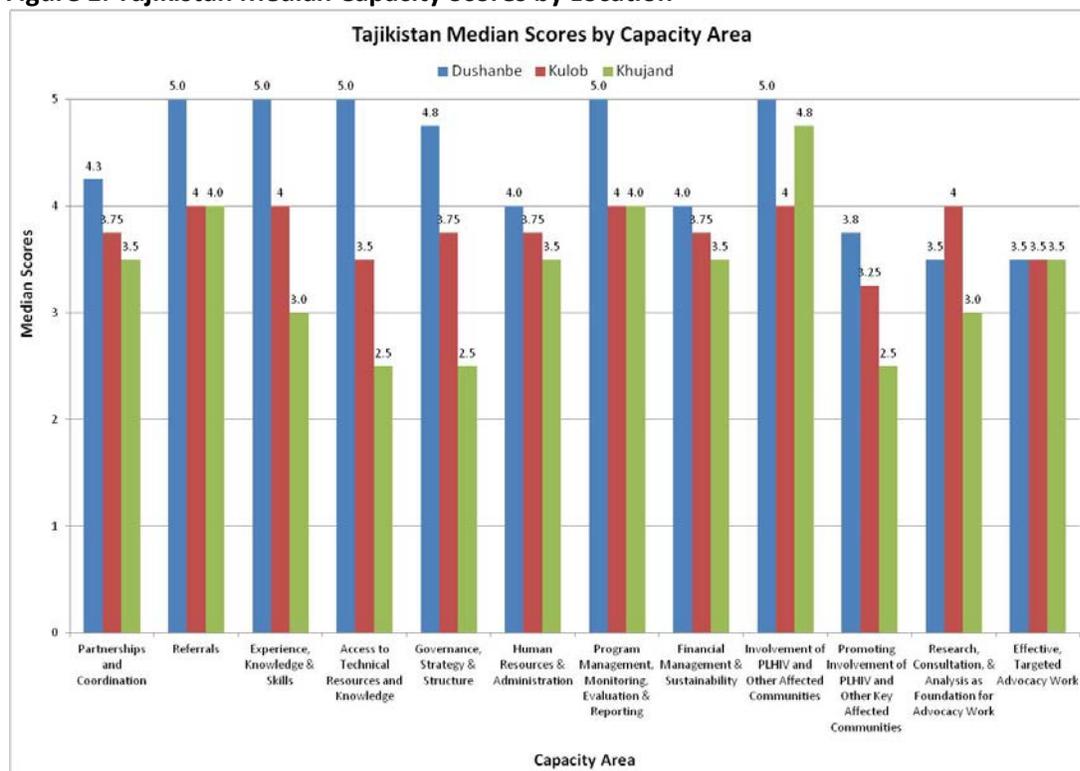
As stated above, the purpose of the stakeholders meeting was to present the assessment plan and methodology and introduce key concepts, objectives and expectations. The stakeholders provided feedback and offered valuable ideas for the assessment process, potential areas of capacity weakness and other issues to consider. Stakeholders included international agencies such as the Global Fund, the World Health Organization (WHO), UNDP, and representatives from the Republican AIDS Center and Ministries of Health and Justice. The stakeholders pointed at underutilization of NGO capacity in HIV prevention and care including their involvement in the detection of HIV positive cases and ensuring access to treatment.

It was apparent that stakeholders believe there are very strong and very weak NGOs involved in the HIV and AIDS activities in Tajikistan. Several of them have pointed out that those selected for the assessment were some of the strongest ones. The assessment team's subsequent interaction with the NGOs suggested that even the strongest NGOs involved in the HIV and AIDS response in Tajikistan have fairly weak capacity in certain essential areas such as governance structures, strategic thinking, and best practice implementation.

Workshops in Dushanbe, Kulob, and Khudjand with Tajik NGOs working on HIV with Key Populations

The purpose of the workshops was to explore common themes and priorities for capacity building and to complete a self-assessment process that explored the following areas of capacity: partnerships and coordination; technical skills of frontline staff; organizational strengths; participation of PLHIV and other key populations; and advocacy. On average, three people attended from each NGO.

Figure 1. Tajikistan Median Capacity Scores by Location



Specific Areas of Capacity

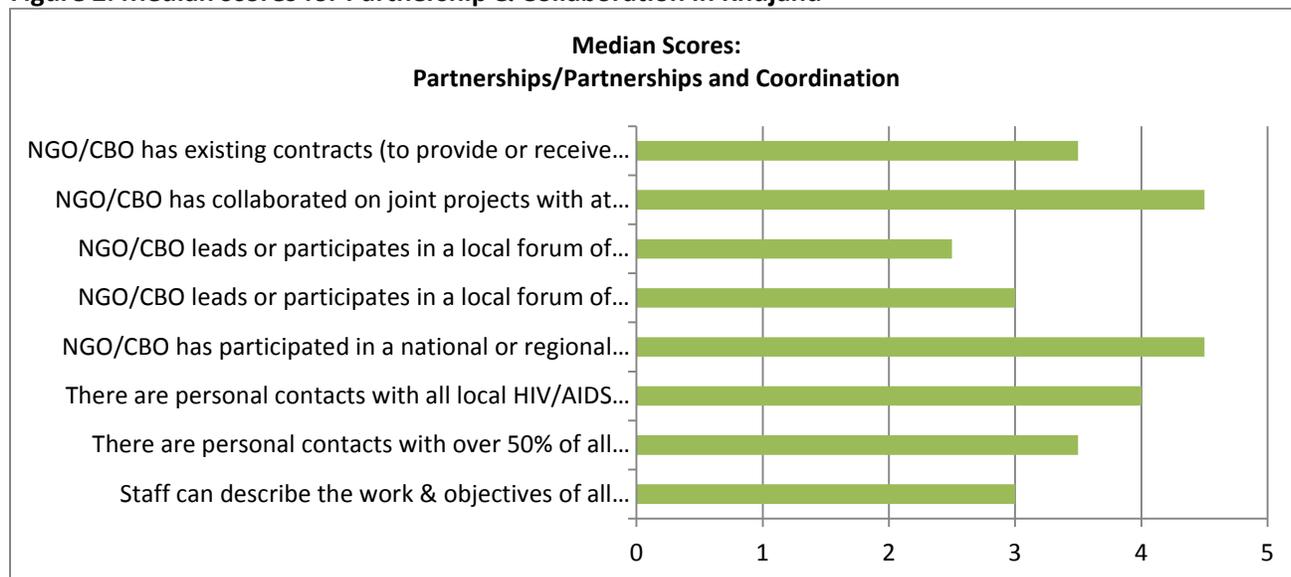
1. Partnerships, referral systems, and coordination (refer to Annex 4, figures 1 to 4)

Partnerships, referral systems, and co-ordination with other NGOs, government agencies, and international partners enables an NGO to magnify the effect of its actions by the power of all those around it. Rather than working in competition with others and duplicating effort, it seeks to address the needs of its community in the best way it can.

The challenges with scoring this area by the participants relate to the complexity of the area, which was not appreciated by most of the participants. Most of the NGOs explored partnerships only in relation to service referrals. The presentation of the assessment team of the broader range of partnership and collaboration possibilities may have led to the participants from Dushanbe to define partnerships as one of the two areas they would like to develop further. Kulob participants had the most limited understanding of this area and did not mention it among their capacity development priorities.

Although relatively more developed in Khujand, collaboration among stakeholders within and beyond the civil society sector can be considered an area where the most significant improvements may be required across the country. At the moment, collaboration is mainly in regards to referral to services; little has taken place around establishing city-wide strategies for developing joint advocacy campaigns, for example. For this to occur, better collaboration should be equally encouraged and supported among the donors and governmental agencies.

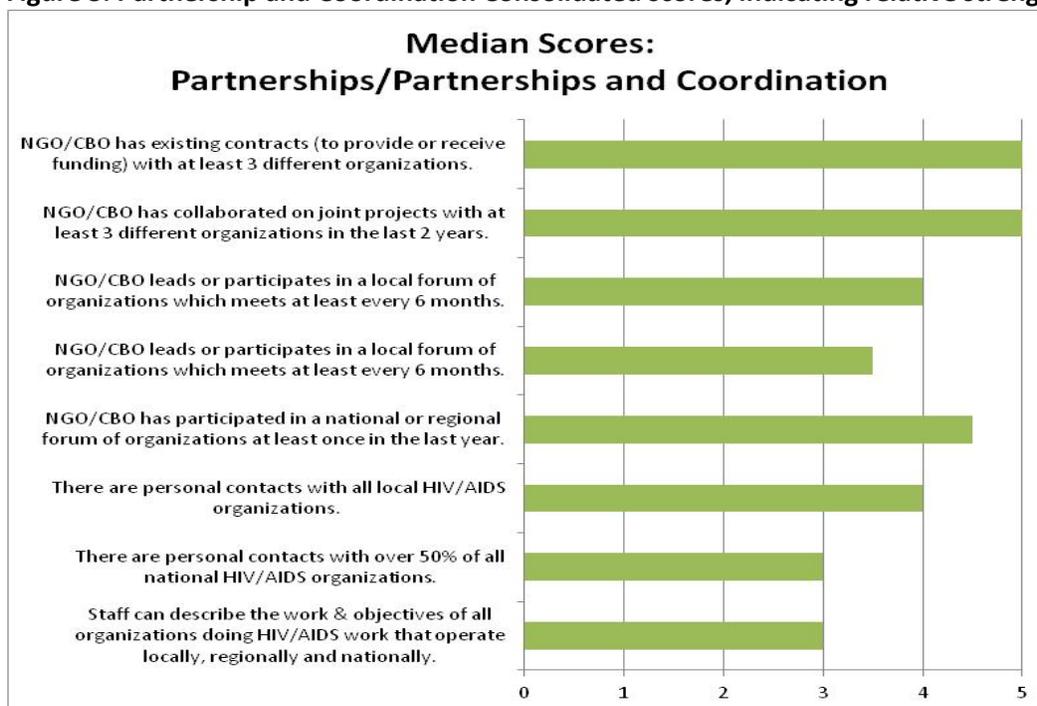
Figure 2. Median scores for Partnership & Collaboration in Khujand



Generally, a feeling of disempowerment is common among the Tajik civil society organizations working in AIDS when it comes to relationships with high level governmental structures and officials, international organizations, or donors. The relationship with the Ministry of Health has been described rather in terms of moral support, as in, “they meet us halfway, they’ve been working for many years,” but the particulars of the relationship is boiled down to referrals for medical services.

The most developed sub-area of partnerships and collaboration—the service referral mechanisms—is still in need of further strengthening. Although well established in Kulob and Khujand, the referrals are not always formalized in official agreements or memoranda between the referring partners and the terms of reference or respective roles and functions may not be documented. This limits the effectiveness of the existing referral mechanisms, hinders monitoring of referral programs, and restricts incorporation of the referral mechanisms in the official local collaborative frameworks and local government agendas. The development of guidance related to practical functioning of the referral systems could be included in the agendas of local and national coordination mechanisms and technical working groups.

Figure 3. Partnership and Coordination Consolidated scores, indicating relative strength



Collaboration with donors was a frequently raised topic. In most cases the ‘partnerships’ with donors are sub-optimal, and the extreme dissatisfaction of the NGOs in this area is well illustrated by the unilaterally expressed preference of participants for one rather than more funding sources by the participants of one of the workshops. In the current context, the term donor is associated predominantly with extremely varied and complex rules, regulations, monitoring and reporting requirements, and an unstable supply of commodities rather than with sources of funding. Misbalance between funding and capacity development activities, lack of responsiveness and appreciation of expressed needs, rigidity of tender terms of reference which are not based on sufficient assessment of local needs, and poor involvement of NGO service providers and beneficiaries in program design are the main reported challenges in the relationships with donors.

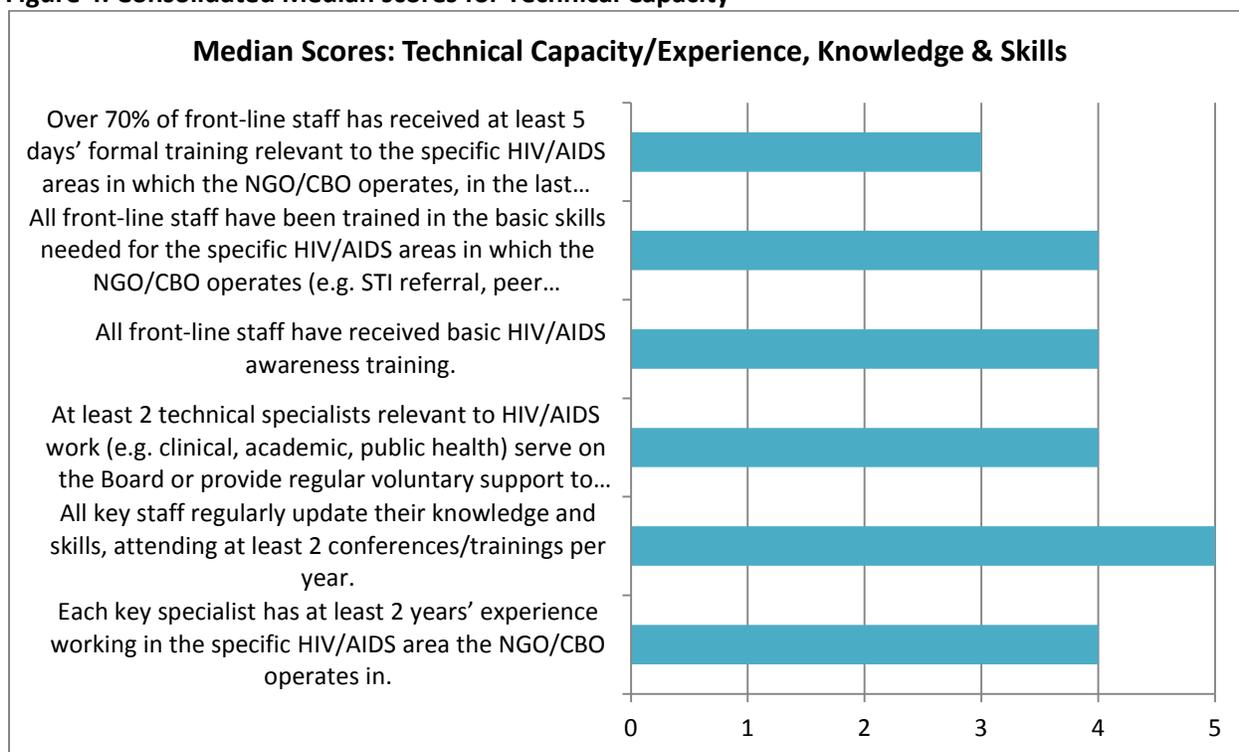
Despite significant collaboration deficiencies, the NGOs do not have experience in initiating collaborative efforts (apart from specific service delivery partnerships with other service providers). They rely on external parties (international organizations, donors or the official coordination structures) for initiation of any collective dialogue or action. This passive position leads to the loss of negotiating powers and limited ownership over and restricted participation in any resulting discussions or decisions. The recommended approach to resolving this challenge is to facilitate the development of local NGO networking mechanisms and coalitions and provide non-intrusive support required by these collaborative instruments to define the national and provincial level priorities, plans of action, and advocacy agendas.

2. Technical HIV/AIDS skills and knowledge (refer to Annex 4, figures 4 to 7)

The understanding of the epidemic continues to evolve as it is developed and shared from different contexts. Those organizations that are able to refresh their methods and approaches in line with this understanding will likely serve their mission better.

Most of the organizations are comfortable with their level of HIV technical capacity.

Figure 4. Consolidated Median scores for Technical Capacity



The main challenge repeatedly quoted in this regard is staff turnover, which counteracts the capacity development investment. Nevertheless, the technical capacity is perceived by participants as an easily restorable asset. Although many of the participants complained that the number of capacity building events related to the essentials of HIV and AIDS work has been steadily decreasing over the last several years, and that invitations to attend training events are extended less and less often, particularly to the front-line and technical staff, the NGOs have developed a capability to develop the essential capacity of their staff internally in order to transform field level experience of service delivery into valuable technical knowledge and skills. Thus, at the workshop in Kulob, there was an in-depth discussion of stigma and discrimination challenges (including compassion as a stigmatizing factor) where the participants demonstrated great ability to analyze their practical experiences.

At the same time, there remains a challenge of strategic utilization of gained technical skills and transfer of strategic information between the staff involved in field work, managers and top executives, as well as external stakeholders and donors. Although the front-line staff of the organizations possess in-depth understanding of their client needs and preferences with regards to the distributed prevention commodities (e.g., preferred syringe quality and types and the reasons for such preferences¹⁹), the

¹⁹ The syringes currently distributed by programs are not sufficiently sharp and contribute to unnecessary vein damage. The available 1ml syringes, which are safer from HIV prevention perspective, do not allow taking 'control' due to the design flaws. LDS syringes are not available even from pharmacies. The water is supplied in vials that are too large for individual injecting and can be easily shared.

donor agencies continue to procure and supply sub-optimal commodities, some of which prove to be completely redundant. For example, the filters supplied as part of the needles syringe program are “too efficient” because they filter out significant amounts of the heroin, making them unsuitable for use, similarly the sterile water is supplied in 10mm vials where the average amount needed is 1-2mm, thus encouraging sharing of the opened vial between users. There is no mechanism in place that would allow the information possessed by front-line specialists to influence procurement of commodities.

The greatest capacity development need in the technical area is improved access to more advanced technical knowledge and skills in specific HIV related services and programs such as:

- treatment and rehabilitation of substance dependency
- treatment of HIV infection
- burnout prevention
- advanced advocacy techniques
- utilization of ART in prevention (treatment as prevention)
- the need for technical support in the development of comprehensive strategic approach to addressing the challenges of HIV epidemic including engagement in the national/provincial level planning and budgeting for sufficient access to essential prevention, care and treatment interventions.

A lack of initiative characteristic of the majority of interviewed NGOs affects their learning dynamics. It is rather unusual for Tajik NGOs to initiate collection of information on a particular subject, or actively search for the news in the area of HIV prevention and treatment. There is no self identity as technical leaders in the country/province/city and the NGOs consider international organizations as the main sources of information for their requirements to perform their tasks. This also limits the ability of NGOs to identify gaps in their knowledge and skills, and design their learning and capacity development agendas.

3. Organizational Structure and Systems (Refer to Annex 4, figures 8 to 15)

Organizational strength has long been recognized as important for the sustainability and efficacy of an organization’s ability to function.

3.1. Governance, strategy and structure

Most organizations are not guided or supported by a functional board or another entity involved in the governance or strategic oversight of the organization. In order to obtain official registration, each Tajik NGO is required to establish a founding board. With rare exceptions, even when the membership of this body has been strategically thought out to include representatives of key populations and other key stakeholders, the founding boards do not become functional entities and do not play any significant role in the development and operations of their organizations. The exceptions relate to organizations created by groups of PLHIV or other affected communities. As the founding board members representing affected communities are enthusiasts who are keen to be involved in programs implemented by the organization, in most of such cases the founding boards contain one or more senior executives of the organization, so the split of functions between the quasi-governing structure and the management is difficult to define and can lead to conflict of interest issues which are not adequately addressed through organizational procedures.

Figure 5. Consolidated Median Scores for Organizational Structure and Strategy



One of the most common organizational gaps identified is the lack of strategic organizational direction, which also relates to the limited involvement of vulnerable and affected communities at the strategic decision making level. Lack of this strategic focus makes it easier to divert from the original organizational course to follow available sources of funding in times of crisis.²⁰ A good illustration of this trend is inappropriate shifting of the activities away from high impact areas (e.g., focused interventions targeting key populations). In following new sources of international funding, some organizations are diverting their resources into relatively low impact interventions (e.g., HIV prevention activities targeting non-injecting drug users). One of the factors making such diversion possible is the already described lack of coordination within the donor constituency as well as between constituencies of national stakeholders. One of the participants noted that the lack of strategic direction allows the organization to more freely explore the funding opportunities, saying, “The fish always tries to find the deepest places in the river,” thereby summing up his justification for his organization’s frequent changes in focus.

The lack of organizational strategies and lack of core funding leads to unstable project-oriented organizational structures that undermine the functioning of essential organizational systems.

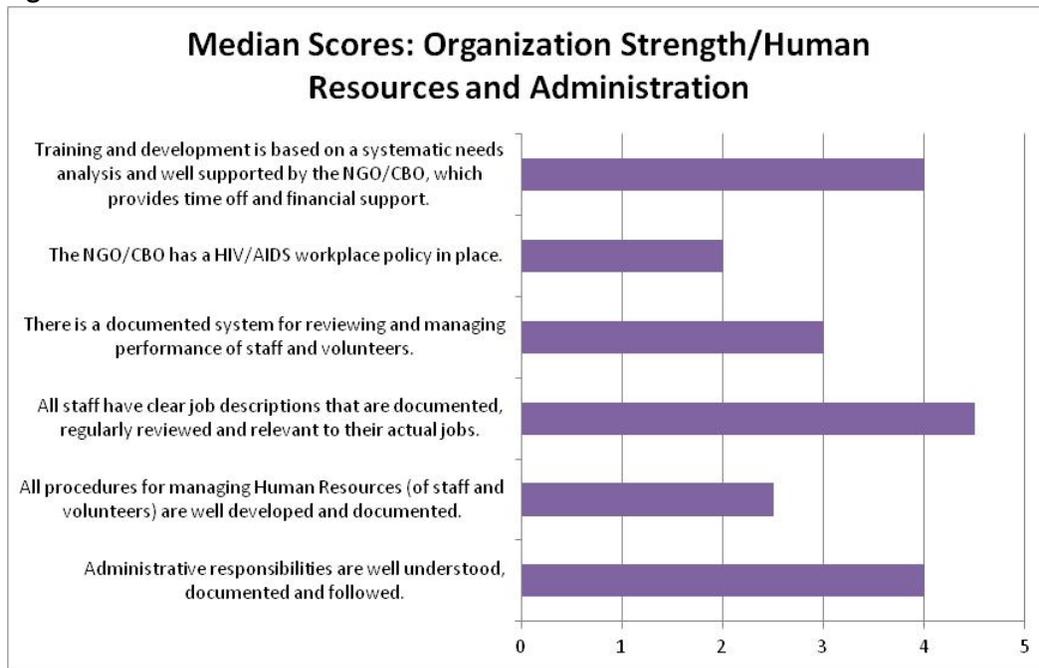
3.2. Human resources and administration

Project orientation is the basis of human resource management in most organizations. Even if the top managers acknowledge the need to apply organizational rather than project approaches, they are not

²⁰ The organizations justify applying for someone else’s area of work by the existing links between different directions of work and overlap between different key populations. This gives them apparent legitimacy to apply for funding signposted for populations they have only marginal track record of working with.

able to do so due to the way donors operate in the country and due to the lack of their own resources to manage/employ staff outside of the project model.

Figure 6. Consolidated Median Scores for Human Resources and Administration



The concept of volunteering is not well defined, and the assessment team was not able to identify any documented policies or regulations concerning the involvement of volunteers although all NGOs have volunteers. Many dedicated staff members have been forced to turn into volunteers by the financial circumstances of their organizations. This ‘volunterization’ had observable negative impact on staff morale. Generally, remuneration policies and practice tend to be decisively controlled by the funding agencies. This control is mainly limited to setting remuneration caps, which are vaguely linked to budget limitations and not supported by thorough analysis of the issue. Volunteers also do not receive any reimbursement of funds (such as transportation costs to outreach sites) so this is a disincentive to volunteering by people who have limited resources.

The concept of unit cost is not applied in budgeting, including budgeting human resources required to deliver certain services to certain numbers of beneficiaries.

3.3. Program management, monitoring, evaluation and reporting

Most of the organizations reported following the essential elements of the project cycle including mapping of the local situation as well as service delivery monitoring. In most cases, these activities are implemented at a very basic level, within the requirements set by a relevant donor. Although some elements of the project cycle are considered to be useful in the work, some are perceived as unnecessarily complicated burdens. One example is the monitoring system designed by the Global Fund Principal Recipient already mentioned above.

Figure 7. Consolidated Median Scores for Program Management, Monitoring & Evaluation and Reporting



The responses to the questions regarding the benefits of expanded funding base were illustrative. The initial answer was that it was better to have one donor as donors were primarily associated with regulations and reporting requirements, so more than one donor means having to comply with more regulations and satisfy more requirements. The daunting reporting regulations and multiple requirements are the main perceived characteristics of the donor agencies, which also illustrates the limited value of resources provided by the existing funding agencies.

Any capacity development efforts targeting NGOs in this area should be complemented by substantive coordination efforts involving existing and prospective donor agencies. It is recommended to explore monitoring and reporting systems capable of satisfying the requirements of multiple donors, utilized in other countries. Such systems should be simultaneously promoted among the civil society and the donors contributing to the national response.

3.4. Financial management and sustainability

Within this area, the assessment focused on access to funding and financial sustainability strategies not internal financial management systems.

Sustainability is one of the capacity areas that illustrate most vividly the multiple linkages between various dimensions of capacity.

NGOs believed that the availability of international resources for HIV and AIDS interventions among most-at-risk populations was expected to increase significantly with the Global Fund investment. Contrary to the expectations, the budgets of most NGOs working with key populations have dropped dramatically over the last couple of years; in many instances, funding to NGOs had halved and in most NGOs, the funding had been reduced by at least a quarter over the past three years. Organizations faced budget interruptions, in some cases as long as eight months. Coordination among donors such as Global

Fund, USAID, and civil society organizations is weak. This exacerbates the weak capacity of NGOs to strategically plan and manage the risks of funding interruption related to project cycles. As a result, each time a project ends the NGOs face a massive resource crisis and many dismiss some of the valuable personnel who they have been investing in for a number of months or even years.

As one of the stakeholder meeting participants put it, “often it is more correct to describe the existing situation in terms of survivability rather than sustainability.”

Figure 8. Consolidated Scores for Financial Management and Sustainability



Most of the funding mechanisms for HIV and AIDS work operating in Tajikistan substitute direct funding with other forms of support such as supplying the organizations with basic furniture, printed materials, and prevention commodities. The NGOs reported increasing difficulties accessing funding for staff salaries and other essential costs. Participants were particularly critical of the Global Fund Principal Recipient, the UNDP, for its failure to adequately address staff and volunteer remuneration in their support. Organizations in Kulob reported having to travel to Dushanbe, to collect and transport—all at their own expense—furniture for a shelter procured by the donor directly from the supplier in the capital. Outreach workers of a harm reduction organization have to fill in a large A3 format logbook in order to register the delivery of syringes and other prevention commodities to their clients. The commodities are the only benefits received by the organization from the Global Fund, which does not provide any funding for the actual distribution of commodities, nor do they provide funding for the required data collection by outreach workers who are required to fill the forms twice—first in their own notebooks of manageable size, and one more time when they transfer the data into the large logbooks supplied by the donor. Global Fund requires the hardcopy logbook filing instead of electronic data storage. Restricted access to funding means limited need in routine financial management. The NGOs mostly operate in a kind of natural economy and report sufficient capacity in managing modest amounts of funding that are passing through the organizations.

Textbox 2:

Thinking Out of the Box: Shabaka Conference Center to fund pre- and post-release services for prisoners

In 2009, a group of former prisoners in Khujand initiated the creation of Khayeti Nav. This NGO was created to provide support services to newly-released and ex-prisoners. The USAID-funded Dialogue Project provided Khayeti Nav with the support required to deliver pre- and post-release services to prisoners. The services included access to information, case management focusing on social reintegration of released prisoners, counseling, a night shelter accommodating 20 people with showers and meals. The project offered a work space and tools for furniture repairs, chess making, and repairs of electrical equipment, which the clients used to make money. The support from Dialogue has come to an end and currently no resources are available for HIV prevention work among prisoners.

In order to continue this much needed work, Khayeti Nav developed an income generating project that utilized their large office space as a conference center. The Executive Director, Abdukhaleg Abdrakhmanov, commented that “with the reduction in funding and staff reductions the office was far too big for our needs so it made sense to try and see how we could generate income from the unused space.” As a result, the Shabaka Center was developed.

The center features a conference hall with capacity for 50 people, and provides lunches, coffee breaks, transportation services, equipment, and translation services. The clientele is not restricted to organizations working on HIV. The center has already generated enough income to retain 30% of the organization’s personnel (six paid staff and nine volunteers) who can continue with their work of supporting prisoners. Without the Shabaka Center, the organization would have to had folded and ceased all their programs.

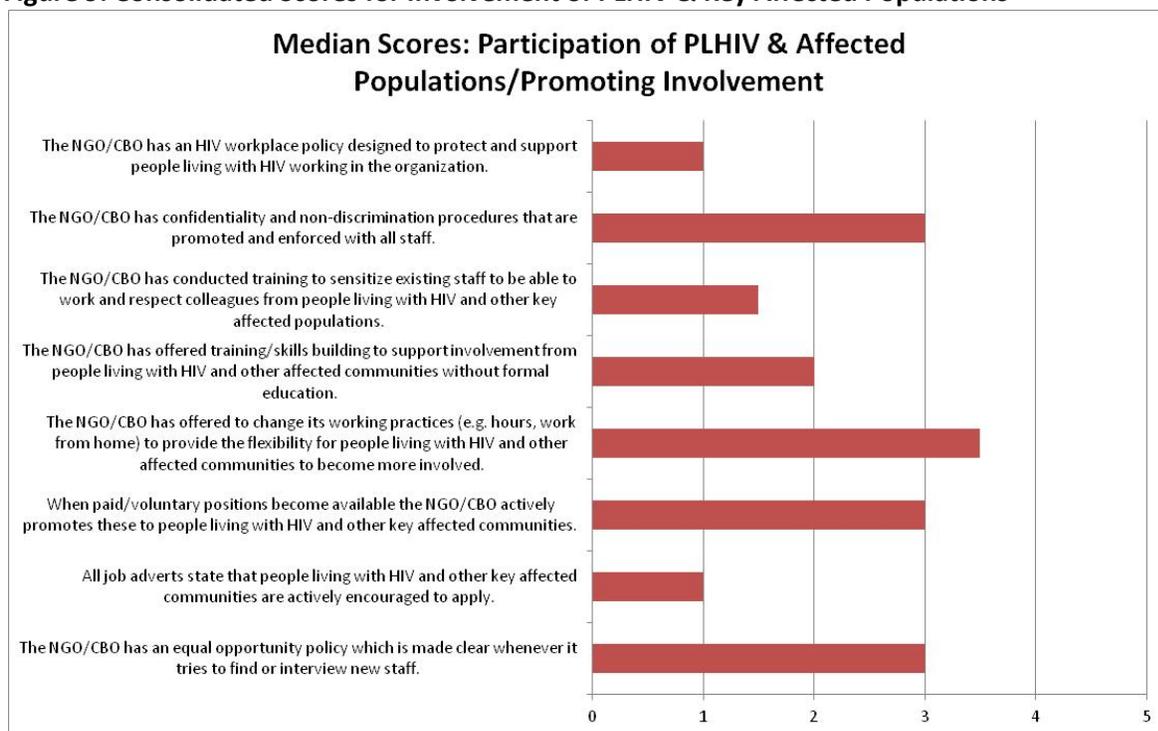
4. Involvement of PLHIV and other vulnerable and affected communities (Refer Annex 4, figures 16 to 19)

The promotion of participation of people living with HIV and AIDS and other affected communities is integral to challenging inequality and marginalization, which is often the underlying cause of people’s vulnerability to HIV. This is also often a sign of how much an organization believes in its own messages and feels solidarity with its community.

Apart from the rare cases of founding membership (described below as nominal), the involvement of PLHIV and other affected communities is restricted to front-line service delivery functions such as outreach work, which they perform as low paid workers or volunteers.

It should be noted that only a tiny number of people who use drugs are involved in service delivery. Most of the front-line workers of organizations serving PWID are those with a history of drug use. This has certain limitations, which have been well described in literature including lost contact with the drug scene and its actors, limited capability to track changes in the patterns of drug use and high-risk behavior, as well as the risk of relapse exacerbated by daily exposure to drug use.

Figure 9. Consolidated Scores for Involvement of PLHIV & Key Affected Populations



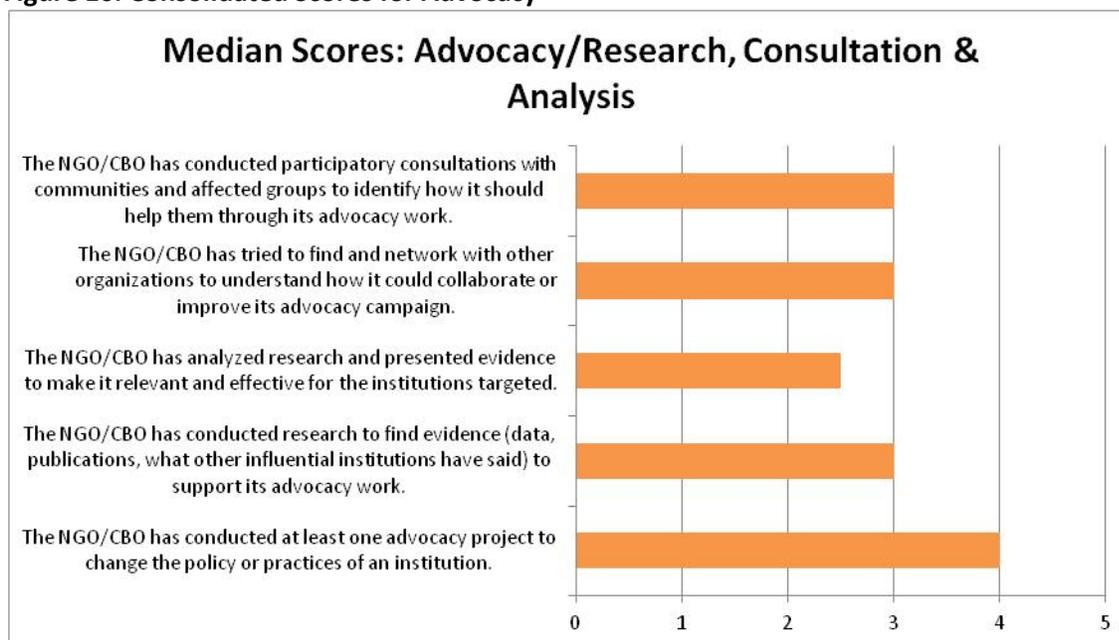
The participating organizations have an extremely limited understanding of community empowerment, consultation, networking, and working with and for communities affected by HIV.

5. Evidence and consultation-based advocacy (Refer to Annex 4, figures 20 to 22)

Involvement in evidence and consultation-based advocacy harnesses the power of institutions that can affect the lives of an NGO’s community to a far greater extent than the NGO can itself. The inequalities and vulnerabilities faced by some people may be embedded in the structure of society and, in some cases, may only be addressed through advocacy

In Tajikistan, there is no culture of working with or challenging the structures of power and NGOs are rarely consciously engaged in advocacy activities. Advocacy is understood in confrontational terms and is generally avoided. As described by one NGO director, “The advocacy impulses, if they exist at all, only located in people’s hearts and minds.” On a practical level, international organizations are often expected to initiate advocacy activities. Collaborative forms of advocacy, although spontaneously practiced by organizations, are not defined in terms of advocacy.

Figure 10. Consolidated Scores for Advocacy



For organizations working in the capital, it is common to have pessimistic views regarding the ability of local civil society to engage in equal or even effective dialogue with the governmental structures. Some believe that international organizations are better positioned to negotiate with the government.

Khudjand presents a different situation with a vibrant dialogue between sectors and cross-sectoral coordination structures reported to be well functioning. Unfortunately, some of the challenges recognized through the provincial level dialogue can only be effectively addressed at the national level, and there is no a well-functioning mechanism that would allow local coordination to influence the agendas of the national ones.

Lack of networking within the civil society sector significantly restricts the advocacy capacity. According to one participant, “If all NGOs together will speak about the significance and value of their activity and convince the government in their usefulness – this will be an important advocacy activity.” The limited transparency of the funding decisions and competition for resources undermines coalition development within the civil society sector. Explicit external support is required to strengthen the capacity for concerted advocacy action.

It is not common to actively engage civil society HIV service delivery organizations in evidence generation activities. Only a couple of interviewed organizations had experience of collaborating with research agencies on sentinel surveillance and behavioral studies. Using evidence in advocacy is also uncommon, and the existing examples could be wider shared across the civil society sector.

IX. Conclusions

The Tajik NGOs possess significant capacity to involve and reach out to key populations. This is acknowledged by international stakeholders, but this capacity is significantly underutilized as it remains only at the outreach level. At the same time, significant resources have been invested in NGO technical

skills development. Many of the organizations have been able to achieve advanced levels of HIV related technical capacity, organization of referral mechanisms, and organizational systems.

Severe funding limitations, however, have led to a damaging loss of personnel from most NGOs and many organizations have not been able to keep up with the recent advancements in HIV knowledge and have reverted to very a basic level service such as commodities distribution. Knowledge of some of the key modern concepts (e.g., the reality of zero transmission risk by kissing, and the prospects of utilization of ART in HIV prevention based on the results of HPTN052 trial) was not always observed. Thus the demand for technical HIV and AIDS capacity development support remains relatively high. The influx of younger organizations as well as significant turnover of key technical and front-line workers in the organizations has also impacted the demand for continual capacity development of technical skills. Some of the support agencies assume that their local civil society partners have a sufficient level of capacity and therefore tend to focus their technical support on specific needs related to implementation of individual projects or compliance to the rules and regulations of a specific donor.

Although many important elements of required capacity are in place, such as basic financial and reporting systems, applying the program management cycle, working with partners, and providing training opportunities for staff, the NGOs currently lack the strategic capability and the required technical support to articulate and acknowledge key capacity gaps and to put together the capacity jigsaw puzzle for the most focused and effective use of available resources. Lack of strategic focus restricts opportunities for effective collaboration within the civil society sectors and between the local NGOs and other stakeholders. This in turn affects the ability of NGO sector to access funding, creates unnecessary competition within the sector, and leads to limited access to the essential services for key populations. Strategic investment in comprehensive capacity development of the Tajik NGOs is required, which considers the aggregate capacity of the sector to meaningfully contribute to national HIV prevention and care efforts, aligns the NGO capacity development efforts with the current and expected investments in HIV interventions, and encourages concerted collaboration of international stakeholders and the governmental sector.

X. Recommendations

Recommendations have been grouped according to the five capacity areas explored during the workshop and self-assessment process

1. Partnership, Coordination, and Referrals

- Networking among the NGOs involved in HIV and AIDS programs should be supported. We recommend USAID CAR develop one or more coalitions or networks of NGOs working on HIV, including civil society networks representing specific key populations, e.g., PLHIV Networks. One of the primary purposes would be to support the development of a joint agenda for further contribution of the civil society in the national response to HIV epidemic. The development of local NGO networking mechanisms and coalitions should be supported in a non-intrusive manner in order to facilitate articulation of national and provincial level priorities, plans of action, and advocacy agendas fully and collectively owned by the NGO sector. Supporting a national conference of non-governmental HIV service organizations to explore ways to better coordinate and develop the foundations for a national coalition/network could be a first step; coalition building, partnership development, enabling environment and sustainability measures would need to become priority agenda items.

- The development of guidance related to practical functioning of the referral systems should be included on the agendas of the Tajik technical working groups. One dimension to be considered is linking of the referral model to the discussions of the prospects of HIV-related social contracting.

2. Technical Skills and Knowledge

- Improved access to more advanced technical knowledge and skills is needed in specific HIV related services and programs such as treatment and rehabilitation of substance dependency, treatment of HIV infection, burnout prevention, advanced advocacy techniques, and utilization of ART in prevention (treatment as prevention).
- Ensure that essential HIV technical support needs of newly employed staff in well-established as well as younger NGOs are addressed. Several organizations demonstrated significant accumulated capacity to offer such technical support in some of the essential areas such as: basics of HIV and prevention and care interventions targeting key populations, project development basics including formative assessment and mapping techniques, as well as organization of outreach work. The local organizations are capable of delivering this support with initial input

3. Organizational Systems and Structures

- Resource mobilization capacity is critical. The program could include working with civil society to develop fundraising strategies and coping mechanisms that could be utilized to offset the negative implications of funding interruptions. This effort should be linked to the donor/stakeholder coordination agenda.
- An understanding of different governance structures and the need to separate governance from policy needs to be developed.
- Transparency in decision making and issues of conflict of interest need to be addressed.
- Strategic thinking needs to be developed as the norm, it goes beyond developing a strategic plan, but requires organizations to consider why they exist, who they serve, and how decisions/policy decisions they make reflect community need.
- Volunteer management systems need to be developed and organizations must consider the value and purpose of volunteers to the organization.
- Unit cost budgeting needs to be introduced as a useful concept in program design and budget management.
- Explore the monitoring and reporting systems capable of satisfying the requirements of multiple donors that are utilized in other countries. Such systems should be simultaneously promoted among the civil society and the donors contributing to the national response.

4. Involvement of PLHIV & other key affected populations

- A better understanding of the greater involvement of people living with HIV and AIDS needs to be developed to ensure that staff or volunteers from key populations can be considered for roles other than outreach workers.
- A leadership strategy needs to be developed to nurture and support key population leaders.
- Consultation processes need to be developed that ensure that adequate community consultation takes place to inform decision making and program development.

5. Evidence and Consultation Based Advocacy

- A joint effort of international stakeholders and local civil society actors aimed at the development of joint advocacy agenda should be supported. These efforts could be linked to the support of internal civil society strategizing and agenda setting efforts.
- Encourage a more proactive position for USAID contractors in national coordination structures and broaden the horizon to understand and effectively utilize the linkages and mutual influences between programs funded by different players including the contributions of the government.

Systemic efforts are required to improve donor coordination and ensure a good balance of implementation funding and capacity development support. Specific mechanisms engaging the donors and NGO sector are required to timely plan transitions between donor programs and implement measures to prevent interruptions in service delivery.

Annex 1: NGO/CBO Profile Form

NGO/CBO Profile Form

1. Name of the NGO Include the full name of the NGO/CBO.

2. Contact Include the name of the director and contact details for the NGO, including postal address, telephone/fax numbers and email, if relevant.

3. When the NGO was established? What is the legal status of the NGO, i.e., legally incorporated?

4. Structure basic organizational structure, e.g. if there is a Board of Trustees/Board of Directors and how are they elected/chosen; lines of responsibility and reporting.

5. Strategy - The NGO vision, mission and objectives; current Strategic or Operational Plan.

6. Human resources Number of full/part time paid staff; full/part time volunteers.

7. Financial resources - Major donors.

8. Overview of projects Who does the NGO work with, i.e., who are the target group(s)? What numbers have been reached? What is the focus of projects, e.g. prevention, care, OVC, etc.? Are other projects implemented, besides HIV/AIDS? If so, what?

Annex 2: Overview of Tajikistan NGO Profiles

Table 1: Overview of Tajik NGOs involved in the assessment

Indicator	Country
	Tajikistan
Number of NGOs Assessed	20
Legal Status	
Year Oldest NGO was established	1998
Year Newest NGO was established	2013
Number of NGOs assessed that are legally registered in the host country	19
Percentage of NGOs assessed that are legally registered in the host country	95%
Strategic Plan	
Number of NGOs that have a Strategic Plan	9
Percentage of NGOs that have a strategic plan	45%
Governing Body	
Number of NGOs with a formal governing body	4
Percentage of NGOs with a formal governing body	20%
Median number of participants in NGO governing body	3
Human resources	
Median Number of full/part time paid staff;	7.5
Lowest number of staff for an NGO	0
Highest number of staff for an NGO	40
Median Number of full/part time volunteers.	8.5
Lowest number of volunteers for an NGO	0
Highest number of volunteers for an NGO	68
Lowest volunteer to staff ratio	0
Highest volunteer to staff ratio	3
Median volunteer to staff ratio	1

Financial resources	
Median number of major donors	1
Overview of projects	
Sex workers	11
PUD	9
MSM	5
Migrant populations	1
Youth	1
Women	4
PLHIV	11
LGBT	1
Prisoners	3
Other	3
Prevention	15
Care and Support	13
ARV Treatment	0
TB	1
Training	12
Service Delivery	5
Research	0
Community outreach and Mobilization	10
Advocacy	3
Technical assistance	0
Other	6

Annex 3: Assessment Tool and Self-Assessment Indicators

Assessment Tool and Self-Assessment Indicators

Aim

To facilitate discussion and consensus building through systematic analysis of different capacities with stakeholders of several NGO/CBOs.

Introduction

The workshop is a way of bringing together staff, management and volunteers over 1-2 days to analyze capacities and decide upon scores for a series of objective indicators relating to capacity. The sessions in the workshop are structured so as to allow individual perceptions to be compared with the collective opinion of participants and also to see how much consensus there is among the organizations on these issues.

The workshop includes the following sessions:

- 1 Introducing capacity
- 2 Partnerships, referral systems and co-ordination
- 3 HIV/AIDS technical capacity of key and front-line staff
- 4 Organizational strength
- 5 Promotion of participation of PLHIV and other affected communities
- 6 Involvement in evidence and consultation-based advocacy
- 7 Capacity Priorities
- 8 Key issues/strategies for weakest capacity area
- 9 Q&A on technical issues

Sessions 2-6 have assessment indicators and will need to be scored

Session format

Each session follows a similar format:

- Participants come up with relevant information about their organization, in a group discussion.
- The group analyzes the information through participatory activities or discussion.
- Keeping individual scores anonymous, the group discusses and decides what are the main capacity issues facing the organizations collectively.
- Participants are given time at the end of each session to reflect in private how they would score their own organization on a scale of 1 to 5 for each capacity area, with colleagues only from their own NGO/CBO.

The discussion sessions are intended to be flexible, and may vary in length depending on the size and complexity of the NGO/CBO. In some cases, it may be possible to complete the whole analysis in a day, if this is the case the second day will be used to develop concrete plans for improving the weakest capacity area, plus provide the opportunity to ask the assessment team technical questions on various aspects/new developments in HIV prevention Care and Treatment.

Preparation Preparation meeting with key personnel to complete profile information.

Day One of Workshop

9.00 - 10.00	Introducing capacity
10.00 – 11.15	Partnerships, referral systems and co-ordination
Break	
11.30 – 13.00	HIV/AIDS technical capacity
Lunch	
14.00 – 15.30	Organizational strengths
Break	
15.45 – 17.00	Organizational strengths (continued)

Day Two of Workshop

9.00 – 10.00	Promotion of participation of PLHIV and key affected communities
10.00 – 11.15	Evidence and consultation–based advocacy
11.30 – 13.00	Capacity Priorities

Session 1 Introducing capacity

Aim

To introduce participants to the concept of capacity and the way it will be analyzed during the workshop.

Introduction

This session should be used to introduce participants, and to discuss aims, objectives, expectations, ground rules and an outline of the workshop. Participants should also be introduced to the concept of capacity and how different types of capacity are relevant for their organization and how these will be analyzed in the workshop. This is particularly important as participants will be drawn from different backgrounds. They may have different perspectives on organizational aspects of the organization, and this may be the first time they have been asked to discuss them openly in front of the management and leadership of the organization.

Facilitator Guidance

- 1** Start with brief introductions and expectations. Discuss goals and objectives of the workshop, ground rules and confidentiality.
- 2** Discuss with participants what they understand by capacity (use the notes in the introduction to the toolkit – What is capacity?). Ask participants to write their understanding of the different elements or types of capacity on separate sticky labels, stick these up on a wall and then work together to group the labels into categories.
- 3** Show the areas of NGO/CBO capacity that will be analyzed in this workshop and discuss their meaning and relevance for the group.
- 4** Compare these categories to the participants' grouping of responses:
Did the participants suggest any capacities that do not fit into any of the boxes?
Do any of the boxes represent capacities that were not suggested by participants?
- 5** Most of the participants' suggestions may fall under Organizational Strength; or HIV/AIDS Technical Capacity – traditional ways of understanding capacity. Explain any areas of capacity new to them.
- 6** Are there any participants' suggestions that do not fit into any of the boxes, or will not be covered by the workshop? Discuss if and how they could be assessed for the NGO/CBO (this could be done in the final session).
- 7** Describe the outline/agenda of the workshop, the different sessions to look at each area of capacity and assist in developing the regional capacity building strategy.
- 8** Explain how each session will work:
 - discussion and analysis of relevant information
 - individual scoring of indicators and group scoring of indicators
 - explain how participants will be asked to score their NGO/CBOs capacities in each session.

Session 2 Partnerships, referral systems and co-ordination

Aim

To analyze and reflect upon the different relationships, partnerships and referrals systems the NGO/CBO has and evaluate these for the organization.

Introduction

In this session, participants are asked about the different relationships their NGO/CBO has with other organizations. The session looks at different types of relationships, including personal contacts, memberships of networks, referral systems, exchange and learning programs and collaborative or joint projects. Participants can reflect on the importance of these, identify new opportunities and evaluate their capacity for developing such relationships.

Facilitator Guidance

- 1** Introduce the capacity area suggested by the title. What does it mean and why might it be important?
- 2** Ask participants to take 20 minutes in 2 / 3 groups to discuss all the organizations they know of that are involved in HIV/AIDS work and the types of relationships they have currently have with these organizations and how they could / would like to improve those relationships
- 3** Large group discussion:
 - List all NGO/CBOs, starting with local, then regional, and finally national.
 - Then list all governmental organizations, first local/municipal, then regional/state, then national.
 - Then ask about International organizations and donors

NGO Partners	What is Relationship?	How to Improve?
Government Partners		
International Partners		

4 Now ask participants to go back into groups with colleagues only from their own NGO/CBO, and score the indicators for this capacity.

Indicators of capacity for partnerships, referral systems and co-ordination

- Score **5** if all criteria are met
- Score **4** if 75% of criteria are met
- Score **3** if 50% of criteria are met
- Score **2** if 25% of criteria are met
- Score **1** if 10% or less of criteria are met

Partnerships & Coordination

	Indicator	Criteria Met?	Notes
1	Staff can describe the work & objectives of all organizations doing HIV/AIDS work that operate locally, regionally and nationally.		
2	There are personal contacts with over 50% of all national HIV/AIDS organizations.		
3	There are personal contacts with all local HIV/AIDS organizations.		
4	NGO/CBO has participated in a national or regional forum of organizations at least once in the last year.		
5	NGO/CBO leads or participates in a local forum of organizations which meets at least every 6 months.		
6	NGO/CBO has collaborated on joint projects with at least 3 different organizations in the last 2 years.		
7	NGO/CBO has existing contracts (to provide or receive funding) with at least 3 different organizations.		

Referrals

	Indicator	Criteria Met?	Notes
1	Front-line staff know of all available services in the area and regularly help clients get access to them.		
2	Outreach staff carry (or can provide) the IEC material of all other local organizations to guide clients to other services.		
3	Staff fill out referral cards for clients to take with them to show details of the referral.		
4	A system is in place to follow up the outcome of referrals made, with both client and service provider.		
5	The referral system is documented		
6	Referral system (& monitoring data) is reviewed with all organizations at least every 6 months.		

How to Score the Indicators

- 1** Discuss the indicators first – is it clear?
- 2** Each participant should score the capacity of their organization for each indicator.
- 3** Once everyone has completed their scoring for all indicators the group should then discuss the results and decide on a collective score for each indicator.
- 4** Then total the scores.
- 5 No half-marks allowed!**

This process applies throughout the scoring sessions in the workshop

Session 3 HIV/AIDS technical capacity of key and front-line staff

Aim

To analyze and evaluate the technical capacity of key and front-line staff and the ability of the organization to access and develop new methods and approaches.

Introduction

This session stresses the importance of technical capacity available to the organization. HIV/AIDS technical capacity will often be concentrated in a few key people, who will take the responsibility to stay updated and to share knowledge and support others. It is also important that all front-line staff have sufficient technical skills and knowledge to work effectively with clients or beneficiaries. At an organizational level, technical capacity can be improved by retaining key staff and exposing them to new methods and approaches through conferences and external trainings, providing front-line staff with induction and continued training and support, while also ensuring new knowledge is regularly brought into the organization and shared freely.

Facilitator Guidance

- 1** Introduce the capacity area suggested by the title. What does it mean and why might it be important?
- 2** Clarify the concepts of front-line staff (front-line staff means those dealing directly with clients and beneficiaries) and key staff (key staff means specialists who have dedicated areas of expertise, and to whom other people can go for advice, this could also include people who aren't full time staff, but experts who the organization can consult for advice (e.g., lawyers, doctors who sit on the board).
- 3** Ask the group to identify and share examples of where staff technical skills / needs of clients have not been met by the provider of commodities, donor requirements, e.g., wrong filters for PWID, no lube with condoms, etc.
- 4** Ask participants to take a few minutes in 2 groups – 1 for management and one for frontline to discuss:
 - How many front-line and key staff the organizations have, their roles, expertise, experience, and what training (including attending conferences) is or has been provided to support them. What are the main HIV/AIDS technical areas your NGO/CBO needs expertise in for its work now and in the near future. How can that be provided

Management / Administration	How to acquire / update skills?
Skills, Knowledge, Experience Needed:	
Frontline staff - Outreach / Specialist Staff	How to acquire / update skills?
Skills, Knowledge, Experience Needed:	

- 5** Now ask participants to go back into groups with colleagues only from their own NGO/CBO, and score the indicators for this capacity.

Indicators of capacity for HIV/AIDS technical capacity of key and front-line staff

Score **5** if all criteria are met

Score **4** if 75% of criteria are met

Score **3** if 50% of criteria are met

Score **2** if 25% of criteria are met

Score **1** if 10% or less of criteria are met

Experience, knowledge and skills

	Indicator	Criteria Met?	Notes
1	Each key specialist has at least 2 years' experience working in the specific HIV/AIDS area the NGO/CBO operates in.		
2	All key staff regularly update their knowledge and skills, attending at least 2 conferences/trainings per year.		
3	At least 2 technical specialists relevant to HIV/AIDS work (e.g., clinical, academic, public health) serve on the Board or provide regular voluntary support to the NGO/CBO.		
4	All front-line staff have received basic HIV/AIDS awareness training.		
5	All front-line staff have been trained in the basic skills needed for the specific HIV/AIDS areas in which the NGO/CBO operates (e.g. STI referral, peer education, home-care, etc.).		
6	Over 70% of front-line staff has received at least 5 days' formal training relevant to the specific HIV/AIDS areas in which the NGO/CBO operates, in the last year.		

Access to technical resources and knowledge

	Indicator	Criteria Met?	Notes
1	Staff can access up-to-date HIV/AIDS technical resources, books and information at the NGO/CBO or somewhere nearby.		
2	The NGO/CBO can name a person / organization for each HIV/AIDS technical area it operates in, that it communicates with at least every 3 months, to get extra technical knowledge.		
3	The NGO/CBO has internet access in its own offices.		
4	The NGO/CBO subscribes to regular relevant journals and email-based updates, list serves and forums on HIV/AIDS issues.		
5	The NGO/CBO has its own library of technical resources.		
6	All key specialist staff each have their own access to the internet.		

Session 4 Organizational Strengths

Aim

To analyze and evaluate the organizational capacity of the NGO/CBO.

Introduction

In this session, participants are asked to consider and discuss statements that represent good practice in different aspects of a well-managed organization. Some large and complex NGO/CBOs could have long and meaningful discussions over each statement, while for other small organizations many may not seem relevant. The exercise covers a broad range of issues in a short space of time, but allows for shared group learning improving everyone's understanding

Guidance

- 1** Introduce the capacity area suggested by the title. What does it mean and why might it be important?
- 2** Get participants to divide into the 4 topic groups to discuss each set of discussion statements (Financial management and sustainability; Program management, monitoring, evaluation & reporting; Human resources & administration; Governance, strategy & structure).
- 3** Encourage people to separate from colleagues from their own NGO/CBO, Also encourage numbers to relatively equal in each topic group, but this is not essential.**3** Distribute the discussion statements for and ask each group to discuss and record their consensus decision as to whether the statements are generally: 'Completely True', 'Partly True' or 'Not True'.
- 4** Bring everyone back together and ask each group to present their key findings, including:
 - 1 to 2 examples of 'Completely True';
 - 1 to 2 examples of 'Partly True';
 - 1 to 2 examples of 'Not True'.
 - Provide any feedback on statements that the group did not agree on or found difficult to decide on.
- 5** Now ask participants to go into groups with their own NGO colleagues. Ask them:
 - To draw a flow chart / diagram of how their organization develops / approves a policy
 - Describe how Volunteers are selected / allocated tasks / managed
 - Describe the safety and health policies that apply to outreach workers
- 6** Now ask participants to go back into groups with colleagues only from their own NGO/CBO, and score the indicators for this capacity.

Discussion statements for session on organizational strengths

Governance, strategy and structure

The board has at least six voluntary (unpaid) members with limited terms of office (e.g., only appointed for 2 years)

The board has representatives from the community and from beneficiary groups. No more than 75% of board members are of one gender.

The board meets every 3 months.

The NGO/CBO has a written and costed current strategic plan that has been revised within the last 3 years.

All annual work plans and budgets are developed in line with the strategic plan.

Human resources and administration

All administrative procedures are documented in a manual.

There is a policy for staff recruitment, including how:

- positions are filled (internally and externally)
- people are interviewed
- job offers are made.

This policy is documented.

There are clear procedures for how:

- the work of staff is evaluated
- feedback is given.

These procedures are documented.

There are clear procedures for how volunteers are managed, including:

- recruitment & induction
- training
- payment of incentives/stipends.

These procedures are all documented.

Program management, monitoring, evaluation & reporting

All projects follow all stages of the project cycle:

- needs assessment
- project design & indicator
- project planning & budgeting development
- regular monitoring
- evaluation of project and outcomes
- re-planning of projects based on evaluation outcomes.

All stages of the project cycle are done in consultation with all stakeholders, including all project staff and members from the community.

The NGO/CBO has a monitoring and evaluation system:

- Project staff collect and submit accurate monitoring data on time.
- Collected data is summarized, analyzed and produced in reports at least every 3 months.
- Monitoring reports are used by project staff and managers to review and update work plans at least every 3 months.

Financial management and sustainability

All staff clearly understand the procedures for how:

- income is received and accounted for
- money is held in bank accounts
- staff purchase goods
- staff claim expenses
- suppliers are paid
- staff are paid salaries.

Management prepares an overall budget for the organization as part of the annual planning process.

The NGO/CBO always has enough cash to pay for things on a day-to-day basis.

The main funding source (donor) of the NGO/CBO provides no more than 65% of the NGO/CBOs total funds. The NGO/CBO has developed many different sources of income including the local community.

The NGO/CBO has the capacity to develop successful proposals and wins over 50% of the bids it applies for.

Indicators of capacity for organizational strength

Score **5** if all criteria are met

Score **4** if 75% of criteria are met

Score **3** if 50% of criteria are met

Score **2** if 25% of criteria are met

Score **1** if 10% or less of criteria are met

Governance, strategy and structure

	Indicator	Criteria Met?	Notes
1	The NGO/CBO has an independent Board governed by a documented constitution.		
2	The NGO/CBO is properly registered according to local regulations		
3	The Board is diverse, representative and provides technical expertise.		
4	The Board is effective and committed to the NGO/CBO.		
5	The NGO/CBO has a documented, up-to-date strategic plan, clearly understood by all staff and used in planning.		
6	The organizational structure is effective for delegating responsibility and sharing information between staff.		

Human resources and administration

	Indicator	Criteria Met?	Notes
1	Administrative responsibilities are well understood, documented and followed.		
2	All procedures for managing Human Resources (of staff and volunteers) are well developed and documented.		
3	All staff have clear job descriptions that are documented, regularly reviewed and relevant to their actual jobs.		
4	There is a documented system for reviewing and managing performance of staff and volunteers.		
5	The NGO/CBO has a HIV/AIDS workplace policy in place.		
6	Training and development is based on a systematic needs analysis and well supported by the NGO/CBO, which provides time off and financial support.		

Program management, monitoring, evaluation & reporting

	Indicator	Criteria Met?	Notes
1	Project management is well understood and followed at every stage of the project cycle in consultation with all stakeholders		
2	All programs are in line with the strategic goals.		
3	Indicators are developed at the project design stage of every project.		
4	Information on indicators is collected regularly for all projects.		
5	All projects have work plans and budgets that are regularly reviewed at least every 3 months.		
6	The NGO/CBO has a fully documented M&E system.		
7	Periodic monitoring reports and end-of project evaluation reports are always completed and sent to stakeholders and donors on time.		
8	Work is organized and information shared through regular staff meetings and other channels of communication.		

Financial management and sustainability

	Indicator	Criteria Met?	Notes
1	There are financial policies in place to control use of money, prevent fraud and ensure accountability.		
2	All financial procedures are well documented.		
3	There have been no cases of fraud or misuse of funds.		
4	Managers are responsible for the sanctioned budgets of their projects.		
5	An annual budget is prepared for the NGO/CBO as a whole.		
6	An audit is completed at least every 18 months by an independent organization or donor		
7	The NGO/CBO reports expenditure on projects separately to more than one different donor and for several different budgets.		
8	The NGO/CBO has not run short of cash to pay suppliers or salaries.		
9	The NGO/CBO is financially sustainable with a diverse funding base.		
10	The NGO/CBO is credited for its work by external stakeholders (e.g., by community leaders/ meetings, media, profiled by donors, etc.).		

Session 5 Promotion of participation of people living with HIV and other key affected populations

Aim

To analyze and evaluate the level of participation of PLHIV and other key affected communities within the organization and the extent to which the organization promotes their further participation.

Introduction

This session is based on an initial survey to discover the level of participation of people living with HIV and other key affected populations within the organization. In the context of prevention work, key affected populations mean groups that play an important role in epidemic dynamics. Ensuring the maximum possible participation of key affected populations, and more generally anyone the NGO/CBO works with, is an important capacity to develop and can contribute to successful outcomes in its work. Participants are asked to think about the challenges to promoting greater participation and how these could be overcome.

Guidance

- 1 Introduce the capacity area suggested by the title. What does it mean and why might it be important?
- 2 Ask participants what are the relevant affected communities for their work?
- 3 Ask participants to work in groups with colleagues only from their own NGO/CBO to analyze the number of PLHIV and other key affected populations at each level of the organization and record in the chart below (you will need to provide an example of the chart on flip chart paper) on flip chart paper. Encourage them to discuss whether they feel they have the correct balance of PLHIV and other key affected populations involved in their NGO/CBO, any challenges/barriers to their involvement and possible actions they could take to increase involvement if needed.

Category	TOTAL	PLHIV	Other Key Affected Populations
Board			
Advisors			
Management			
Project Staff			
Volunteers			

- 4 Bring all participants back into a large group and ask them to present their completed chart and any comments on their discussions about levels of involvement, challenges/barriers and possible actions to increase involvement.
- 5 Now ask participants to go back into groups with colleagues only from their own NGO/CBO, and score the indicators for this capacity.

Indicators of capacity for promotion of participation of people living with HIV and other key affected populations

Score **5** if all criteria are met

Score **4** if 75% of criteria are met

Score **3** if 50% of criteria are met

Score **2** if 25% of criteria are met

Score **1** if 10% or less of criteria are met

Level and range of involvement of PLHIV and other affected communities

	Indicator	Criteria Met?	Notes
1	The NGO/CBO has worked with a community affected by HIV/AIDS as a specific targeted group for more than 1 year.		
2	The NGO/CBO has more than 1 year's experience of working with/involving at least 2 different affected communities.		
3	The NGO/CBO has recruited people living with HIV and other affected communities as volunteers/consultants for more than 1 year.		
4	The NGO/CBO has set up advisory groups of people living with HIV and other key affected communities to consult with in planning and program review.		
5	The NGO/CBO has had people living with HIV and other key affected communities as paid project staff for more than 1 year.		
6	The NGO/CBO has had people living with HIV and other key affected communities at decision-making levels (board/management) for more than 1 year.		

Efforts made to promote involvement of people living with HIV and other key affected communities

	Indicator	Criteria Met?	Notes
1	The NGO/CBO has an equal opportunity policy which is made clear whenever it tries to find or interview new staff.		
2	All job adverts state that people living with HIV and other key affected communities are actively encouraged to apply.		
3	When paid/voluntary positions become available the NGO/CBO actively promotes these to people living with HIV and other key affected communities.		
4	The NGO/CBO has offered to change its working practices (e.g. hours, work from home) to provide the flexibility for people living with HIV and other affected communities to become more involved.		
5	The NGO/CBO has offered training/skills building to support involvement from people living with HIV and other affected communities without formal education.		
6	The NGO/CBO has conducted training to sensitize existing staff to be able to work and respect colleagues from people living with HIV and other key affected populations.		
7	The NGO/CBO has confidentiality and non-discrimination procedures that are promoted and enforced with all staff.		
8	The NGO/CBO has an HIV workplace policy designed to protect and support people living with HIV working in the organization.		

Session 6 Involvement in evidence and consultation-based advocacy

Aim

To analyze and evaluate the skills and experience of the NGO/CBO in conducting effective evidence and consultation-based advocacy.

Introduction

Many NGO/CBOs may do some advocacy work, exploiting opportunities when they arise, but few fundraise, plan and budget for it as a core part of their activities. Successful advocacy to change the environment for services provided, increase freedom from harassment from people in power, and change legislation that marginalizes PLHIV and other key affected communities can dramatically improve efforts to prevent or respond to HIV. In this session, participants are exposed to some key skills for good advocacy work and reflect upon how well they have applied these skills in previous campaigns.

Guidance

- 1** Introduce the capacity area suggested by the title. What does it mean and why might it be important?
- 2** Ask participants to take a few minutes in their NGO/CBO groups to discuss a successful advocacy activity they have conducted (or plan to conduct if they have not done any yet), and any community consultations and evidence (research) gathering was that was used for their advocacy activity.
- 3** Large group discussion. Invite 2 or 3 groups to volunteer to briefly summarize their advocacy activity discussion.
- 4** Distribute and score the indicators for this capacity, ask participants to go into groups with colleagues only from their own NGO/CBO, and discuss and score the indicators for the capacity in private.
- 5** After the private discussions in NGO/CBO groups, keep the scores confidential and bring all participants together to facilitate some sharing:
 - Ask any NGO/CBO that feels it scored well in this area to explain its strengths to others.
 - Ask if any NGO/CBO which is weak in this area feels comfortable sharing this and explaining why to others.

Indicators of capacity for involvement in evidence and consultation based advocacy

Score **5** if all criteria are met

Score **4** if 75% of criteria are met

Score **3** if 50% of criteria are met

Score **2** if 25% of criteria are met

Score **1** if 10% or less of criteria are met

Research, consultation and analysis as a foundation for advocacy work

	Indicator	Criteria Met?	Notes
1	The NGO/CBO has conducted at least one advocacy project to change the policy or practices of an institution.		
2	The NGO/CBO has conducted research to find evidence (data, publications, what other influential institutions have said) to support its advocacy work.		
3	The NGO/CBO has analyzed research and presented evidence to make it relevant and effective for the institutions targeted.		
4	The NGO/CBO has tried to find and network with other organizations to understand how it could collaborate or improve its advocacy campaign.		
5	The NGO/CBO has conducted participatory consultations with communities and affected groups to identify how it should help them through its advocacy work.		

Effective, targeted advocacy work

	Indicator	Criteria Met?	Notes
1	In its advocacy project(s), the NGO/CBO identified influential individuals or institutions to target.		
2	In its advocacy project(s), the NGO/CBO partnered with specific community groups and community leaders.		
3	In its advocacy project(s), the NGO/CBO implemented and sustained at least 3 different methods/approaches to achieve its goals.		
4	In its advocacy project(s), the NGO/CBO joined with at least 3 other organizations to work collectively to achieve its goals.		
5	In its advocacy project(s), the NGO/CBO evaluated the results of its advocacy work, and used it to advocate to a wider audience.		

Session 7 Review and determine Capacity Priorities

Aim

To review all the capacities analyzed, identify strengths and weaknesses, look for commonalities and determine capacity priorities for the group.

Guidance

1 Facilitate a general discussion with the whole group about what they have learned from the analysis; any key strengths or weaknesses about their own organizations that this analysis has highlighted; anything they have learnt from other organizations or want to follow up.

2 Write up on flip charts a list of all the capacity areas, one for each capacity area, take one sticky label. Get participants to stick it on the capacity area where they think most NGO/CBOs are the strongest.

3 Collate the scores to determine the strongest areas of capacity.

4 Discuss the strengths:

What do the NGOs/CBOs do to make themselves so strong in this area? Are they strong enough to provide technical support to others in this area?

5 Repeat the process for the weakest area.

6 Discuss and seek consensus, highlighting any outlier capacity areas or indicators that are also priorities to address.

7 Explain to the group how this information will be used by the facilitators to develop a regional capacity building strategy for NGO/CBOs and the next steps in that process.

Annex 4: Consolidated Data from the Self-Assessment Scoring of Indicators

Figure 1 – Consolidation of Self-Assessment Scores for all Tajik NGOs in the Capacity Domain of Partnerships – Partnerships & Referrals

TAJKISTAN NGO Assessment Data Analysis						
<i>Capacity Domain: Partnerships</i>						
<i>Capacity Area: Partnerships & Coordination</i>						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
1.1.1	Staff can describe the work & objectives of all organizations doing HIV/AIDS work that operate locally, regionally and nationally.	1.0	5.0	3.0	3.3	3.0
1.1.2	There are personal contacts with over 50% of all national HIV/AIDS organizations.	2.0	5.0	3.0	3.4	3.0
1.1.3	There are personal contacts with all local HIV/AIDS organizations.	3.0	5.0	4.0	4.2	5.0
1.1.4	NGO/CBO has participated in a national or regional forum of organizations at least once in the last year.	2.0	5.0	4.5	4.1	5.0
1.1.5	NGO/CBO leads or participates in a local forum of organizations which meets at least every 6 months.	1.0	5.0	3.5	3.5	3.0
1.1.6	NGO/CBO leads or participates in a local forum of organizations which meets at least every 6 months.	1.0	5.0	4.0	3.6	5.0
1.1.7	NGO/CBO has collaborated on joint projects with at least 3 different organizations in the last 2 years.	1.0	5.0	5.0	4.4	5.0
1.1.8	NGO/CBO has existing contracts (to provide or receive funding) with at least 3 different organizations.	1.0	5.0	5.0	3.9	5.0

Figure 2 - Consolidation of Self-Assessment Scoring for all Tajik NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of partnership & coordination

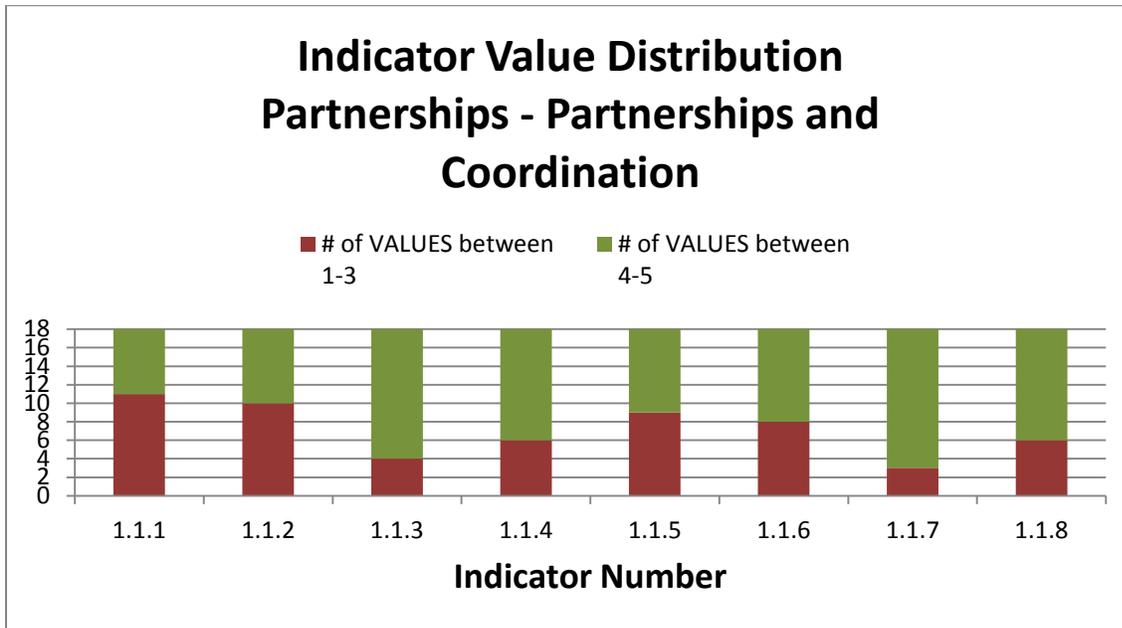


Figure 3 – Consolidation of Self-Assessment Scores for all Tajik NGOs in the Capacity Domain of Partnerships – Referrals

TAJKISTAN NGO Assessment Data Analysis						
<i>Capacity Domain: Partnerships</i>						
<i>Capacity Area: Referrals</i>						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIA N	MEAN	MODE
1.2.1	Front-line staff know of all available services in the area and regularly help clients get access to them.	2.0	5.0	4.5	4.2	5.0
1.2.2	Outreach staff carry (or can provide) the IEC material of all other local organizations to guide clients to other services.	1.0	5.0	4.0	4.2	5.0
1.2.3	Staff fill out referral cards for clients to take with them to show details of the referral.	1.0	5.0	4.5	4.2	5.0
1.2.4	A system is in place to follow up the outcome of referrals made, with both client and service provider.	1.0	5.0	4.5	4.1	5.0
1.2.5	The referral system is documented	1.0	5.0	5.0	4.5	5.0
1.2.6	Referral system (& monitoring data) is reviewed with all organizations at least every 6 months.	1.0	5.0	4.0	3.3	5.0

Figure 3 - Consolidation of Self-Assessment Scoring for all Tajik NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Referrals

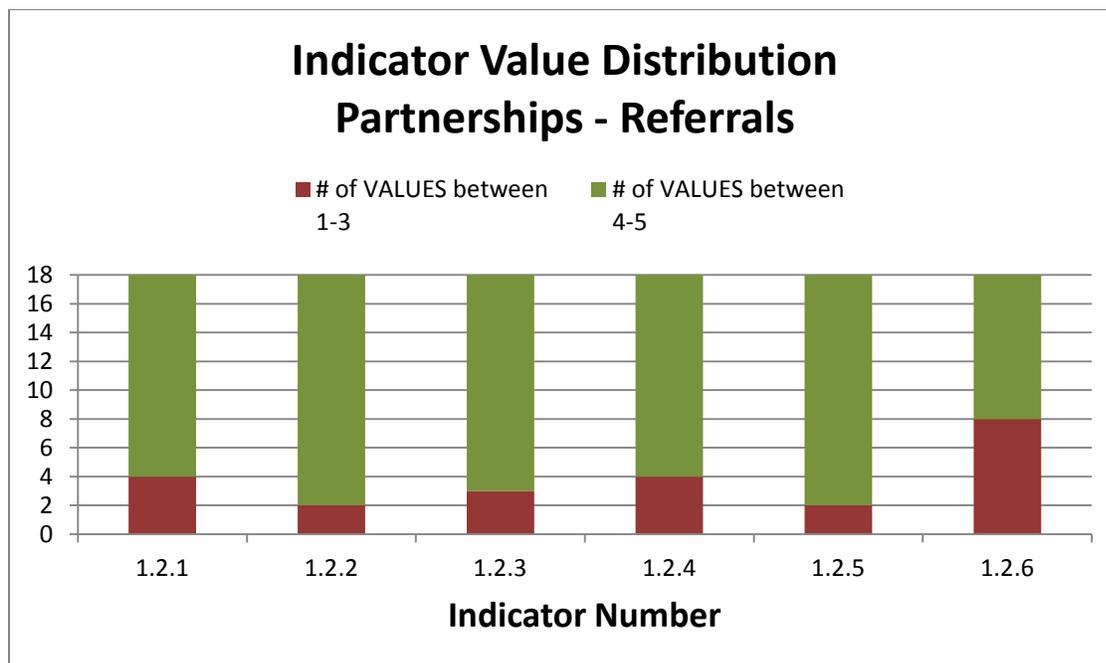


Figure 4 – Consolidation of Self-Assessment Scores for all Tajik NGOs in the Capacity Domain of Technical skills – Experience, Knowledge & Skills

TAJIKISTAN NGO Assessment Data Analysis

Capacity Domain: Partnerships

Capacity Area: Experience, Knowledge and Skills

Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
2.1.1	Each key specialist has at least 2 years' experience working in the specific HIV/AIDS area the NGO/CBO operates in.	2.0	5.0	4.0	3.9	4.0
2.1.2	All key staff regularly update their knowledge and skills, attending at least 2 conferences/trainings per year.	1.0	5.0	5.0	4.1	5.0
2.1.3	At least 2 technical specialists relevant to HIV/AIDS work (e.g. clinical, academic, public health) serve on the Board or provide regular voluntary support to the NGO/CBO.	1.0	5.0	4.0	3.6	5.0
2.1.4	All front-line staff have received basic HIV/AIDS awareness training.	2.0	5.0	4.0	4.1	5.0
2.1.5	All front-line staff have been trained in the basic skills needed for the specific HIV/AIDS areas in which the NGO/CBO operates (e.g. STI referral, peer education, home-care, etc).	1.0	5.0	4.0	4.0	5.0
2.1.6	Over 70% of front-line staff has received at least 5 days' formal training relevant to the specific HIV/AIDS areas in which the NGO/CBO operates, in the last year.	1.0	5.0	3.0	3.3	3.0

Figure 5 – Consolidation of Self-Assessment Scoring for all Tajik NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Experience, Knowledge & Skills

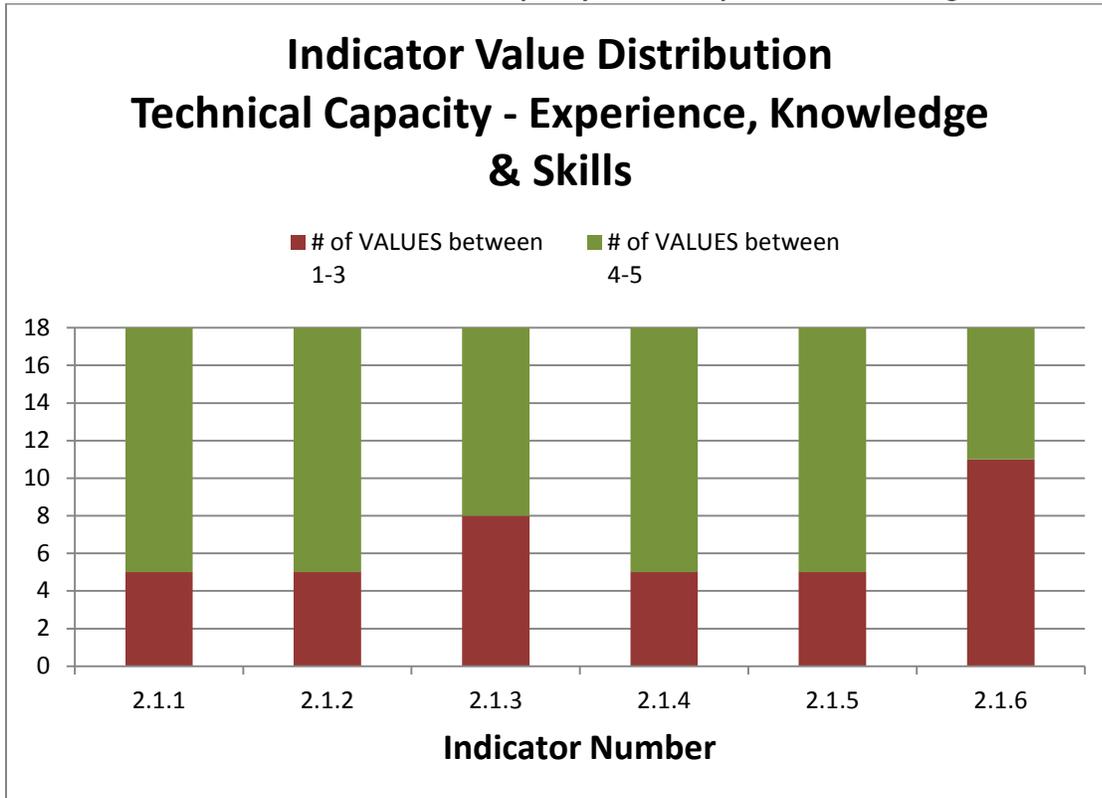


Figure 6 – Consolidation of Self-Assessment Scores for all Tajik NGOs in the Capacity Domain of Technical Skills – Access to Technical Resources & Knowledge

TAJKISTAN NGO Assessment Data Analysis						
<i>Capacity Domain: Partnerships</i>						
<i>Capacity Area: Access to Technical Resources and Knowledge</i>						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
2.2.1	Staff can access up-to-date HIV/AIDS technical resources, books and information at the NGO/CBO or somewhere nearby.	2.0	5.0	4.0	3.9	5.0
2.2.2	The NGO/CBO can name a person/organization for each HIV/AIDS technical area it operates in, that it communicates with at least every 3 months, to get extra technical knowledge.	2.0	5.0	4.0	3.9	5.0
2.2.3	The NGO/CBO has internet access in its own offices.	1.0	5.0	4.0	3.7	5.0
2.2.4	The NGO/CBO subscribes to regular relevant journals and email-based updates, list serves and forums on HIV/AIDS issues.	1.0	5.0	3.0	3.4	5.0
2.2.5	The NGO/CBO has its own library of technical resources.	1.0	5.0	3.0	3.1	5.0
2.2.6	All key specialist staff each have their own access to the internet.	1.0	5.0	3.0	3.3	5.0

Figure 7 – Consolidation of Self-Assessment Scoring for all Tajik NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Access to Technical Resources

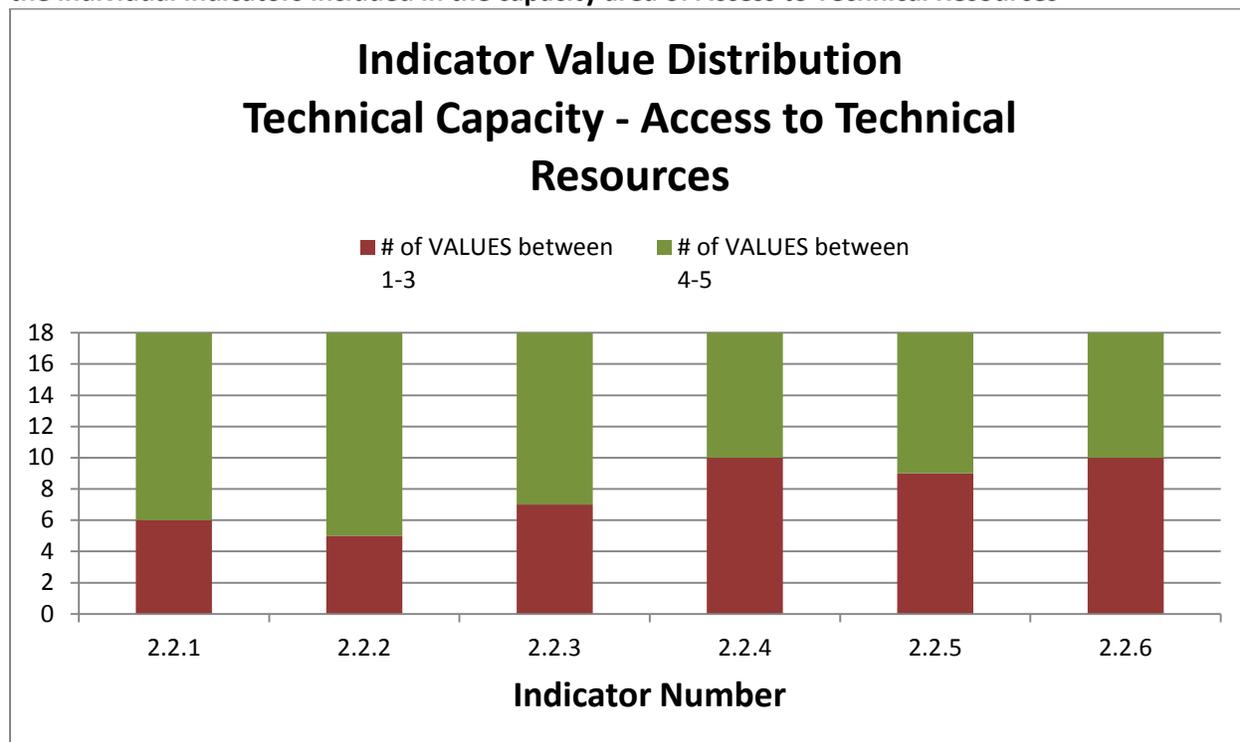


Figure 8 – Consolidation of Self-Assessment Scores for all Tajik NGOs in the Capacity Domain of Organizational Systems – Governance, Strategy & Structure

TAJKISTAN NGO Assessment Data Analysis						
<i>Capacity Domain: Organisational Systems</i>						
<i>Capacity Area: Governance, Strategy & Structure</i>						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
3.1.1	The NGO/CBO has an independent Board governed by a documented constitution.	1.0	5.0	4.0	3.4	5.0
3.1.2	The NGO/CBO is properly registered according to local regulations	1.0	5.0	5.0	4.6	5.0
3.1.3	The Board is diverse, representative and provides technical expertise.	1.0	5.0	4.0	3.3	4.0
3.1.4	The Board is effective and committed to the NGO/CBO.	1.0	5.0	4.0	3.5	5.0
3.1.5	The NGO/CBO has a documented, up-to-date strategic plan, clearly understood by all staff and used in planning.	1.0	5.0	3.5	3.0	1.0
3.1.6	The organizational structure is effective for delegating responsibility and sharing information between staff.	1.0	5.0	4.0	4.0	5.0

Figure 9 – Consolidation of Self-Assessment Scoring for all Tajik NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Governance, Strategy & Structure

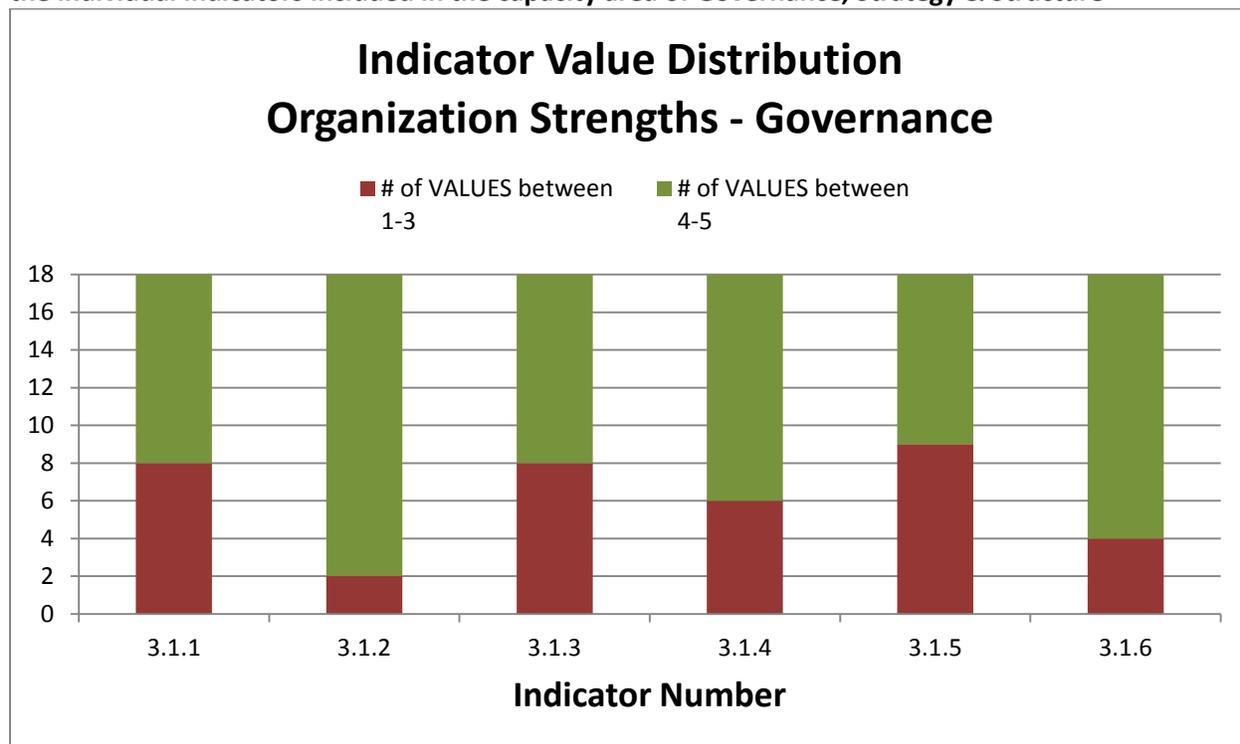


Figure 10 – Consolidation of Self-Assessment Scores for all Tajik NGOs in the Capacity Domain of Organizational Systems – Human Resources & Administration

TAJIKISTAN NGO Assessment Data Analysis

Capacity Domain: Organisational Systems

Capacity Area: Human Resources & Administration

Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
3.2.1	Administrative responsibilities are well understood, documented and followed.	2.0	5.0	4.5	4.1	5.0
3.2.2	All procedures for managing Human Resources (of staff and volunteers) are well developed and documented.	1.0	5.0	4.0	3.5	4.0
3.2.3	All staff have clear job descriptions that are documented, regularly reviewed and relevant to their actual jobs.	1.0	5.0	4.5	4.1	5.0
3.2.4	There is a documented system for reviewing and managing performance of staff and volunteers.	1.0	5.0	3.0	3.1	5.0
3.2.5	The NGO/CBO has a HIV/AIDS workplace policy in place.	1.0	5.0	4.0	2.9	4.0
3.2.6	Training and development is based on a systematic needs analysis and well supported by the NGO/CBO, which provides time off and financial support.	1.0	5.0	3.0	2.7	3.0

Figure 11 – Consolidation of Self-Assessment Scoring for all Tajik NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Human Resources & Administration

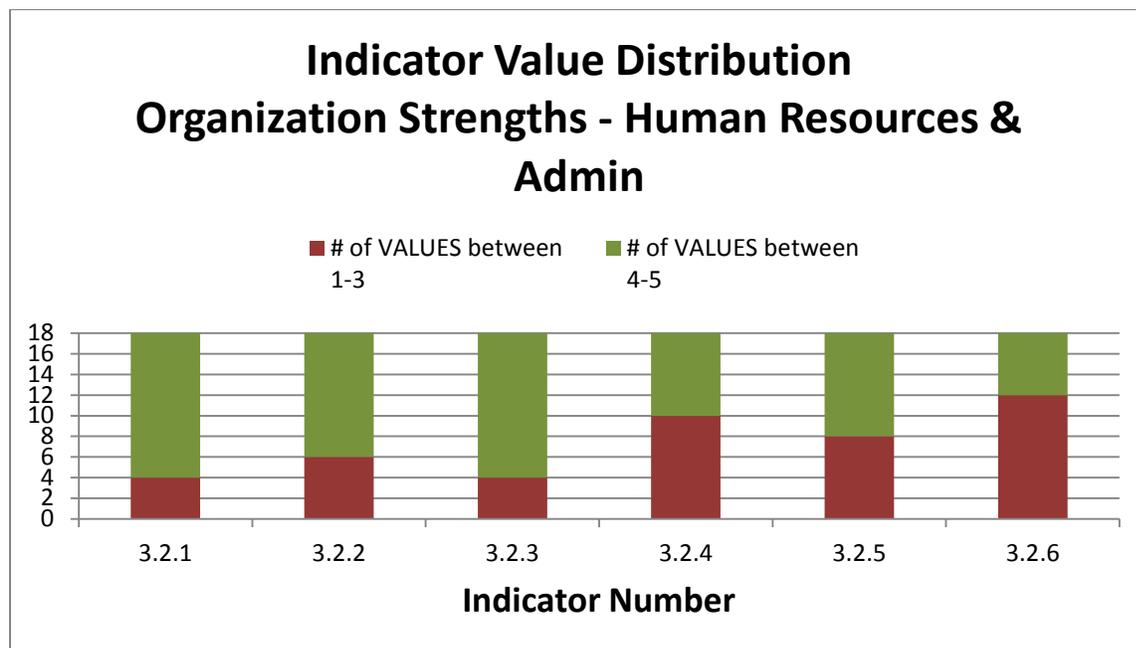


Figure 12 – Consolidation of Self-Assessment Scores for all Tajik NGOs in the Capacity Domain of Organizational Systems – Program Management, Monitoring & Evaluation and Reporting

TAJKISTAN NGO Assessment Data Analysis						
Capacity Domain: Organisational Strengths						
Capacity Area: Program Management, Monitoring, Evaluation & Reporting						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
3.3.1	Project management is well understood and followed at every stage of the project cycle in consultation with all stakeholders	2.0	5.0	4.0	3.9	5.0
3.3.2	All programmes are in line with the strategic goals.	1.0	5.0	3.0	3.0	3.0
3.3.3	Indicators are developed at the Project design stage of every project.	1.0	5.0	4.0	3.4	5.0
3.3.4	Information on indicators is collected regularly for all projects.	1.0	5.0	4.0	3.7	5.0
3.3.5	All projects have work plans and budgets that are regularly reviewed at least every 3 months.	1.0	5.0	4.5	3.8	5.0
3.3.6	The NGO/CBO has a fully documented M&E system.	1.0	5.0	4.0	3.4	5.0
3.3.7	Periodic monitoring reports and end-of Project evaluation reports are always completed and sent to stakeholders and donors on time.	1.0	5.0	4.0	3.6	4.0
3.3.8	Work is organized and information shared through regular staff meetings and other channels of communication.	1.0	5.0	4.0	4.1	5.0

Figure 13 – Consolidation of Self-Assessment Scoring for all Tajik NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Program Management, Monitoring & Evaluation and Reporting

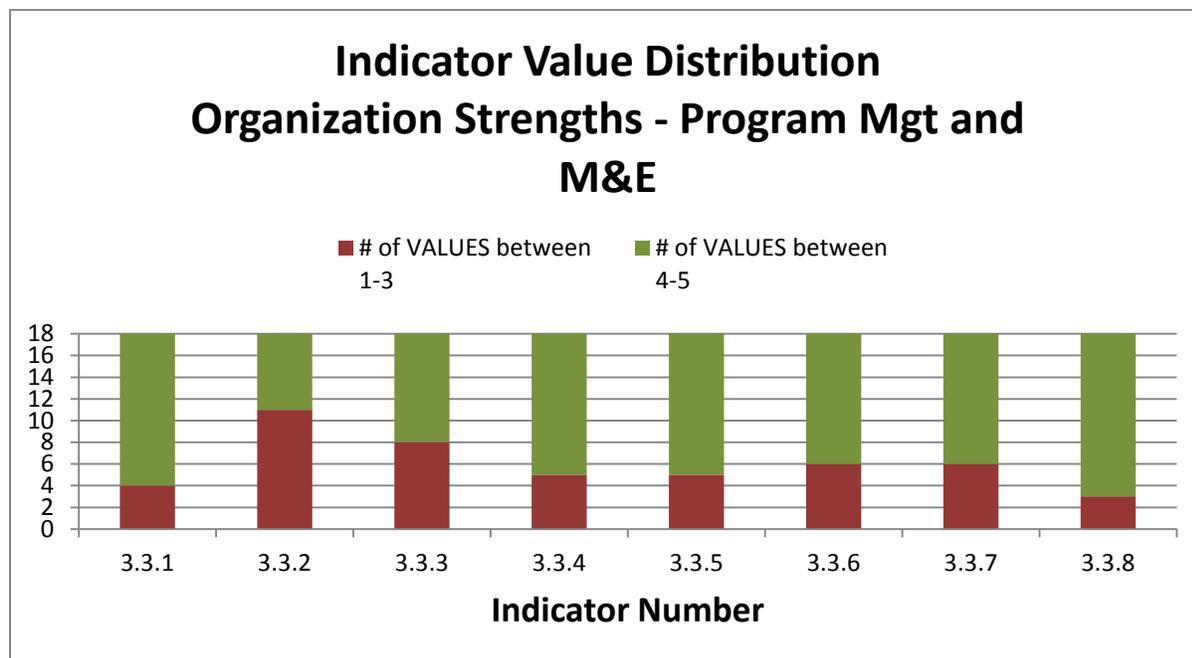


Figure 14 – Consolidation of Self-Assessment Scores for all Tajik NGOs in the Capacity Domain of Organizational Systems – Financial Management & Sustainability

TAJKISTAN NGO Assessment Data Analysis						
<i>Capacity Domain: Organization Strength</i>						
<i>Capacity Area: Financial Management & Sustainability</i>						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
3.4.1	There are financial policies in place to control use of money, prevent fraud and ensure accountability.	1.0	5.0	4.0	3.3	5.0
3.4.2	All financial procedures are well documented.	1.0	5.0	4.5	3.6	5.0
3.4.3	There have been no cases of fraud or misuse of funds.	1.0	5.0	5.0	4.1	5.0
3.4.4	Managers are responsible for the sanctioned budgets of their projects.	1.0	5.0	4.5	3.7	5.0
3.4.5	An annual budget is prepared for the NGO/CBO as a whole.	1.0	5.0	4.0	3.5	5.0
3.4.6	An audit is completed at least every 18 months by an independent organization or donor	1.0	5.0	3.5	3.0	1.0
3.4.7	The NGO/CBO reports expenditure on projects separately to more than one different donor and for several different budgets.	1.0	5.0	4.0	3.4	5.0
3.4.8	The NGO/CBO has not run short of cash to pay suppliers or salaries.	1.0	5.0	3.0	2.8	1.0
3.4.9	The NGO/CBO is financially sustainable with a diverse funding base.	1.0	5.0	1.0	2.2	1.0
3.4.10	The NGO/CBO is credited for its work by external stakeholders (e.g. by community leaders/ meetings, media, profiled by donors, etc).	1.0	5.0	3.0	3.3	3.0

Figure 15 – Consolidation of Self-Assessment Scoring for all Tajik NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Financial Management & Sustainability

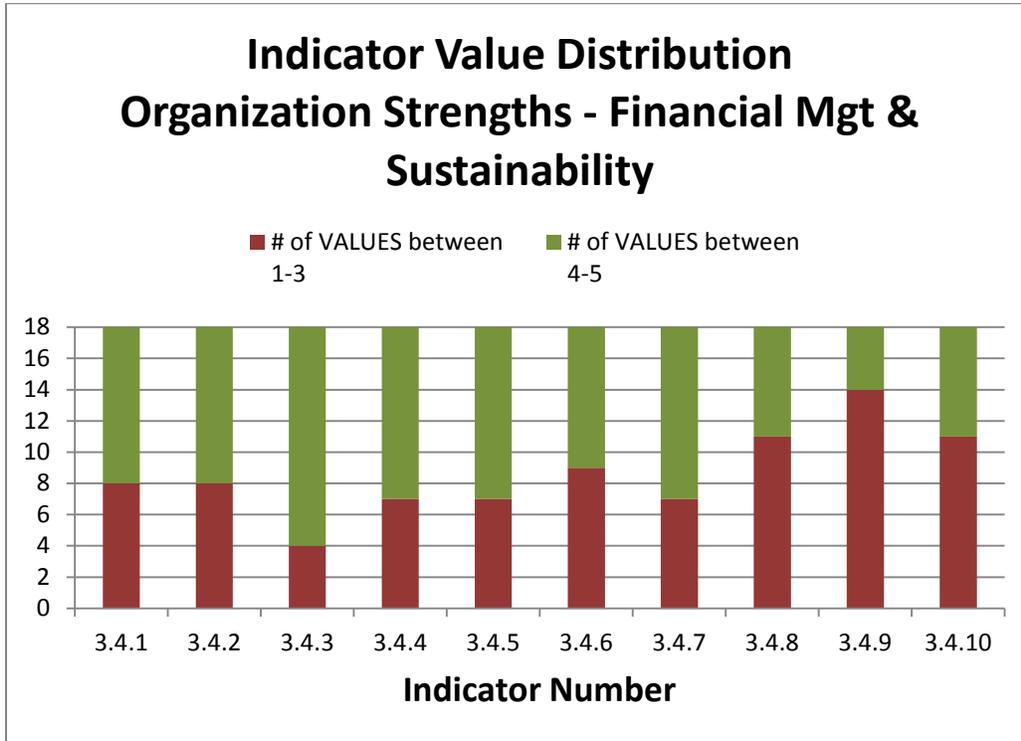


Figure 16 – Consolidation of Self-Assessment Scores for all Tajik NGOs in the Capacity Domain of Participation of PLHIV & Affected Populations - Involvement

TAJKISTAN NGO Assessment Data Analysis						
<i>Capacity Domain: Participation of PLHIV & Affected Populations</i>						
<i>Capacity Area: Involvement of PLHIV and Other Affected Communities</i>						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
4.1.1	The NGO/CBO has worked with a community affected by HIV/AIDS as a specific targeted group for more than 1 year.	2.0	5.0	5.0	4.5	5.0
4.1.2	The NGO/CBO has more than 1 year's experience of working with/involving at least 2 different affected communities.	1.0	5.0	4.0	4.2	5.0
4.1.3	The NGO/CBO has recruited people living with HIV and other affected communities as volunteers/consultants for more than 1 year.	1.0	5.0	5.0	4.5	5.0
4.1.4	The NGO/CBO has set up advisory groups of people living with HIV and other key affected communities to consult with in planning and program review.	1.0	5.0	4.0	3.8	4.0
4.1.5	The NGO/CBO has had people living with HIV and other key affected communities as paid project staff for more than 1 year.	1.0	5.0	5.0	4.0	5.0
4.1.6	The NGO/CBO has had people living with HIV and other key affected communities at decision-making levels (Board/management) for more than 1 year.	1.0	5.0	4.0	3.3	5.0

Figure 17 – Consolidation of Self-Assessment Scoring for all Tajik NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of PLHIV and Affected Populations Involvement

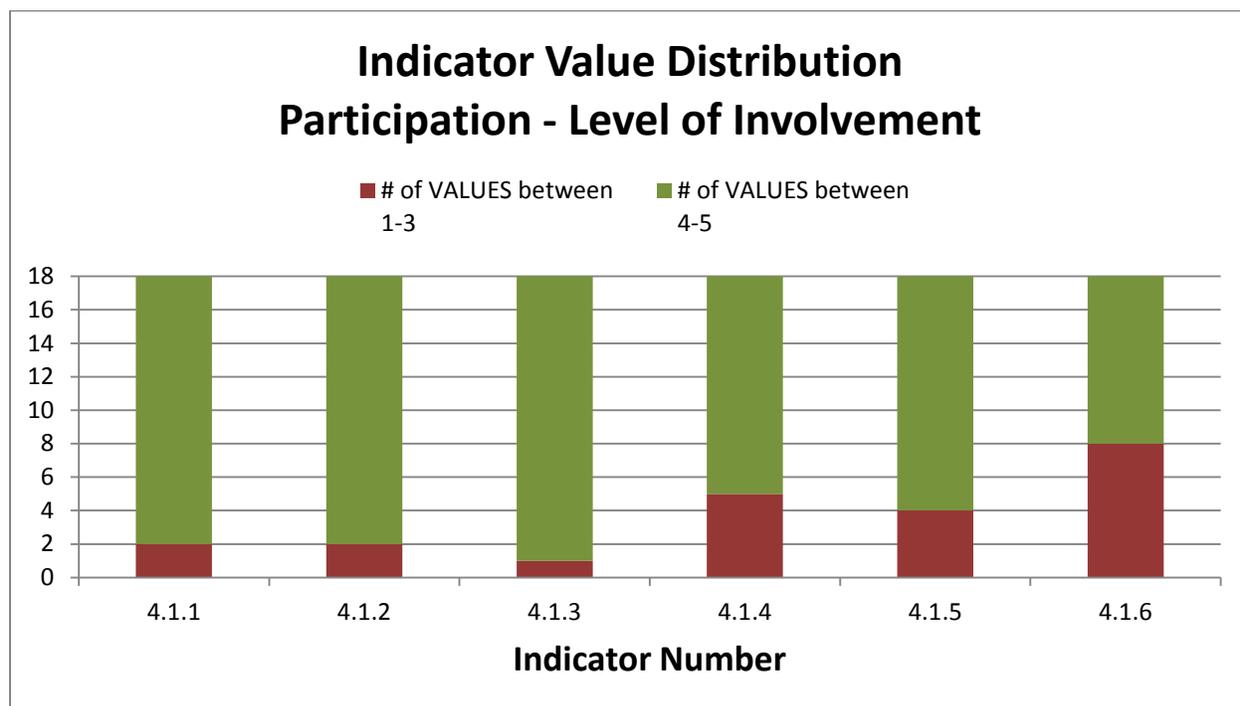


Figure 18 – Consolidation of Self-Assessment Scores for all Tajik NGOs in the Capacity Domain of Participation of PLHIV and Affected Populations – Promoting Involvement

TAJKISTAN NGO Assessment Data Analysis						
<i>Capacity Domain: Participation of PLHIV & Affected Populations</i>						
<i>Capacity Area: Promoting Involvement of PLHIV and Other Key Affected Communities</i>						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
4.2.1	The NGO/CBO has an equal opportunity policy which is made clear whenever it tries to find or interview new staff.	1.0	5.0	4.5	3.7	5.0
4.2.2	All job adverts state that people living with HIV and other key affected communities are actively encouraged to apply.	1.0	5.0	3.0	2.7	3.0
4.2.3	When paid/voluntary positions become available the NGO/CBO actively promotes these to people living with HIV and other key affected communities.	1.0	5.0	4.0	3.5	5.0
4.2.4	The NGO/CBO has offered to change its working practices (e.g. hours, work from home) to provide the flexibility for people living with HIV and other affected communities to become more involved.	1.0	5.0	3.0	3.2	5.0
4.2.5	The NGO/CBO has offered training/skills building to support involvement from people living with HIV and other affected communities without formal education.	1.0	5.0	3.5	3.2	4.0
4.2.6	The NGO/CBO has conducted training to sensitize existing staff to be able to work and respect colleagues from people living with HIV and other key affected populations.	1.0	5.0	2.5	2.7	1.0
4.2.7	The NGO/CBO has confidentiality and non-discrimination procedures that are promoted and enforced with all staff.	1.0	5.0	5.0	3.7	5.0
4.2.8	The NGO/CBO has an HIV workplace policy designed to protect and support people living with HIV working in the organization.	1.0	5.0	3.0	3.1	1.0

Figure 19 – Consolidation of Self-Assessment Scoring for all Tajik NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Promotion of Involvement of PLHIV and Affected Populations.

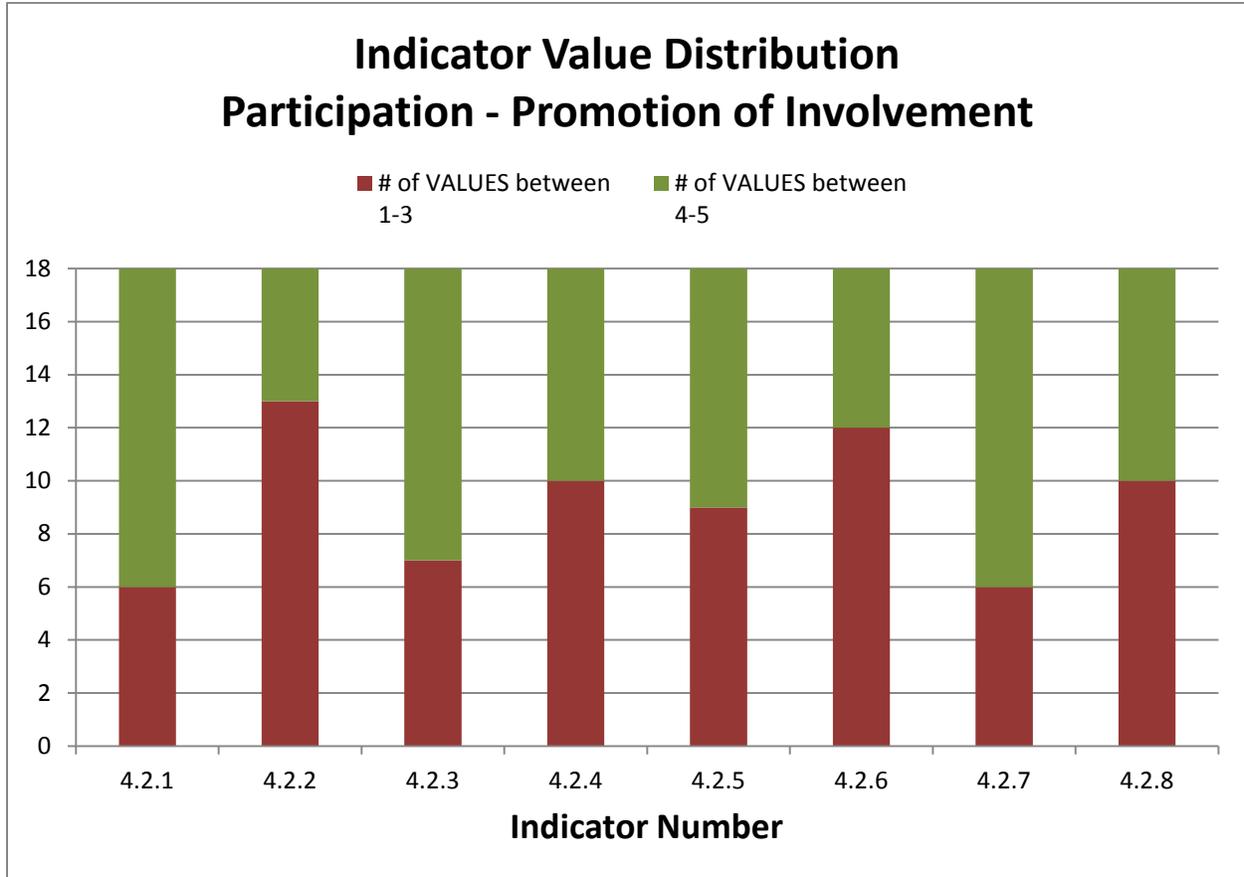


Figure 20 – Consolidation of Self-Assessment Scores for all Tajik NGOs in the Capacity Domain of Advocacy – Research, Consultation & Analysis

TAJKISTAN NGO Assessment Data Analysis						
<i>Capacity Domain: Advocacy</i>						
<i>Capacity Area: Research, Consultation & Analysis as Foundation for Advocacy Work</i>						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
5.1.1	The NGO/CBO has conducted at least one advocacy project to change the policy or practices of an institution.	1.0	5.0	4.0	4.1	5.0
5.1.2	The NGO/CBO has conducted research to find evidence (data, publications, what other influential institutions have said) to support its advocacy work.	1.0	5.0	3.0	2.9	1.0
5.1.3	The NGO/CBO has analyzed research and presented evidence to make it relevant and effective for the institutions targeted.	1.0	5.0	3.0	2.9	1.0
5.1.4	The NGO/CBO has tried to find and network with other organizations to understand how it could collaborate or improve its advocacy campaign.	2.0	5.0	3.5	3.7	3.0
5.1.5	The NGO/CBO has conducted participatory consultations with communities and affected groups to identify how it should help them through its advocacy work.	2.0	5.0	4.0	3.9	5.0

Figure 21 - Consolidation of Self-Assessment Scoring for all Tajik NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Advocacy – Research and Consultation

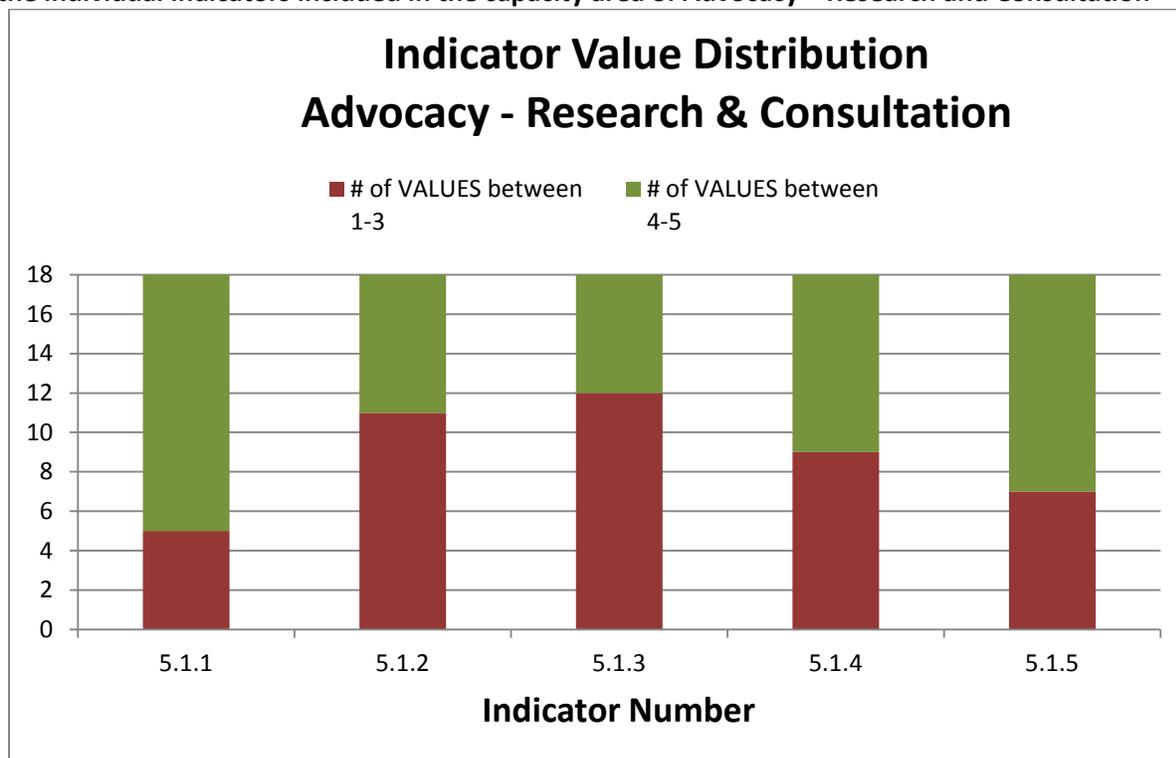
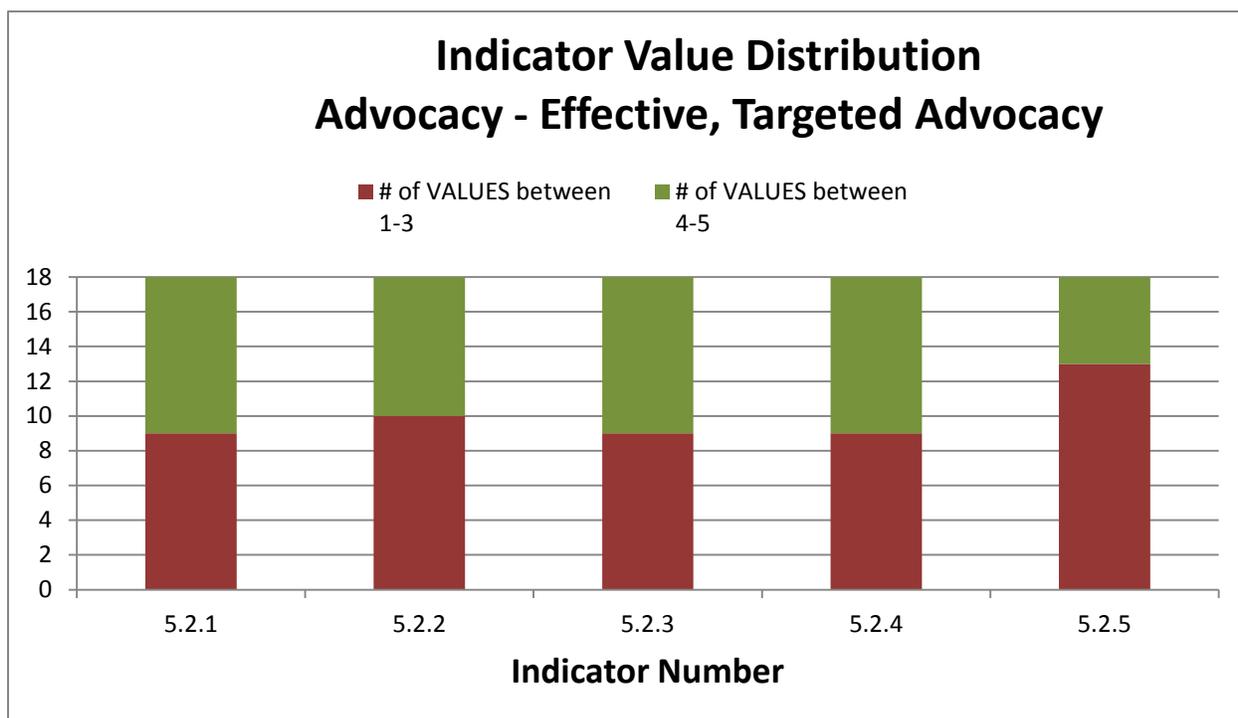


Figure 22 – Consolidation of Self-Assessment Scores for all Tajik NGOs in the Capacity Domain of Advocacy – Effective Targeted Advocacy work

TAJKISTAN NGO Assessment Data Analysis						
<i>Capacity Domain: Advocacy</i>						
<i>Capacity Area: Effective, Targeted Advocacy Work</i>						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
5.2.1	In its advocacy project(s), the NGO/CBO identified influential individuals or institutions to target.	1.0	5.0	3.5	3.4	4.0
5.2.2	In its advocacy project(s), the NGO/CBO partnered with specific community groups and community leaders.	1.0	5.0	3.0	3.4	3.0
5.2.3	In its advocacy project(s), the NGO/CBO implemented and sustained at least 3 different methods/approaches to achieve its goals.	1.0	5.0	3.5	3.4	5.0
5.2.4	In its advocacy project(s), the NGO/CBO joined with at least 3 other organizations to work collectively to achieve its goals.	1.0	5.0	3.5	3.5	5.0
5.2.5	In its advocacy project(s), the NGO/CBO evaluated the results of its advocacy work, and used it to advocate to a wider audience.	1.0	5.0	3.0	2.6	1.0

Figure 23 – Consolidation of Self-Assessment Scoring for all Tajik NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Advocacy – Effective Targeted Advocacy



Annex 5: Tajikistan Assessment Team Schedule

Date	Day	Time	Activity
Mar 29	Fri	0900 – 1200 1300- 1700	Tajikistan Stakeholder Meeting Quality Project Office in Tajikistan will assist with it. Quality Project Office conference room could be used. Assessment Team works on critical feedback provided during stakeholder meeting.
Mar 30	Sat	0900 1130 1430	Dushanbe NGOs: Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles on site NGO “Spin Plus” (PWID and PLWHA) Djamalov Pulod +992-93-505-9111 League of women living with HIV” (PLWHA) “Vita” (Prisoners)
Mar 31	Sun		Dushanbe (internal team meeting/analysis)
Apr 1	Mon	0900 1130 1430 1600	Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles on site MAT Client Initiative Group (PWID) NGO “Marvorid” (SW) NGO “Legal Support” (MSM) “Guli Surkh” (PLWHA)
Apr 2	Tue	0900 – 1700	Capacity Assessment Workshop with all NGO/CBOs in Dushanbe (Day 1)
Apr 3	Wed	0900 - 1700	Capacity Assessment Workshop with all NGO/CBOs in Dushanbe (Day 2) Debrief
Apr 4	Thu		To Kulob
Apr 5	Fri	0900 1130 1430	Kulob NGOs: Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles on site in Kulob NGO “Anis” – outreach workers (SW and PWID) Bozorov Rustam +992-901-88-3838 NGO “Sudmand” (SW) NGO “Jovidon” (PWID)
Apr 6	Sat	0900- 1700	Capacity Assessment Workshop with all NGO/CBOs in Kulob (Day 1)
Apr 7	Sun		AM – Finalise Capacity Analysis Workshop if necessary. PM – to Dushanbe
Apr 8	Mon		To Khudzand
Apr 9	Tue	0900 1130 1430 1630	Khujand NGOs: Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles NGO “Anti Spid” (SW) NGO “Dina” (PWID) NGO “Akson” (MSM) NGO “Khayeti Nav” (Prisoners)

Annex 6: NGOs involved in the Assessment Project

Country	Region/City	Organization (and main funding source)	Key Population Focus
Tajikistan	Dushanbe	Spin Plus (USG and GF)	PWID / PLHIV
		Marvorid (USG)	SW
		League of women living with HIV (USG)	PLHIV
		Vita (USG)	Prisoners
		MAT Client Initiative Group (USG)	PWID
		Legal Support (USG and GF)	MSM
		Guli Surkh (USG)	PLHIV
	Kulob	Anis (USG and GF)	PWID / SW / PLHIV
		Sudmand (USG)	SW / MSM
		Jovidon (USG)	PWID
	Khudzand	Anti Spid" (SW) (USG and GF)	SW
		Dina (USG and GF)	PWID
		Akson (USG and GF)	MSM
		Khayeti Nav (USG)	Prisoners

Annex 7: Country Stakeholder Meeting & Participants

Country Stakeholder Meeting

Purpose

The Central Asian Republics (CAR) President's Emergency Plan for AIDS Relief (PEPFAR) program is a regional program implemented by USAID, the U.S. Centers for Disease Control (CDC), and Peace Corps (in Kyrgyzstan). CAR PEPFAR regional funds support activities in the five Central Asian Republics -- Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan. The overarching goal of the regional program is to prevent new HIV infections, particularly among Key Populations, and to provide high quality services for affected populations through strengthened and sustainable health systems. To achieve this goal, program activities aim to: improve access by key populations to comprehensive, quality services; strengthen the capacity of institutions, individuals and systems to plan, manage and monitor national AIDS programs that provide improved services for key populations; and enhance the collection, analysis and utilization of data to inform planning and policymaking.

NGOs in CAR play a key role in reaching key or most-at-risk populations and improving their access to HIV services. As such, USAID CAR aims to strengthen the organizational processes, management systems, program, financial and technical capabilities, and leadership of NGOs to enable them to better contribute to national AIDS efforts. To guide this process and ensure a systematic approach to NGO capacity development, rapid, structured, diagnostic assessments of selected NGOs, including PLHIV associations and other organizations working with key affected populations will be undertaken. The assessments will be used to inform the development of capacity building strategies. Strategies will include approaches to both develop the technical and organizational capacities of less mature NGOs and strengthen the technical and organizational capacities of more mature organizations that have the potential to take on increased leadership, umbrella, or management roles within the NGO sector.

USAID CAR has contracted AIDSTAR-Two to lead on the assessment of the NGO/CBOs and to develop a regional capacity development strategy based on those assessments. AIDSTAR-Two has developed an Assessment tool that will provide an overview of capacity needs of NGOs and at the same time provide the basis for more in depth work with the individual NGOs.

At the beginning of each country assessment an initial stakeholder meeting will be held with key stakeholders to inform them of the project and to seek guidance as to particular capacity needs of NGOs in the local context. The Draft agenda for this meeting follows;

Agenda

- Introductions
- Outline of Project
- NGO/CBOs involved
- Outline of Assessment Tool and analysis process
- Key issues that should be taken into consideration by the assessment team
- Final remarks.

Participants

- USAID
- Quality Health Care Project
- WHO
- UNDP
- Republican AIDS Center
- UNFPA
- Dushnabe City AIDS Center
- Ministry of Justice

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AIDS Support and Technical
Assistance Resources



AIDSTAR-Two
capacity for impact

AIDSTAR-Two Project

Central Asian Capacity Building Strategy Project

Kyrgyzstan

Submitted to USAID by Management Sciences for Health

DATE: JUNE 20, 2013

This document is made possible by the generous support of the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Agency for International Development (USAID) under contract No. GHH-I-00-0700068-00. The contents are the responsibility of the AIDSTAR-Two Project and do not necessarily reflect the views of USAID or the US Government.

Contents

Acronym List	3
I. Introduction	4
II. What is Capacity Building?	4
III. NGOs in Kyrgyzstan	7
IV. Who builds NGO/CBO capacity in Kyrgyzstan for HIV projects?	8
V. Assessment Tool/Methodology used for Project	10
VI. Assessment process (agenda/schedule/components of assessment)	13
VII. Kyrgyzstan Methodology	15
VIII. Key Findings	19
IX. Conclusions	30
X. Recommendations	31
Annexes.....	34
Annex 1: NGO/CBO Profile Form	35
Annex 2: Overview of Kyrgyzstan NGO Profiles.....	37
Annex 3: Assessment Tool and Self-Assessment Indicators	39
Annex 4: Consolidated Data from the Self-Assessment Scoring of Indicators	60
Annex 5: Kyrgyzstan Assessment Team Schedule	73
Annex 6: NGOs involved in the Assessment Project.....	74
Annex 7: Country Stakeholder Meeting & Participants.....	75
Annex 8: Bibliography	77

Acronym List

AFEW	AIDS Foundation East-West
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
BCC	Behavior change communication
CARHAP	Central Asia Regional HIV/AIDS Program
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
HOP	Health Outreach Program (Original name for Dialogue Project)
IEC	Information Education Communication
LGBT	Lesbian, Gay, Bisexual, Transgender
MOH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-governmental organization
NSP	Needle and syringe program
NTP	National TB Program
OST	Opioid Substitution Therapy
PEPFAR	President's Emergency Fund for AIDS Relief
PIU	Project Implementation Unit
PLHIV	People living with HIV
PMP	Performance monitoring plan
PWID	People who inject drugs
PSI	Population Services International
STI	Sexually transmitted infections
SW	Sex workers
TB	Tuberculosis
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO	World Health Organization

I. Introduction

The Central Asian Republics (CAR) President’s Emergency Plan for AIDS Relief (PEPFAR) program is a regional program implemented by USAID, the U.S. Centers for Disease Control (CDC), and Peace Corps (in Kyrgyzstan). CAR PEPFAR regional funds support activities in the five Central Asian Republics—Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan. The overarching goal of the regional program is to prevent new HIV infections, particularly among Key Populations, and to provide high quality services for affected populations through strengthened and sustainable health systems. To achieve this goal, program activities aim to: improve access by key populations to comprehensive, quality services; strengthen the capacity of institutions, individuals and systems to plan, manage and monitor national AIDS programs that provide improved services for key populations; and enhance the collection, analysis and utilization of data to inform planning and policymaking.

NGOs in CAR play a key role in reaching key or most-at-risk populations and improving their access to HIV services. As such, USAID CAR aims to strengthen the organizational processes, management systems, program, financial and technical capabilities, and leadership of NGOs to enable them to better contribute to national AIDS efforts. To guide this process and ensure a systematic approach to NGO capacity development, a rapid, structured, diagnostic assessment of selected NGOs, including PLHIV associations and other organizations working with key affected populations, has been undertaken. The assessments will be used to inform the development of capacity building strategies. The strategies will include approaches to both develop the technical and organizational capacities of less mature NGOs and to strengthen the technical and organizational capacities of more mature organizations that have the potential to take on increased leadership, umbrella, or management roles within the NGO sector.

II. What is Capacity Building?

Governments, donors, and NGOs have made significant investments in capacity building, but the term is often vaguely defined and operationalized, and its impact is seldom measured¹. The mechanisms for planning, implementing and evaluating organizational capacity building can also be dramatically different in practice. In 2009, the World Bank put out a new and significant publication—Capacity Development Results Framework²—that stresses a strategic and results-oriented approach to nurturing the building and rational utilization of capacity at national and sub-national levels. There is also recognition that sound capacity building approaches and practices are essential to achieving PEPFAR targets and the Millennium Development Goals, as well as the PEPFAR and Global Health Initiative goals of health systems strengthening, country ownership, and sustainability.³ These approaches and strategies are also aligned with the commitments from the Paris Declaration on Aid Effectiveness, 2005.⁴

The nature and needs of health service organizations, both public sector institutions and civil society organizations, are changing dramatically. This is especially true for HIV/AIDS implementing organizations. Many of these local entities are being asked to take over programs, expand services,

¹ NGO HIV/AIDS Code of Practice Project. December 2004

² Capacity Results Development Framework. World Bank 2009.

³ Capacity Building and Strengthening Framework. The President’s Emergency Plan for AIDS Relief (PEPFAR). Version 2.0. 2012

⁴ www.oecd.org/dataoecd/11/41/34428351.pdf

integrate programs or assume new organizational mandates, manage larger budgets, and employ larger workforces.⁵ Many local HIV and AIDS organizations face the reality of diminishing resources. Organizations also face expectations for greater accountability and transparency as well as improved organizational results. As such, these organizations and donors must pay attention to needed improvements in leadership and governance, financial management, human resource management, planning and logistics, M&E and reporting, project and grants management and other internal systems and processes, team work, partnership and alliance building, resource generation and quality service delivery. Many organizations also need more effective external and internal communication, public-private partnerships and internal decision-making processes. Capacity building in these areas can contribute greatly to the efficiency and effectiveness of these organizations, along with technical strengthening.

In its capacity building work with NGOs in CAR to date, USG PEPFAR efforts have concentrated largely on technical training and mentoring of NGOs in a few areas of identified need (e.g., HIV/AIDS program management, financial management). A more strategic, systematic, and coherent approach to capacity development—one that focuses on developing cadres of NGOs which have the technical and organizational skills and capacities needed to better support the national AIDS response—is required.⁶ This means that capacity building needs to focus not only specific technical skill areas but also on organizational capacity needs that underpin the NGOs ability to implement programs.

Definition of Terms

The Capacity Building Framework reflects an integrated and reinforcing set of capacity building activities that address individual/workforce, organizational, and systems levels of capacity to further host country leadership in addressing HIV/AIDS.⁷ NGOs, the focus of this report, or any other HIV and health organization or institution for that matter, are not strengthened by a workshop approach. Workshops have their place but more effective capacity development often occurs *in situ* at the NGO, through mentoring, coaching, observation of best practices and organizational systems building, as well as through peer exchange opportunities that draw HIV NGOs together. The end goal of organizational capacity building for an HIV NGO serving key populations is an NGO integrated into the national

Textbox 1: Defining some key terms

- **Capacity:** the ability or power of an organization to apply its skills, assets and resources to achieve its goals.
- **Capacity development:** an on-going evidence-driven process to improve the ability of an individual, team, organization, network, sector or community to create measurable and sustainable results.
- **Organizational capacity building:** the strengthening of internal organizational structures, systems and processes, management, leadership, governance and overall staff capacity to enhance organizational, team and individual performance.

Source: Capacity Assessment Methodology User's Guide. Capacity Group for Development Policy. UNDP. May 2007.

⁵ Organizational Capacity Building Framework: A Foundation for Stronger, More Sustainable HIV/AIDS Programs, Organizations, and Networks. AIDSTAR-Two. 2011

⁶ USAID CAR Scope of Work, CAR NGO Capacity Assessment Project 2013

⁷ PEPFAR Capacity Building and Strengthening Framework, FY 2012

HIV and AIDS response that is capable of sustaining the delivery of accessible, quality services to target populations, with the participation of the target populations, while advocating for additional needed services, and an end to stigma, discrimination, and abuse of human rights.

Capacity building is integral to the USG's efforts in fighting the global AIDS epidemic. Following on the initial emergency response from 2003-2008, the second phase of the President's Emergency Plan for AIDS Relief (PEPFAR) 2009-2013 emphasizes fostering country ownership and building sustainability.⁸ This approach is consistent with the Paris Declaration on Aid Effectiveness, signed by more than 100 bilateral donors and developing countries, which states that the capacity to plan, manage, implement, and account for results is critical for achieving development objectives. To achieve these goals, the USG strengthens host country capacity (public sector and civil society) to respond to HIV and AIDS effectively and efficiently and to build sustainable national HIV and AIDS programs. Capacity building is an inherent part of initiatives and activities underway in PEPFAR,⁹ including program activities in technical areas covering prevention, care and treatment, and cross-cutting areas of health system strengthening and integrated health services, civil society (CSO) programs, country ownership, and transition to local partners and programs.

What are NGOs?

Civil society organizations (CSOs) strive to protect the rights of individuals and the common good by allowing individuals and groups to work together to improve the societies in which they live (CIVITICUS, 1994; Guthrie, 1994). The term CSO is a broad, inclusive category of organizations that includes any organization that functions outside of the state and operates on a non-profit basis. Included in this category are non-governmental organizations (NGOs) engaged in health and other development activities, the focus of this assessment.

The World Bank has adopted a definition of civil society developed by a number of leading research centers:

“The term civil society to refer to the wide array of non-governmental and not-for-profit organizations that have a presence in public life, expressing the interests and values of their members or others, based on ethical, cultural, political, scientific, religious or philanthropic considerations. Civil society organizations (CSOs) therefore refer to a wide of array of organizations: community groups, non-governmental organizations (NGOs), labor unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, and foundations.”¹⁰

Local NGOs in developing countries tend to look for external assistance to launch, grow, and sustain their programs and services. Over time, however, some NGOs are mature enough entities to be weaned off of on-going technical assistance; others simply want to diversify their streams of funding.

Country ownership implies a high degree of institutional, programmatic and financial sustainability for local institutions and organizations. AIDSTAR-Two defines sustainability in a systemic way,

⁸ President's Emergency Plan for AIDS Relief (PEPFAR) 2009–2013

⁹ PEPFAR Blueprint for Creating an AIDS Free Generation. 2012.

¹⁰ *Issues and Options for Improving Engagement between the World Bank and Civil Society*. World Bank. 2005.

focusing not only on financial sustainability, but also on the institutional and programmatic sustainability of an organization. This definition of sustainability¹¹ states that:

1. A well-managed organization is able to consistently adapt its governance practices, structure and systems to remain mission driven and market adjusted, allowing the organization to respond to the shifting priorities of its supporters and to new responsibilities towards its clients, while creating a positive work climate for its staff (institutional sustainability);
2. A well-managed organization is able to consistently secure, manage, and report on the use of revenue from various sources (e.g., user fees, grants, contracts) to support its ongoing programs and undertake new initiatives (financial sustainability);
3. A well-managed organization is able to deliver quality products and services that respond to its clients' needs and to anticipate new areas of need; is supported by a strong knowledge management system (programmatic sustainability).

Financial sustainability is not the same as self-sufficiency although the two are often confused. According to the Institute for Social Entrepreneurs, self-sufficiency denotes the ability of an organization to fund the future of its activities and endeavors through earned income *alone*, without having to depend in whole or in part on charitable contributions or public sector subsidies.¹² Financial sustainability is defined as an organization's ability to fund future activities and endeavors through a combination of earned income, charitable contributions, and public sector subsidies.

III. NGOs in Kyrgyzstan

During the period when most post-Soviet countries were keen to democratize, the idea of an NGO was unknown.¹³ There was a lack of understanding of the role and purpose of NGOs, most of which were primarily supported by international donors. Introduced by Western donors, the term 'non-governmental organization' was often seen a pre-condition for democratic transformation. Much of the recent growth in CSOs, including both NGOs and other citizens' organizations, is the result of international influence.

The definition of NGOs used by Kazakh researchers—'open, not-for-profit civil society organizations which are not occupationally specific and do not seek state power' is common throughout the region.¹⁴ The majority of NGOs emerging after independence were service providers, replacing former social service provision institutions destroyed after the collapse of the Soviet Union. In the context of HIV, NGOs include service provider organizations that are not key population led, that implement prevention and care/support programs for key affected populations and community-based organizations (CBOs) of affected communities, including people living with HIV and AIDS, sex workers, people who inject drugs, and men who have sex with men, that are implementing HIV prevention, care, and support programs.

In CAR, similar to other post-Soviet regions, the NGO sector is relatively nascent and still developing with few mature (long-standing and well developed/structured, high performing) NGOs and even

¹¹ *MOST: Management and Organizational Sustainability Tool: A Guide for Users*. Management Sciences for Health. 2004.

¹² Institute for Social Entrepreneurs, http://www.socialent.org/Social_Enterprise_Terminology.htm

¹³ *Organizational Capacity Building in Central Asia: Reflections from Kyrgyzstan and Kazakhstan*. Praxis Paper No. 15. Lola Abdusalyamova with Hannah Warren. INTRAC. February 2007

¹⁴ *Organizational Capacity Building in Central Asia: Reflections from Kyrgyzstan and Kazakhstan*. Praxis Paper No. 15. Lola Abdusalyamova with Hannah Warren. INTRAC. February 2007.

fewer community-led organizations. Government structures in the region also provide challenges as many systems are still structured around a centrist government implementation model that has little room for NGO involvement. In the HIV response, many of the implementing NGOs are not community-led but are health service provider NGOs with a larger portfolio that includes HIV or NGOs that have a HIV mandate that have focused on key populations as that is where the available funding is. The few community-based organizations being led by key populations that implement programs are both nascent in their development and severely under-resourced and thus lack the capacity to scale up beyond boutique or pilot programs.

The issues of mature versus nascent organizations and community led/service provider NGOs along with structural issues that affect NGOs' ability to operate efficiently are all challenges that help determine (and influence) NGO capacity to function and implement programs.

Since the majority of programs are implemented by NGOs that are not led by key populations, it is important that individuals and representing these groups are given an integral role to play in program design and implementation. A genuine commitment to the involvement of PLHIV and key populations in responding to HIV and AIDS is not simply an acknowledgement by the NGO that this is important, but rather it is a genuine commitment that ensures communities have control over their own health.

IV. Who builds NGO/CBO capacity in Kyrgyzstan for HIV projects?

The emergence of capacity building activities in Central Asia, and the cast of actors involved, has developed and changed over the years. In the immediate post-Soviet era of the 1990s, early days there was considerable external support and influence — principally from Counterpart International, USAID, and INTRAC — to develop local capability and expertise.¹⁵ Today there are a number of capacity building actors, some involved in direct provision while other provide support functions. There are, in addition, a range of academic institutions and private consultancy firms and business training centers providing capacity building for NGOs. These include:

Bilateral and Multilateral Agencies:

A key group of stakeholders involved in supporting capacity building for NGOs working in the HIV sector are the World Bank, the UN Development Programme (UNDP), USAID, the UK Department for International Development (DFID) and the Global Fund to Fight HIV/AIDS, TB and Malaria. Their investment in capacity building initiatives has been an integral part of their overall development assistance to both build the capacity of health systems to better respond to HIV and to key population organizations to allow them to effectively implement programming.¹⁶

For large community-based projects, the financing agencies (e.g., UNDP, the World Bank and Global Fund), have tended to create local Project Management Units or Project Implementation Units for the lifetime of the project.

Below are some examples of programs being implemented from this group:

¹⁵ Central Asia AIDS Control Project July 2005 – December 2010. UNDP. 2011.

¹⁶ Central Asia AIDS Control Project July 2005 – December 2010. UNDP. 2011.

A. USAID

Capacity Project, 2004-2009

(Central Asia Program on AIDS Control and Intervention targeting youth and high risk groups) in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan.

Through the five-year Capacity Project, JSI Research & Training Institute, Inc. (JSI) sought to build Central Asian technical capacity to launch large-scale and urgent responses to HIV and AIDS, and to develop indigenous institutions and networks that can develop and manage the comprehensive HIV control programs.

USAID Quality Health Care Project, 2010-2015

The USAID Quality Health Care Project is a five-year program to improve the health status of Central Asians by building the capacity of public health systems, institutionalizing quality improvement methodologies at all levels of health services management, and empowering communities to respond to health needs, particularly for tuberculosis and HIV/AIDS. The project is implemented by Abt Associates along with Project Hope and APMG.

The main thrust of the HIV component of the Quality Project is to open up entry points for people from key HIV affected populations – injecting drug users, sex workers, and men who have sex with men, to the range of HIV prevention and care services they need. This involves working with civil society groups and health service providers to increase the effectiveness of referral, broker for better access to services and improve the range and quality of services available.

Capacity building to date has largely focused on building technical competencies and strengthening health systems a component of which has been building NGO capacity to strengthen its role in the health system.

USAID Dialogue on HIV and TB Project (Dialogue) 2009-2014

The Dialogue Project, implemented by PSI, is a strategic response to reduce the HIV and TB epidemics among key populations in five Central Asian countries: Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan, and Turkmenistan. The Dialogue Project contributes to reducing these epidemics by achieving and maintaining improved health behaviors among key populations in Central Asia, including increased use of HIV and TB prevention and control services.

Dialogue uses a regional strategic approach in addressing HIV and TB issues among key populations across all target sites in project countries. Activities to date have included: conducting direct outreach activities among five groups (IDUs, SWs, MSM, prisoners, and PLHIV) throughout five countries and gaining support of local government organizations and NGO partners; sub-awarding local NGOs as sub-grantees for outreach activities implementation; strengthening of established voucher referral networks; establishing and reinforcing the multidisciplinary teams approach to provide care and support to PLHIV, and case management for all key populations on TB treatment, throughout the region.

The Dialogue program has included a significant amount of capacity building at both the country and regional level. To date the capacity building has focused on HIV technical capacity rather than organizational capacity.

B. World Bank / DFID

The Central Asian AIDS Control Project financed by the World Bank and the UK Department for International Development was implemented for the period from 2005 to 2010 in four independent countries in Central Asia and had the Subcomponent on building capacity through creation of Regional Training Centers (RTCs) in the following areas: Kazakhstan: HIV prevention among youth; Kyrgyzstan: harm reduction programs; Tajikistan: HIV prevention among migrants and their family members; and Uzbekistan: treatment, care and support to people living with HIV.

C. Global Fund to fight AIDS TB and Malaria (GFTAM)/ UNDP

GFTAM supports HIV programs Kazakhstan, Tajikistan and Kyrgyzstan. All programs have significant NGO/CBO components focused on delivering safe sex and safe injecting supplies through a minimum package of services/peer education model. UNDP has largely been the agency through which the NGO/CBO components of projects have been managed. Capacity building to date has been to provide technical knowledge and capacity for the NGO/CBOs to deliver the minimum package of services.

International NGOs:

In 2007, The **International HIV AIDS Alliance**, through its Kyrgyzstan member, AAA (Anti AIDS Association) and other Alliance partners in Central Asia, secured World Bank funding to implement a project to reduce the spread of HIV and mitigate its impact in Kazakhstan, Kyrgyzstan, Uzbekistan, and Tajikistan. The project—part of the Central Asia AIDS Control Project (CAAP)—expanded access to HIV prevention, care, and support services. It increased the involvement of affected communities in programming and policy development, and strengthened the capacity of networks of people living with HIV to effectively support and influence national responses. With the project's support, eight new groups of people living with HIV were incorporated as legal NGOs.

AMFAR, through its GMT Initiative (formerly the MSM Initiative), provides financial and technical support to community organizations working to reduce the spread and impact of HIV among gay men, other men who have sex with men and transgender individuals (collectively, GMT) in low and middle income countries. The initiative has supported groups in Tajikistan and Kyrgyzstan and their partners across the region with organizational and technical capacity building.

The Open Society Foundations (Soros Foundation) maintains offices and programs in Kazakhstan, Kyrgyzstan, and Tajikistan, all of which have had HIV, injecting drug use, and MSM components that focus on capacity building to create a viable civil society. Some of the organizations supported by the Open Society Foundations have also been beneficiaries of GFTAM and USAID programs.

V. Assessment Tool/Methodology used for Project

Capacity building is driven by clearly defined objectives that state what the initiative is intended to achieve and how it will accomplish its objectives in the context of PEPFAR, the national strategic plan, and the expected prevention, care and treatment targets and HIV and AIDS program outcomes. In order to achieve this, a capacity assessment of HIV and AIDS organizations that indicates which aspects of capacity need improving and which areas already have good or excellent standards that can either be built on or shared with others is useful.

There is no one, best way of tackling capacity assessment and there are many existing instruments. Much depends on the complexity and context of the NGO concerned and what the NGO itself wants as well as what donors and funders may require. The degree of complexity results from a combination of factors: the history of the NGO; age, size, and development activity; geographic spread; sources of funding; the context(s) of action; leadership; and others. It does not refer to just structural complexity. However, consistent with the capacity building principles mentioned above, any assessment should be participatory and inclusive.

The CAR NGO assessments developed a systematic approach to NGO capacity development with the assessments of various NGOs in Tajikistan, Kazakhstan, and Kyrgyzstan being used to inform the development of country wide and a regional capacity building strategy rather than focusing on the capacity needs of any one organization. The assessment process identified and prioritized common themes and issues that need be addressed across each country and the region. The resultant strategies include approaches to both develop the technical and organizational capacities of less mature NGOs and to strengthen the technical and organizational capacities of more mature organizations.

The overall assessment approach was designed to gauge the **overall functioning of the organization**. The assessment was administered in the context of group assessments taking place at one time, enabling the participants to both draw conclusions for their own organizations as well as gain understanding of the capacity throughout the country/region as a whole.

The PEPFAR CAR team explicitly requested that the team assess a large number of NGOs in Tajikistan, Kyrgyzstan, and Kazakhstan that serve populations most at risk for HIV in the region including sex workers, people who inject drugs (PWID), MSM, PLHIV and prisoners: 14 in Tajikistan (in Dushanbe, Kulob, and Khujand), 18 in Kyrgyzstan (in Chui Oblast, Bishkek and Osh) and 13 in Kazakhstan (in Almaty, Karaganda and Ust-Kamenogorsk).

Taking these factors into consideration, this assessment used a combination approach that included a participatory approach for data collection via a capacity assessment workshop. To ensure objectivity, the assessments were undertaken by a team of three external facilitators and the findings of the assessors were triangulated to produce a final assessment. Observers were also present to learn from the process and to ensure local implementing agency understanding of the issues raised. An initial qualitative description of capacity of the organization as a whole was supplemented by quantitative measurement for specific capacity areas. A rapid assessment process was used that took place over two days, involving sessions for specific NGOs as well as wider discussions and assessments that were relevant to all organizations. This approach ensured minimum disruption to each organization while producing an assessment of the organizations' overall functioning.

Upon review of the myriad of assessment tools available, the assessment team adapted and utilized the International HIV AIDS Alliance **NGO Capacity Analysis and Community Based Organization Rapid Assessment Toolkits**^{17,18} as the basis for this assessment. These toolkits are among the few that allow for several NGO/CBOs to be involved in the process at the one time, so they best suited the timeframe and logistical issues faced by this project, which made on-site assessments of individual organizations impractical. The toolkits are designed to be flexible and adapted for use to meet the needs of different NGO/CBOs. They provided tools for analyzing and building capacity

¹⁷ NGO Capacity Analysis Toolkit. International HIV AIDS Alliance. 2004

¹⁸ CBO Capacity Analysis: A toolkit for assessing and building capacities for high quality responses to HIV. International HIV AIDS Alliance. 2007

using a number of different methods that were applicable to either individual organizations or a group approach.

The workshop was structured with five different sessions looking at specific areas of capacity in addition to an introduction and wrap-up session. These sessions can be used in any order and in any combination, as appropriate for the organizations involved. The toolkits were easily adapted and through the first workshop session (entitled “what is capacity”) the opportunity was available to tailor the assessment tool to capture specific issues/problems/new technologies and developments that were of concern to the participants.

The workshop/analysis process used a combination of methods to ensure that the assessment process was participatory. These included:

- Quantitative and qualitative methods to determine scores for capacity indicators and capture more dynamic issues and perceptions of staff.
- Self-assessment techniques to encourage better ownership of results.
- Objective criteria to use for external validation to provide comparable results for evaluation purposes.
- Multiple instruments for triangulation to develop a comprehensive picture of capacity from different perspectives and assess the level of consensus over issues.

The request from the CAR PEPFAR team was to assess organizational processes, management systems, program, financial and technical capabilities, and leadership of NGOs. Hence, five areas of capacity important for delivering and supporting responses to HIV and AIDS were addressed:

- **Organizational strength** has long been recognized as important for the sustainability and efficacy of an organization’s ability to function. (The assessment included organizational processes, management systems, and financial capacity as per the CAR PEPFAR team request.)
- **HIV/AIDS technical capacity** – The understanding of the epidemic continues to evolve as it is developed and shared from different contexts. Organizations that are able to refresh their methods and approaches in line with this understanding will likely better serve their mission. (Program and technical capabilities were assessed as per CAR PEPFAR request.)
- The **promotion of participation of people living with HIV and AIDS and other affected communities** is integral to challenging inequality and marginalization which is often the underlying cause of people’s vulnerability to HIV. This is also often a sign of how much an organization believes in its own messages and feels solidarity with its community. (This included program, technical, and leadership capabilities as per CAR PEPFAR request.)
- **Partnerships, referral systems, and co-ordination** with others enable an NGO to magnify the effect of its actions by the power of all those around it. Rather than working in competition with others and duplicating efforts, the NGO seeks to address the needs of its community in the best way it can. (Includes program and technical capabilities as per CAR PEPFAR request)
- **Involvement in evidence and consultation-based advocacy** harnesses the power of institutions that can affect the lives of an NGO’s community to a far greater extent than the NGO can itself. The inequalities and vulnerabilities faced by some people may be embedded in the structure of society and, in some cases, may only be addressed through advocacy. (Includes program, technical and leadership capabilities as per CAR PEPFAR request).

For the majority of HIV focused NGO/CBOs, working in specific geographical areas or with specific population groups, all five areas of capacity will complement and reinforce each other, and together

combine to enhance the sustainability, quality, integrity and impact of interventions. The initial in-country stakeholder briefing may identify specific issues that need to be addressed, either through these five capacity areas or via an additional assessment if it is warranted.

VI. Assessment process (agenda/schedule/components of assessment)

On arrival in Kyrgyzstan the assessment team held a meeting with key country level stakeholders to inform all stakeholders about process and seek their input. The schedule for the activities was as follows:

Assessment Schedule	
Day 1	Preparation meetings with NGO/CBOs to outline assessment process and what it entails, allow assessment team to gain some insight into the organization and work with the organization to complete NGO profile
Day 2	Assessment workshop
Day 3	(Half day) Assessment workshop continues if required (Half day) Debrief

A team of three facilitators with substantial experience with NGO/CBO capacity building and HIV service delivery conducted the assessment. A representative from the implementing agencies of the Quality Project country offices was also invited to observe (but not participate in) the workshop.

The team began its work in each country with an initial stakeholder meeting. The objective of these meetings was to include representatives from the Ministry of Health, donor agencies, and others to inform stakeholders of the process and solicit their input on any specific capacity issues that the assessment team should be aware of or pay special attention to.

As the assessment process was facilitated by external facilitators it was vital that they meet with the NGO leadership to learn basic information about the organization, to better enable them to ask relevant, probing, and sensitive questions during the assessment process, and thus help the NGO to find out more about itself. The team completed a NGO/CBO profile for each local NGO as part of the overall assessment. The profile included information about the NGO's background, details of its main programs and activities, and some key achievements and challenges. Preparing these profiles helped provide vital information for the workshop facilitators and the completed documents may serve as reference documents for future providers of technical support.

Groups of NGOs across different geographic areas in the three countries were invited to participate in the NGO/CBOs Capacities Analysis Workshop. The workshop's objective was to facilitate discussion and consensus building through systematic analysis of different capacities with stakeholders of several NGOs/CBOs.

The assessment tool used in the workshop was designed to be applied in a participatory manner with personnel from different levels of the organization including NGO/CBO directors, program managers, administrators, health care staff, HIV counselors, peer educators, monitoring and evaluation personnel, volunteers, and board members all being able to participate in the process. Obviously it was not viable for all involved with the organization attend the workshop. Therefore, it was critical that a representative group of approximately 5-6 participants from all levels of the organization attend, and that opportunities were created for all to speak openly (facilitators were

cognizant that staff at some levels might be reluctant to speak openly in front of their more senior colleagues). In addition, participants were given the opportunity to work both collectively with other organizations as well as time alone to consider their organization's own specific needs.

The following areas were assessed in the workshop:

1. Partnerships, referral systems and co-ordination
2. HIV/AIDS technical capacity of key and front-line staff
3. Organizational strength
4. Promotion of participation of PLHIV and other affected communities
5. Involvement in evidence and consultation-based advocacy

The assessment process is described in detail in Annex 3.

Scoring the indicators:

As described in Annex 3, through the facilitated discussion, participants scored the indicators as a group. The tool has a simple qualitative scoring scale of 1-4, with one being the least capacity and four being the most capacity. The score was determined by consensus with the participants after discussion of each element of capacity. This process helped provide an overview of how the organization rates its level of capacity and collectively determine the capacity building priorities for the country/region/city involved in the workshop.

Country NGO Assessment Reports:

After each workshop, a summary document was produced that includes all of the NGO/CBO profile documents and outlines of the five capacity areas, their indicators, and the relative score. A short narrative is included that explains key issues raised and capacity priorities agreed on. After all of the in-country workshops have been completed, the summary documents will be combined to produce a single country capacity analysis document that outlines the five capacity areas, relative strengths and weaknesses, and priority areas for capacity development. [This document is the summary country NGO assessment report for Kyrgyzstan.]

Limitations:

This analysis process does not produce detailed capacity assessments of individual organizations. This was due to the number of NGOs and CBOs involved and the fact that there were not enough resources and/or time to undertake in-depth individual organizational analysis. It did, however, produce a foundation assessment of organizations and a framework for an assessment process that organizations may choose to apply directly to themselves.

The process as described only looks at five areas of capacity. Participatory re-design of the indicators could allow different or additional capacities to be analyzed, in more or less depth. Capacities that relate to conducting research, documenting findings, providing support to other NGOs, and mobilizing communities are all examples of areas that could be explored further using the existing workshop format.

While the suggested indicators are believed to be relevant for many NGOs, users of this toolkit should also be aware that some might seem ambitious or unrealistic for smaller CBOs. This needs to be considered sensitively, as otherwise their application may unduly depress or disappoint a small but aspiring CBO. Furthermore, in reality, many capacities (for example in advocacy work) are dependent on the capabilities and passion of individuals, which can be difficult to capture and measure adequately. Sometimes, such capacity can only be measured by proxy. The indicators that point to such proxies, however, are not intended as a scientific measure of capabilities.

VII. Kyrgyzstan Methodology

The assessment focused on two major cities of Kyrgyzstan, Bishkek, the capital, and Osh, the largest city in the Southern portion of the country. Forty-six (46) NGO staff and volunteers representing 21 non-governmental organizations were involved in the assessment project. The data used for the assessment analyses have been collected through discussions with the staff and volunteers of each of the individual organizations, an introductory meeting with some of the essential stakeholders located in Bishkek, two regional workshops (in Bishkek and Osh) involving managers, technical staff and front-line workers of the selected NGOs, as well as conversations with USAID mission and Quality Health Care project staff.

The assessment team reviewed and compared these data sources where relevant and possible. Although the team has performed a thorough review of available literature, the information obtained through the review have been used to form a background understanding of the context, but has not been utilized to define the assessment findings. The data analysis included three essential elements, which are further described in the AIDSTAR-Two CAR Summary Report of Findings and Recommendations:

- Quantitative analysis of data from individual NGO profiles as well as collective scoring¹⁹ of self-assessments of capacity level conducted during the workshops;
- Qualitative analysis of data collected from meetings with the NGOs and workshop discussions by individual members of the assessment team, and
- The team discussion and consolidation of the assessment findings and recommendations.

It should be noted that the division of areas chosen for the assessment is not the only possible classification. Multiple links between different areas of capacity mean that the impact of strengths or weaknesses can be found across domains. Accordingly, in this report, interconnections between capacity areas are considered in the analysis of the assessment results and formulation of recommendations.

Profile of NGOs Assessed

The sample of 21 NGOs in Kyrgyzstan included well- established and recently created organizations. The oldest one was established in 1996 and the youngest one in 2010. All but two were legally registered. Six of the NGOs assessed operate in Osh and 15 are located in Bishkek or the surrounding area. Seventy-six percent of the NGOs assessed had some sort of a strategic plan guiding the organizational priorities, and 71 percent had a governing board, which functioned at varying levels of involvement, as discussed below in the discussion of the governance indicators.

Most NGOs (14 out of 21) reported having more than one funding source; six of 21 NGOs reported having only one funding source; and one NGO reported having no major funding source for their activities. Major donors include the Global Fund, through the Principal Recipient UNDP, Soros Foundation, and AIDS Foundation East-West (AFEW). Three of the NGOs receive a small amount of funding from the government of Kyrgyzstan. Two organizations reported having a mechanism in

¹⁹ All scores gathered from NGOs in the workshops were anonymous. This strategy was developed to address concerns from NGOs about confidentiality and comfort levels with providing accurate scores, particularly in weaker capacity areas. NGOs were able to take a copy of the scoring sheet from the workshop back to their offices and encouraged to use the data to develop their own capacity development priorities.

place to generate their own income through small business activities.

The median number of staff per organization was 12 people with the largest staff consisting of 65 members. The median number of volunteers collaborating with organizations was seven and the biggest number of volunteers was 100. The beneficiaries of the NGOs that were assessed and program activities are described in Table 1.

Country Context

UNAIDS estimates that approximately 12,000 people in Kyrgyzstan are living with HIV, of whom 4,200 are women.²⁰ The epidemic in Kyrgyzstan is generally concentrated among vulnerable populations, including PUD, MSM, prisoners, migrants, sex workers, and at risk youth. In 2010, 34% of cases of HIV transmission were through heterosexual sex, 65% through injecting drug use, and 3% through mother to child transmission.²¹

The number of children infected with HIV is low, with only 19 cases of mother-to-child transmission in 2010, which is largely due to mandatory HIV testing for pregnant women and the availability of full ARV therapy for pregnant women to prevent mother to child transmission. However, there is a cohort of children who have been infected in hospitals, who are now approaching adolescence, which will require specialized support services targeted at youth.

Financing of NGOs to Implement HIV Activities

Funding to support HIV programming in Kyrgyzstan principally comes from international donors, with the largest contributor being the Global Fund. The state government supports AIDS centers for the delivery of care and treatment services and some HIV prevention and care and support activities through NGOs. Most outside donor funding is targeted at HIV prevention activities.

Currently, UNDP is the principal recipient for the Global Fund, functioning as a primary donor for many NGOs working with PLHIV in Kyrgyzstan. NGOs are supported to manage syringe exchange programs, community outreach to target populations on HIV prevention, psychosocial support groups, and HIV rapid testing. In many cases, UNDP will provide commodities such as HIV rapid test kits, but, in many cases, no additional funding is provided for staff to administer the tests. The result is that there is limited motivation among NGO staff to conduct these extra activities because it is seen as additional work which is not accompanied by additional pay. Many NGOs have reported challenges in working with UNDP related to complex financial and programmatic reporting requirements and the establishment of high program targets that are not attainable with limited resources or based on the local context. Additionally, limitations are placed

Table 1: Target Populations and Program Activities of the NGOs in the Sample

Overview of projects	# of NGOs
Target Populations	
Sex workers	4
PUD	13
MSM	4
Migrant populations	0
Youth	2
Women	2
PLHIV	13
LGBT	2
Prisoners	5
Other	2
Focus of Projects	
Prevention	18
Care and Support	7
ARV Treatment	0
TB	2
Types of Activities Supported	
Training	8
Service Delivery	14
Research	0
Community outreach and Mobilization	21
Advocacy	10
Technical assistance	1
Other	2

²⁰ UNAIDS, AIDSinfo, HIV and AIDS Estimates for Kyrgyzstan (2011), <http://www.unaids.org/en/regionscountries/countries/kyrgyzstan/>

²¹ World Health Organization, HIV/AIDS country profile 2011: Kyrgyzstan (2012), http://www.euro.who.int/__data/assets/pdf_file/0005/158468/KGZ-HIVAIDS-Country-Profile-2011-rev1.pdf.

on budgets which impact the ability for the organizations to fund essential overhead costs (e.g., rent for office space) and management and administrative functions necessary to support program activities. Low salary rates have also been set for technical staff which are not consistent with the local market conditions. Regarding programmatic indicators, there is a sense among NGOs that UNDP is principally focused on documentation, compliance, and quantity over quality, resulting in a negative dynamic between the NGOs and their primary donor.

The Soros Foundation has provided funding for five of 21 NGOs that were included in this assessment. Most Soros funding is targeted at advocacy activities to protect the rights of vulnerable groups and legal support programs where NGOs are able to provide support to target populations to become registered with the local governments to access services that they are entitled to. Additionally, these organizations have supported HIV prevention activities, including the development of information, education, and counseling materials. AIDS Foundation East-West (AFEW) primarily supports HIV prevention and harm reduction activities with vulnerable groups, particularly PWID. amFAR has provided funding for some NGOs that work with MSM. NGOs generally report positive experiences in working with Soros and AFEW; however, funding has been limited. In some cases, where projects have ended and follow-on funding was not available, outreach and service delivery activities have had to end.

Additionally, most NGOs have limited internal or private sources of funding. Thus, when donor funding for a project ends, so does the project. The reliance on single donors has also impacted the ability of NGOs to manage cash flow. In 2012, there was a delay in issuing funding obligations from UNDP of roughly six months. During that time, many NGOs were forced to continue operating without paying staff or to rely solely on other donor funds to operate until the funding was released. The release of funding only occurred after significant advocacy from the NGO community with UNDP. NGOs came together to engage the media, hold demonstrations, and petition UNDP to release the funding and restart the distribution of supplies to sub recipients. One NGO engaged an attorney to initiate court proceedings against UNDP, which resulted in UNDP changing its position and releasing the funding to the partners.

Capacity Building Initiatives

In Kyrgyzstan, significant resources have been invested in NGO capacity development. Many of the organizations have been able to develop good HIV related technical capacity through trainings provided by donors and partners (for example, UNDP, USAID, PSI, Soros, AFEW, amFAR). However, there remains a need to advance skill levels to be up to date with the latest research and proven approaches at the international level. Additionally, many NGOs report that the donors are often the drivers for trainings and there is often a lack of harmonization of the trainings with the NGOs actual needs. Additionally, donors often do not coordinate among themselves when offering trainings, meaning that workshops often happen at the same time and sometimes duplicate topics. NGOs have also identified that while the trainings are useful to build individual skills, there is a significant need for support to institutionalize some of these opportunities to ensure sustainable outcomes. Nonetheless, the demand for capacity development support remains relatively high given that there are a number of young organizations in Kyrgyzstan and there is a general dynamic of significant turnover of key technical and front-line workers in the organizations.

Some of the support agencies assume sufficient level of capacity possessed by their local civil society partners regarding operations management and tend to focus their technical support on specific needs related to implementation of individual projects or collaboration with individual support agency, such as compliance to the rules and regulations of a specific donor. For example, through the Dialogue project, PSI provided support to Anti-Stigma (Kant Town) to strengthen their financial management systems to be able to manage U.S. Government funding. Additionally, through the

DFID-funded Central Asia Regional HIV/AIDS Project (CARHAP), a number of NGOs have been supported to develop strategic plans, which has helped them to develop clearer organizational goals that are in line with their mission. However, there has been limited follow-up to these initiatives or the numerous trainings that have been implemented, meaning that the application of the new skills and resources and integration into organizational systems and processes is limited. The existing capacity development programs do not meet the demand for in-depth specialized knowledge and skills as well as for more generic technical support, which is sustained by staff turnover and establishment of new NGOs.

Stakeholders Meeting

The purpose of the stakeholders meeting was to present the assessment plan and methodology and introduce key concepts, objectives, and expectations. The stakeholders provided feedback and offered valuable ideas for the assessment process, potential areas of capacity weakness, and other issues to consider. Conducted on April 15, 2013, the stakeholders meeting²² was attended by representatives from the USAID regional mission in Bishkek, the USAID Quality Health Care project, the USAID Dialogue on HIV and TB project, WHO, Global Fund, UNFPA, and the Republican AIDS Center.

Workshops in Bishkek and Osh with NGOs working on HIV with Key Populations in Kyrgyzstan:

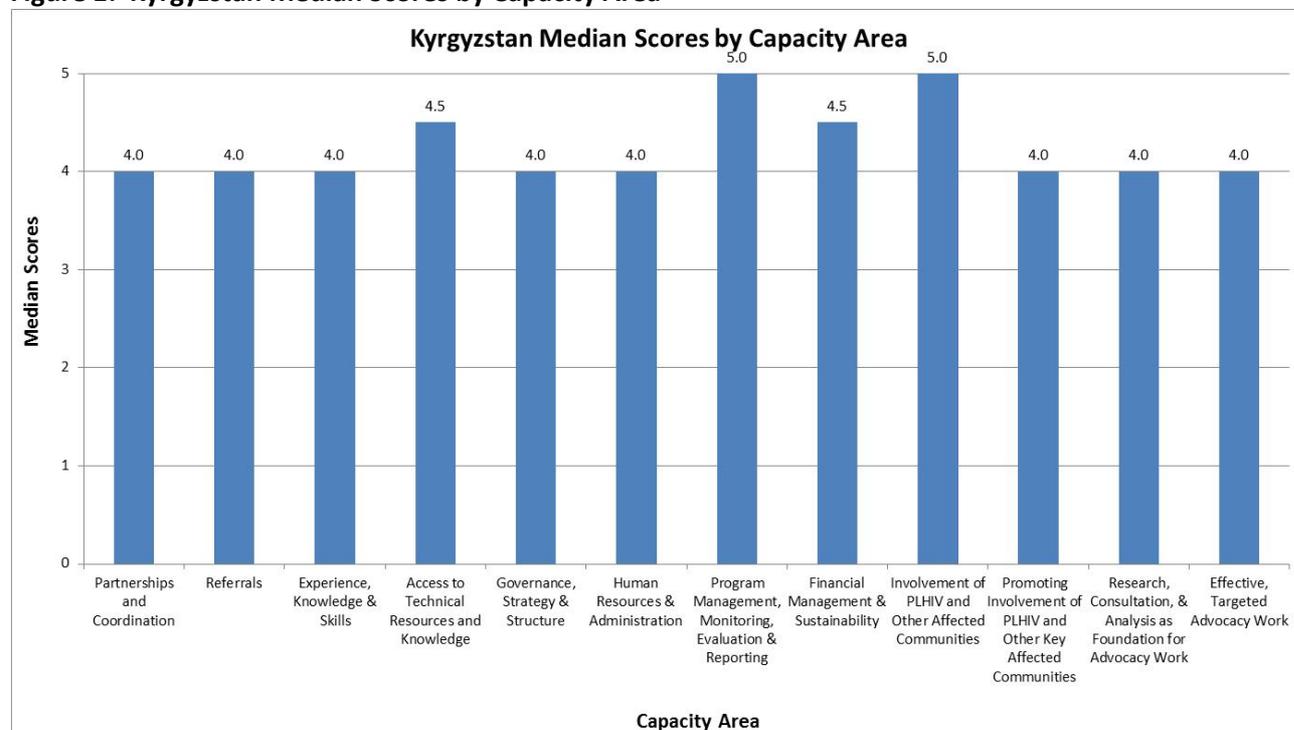
The purpose of the workshops was to explore common themes and priorities for capacity building and to complete a self-assessment process that explored the following areas of capacity; partnerships and coordination, technical skills of frontline staff, organizational strengths, participation of PLHIV and other key populations and Advocacy. On average, three people attended from each NGO.

²² At the stakeholders meeting the team presented the assessment plan and methodology and introduced key concepts, objectives and expectations. The stakeholders have provided feedback and offered valuable ideas for assessment process and issues to consider. As a result of the meeting it has been decided to expand the sample of NGOs by including organizations with funding sources other than USG and GF.

VIII. Key Findings

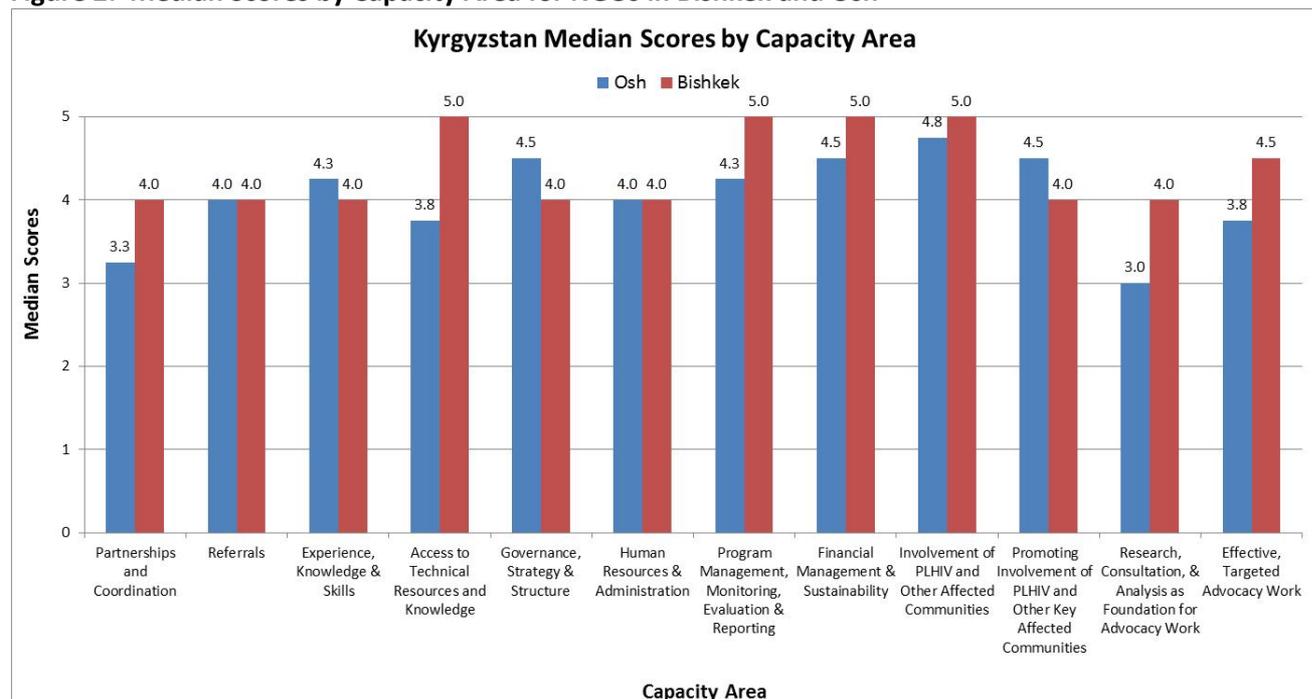
Overall findings regarding capacity of the NGOs in the sample across all capacity areas included in this assessment are provided in Figure 1.

Figure 1: Kyrgyzstan Median Scores by Capacity Area



A key issue identified in this review was the differences in capacity and access to resources between NGOs in Bishkek and NGOs in Osh (Figure 2). In general, the NGOs in Osh exhibited a stronger dynamic of collaboration with each other, which they attributed to being part of a smaller community. The organizations in Bishkek showed a level of competition among each other, which negatively impacts their ability to partner together to optimize results. Additionally, there was a significant difference between NGOs in Osh and Bishkek in terms of access to resources. Roughly 80 percent of HIV resources in Kyrgyzstan are concentrated in Bishkek and Chui Oblast, leading to a disproportionate distribution of resources and capacity building activities across the country.

Figure 2: Median Scores by Capacity Area for NGOs in Bishkek and Osh

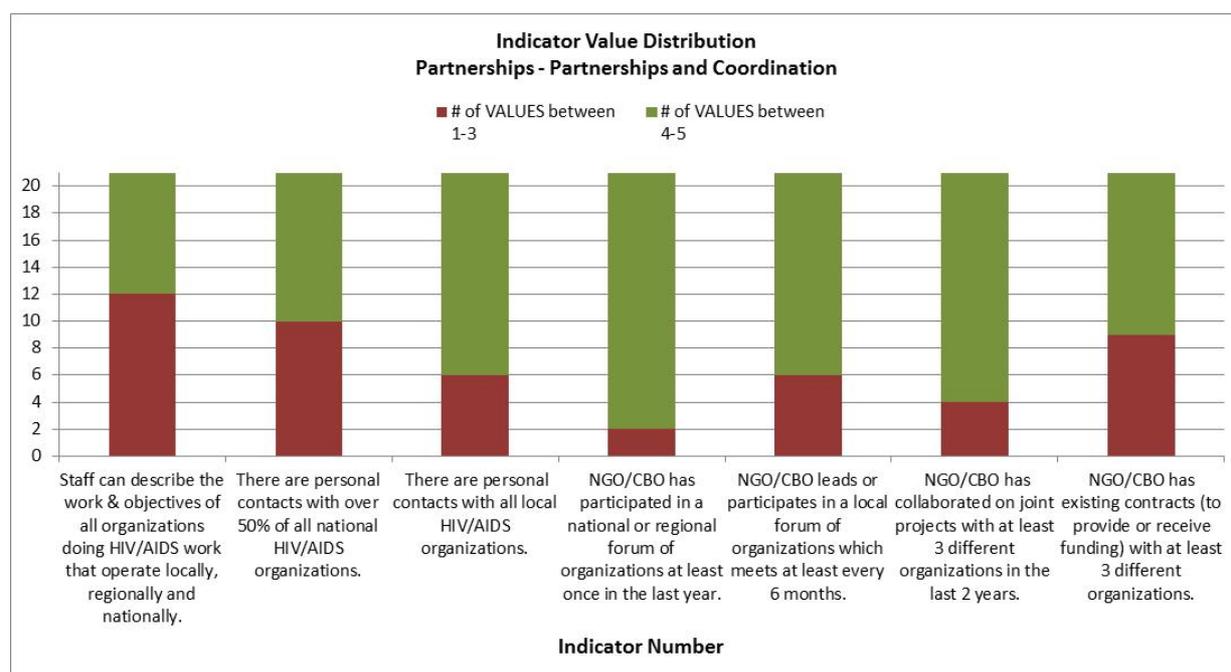


1. Partnerships

Partnerships, referral systems and co-ordination with other NGOs, government agencies, and international partners enables an NGO to magnify the effect of its actions by the power of all those around it. Rather than working in competition with others and duplicating effort, it seeks to address the needs of its community in the best way it can.

In the area of partnerships, NGOs in Kyrgyzstan showed good capacity, with a median score of 4 on all indicators relating to coordination with partners and referral systems. However, there appears to be a measurable difference in capacity between NGOs in Osh and Bishkek (see Figure 2). In Osh, this was rated by workshop participants as the among the weakest capacity domains. However, participants in the Bishkek workshop reported that this was the weakest capacity domain, principally because of the lack of coordination among organizations working with PLHIV. The Kyrgyzstan Network of PLHIV supports an annual forum for NGOs, which provides an opportunity for NGOs in Kyrgyzstan to come together and discuss local priorities. Another one is planned for May, 2013. Despite these relationships, 12 out of 21 organizations scored their ability to describe the work of other NGOs in the area of HIV at the national, regional, and international level as a 3 or below, indicating a lack of access to information (Figure 3). This weakness was more pronounced among NGOs in Osh than Bishkek.

Figure 3: Indicator Value Distribution for Partnerships Indicators



NGOs indicated that they would like to collaborate more strongly with the government, however there is not a meaningful mechanism to do so. Formal recognition of the contributions of the NGOs is not present and there is not a feedback mechanism to enable the NGOs to inform government programming and policy decisions. The lack of a formal mechanism for collaboration also means that the ability to harmonize projects and priorities is limited. There are two PLHIV NGOs that have developed formal relationships with government AIDS Centers to link clients to services. However, for other NGOs, particularly those that represent communities that face significant stigma and discrimination, the relationships with the AIDS Centers are largely based on relationships with individual health care providers that are friendly to the target community. A couple of NGOs that work with PWID have been able to establish good relationships with law enforcement, however, in general, this is an area of weakness. NGOs working with sex workers report that law enforcement personnel are open about detaining and abusing sex workers, despite efforts of the NGOs to provide training and outreach to improve relationships.

Generally, the relationships among local NGOs are based on personal contacts with individuals. Thus, when there is turnover, the NGOs have to establish relationships with new people, which can be time consuming and result in setbacks in collaboration and sharing of resources to benefit clients. There are few cases where MOUs or contractual agreements have been put in place to formalize the relationships.

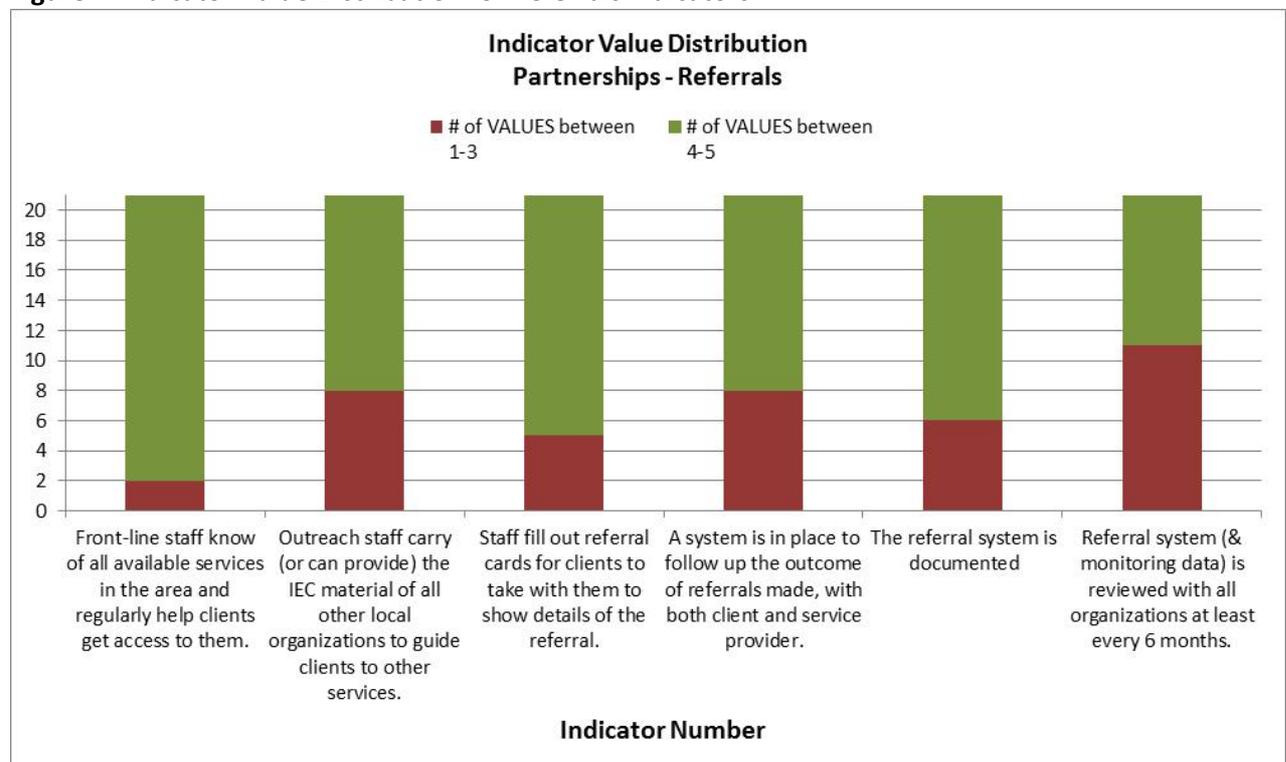
Most organizations (17 out of 21) reported that they have been able to work with at least three different partners in the last two years. However, only 11 of 21 report that they currently have agreements to provide or receive funding for programs with at least three different organizations. This indicates a low level of funding diversification and weak sustainability of partnership relationships.

Partnerships with international organizations are generally limited to donor relationships. In this dynamic, the local NGOs feel subservient to the priorities of the donor, diluting their ability to pursue their missions in a manner which reflects community needs and priorities. One workshop participant described the relationship with donors as follows: “The one who pays the fiddler orders

the music.” Additionally, the donor-driven dynamic has led to the creation of operations and program management systems that are donor specific, rather than systems that are designed to serve the needs of the organization. Additionally, the small number of donors in Kyrgyzstan is one factor that contributes to a sense of competition among NGOs, particularly in Bishkek. The establishment of unrealistic program targets under Global Fund activities has also contributed to this sense of competition because NGOs are competing to include clients in their donor reports. The result has been some duplication of reporting among NGOs and a negative impact on the formation of partnerships among NGOs, especially in Bishkek. In some cases, the PLHIV organizations have been linked to the Central Asia Network of PLHIV. amFAR has provided some support for organizations working with MSM groups, which has improved access to technical resources.

Referral systems among NGOs and for government provided health services are generally strong. Frontline staff have good knowledge of available services in their area and referral systems are documented. However, monitoring and evaluation of the referral system is weak. Eleven out of 21 NGOs reported a score of 3 or less in this area (Figure 4).

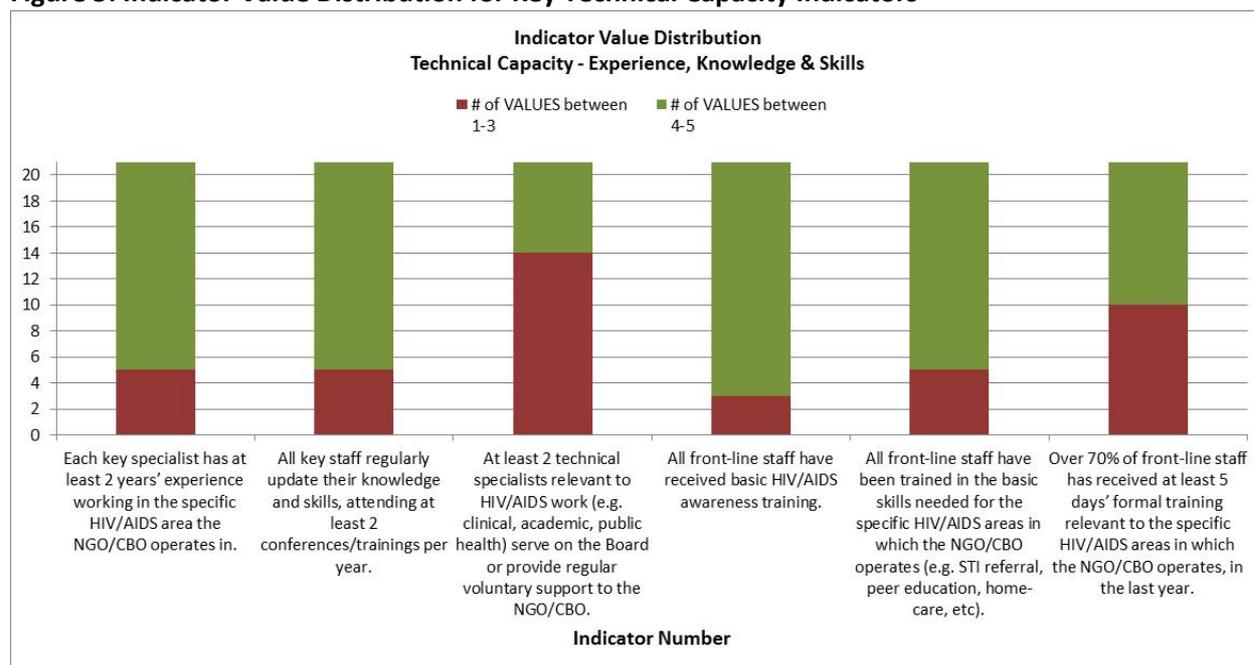
Figure 4: Indicator Value Distribution for Referrals Indicators



2. Technical HIV/AIDS skills and knowledge

In this area, organizations in Bishkek showed stronger capacity than those in Osh. NGOs in Osh reported a need for greater partnerships with international organizations to learn about technical innovations and build expertise among their staff. Fourteen out of 21 organizations reported a score of 3 or below on the measurement of access to technical experts on HIV issues on their boards or through volunteers, indicating that in many cases, advanced technical expertise is not institutionalized within the organization (Figure 5). Additionally, 11 out of 21 organizations indicated that they do not have partner organizations that they communicate with on a regular basis to acquire additional technical knowledge and resources. There is a desire among NGOs to have greater opportunities to share experiences with each other and with similar organizations throughout Central Asia in order to support innovation in programming and enhance quality of existing activities.

Figure 5: Indicator Value Distribution for Key Technical Capacity Indicators



In general, most NGOs have mechanisms in place to provide technical training to their staff. For example some NGOs hold regular refresher training sessions for their outreach workers. One NGO requires that volunteers and outreach workers take a proficiency test to identify training needs. Additionally, much of their expertise comes from the experience of the community members that they employ as outreach workers. Self-assessment results show that most organizations have good access to IEC materials and a library of technical resources. However, the organizations have not been able to keep up with the recent advancements in HIV knowledge and have reverted to very basic level. Some of the key modern concepts—e.g., the reality of zero transmission risk by kissing and treatment as prevention—are not well-known among NGO staff.

Many of the organizations assessed stated that they felt the need to provide enhanced training to outreach workers to increase the professionalization of their roles, enhance skills and knowledge about ARV treatment to facilitate better adherence counseling for patients. Generally, most NGOs are drawing on community members and their target groups to identify volunteers and outreach workers. While these individuals may come with a strong ability to provide peer-to-peer support and basic knowledge of behavior change interventions, advanced technical skills are often weak. Additionally, the NGOs often do not view these individuals as professionals, impacting the leadership and professional growth opportunities available to them. Additionally, many organizations mentioned that they experience high turnover of trained staff, who go on to larger NGOs or international organizations once they have developed skills in the local NGO setting. This has resulted in a brain drain from the NGOs and reluctance to provide enhanced training for other workers, in fear that it only enables them to leave and work elsewhere. To combat this, NGOs have identified that more institutionalized professional development mechanisms are necessary for the NGOs to ensure that there are career growth opportunities linked with training and skill levels of staff.

Regarding management staff, workshop participants reported a strong need for trainings to provide access to new information. In many cases, managers and administrative staff have been drawn from the community and lack strong recordkeeping, leadership, and management skills. As a result, operations systems are often weak and reporting processes are inefficient.

3. Organizational Strengths

3.1. Governance, strategy and structure

Although 15 of 21 organizations report having a governing body in place, in most cases, these bodies are not functional and they are not involved in the governance or strategic oversight of the organizations. Almost all organizations (19 out of 21) report being properly registered with the Ministry of Internal Affairs in Kyrgyzstan. In order to obtain official registration, NGOs are required to establish a steering committee of at least three people. With some exceptions, even when the membership of this body has been strategically thought out to include representatives of beneficiaries and key stakeholders, the steering committees are not functional entities that provide strategic direction and high level decision-making to the organization. In the self-assessment, eight of 21 organizations indicated that they believed that their boards were not fully effective or committed to the NGO. In some cases, these steering committees are comprised of staff. One person reported that the leadership of many NGOs is concentrated around a single leader, meaning that governance is not generally seen as a collective and collaborative activity. Many organizations do have a functional board of managers, which is comprised of senior leadership among the organization's staff. This serves as a venue to make strategic organizational decisions as well as to manage day-to-day affairs. While these bodies are productive, there is a general lack of leadership and management capacity, engagement with stakeholders, and technical skills. As a result, these bodies are not operating at their ideal capacity to guide the organization.

There are some organizations that do have strong engagement with the community and effective Boards. These tend to be organizations that have been existing for longer periods of time or have more robust program operations and budgets. Additionally, the two LGBT organizations in Bishkek had working links with and have been influenced in their program methodology by regional and international organizations and networks like amfAR. These linkages also facilitated strong community relationships that drive organizational direction.

In general, most organizations scored highly on indicators related to strategic plans, with only 5 out of 21 reporting a score of 3 or below in this area. There have been a number of capacity building initiatives, notably one by CARHAP, which have provided support to NGOs to develop these plans. Many NGOs were also able to report progress against their plans and that the development of the strategic plan has helped them to be more targeted in their programs. A major gap, however, is that the organizations lack sufficient financial resources to fully realize their plans. Given that the organizations are primarily donor funded, they are often driven by the availability of funding and develop program activities targeted at available opportunities. The result is that in some cases they are not able to effectively implement programs that are grounded in the needs of their clients.

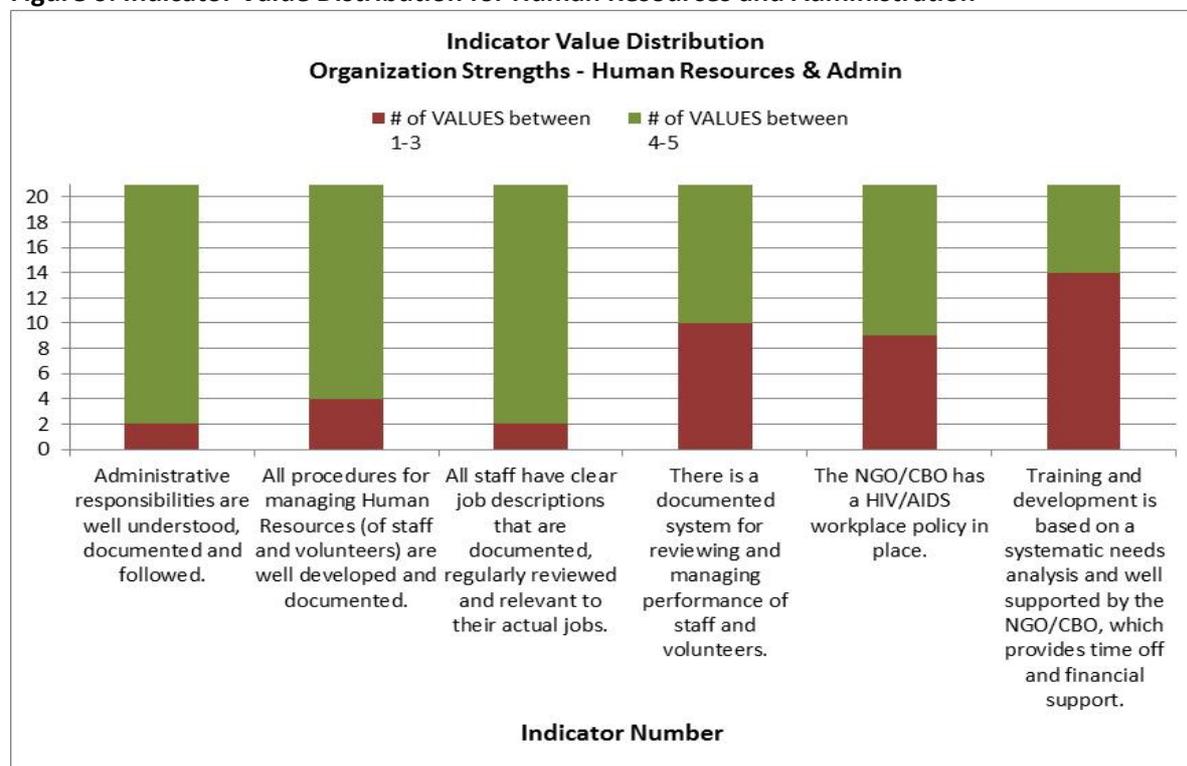
3.2. Human resources and administration

In general, most organizations have functioning human resources management (HRM) systems. Staff have clearly defined jobs, roles and responsibilities are well understood, and practices are in place for staff management. However, many organizations have reported that HRM policies and procedures are not well documented. Some NGOs report that job offers are made verbally and not documented through employment contracts.

Many NGOs report that they have high rates of staff turnover, principally among staff who have had high levels of training. They also report that salary levels for staff are low, which is a limitation imposed by donors. For example, due to budget restrictions imposed for Global Fund grants, administrative staff and social workers receive a salary which is less than half of the rate paid by the government for people in similar positions. This impedes the ability to retain well qualified staff.

Ten out of 21 NGOs reported that performance management systems are not documented (score of 3 or lower) and 14 out of 21 reported that staff development is not always based on systematic analyses of needs (score of 3 or lower). Together this reinforces feedback provided from the NGOs about weaknesses in professional development systems for staff, which fail to provide ongoing opportunities for training and development that are linked to career growth opportunities.

Figure 6: Indicator Value Distribution for Human Resources and Administration



In Kyrgyzstan, 18 out of 21 NGOs in the sample use volunteers. Table 2 provides basic indicators on staffing and volunteer use by the NGOs in the sample. Generally, volunteers are identified from the community that the organization supports. Some organizations report using the cadre of volunteers as a source for staff when positions become available. Many organizations use volunteers as a primary means to implement programs because of financial limitations. However, they do not have procedures in place to guide how volunteers are managed. They report having difficulties with keeping volunteers engaged because they are not able to provide basic financial support for things like transportation and have weak or non-existent systems for rewarding volunteers for their contributions.

Table 2: Human Resources Support in NGOs

	Median	Min	Max
Full/Part Time Staff	12	0	65
Volunteers	7	0	100
Volunteer to Staff Ratio	1:1	0:1	7:1

3.3. Program management, monitoring, evaluation and reporting

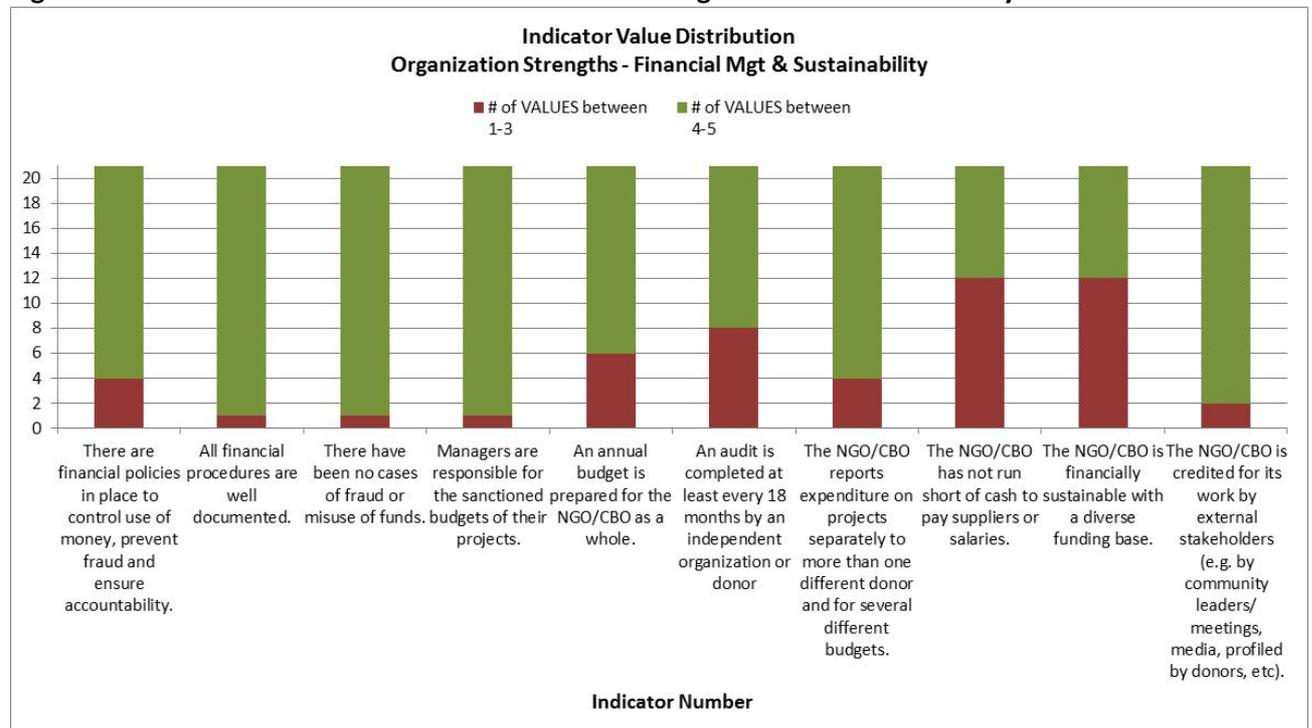
Program management systems seem to be well developed for most organizations. The project cycle is followed for implementation, projects are in line with strategic organizational goals, indicators are developed at the initiation of projects to monitor results, data is collected throughout the project cycle, and workplans and budgets are in place. Seven out of 21 organizations reported that project M&E systems are not fully documented (score of 3 or lower), indicating that there are still some organizations where M&E remains a weakness.

Although most organizations have M&E systems in place, most NGOs also report that monitoring cycles, project workplans and budgets are generally donor driven. Many recipients of Global Fund money through UNDP report significant challenges in managing the project reporting process as the reporting forms are complex and duplicative of what the organizations have already established for internal systems management. Additionally, they report challenges in completing program reports given that many of their outreach staff have limited education and training on M&E and records management. Many NGOs identified a need to provide computer skills training to their staff. Others identified a need for infrastructural support to purchase computers and other office equipment to support effective management of program reports and project data.

3.4. Financial management and sustainability

In this area the assessment focused on access to funding and sustainability strategies. Regarding financial management systems, almost all organizations scored themselves at a 4 or 5, with the most frequent score being a 5, for their financial management systems (Figure 7). This indicates that NGOs are self-reporting that policies and procedures are in place, incidents of fraud or misuse of funds are nonexistent or infrequent, project budgets are in place, and that they are able to submit financial reports to donors.

Figure 7: Indicator Value Distribution for Financial Management and Sustainability Indicators



Eight of 21 organizations reported a score of 3 or lower on the indicator related to financial audits, indicating that this is a potential gap for many NGOs. During the workshops and meetings with individual organizations, many reported that audits which are conducted are usually project-specific, at the initiative of the donor organization. However, the organizations often do not receive the audit reports, impeding their ability to modify or improve systems to respond to any identified issues.

Sustainability is one of the capacity areas that illustrate most vividly the multiple linkages between various dimensions of capacity, and remains a major challenge for many organizations in Kyrgyzstan. Twelve of 21 organizations reported a score of 3 or lower on indicators in this area, indicating that they have experienced shortfalls in funding and they do not have a diversified funding base. Most

NGOs primarily receive funding from international donors; however, there are isolated cases of NGOs that have received support from the Kyrgyz government. For example, one organization operates a drug rehabilitation center and homeless shelter out of a building provided by the state government. They also have received a small grant from the state government to operate the homeless shelter.

A major weakness is that the NGOs do not have cash reserves to rely on when donor funding is not available. Some organizations have had to take out loans with high interest rates or use cash provided from members of the senior leadership's personal funds to cover budget shortfalls. One of the major budget shortfalls that was common to Global Fund recipients in 2012 was a delay in issuing funding obligations under the grants from UNDP of several months. During this time, many organizations continued to do their work without pay or were forced to use funding from other donors to cover shortfalls for that time period.

A common challenge in achieving diversification in funding is weak proposal development systems and skills. Many NGOs also do not have skills in navigating the donor landscape to try to seek more resources from international organizations which are not common to Kyrgyzstan. Additionally, many donors require proposals to be submitted in English, a language skill which many NGOs lack. As a result, they are forced to use expensive translators for materials before submitting proposals to donors. There are also general weaknesses in fundraising capabilities. Many NGOs report that they do not know how to seek funding from individuals or corporations to contribute to their work. They have indicated that they are not seen as attractive because they work with populations that experience a significant amount of stigma (e.g. PUD, sex workers, ex-prisoners).

There are examples of NGOs who have been successful with fundraising and developed models for self-financing. (See Textbox 1) A number of other organizations in Kyrgyzstan are interested in these social entrepreneurship models, but have had challenges implementing them. In some cases, they have developed ideas but have not been able to obtain "seed" money to get the project started. In other cases, they have tried to work with their target populations to engage in income generation activities, but there has been little interest from the target group to participate

Textbox 2:

Diversifying Revenue sources: Social Entrepreneurship at the Plus Center, Osh, Kyrgyzstan

The Plus Center is an NGO that provides support to PUD, PLHIV, and ex-prisoners in Osh. They have a drop-in center located in the center of the city which provides short term shelter for their target community, a place to access HIV prevention information, and a venue to receive peer-to-peer counseling. They also operate a farm outside the city which serves as a drug rehabilitation center and group home. The farm was purchased by the organization in 2010. The seed money for the purchase of the land for the farm was raised through collaboration with a faith-based organization and individual contributions from community members. They were also given some land to raise livestock through a donation from one of their staff.

Through the farm's operations, the Plus Center is able to generate 30% of its total budget through the farm. On the farm, they raise pigs, cows, chickens, turkeys, and rabbits which are bred and sold for meat. Additionally, they bake their own bread and grow a number of crops which are used to feed their residents and for sale to generate income.



Piglets and turkeys raised by the Plus Center Farm

In addition to operating the farm, the Plus Center has developed a number of other social entrepreneurship ideas aimed at generating funding for the organization. Their models aim to make use of the skills of their target population and provide sources of income for their beneficiaries given that many PWID have difficulties finding jobs due to the stigma and discrimination.

4. Involvement of PLHIV and other vulnerable and affected communities

This capacity area is designed to assess the level of involvement of the NGOs target populations and the mechanisms that are in place to promote ongoing linkages with the community and target populations that it supports. Generally, all NGOs scored highly in these areas, indicating strong connections with the communities they support. The general mindset was well conveyed by a participant in the Bishkek workshop: "Nothing for us without us." Most organizations implement outreach programs and peer-to-peer support activities, which means that they are able to maintain strong connections through service delivery with community members. Others have institutionalized mechanisms to seek community input through focus groups when developing new programs.

Nine out of 21 organizations reported a score of 3 or lower on the indicator which assessed the involvement of PLHIV or other affected populations in organizational governance and decision-making bodies. This may be a further indication of weak governance structures, as shown in the relevant capacity area and discussed above.

During the workshops, the NGOs did, however, mention some challenges in maintaining meaningful connections with the communities they support. Eleven out of 21 NGOs reported that they did not have strong policies in place to support involvement of PLHIV and other key affected populations (score of 3 or below). Discussions revealed that there is a general mindset among the NGOs that the target populations they work with are only suited to hold roles as outreach workers. Exceptions were observed among the sample of NGOs, but this dynamic impacts the ability of target populations to grow professionally within the NGOs they work with. Additionally, organizations reported that low levels of education mean that community members require significant training and support to enhance their involvement in the functions of the organization. Many of the clients are often afraid to become involved or take home educational materials because they from highly stigmatized groups (e.g. PLHIV, MSM) and are afraid to disclose their status to family members or friends. Organizations that work with sex workers and PUD also report that many of their clients lack formal identification or registration with the government; thus, they are not able to be employed or take on formal roles.

5. Advocacy

Involvement in evidence and consultation-based advocacy harnesses the power of institutions that can affect the lives of an NGO's community to a far greater extent than the NGO can itself. The inequalities and vulnerabilities faced by some people may be embedded in the structure of society and, in some cases, may only be addressed through advocacy. Indicators in this area are designed to assess the systems in place to conduct research and consult with stakeholders to inform advocacy initiatives and the strength of actual advocacy activities.

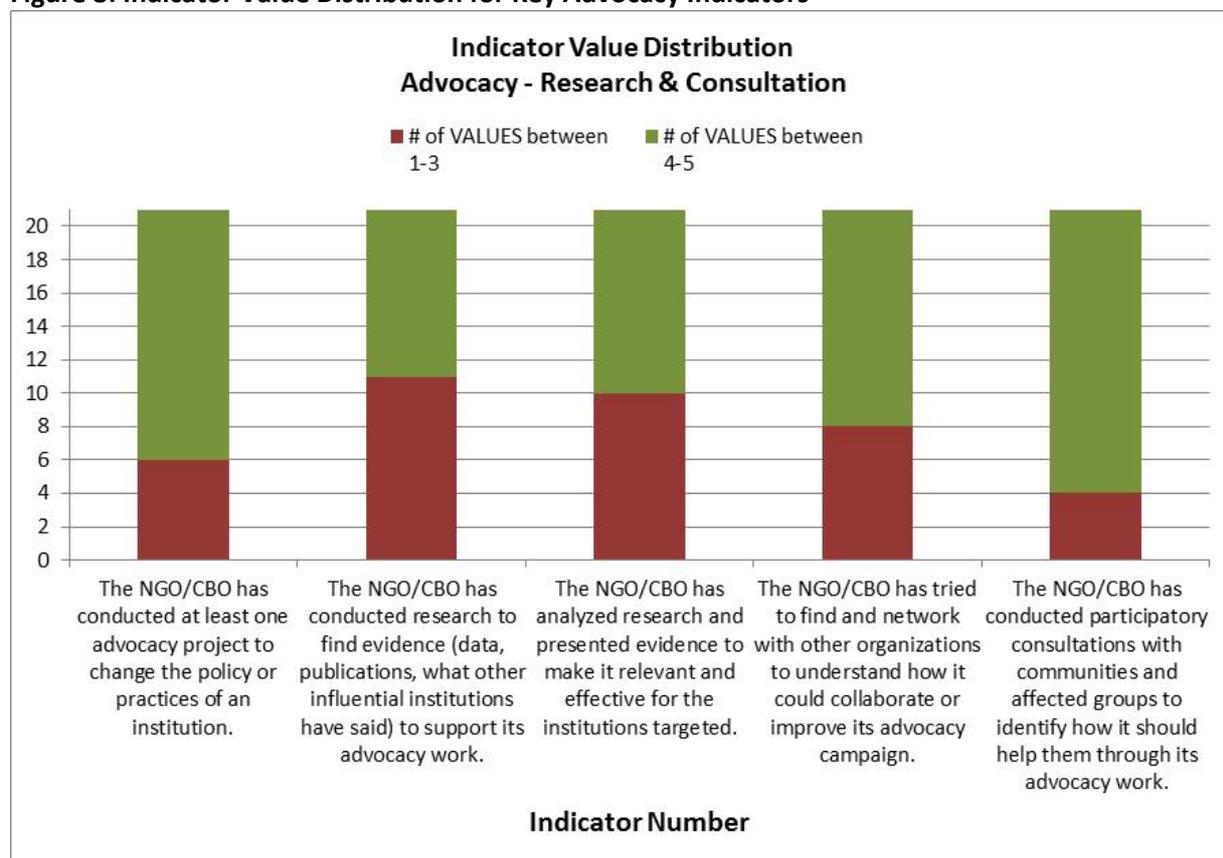
This was an area where participating NGOs voiced challenges in effectively implementing advocacy initiatives. During the workshops, many organizations reported successful advocacy activities, which involved collaborations with other NGOs and effective communication and collaboration with government agencies. For example, in 2011 new ARV medications were added to the national treatment protocols as a result of advocacy with the WHO. The activity was initiated after finding out that certain drugs were available in other countries in Central Asia, but not Kyrgyzstan.

In 2012, the government proposed a law which was designed to criminalize sex work. Many NGOs in the PLHIV community and those working with sex workers initiated an advocacy campaign that involved writing letters, holding roundtable discussions on the issues, sending documents and evidence of the negative effects of such laws to Parliament, collecting signatures for petitions to be given to the government. The activities were successful in having the law struck down, although recently the law has been proposed again. The NGO community has re-engaged to conduct advocacy against the law, however, they have also discovered that UN agencies are similarly conducting advocacy without consultation with them. The NGOs have written letters and planned meetings with the UN agencies to try to enhance coordination for this advocacy campaign. Additionally, there have been some negative impacts of the advocacy initiative. NGOs in Osh have reported that police have been directed to detain sex workers, despite the fact that the law is not in place. The result is that many sex workers have allegedly been detained, beaten, and raped by police and forced to pay for their release. NGOs have attempted to provide training and advocate with law enforcement agencies to address this problem, but have been unsuccessful at bringing about any change.

Despite some of the successes, in both workshops, NGOs identified advocacy as the weakest capacity area for NGOs in Kyrgyzstan (Figure 8). They have reported that in many cases there is a lack of knowledge and skills regarding the conduct of effective advocacy campaigns. While many organizations in Bishkek have greater access to partnerships with international organizations and resources to implement advocacy activities, NGOs in Osh are much more limited. They have

reported that there is a general level of fear about the implications of starting advocacy work and that they have only just begun to advocate for changes through smaller initiatives.

Figure 8: Indicator Value Distribution for Key Advocacy Indicators



IX. Conclusions

This assessment revealed that the capacity of organizations in Kyrgyzstan varies greatly among organizations. Some organizations have developed stronger operational systems and technical capacity than others, which is based on their history and access to capacity building support from donors and international partners. In addition, there is a disparity in capacity in different regions, with organizations in Bishkek showing greater capacity than those in Osh in seven out of 12 capacity areas. It is also notable that the dynamic of organizational cooperation is different in the two cities. Generally, there is a stronger sense of collaboration and partnership among organizations in Osh, whereas organizations in Bishkek are sometimes competing with each other and activities are not well coordinated across the sector.

Most NGOs reported weak access to partner organizations or technical experts as institutionalized mechanisms for accessing technical expertise. Many of the organizations assessed stated that they felt the need to provide enhanced training to outreach workers to increase the professionalization of their roles, enhance skills and knowledge about ARV treatment to facilitate better adherence counseling for patients. Generally, all NGOs scored highly on indicators related to the involvement and participation of PLHIV and key affected populations, indicating strong connections with the communities they support. The general mindset was well conveyed by a participant in the Bishkek workshop: “Nothing for us without us.”

Regarding organizational management systems, a consistently weak area was that of governance. Human resources systems are functional, however many NGOs report that HRM policies and systems are not well documented and there are weak management systems in place for volunteers. Generally, resource mobilization is a weakness across organizations in Kyrgyzstan. Many organizations have funding from only 1 or 2 donors and limited capacity to raise funds and develop proposals. These funding models are unsustainable and have resulted in the inability to engage in long term planning and interruptions in services and programs in the past. There is a strong interest in social entrepreneurship models to generate sustainable sources of income; however, there are only isolated examples of success in this area.

The results of this assessment indicate that capacity building activities will be required to enhance the sustainability of organizations working in the HIV sector in Kyrgyzstan. To accommodate the differences in capacity across organizations and geographic areas, initiatives should include opportunities to provide customized support to priority areas for individual NGOs. This should be complemented by a set of activities which addresses some common needs that are generic to all NGOs working with PLHIV in the country.

X. Recommendations

Strategic investment in comprehensive capacity development of the NGOs in Kyrgyzstan is required to enhance the response to HIV and support the provision of high quality HIV prevention, care, and treatment services to PLHIV and vulnerable communities. Capacity development initiatives must look at the collective capacity of the sector to meaningfully contribute to national HIV prevention and care efforts, align the NGO capacity development efforts with the current and expected investments in HIV interventions, and encourage concerted collaboration of international stakeholders and the governmental sector. Specific recommendations are as follows:

1. Partnerships

- Given the need for enhanced coordination and feedback mechanisms between NGOs and the government, a NGO Coordination Roundtable should be developed with the MOH and structured to provide an institutionalized means for engagement between the two sectors. This could serve as an important means to facilitate collaboration between sectors and among NGOs, share information about challenges faced in the provision of services, provide information about technical advancements in the PLHIV community, and share information for policy development.
- Enhanced coordination and collaboration among NGOs is also needed. Support to build linkages with local, regional, and international networks that will facilitate access to technical resources and knowledge exchange is necessary.
- Mechanisms to enhance coordination with donors are essential to ensure that development initiatives are grounded in the needs of the community. This assessment process is one such initiative. However, it will need to be followed by institutionalized models to seek input from the NGO community to inform program priorities. Other donors should be encouraged to implement similar models.
- Networking between the NGOs involved in HIV/AIDS programs should be supported. Support should be provided for the development of one or more coalitions or networks of civil society organizations working on HIV, including civil society networks representing specific key populations, e.g., PLHIV Networks. One of the primary purposes would be to support the development of joint agenda for further contribution of the civil society in the national response to HIV epidemic. The development of local NGO networking mechanisms and coalitions should be supported in a non-intrusive manner in order to facilitate

articulation of national and provincial level priorities, plans of action, and advocacy agendas fully and collectively owned by the NGO sector.

- Supporting a national conference of non-governmental HIV service organizations could be a first step in this coalition building agenda. Coalition building, partnership development, and sustainability measures would need to become priority agenda items. This should include opportunities for experience sharing with other organizations in Central Asia.
- Given some of the challenges in collaborating with the Global Fund Principal Recipient (PR), there is a need to support a collaborative and transparent CCM and PR selection process for the Global Fund grants in Kyrgyzstan. In the selection process for the next PR, it will be important for civil society to be involved in the development of the approach and management of the grants. Given some of the challenges that the Global Fund Sub Recipients (SRs) have experienced in working with UNDP, it will be important for mechanisms to be established where feedback can be provided to the PR to improve management systems and technical approaches.

2. Technical HIV/AIDS Skills and Knowledge

- To address the need for enhanced capacity of outreach workers and social workers, a model which professionalizes these roles and links advanced skills to career growth opportunities should be supported. Workers in these areas require formalized training opportunities to support continued professional development and ensure that they are updated on the latest innovations and advancements in HIV prevention, care, support, and treatment. Similar needs are present for administrative and management personnel. There is a need for training in leadership and management, mentorship opportunities from successful leaders in Kyrgyzstan, and access to tools and templates that are essential for effective systems management.
- Given the needs across organizations a national training center could be supported to serve as a central point to ensure that needs are met across cadres of workers in the NGO community. Similar models have been implemented in other countries and also serve as central points to facilitate the development of networks among NGOs.
- Ensure access of technical and senior front-line staff to advanced capacity development opportunities such as precisely focused study tours, international exchanges, and specialized training. Consider promoting participation of NGOs in the existing on-line training programs and use of mentoring possibilities. This should be linked to networking structures to ensure formalized connections between organizations and access to capacity development opportunities.

3. Organizational Strengths

- Given that the capacity development needs of organizations often differ, there is a need for a program which provides customized support to enable the organizations to engage in their own organizational development. A commonly raised issue is that funding is not available to implement many of the development activities that have already been identified as needs for the organization, and in many cases, are included in their strategic plans. Thus, organizations would benefit from an organizational development grant program where they could access small amounts of funding to implement initiatives that have been identified as critical to enabling them to operate effectively. In many cases, these grants should be part of a capacity development process where they are linked to national or international organizations that can provide them with access to essential technical, management, and operational resources to address their needs.
- Given the interest in social entrepreneurship and need for sustainable funding sources for organizations, training and networking in this area should be provided to NGOs. Successful models should be highlighted and used as teaching resources for other organizations.

Additionally, organizations should be trained and supported to develop business plans to enable them to operationalize their social entrepreneurship ideas. Mentorship relationships should be created between organizations that have been successful in this area to provide an ongoing support mechanism for others that are implementing their own business development models. Activities in this area could also be linked to organizational development grant programs to provide funding to serve as “seed money” to enable NGOs to launch and incubate these initiatives in their early stages.

- Given that many NGOs are donor driven, systemic efforts are required to improve donor coordination and ensure a good balance of implementation funding and capacity development support. Specific mechanisms engaging the donors and NGO sector are required to timely plan transitions between donor programs and implement measures to prevent interruptions in service delivery and promote transitions to more sustainable funding mechanisms.

4. Involvement of PLHIV and other vulnerable and affected communities

- Support for the development of more inclusive governance structures will assist organizations in expanding their reach to target populations and involving them in the decision-making and oversight of the organizations. Training, templates, and tools are needed to assist NGOs in revising current structures and facilitating outreach and involvement of more people in organizational decision-making.
- Specific technical training opportunities should be targeted at PLHIV and other key affected populations who work with the organizations. To address differences in levels of education, basic skills training should be provided in areas like computer skills, recordkeeping, and administration. These skills will complement their lived experience to enable them to grow in their current roles and advance to new career opportunities.

5. Advocacy

- A joint effort of international stakeholders and local civil society actors aimed at the development of joint advocacy agenda should be supported. Creating a forum to link stakeholders on advocacy initiatives will enhance coordination and collaboration. It will also provide an opportunity to identify capacity development needs to ensure that initiatives are effective.

Annexes

Annex 1: NGO/CBO Profile Form

NGO/CBO Profile Form

1. Name of the NGO Include the full name of the NGO/CBO.

2. Contact Include the name of the director and contact details for the NGO, including postal address, telephone/fax numbers and email, if relevant.

3. When the NGO was established? What is the legal status of the NGO, i.e., legally incorporated?

4. Structure basic organizational structure, e.g. if there is a Board of Trustees/Board of Directors and how are they elected/chosen; lines of responsibility and reporting.

5. Strategy - The NGO vision, mission and objectives; current Strategic or Operational Plan.

6. Human resources Number of full/part time paid staff; full/part time volunteers.

7. Financial resources - Major donors.

8. Overview of projects Who does the NGO work with, i.e., who are the target group(s)? What numbers have been reached? What is the focus of projects, e.g. prevention, care, OVC etc? Are other projects implemented, besides HIV/AIDS? If so, what?

Annex 2: Overview of Kyrgyzstan NGO Profiles

Table 1: Characteristics of NGOs in Assessment Sample

Indicator	
	Kyrgyzstan
Number of NGOs Assessed	21
Legal Status	
Year Established for Oldest NGO	1996
Year Established for Newest NGO	2010
Number of NGOs assessed that are legally registered in the host country	19
Percentage of NGOs assessed that are legally registered in the host country	90%
Strategic Plan	
Number of NGOs that have a Strategic Plan	16
Percentage of NGOs that have a strategic plan	76%
Governing Body	
Number of NGOs with a formal governing body	15
Percentage of NGOs with a formal governing body	71%
Financial resources	
Median number of major donors	2

Table 2: Human Resources Support

	Median	Min	Max
Full/Part Time Staff	12	0	65
Volunteers	7	0	100
Volunteer to Staff Ratio	1:1	0:1	7:1

Table 3: Target Populations and Program Activities

Overview of projects	# of NGOs
Target Populations	
Sex workers	4
PUD	13
MSM	4
Migrant populations	0
Youth	2
Women	2
PLHIV	13
LGBT	2
Prisoners	5
Other	2
Focus of Projects	
Prevention	18
Care and Support	7
ARV Treatment	0
TB	2
Types of Activities Supported by the NGOs	
Training	8
Service Delivery	14
Research	0
Community outreach and Mobilization	21
Advocacy	10
Technical assistance	1
Other	2

Annex 3: Assessment Tool and Self-Assessment Indicators

Assessment Tool and Self-Assessment Indicators

Aim

To facilitate discussion and consensus building through systematic analysis of different capacities with stakeholders of several NGO/CBOs.

Introduction

The workshop is a way of bringing together staff, management and volunteers over 1-2 days to analyze capacities and decide upon scores for a series of objective indicators relating to capacity. The sessions in the workshop are structured so as to allow individual perceptions to be compared with the collective opinion of participants and also to see how much consensus there is among the organizations on these issues.

The workshop includes the following sessions:

- 1 Introducing capacity
- 2 Partnerships, referral systems and co-ordination
- 3 HIV/AIDS technical capacity of key and front-line staff
- 4 Organizational strength
- 5 Promotion of participation of PLHIV and other affected communities
- 6 Involvement in evidence and consultation-based advocacy
- 7 Capacity Priorities
- 8 Key issues/strategies for weakest capacity area
- 9 Q&A on technical issues

Sessions 2-6 have assessment indicators and will need to be scored

Session format

Each session follows a similar format:

- Participants come up with relevant information about their organization, in a group discussion.
- The group analyzes the information through participatory activities or discussion.
- Keeping individual scores anonymous, the group discusses and decides what are the main capacity issues facing the organizations collectively.
- Participants are given time at the end of each session to reflect in private how they would score their own organization on a scale of 1 to 5 for each capacity area, with colleagues only from their own NGO/CBO.

The discussion sessions are intended to be flexible, and may vary in length depending on the size and complexity of the NGO/CBO. In some cases, it may be possible to complete the whole analysis in a day, if this is the case the second day will be used to develop concrete plans for improving the weakest capacity area, plus provide the opportunity to ask the assessment team technical questions on various aspects/new developments in HIV prevention Care and Treatment.

Preparation Preparation meeting with key personnel to complete profile information.

Day One of Workshop

9.00 - 10.00 Introducing capacity

10.00 – 11.15 Partnerships, referral systems and co-ordination
Break

11.30 – 13.00 HIV/AIDS technical capacity
Lunch

14.00 – 15.30 Organizational strengths
Break

15.45 – 17.00 Organizational strengths (continued)

Day Two of Workshop

9.00 – 10.00 Promotion of participation of PLHIV and key affected communities

10.00 – 11.15 Evidence and consultation-based advocacy

11.30 – 13.00 Capacity Priorities

Session 1 Introducing capacity

Aim

To introduce participants to the concept of capacity and the way it will be analyzed during the workshop.

Introduction

This session should be used to introduce participants, and to discuss aims, objectives, expectations, ground rules and an outline of the workshop. Participants should also be introduced to the concept of capacity and how different types of capacity are relevant for their organization and how these will be analyzed in the workshop. This is particularly important as participants will be drawn from different backgrounds. They may have different perspectives on organizational aspects of the organization, and this may be the first time they have been asked to discuss them openly in front of the management and leadership of the organization.

Facilitator Guidance

- 1** Start with brief introductions and expectations. Discuss goals and objectives of the workshop, ground rules and confidentiality.
- 2** Discuss with participants what they understand by capacity (use the notes in the introduction to the toolkit – What is capacity?). Ask participants to write their understanding of the different elements or types of capacity on separate sticky labels, stick these up on a wall and then work together to group the labels into categories.
- 3** Show the areas of NGO/CBO capacity that will be analyzed in this workshop and discuss their meaning and relevance for the group.
- 4** Compare these categories to the participants' grouping of responses:
Did the participants suggest any capacities that do not fit into any of the boxes?
Do any of the boxes represent capacities that were not suggested by participants?
- 5** Most of the participants' suggestions may fall under Organizational Strength; or HIV/AIDS Technical Capacity – traditional ways of understanding capacity. Explain any areas of capacity new to them.
- 6** Are there any participants' suggestions that do not fit into any of the boxes, or will not be covered by the workshop? Discuss if and how they could be assessed for the NGO/CBO (this could be done in the final session).
- 7** Describe the outline/agenda of the workshop, the different sessions to look at each area of capacity and assist in developing the regional capacity building strategy.
- 8** Explain how each session will work:
 - discussion and analysis of relevant information
 - individual scoring of indicators and group scoring of indicators.
 - Explain how participants will be asked to score their NGO/CBOs capacities in each session.

Session 2 Partnerships, referral systems and co-ordination

Aim

To analyze and reflect upon the different relationships, partnerships and referrals systems the NGO/CBO has and evaluate these for the organization.

Introduction

In this session, participants are asked about the different relationships their NGO/CBO has with other organizations. The session looks at different types of relationships, including personal contacts, memberships of networks, referral systems, exchange and learning programs and collaborative or joint projects. Participants can reflect on the importance of these, identify new opportunities and evaluate their capacity for developing such relationships.

Facilitator Guidance

1 Introduce the capacity area suggested by the title. What does it mean and why might it be important?

2 Ask participants to take 20 minutes in 2 / 3 groups to discuss all the organizations they know of that are involved in HIV/AIDS work and the types of relationships they have currently have with these organizations and how they could / would like to improve those relationships

3 Large group discussion:

- List all NGO/CBOs, starting with local, then regional, and finally national.
- Then list all governmental organizations, first local/municipal, then regional/state, then national.
- Then ask about International organizations and donors

NGO Partners	What is Relationship?	How to Improve?
Government Partners		
International Partners		

4 Now ask participants to go back into groups with colleagues only from their own NGO/CBO, and score the indicators for this capacity.

Indicators of capacity for partnerships, referral systems and co-ordination

Score **5** if all criteria are met

Score **4** if 75% of criteria are met

Score **3** if 50% of criteria are met

Score **2** if 25% of criteria are met

Score **1** if 10% or less of criteria are met

Partnerships & Coordination

	Indicator	Criteria Met?	Notes
1	Staff can describe the work & objectives of all organizations doing HIV/AIDS work that operate locally, regionally and nationally.		
2	There are personal contacts with over 50% of all national HIV/AIDS organizations.		
3	There are personal contacts with all local HIV/AIDS organizations.		
4	NGO/CBO has participated in a national or regional forum of organizations at least once in the last year.		
5	NGO/CBO leads or participates in a local forum of organizations which meets at least every 6 months.		
6	NGO/CBO has collaborated on joint projects with at least 3 different organizations in the last 2 years.		
7	NGO/CBO has existing contracts (to provide or receive funding) with at least 3 different organizations.		

Referrals

	Indicator	Criteria Met?	Notes
1	Front-line staff know of all available services in the area and regularly help clients get access to them.		
2	Outreach staff carry (or can provide) the IEC material of all other local organizations to guide clients to other services.		
3	Staff fill out referral cards for clients to take with them to show details of the referral.		
4	A system is in place to follow up the outcome of referrals made, with both client and service provider.		
5	The referral system is documented		
6	Referral system (& monitoring data) is reviewed with all organizations at least every 6 months.		

How to Score the Indicators

- 1** Discuss the indicators first – is it clear?
- 2** Each participant should score the capacity of their organization for each indicator.
- 3** Once everyone has completed their scoring for all indicators the group should then discuss the results and decide on a collective score for each indicator.
- 4** Then total the scores.
- 5 No half-marks allowed!**

This process applies throughout the scoring sessions in the workshop

Session 3 HIV/AIDS technical capacity of key and front-line staff

Aim

To analyze and evaluate the technical capacity of key and front-line staff and the ability of the organization to access and develop new methods and approaches.

Introduction

This session stresses the importance of technical capacity available to the organization. HIV/AIDS technical capacity will often be concentrated in a few key people, who will take the responsibility to stay updated and to share knowledge and support others. It is also important that all front-line staff have sufficient technical skills and knowledge to work effectively with clients or beneficiaries. At an organizational level, technical capacity can be improved by retaining key staff and exposing them to new methods and approaches through conferences and external trainings, providing front-line staff with induction and continued training and support, while also ensuring new knowledge is regularly brought into the organization and shared freely.

Facilitator Guidance

- 1 Introduce the capacity area suggested by the title. What does it mean and why might it be important?
- 2 Clarify the concepts of front-line staff (front-line staff means those dealing directly with clients and beneficiaries) and key staff (key staff means specialists who have dedicated areas of expertise, and to whom other people can go for advice, this could also include people who aren't full time staff, but experts who the organization can consult for advice (e.g., lawyers, doctors who sit on the board)).
- 3 Ask the group to identify and share examples of where staff technical skills / needs of clients have not been met by the provider of commodities, donor requirements, e.g., wrong filters for PWID, no lube with condoms, etc.
- 4 Ask participants to take a few minutes in 2 groups – 1 for management and one for frontline to discuss:
 - How many front-line and key staff the organizations have, their roles, expertise, experience, and what training (including attending conferences) is or has been provided to support them. What are the main HIV/AIDS technical areas your NGO/CBO needs expertise in for its work now and in the near future. How can that be provided

Management / Administration	How to acquire / update skills?
Skills, Knowledge, Experience Needed:	
Frontline staff - Outreach / Specialist Staff	How to acquire / update skills?
Skills, Knowledge, Experience Needed:	

- 5 Now ask participants to go back into groups with colleagues only from their own NGO/CBO, and score the indicators for this capacity.

Indicators of capacity for HIV/AIDS technical capacity of key and front-line staff

Score **5** if all criteria are met

Score **4** if 75% of criteria are met

Score **3** if 50% of criteria are met

Score **2** if 25% of criteria are met

Score **1** if 10% or less of criteria are met

Experience, knowledge and skills

	Indicator	Criteria Met?	Notes
1	Each key specialist has at least 2 years' experience working in the specific HIV/AIDS area the NGO/CBO operates in.		
2	All key staff regularly update their knowledge and skills, attending at least 2 conferences/trainings per year.		
3	At least 2 technical specialists relevant to HIV/AIDS work (e.g., clinical, academic, public health) serve on the Board or provide regular voluntary support to the NGO/CBO.		
4	All front-line staff have received basic HIV/AIDS awareness training.		
5	All front-line staff have been trained in the basic skills needed for the specific HIV/AIDS areas in which the NGO/CBO operates (e.g. STI referral, peer education, home-care, etc.).		
6	Over 70% of front-line staff has received at least 5 days' formal training relevant to the specific HIV/AIDS areas in which the NGO/CBO operates, in the last year.		

Access to technical resources and knowledge

	Indicator	Criteria Met?	Notes
1	Staff can access up-to-date HIV/AIDS technical resources, books and information at the NGO/CBO or somewhere nearby.		
2	The NGO/CBO can name a person / organization for each HIV/AIDS technical area it operates in, that it communicates with at least every 3 months, to get extra technical knowledge.		
3	The NGO/CBO has internet access in its own offices.		
4	The NGO/CBO subscribes to regular relevant journals and email-based updates, list serves and forums on HIV/AIDS issues.		
5	The NGO/CBO has its own library of technical resources.		
6	All key specialist staff each have their own access to the internet.		

Session 4 Organizational Strengths

Aim

To analyze and evaluate the organizational capacity of the NGO/CBO.

Introduction

In this session, participants are asked to consider and discuss statements that represent good practice in different aspects of a well-managed organization. Some large and complex NGO/CBOs could have long and meaningful discussions over each statement, while for other small organizations many may not seem relevant. The exercise covers a broad range of issues in a short space of time, but allows for shared group learning improving everyone's understanding

Guidance

1 Introduce the capacity area suggested by the title. What does it mean and why might it be important?

2 Get participants to divide into the 4 topic groups to discuss each set of discussion statements (Financial management and sustainability; Program management, monitoring, evaluation & reporting; Human resources & administration; Governance, strategy & structure).

3 Encourage people to separate from colleagues from their own NGO/CBO, Also encourage numbers to be relatively equal in each topic group, but this is not essential. **3** Distribute the discussion statements for and ask each group to discuss and record their consensus decision as to whether the statements are generally: 'Completely True', 'Partly True' or 'Not True'.

4 Bring everyone back together and ask each group to present their key findings, including:

- 1 to 2 examples of 'Completely True';
- 1 to 2 examples of 'Partly True';
- 1 to 2 examples of 'Not True'.
- Provide any feedback on statements that the group did not agree on or found difficult to decide on.

5 Now ask participants to go into groups with their own NGO colleagues. Ask them:

- To draw a flow chart / diagram of how their organization develops / approves a policy
- Describe how Volunteers are selected / allocated tasks / managed
- Describe the safety and health policies that apply to outreach workers

6 Now ask participants to go back into groups with colleagues only from their own NGO/CBO, and score the indicators for this capacity.

Discussion statements for session on organizational strengths

Governance, strategy and structure

The board has at least six voluntary (unpaid) members with limited terms of office (e.g., only appointed for 2 years)

The board has representatives from the community and from beneficiary groups. No more than 75% of board members are of one gender.

The board meets every 3 months.

The NGO/CBO has a written and costed current strategic plan that has been revised within the last 3 years.

All annual work plans and budgets are developed in line with the strategic plan.

Human resources and administration

All administrative procedures are documented in a manual.

There is a policy for staff recruitment, including how:

- positions are filled (internally and externally)
- people are interviewed
- job offers are made.

This policy is documented.

There are clear procedures for how:

- the work of staff is evaluated
- feedback is given.

These procedures are documented.

There are clear procedures for how volunteers are managed, including:

- recruitment & induction
- training
- payment of incentives/stipends.

These procedures are all documented.

Program management, monitoring, evaluation & reporting

All projects follow all stages of the project cycle:

- needs assessment
- project design & indicator
- project planning & budgeting development
- regular monitoring
- evaluation of project and outcomes
- re-planning of projects based on evaluation outcomes.

All stages of the project cycle are done in consultation with all stakeholders, including all project staff and members from the community.

The NGO/CBO has a monitoring and evaluation system:

- Project staff collect and submit accurate monitoring data on time.
 - Collected data is summarized, analyzed and produced in reports at least every 3 months.
 - Monitoring reports are used by project staff and managers to review and update work plans at least every 3 months.
-

Financial management and sustainability

All staff clearly understand the procedures for how:

- income is received and accounted for
 - money is held in bank accounts
 - staff purchase goods
 - staff claim expenses
 - suppliers are paid
 - staff are paid salaries.
-

Management prepares an overall budget for the organization as part of the annual planning process.

The NGO/CBO always has enough cash to pay for things on a day-to-day basis.

The main funding source (donor) of the NGO/CBO provides no more than 65% of the NGO/CBOs total funds. The NGO/CBO has developed many different sources of income including the local community.

The NGO/CBO has the capacity to develop successful proposals and wins over 50% of the bids it applies for.

Indicators of capacity for organizational strength

Score **5** if all criteria are met

Score **4** if 75% of criteria are met

Score **3** if 50% of criteria are met

Score **2** if 25% of criteria are met

Score **1** if 10% or less of criteria are met

Governance, strategy and structure

	Indicator	Criteria Met?	Notes
1	The NGO/CBO has an independent Board governed by a documented constitution.		
2	The NGO/CBO is properly registered according to local regulations		
3	The Board is diverse, representative and provides technical expertise.		
4	The Board is effective and committed to the NGO/CBO.		
5	The NGO/CBO has a documented, up-to-date strategic plan, clearly understood by all staff and used in planning.		
6	The organizational structure is effective for delegating responsibility and sharing information between staff.		

Human resources and administration

	Indicator	Criteria Met?	Notes
1	Administrative responsibilities are well understood, documented and followed.		
2	All procedures for managing Human Resources (of staff and volunteers) are well developed and documented.		
3	All staff have clear job descriptions that are documented, regularly reviewed and relevant to their actual jobs.		
4	There is a documented system for reviewing and managing performance of staff and volunteers.		
5	The NGO/CBO has a HIV/AIDS workplace policy in place.		
6	Training and development is based on a systematic needs analysis and well supported by the NGO/CBO, which provides time off and financial support.		

Program management, monitoring, evaluation & reporting

	Indicator	Criteria Met?	Notes
1	Project management is well understood and followed at every stage of the project cycle in consultation with all stakeholders		
2	All programs are in line with the strategic goals.		
3	Indicators are developed at the project design stage of every project.		
4	Information on indicators is collected regularly for all projects.		
5	All projects have work plans and budgets that are regularly reviewed at least every 3 months.		
6	The NGO/CBO has a fully documented M&E system.		
7	Periodic monitoring reports and end-of project evaluation reports are always completed and sent to stakeholders and donors on time.		
8	Work is organized and information shared through regular staff meetings and other channels of communication.		

Financial management and sustainability

	Indicator	Criteria Met?	Notes
1	There are financial policies in place to control use of money, prevent fraud and ensure accountability.		
2	All financial procedures are well documented.		
3	There have been no cases of fraud or misuse of funds.		
4	Managers are responsible for the sanctioned budgets of their projects.		
5	An annual budget is prepared for the NGO/CBO as a whole.		
6	An audit is completed at least every 18 months by an independent organization or donor		
7	The NGO/CBO reports expenditure on projects separately to more than one different donor and for several different budgets.		
8	The NGO/CBO has not run short of cash to pay suppliers or salaries.		
9	The NGO/CBO is financially sustainable with a diverse funding base.		
10	The NGO/CBO is credited for its work by external stakeholders (e.g., by community leaders/ meetings, media, profiled by donors, etc.).		

Session 5 Promotion of participation of people living with HIV and other key affected populations

Aim

To analyze and evaluate the level of participation of PLHIV and other key affected communities within the organization and the extent to which the organization promotes their further participation.

Introduction

This session is based on an initial survey to discover the level of participation of people living with HIV and other key affected populations within the organization. In the context of prevention work, key affected populations mean groups that play an important role in epidemic dynamics. Ensuring the maximum possible participation of key affected populations, and more generally anyone the NGO/CBO works with, is an important capacity to develop and can contribute to successful outcomes in its work. Participants are asked to think about the challenges to promoting greater participation and how these could be overcome.

Guidance

- 1 Introduce the capacity area suggested by the title. What does it mean and why might it be important?
- 2 Ask participants what are the relevant affected communities for their work?
- 3 Ask participants to work in groups with colleagues only from their own NGO/CBO to analyze the number of PLHIV and other key affected populations at each level of the organization and record in the chart below (you will need to provide an example of the chart on flip chart paper) on flip chart paper. Encourage them to discuss whether they feel they have the correct balance of PLHIV and other key affected populations involved in their NGO/CBO, any challenges/barriers to their involvement and possible actions they could take to increase involvement if needed.

Category	TOTAL	PLHIV	Other Key Affected Populations
Board			
Advisors			
Management			
Project Staff			
Volunteers			

- 4 Bring all participants back into a large group and ask them to present their completed chart and any comments on their discussions about levels of involvement, challenges/barriers and possible actions to increase involvement.
- 5 Now ask participants to go back into groups with colleagues only from their own NGO/CBO, and score the indicators for this capacity.

Indicators of capacity for promotion of participation of people living with HIV and other key affected populations

Score **5** if all criteria are met

Score **4** if 75% of criteria are met

Score **3** if 50% of criteria are met

Score **2** if 25% of criteria are met

Score **1** if 10% or less of criteria are met

Level and range of involvement of PLHIV and other affected communities

	Indicator	Criteria Met?	Notes
1	The NGO/CBO has worked with a community affected by HIV/AIDS as a specific targeted group for more than 1 year.		
2	The NGO/CBO has more than 1 year's experience of working with/involving at least 2 different affected communities.		
3	The NGO/CBO has recruited people living with HIV and other affected communities as volunteers/consultants for more than 1 year.		
4	The NGO/CBO has set up advisory groups of people living with HIV and other key affected communities to consult with in planning and program review.		
5	The NGO/CBO has had people living with HIV and other key affected communities as paid project staff for more than 1 year.		
6	The NGO/CBO has had people living with HIV and other key affected communities at decision-making levels (Board/management) for more than 1 year.		

Efforts made to promote involvement of people living with HIV and other key affected communities

	Indicator	Criteria Met?	Notes
1	The NGO/CBO has an equal opportunity policy which is made clear whenever it tries to find or interview new staff.		
2	All job adverts state that people living with HIV and other key affected communities are actively encouraged to apply.		
3	When paid/voluntary positions become available the NGO/CBO actively promotes these to people living with HIV and other key affected communities.		
4	The NGO/CBO has offered to change its working practices (e.g. hours, work from home) to provide the flexibility for people living with HIV and other affected communities to become more involved.		
5	The NGO/CBO has offered training/skills building to support involvement from people living with HIV and other affected communities without formal education.		
6	The NGO/CBO has conducted training to sensitize existing staff to be able to work and respect colleagues from people living with HIV and other key affected populations.		
7	The NGO/CBO has confidentiality and non-discrimination procedures that are promoted and enforced with all staff.		
8	The NGO/CBO has an HIV workplace policy designed to protect and support people living with HIV working in the organization.		

Session 6 Involvement in evidence and consultation-based advocacy

Aim

To analyze and evaluate the skills and experience of the NGO/CBO in conducting effective evidence and consultation-based advocacy.

Introduction

Many NGO/CBOs may do some advocacy work, exploiting opportunities when they arise, but few fundraise, plan and budget for it as a core part of their activities. Successful advocacy to change the environment for services provided, increase freedom from harassment from people in power, and change legislation that marginalizes PLHIV and other key affected communities can dramatically improve efforts to prevent or respond to HIV. In this session, participants are exposed to some key skills for good advocacy work and reflect upon how well they have applied these skills in previous campaigns.

Guidance

- 1** Introduce the capacity area suggested by the title. What does it mean and why might it be important?
- 2** Ask participants to take a few minutes in their NGO/CBO groups to discuss a successful advocacy activity they have conducted (or plan to conduct if they have not done any yet), and any community consultations and evidence (research) gathering was that was used for their advocacy activity.
- 3** Large group discussion. Invite 2 or 3 groups to volunteer to briefly summarize their advocacy activity discussion.
- 4** Distribute and score the indicators for this capacity, ask participants to go into groups with colleagues only from their own NGO/CBO, and discuss and score the indicators for the capacity in private.
- 5** After the private discussions in NGO/CBO groups, keep the scores confidential and bring all participants together to facilitate some sharing:
 - Ask any NGO/CBO that feels it scored well in this area to explain its strengths to others.
 - Ask if any NGO/CBO which is weak in this area feels comfortable sharing this and explaining why to others.

Indicators of capacity for involvement in evidence and consultation based advocacy

Score **5** if all criteria are met

Score **4** if 75% of criteria are met

Score **3** if 50% of criteria are met

Score **2** if 25% of criteria are met

Score **1** if 10% or less of criteria are met

Research, consultation and analysis as a foundation for advocacy work

	Indicator	Criteria Met?	Notes
1	The NGO/CBO has conducted at least one advocacy project to change the policy or practices of an institution.		
2	The NGO/CBO has conducted research to find evidence (data, publications, what other influential institutions have said) to support its advocacy work.		
3	The NGO/CBO has analyzed research and presented evidence to make it relevant and effective for the institutions targeted.		
4	The NGO/CBO has tried to find and network with other organizations to understand how it could collaborate or improve its advocacy campaign.		
5	The NGO/CBO has conducted participatory consultations with communities and affected groups to identify how it should help them through its advocacy work.		

Effective, targeted advocacy work

	Indicator	Criteria Met?	Notes
1	In its advocacy project(s), the NGO/CBO identified influential individuals or institutions to target.		
2	In its advocacy project(s), the NGO/CBO partnered with specific community groups and community leaders.		
3	In its advocacy project(s), the NGO/CBO implemented and sustained at least 3 different methods/approaches to achieve its goals.		
4	In its advocacy project(s), the NGO/CBO joined with at least 3 other organizations to work collectively to achieve its goals.		
5	In its advocacy project(s), the NGO/CBO evaluated the results of its advocacy work, and used it to advocate to a wider audience.		

Session 7 Review and determine Capacity Priorities

Aim

To review all the capacities analyzed, identify strengths and weaknesses, look for commonalities and determine capacity priorities for the group.

Guidance

- 1** Facilitate a general discussion with the whole group about what they have learned from the analysis; any key strengths or weaknesses about their own organizations that this analysis has highlighted; anything they have learnt from other organizations or want to follow up.
- 2** Write up on flip charts a list of all the capacity areas, one for each capacity area, take one sticky label. Get participants to stick it on the capacity area where they think most NGO/CBO/CBOs are the strongest.
- 3** Collate the scores to determine the strongest areas of capacity
- 4** Discuss the strengths:
What do the NGO/CBO/CBOs do to make themselves so strong in this area? Are they strong enough to provide technical support to others in this area?
- 5** Repeat the process for the weakest area.
- 6** Discuss and seek consensus, highlighting any outlier capacity areas or indicators that are also priorities to address.
- 7** Explain to the group how this information will be used by the facilitators to develop a regional capacity building strategy for NGO/CBO/CBOs and the next steps in that process.

Annex 4: Consolidated Data from the Self-Assessment Scoring of Indicators

Table 4:

<i>Capacity Domain: Partnerships</i>						
<i>Capacity Area: Partnerships & Coordination</i>						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
1.1.1	Staff can describe the work & objectives of all organizations doing HIV/AIDS work that operate locally, regionally and nationally.	2.0	5.0	3.0	3.4	3.0
1.1.2	There are personal contacts with over 50% of all national HIV/AIDS organizations.	2.0	5.0	4.0	3.6	4.0
1.1.3	There are personal contacts with all local HIV/AIDS organizations.	2.0	5.0	4.0	4.0	4.0
1.1.4	NGO/CBO has participated in a national or regional forum of organizations at least once in the last year.	1.0	5.0	5.0	4.5	5.0
1.1.5	NGO/CBO leads or participates in a local forum of organizations which meets at least every 6 months.	1.0	5.0	4.0	3.9	4.0
1.1.7	NGO/CBO has collaborated on joint projects with at least 3 different organizations in the last 2 years.	3.0	5.0	5.0	4.5	5.0
1.1.8	NGO/CBO has existing contracts (to provide or receive funding) with at least 3 different organizations.	1.0	5.0	4.0	3.6	5.0

Figure 3:

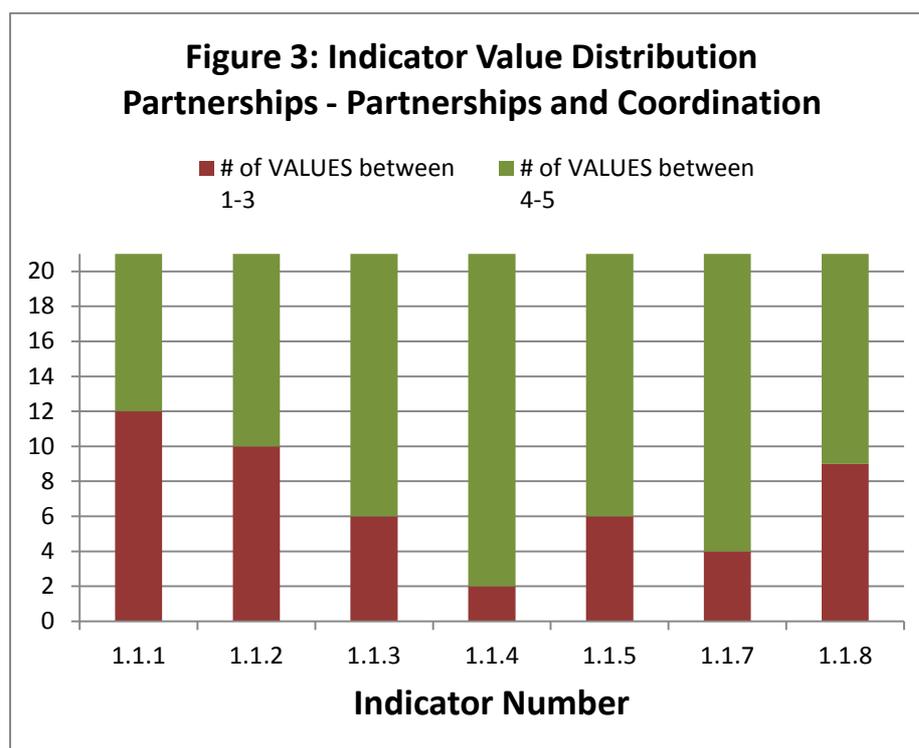


Table 5:

<i>Capacity Domain: Partnerships</i>						
<i>Capacity Area: Referrals</i>						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
1.2.1	Front-line staff know of all available services in the area and regularly help clients get access to them.	3.0	5.0	4.0	4.1	4.0
1.2.2	Outreach staff carry (or can provide) the IEC material of all other local organizations to guide clients to other services.	2.0	5.0	4.0	3.7	4.0
1.2.3	Staff fill out referral cards for clients to take with them to show details of the referral.	1.0	5.0	4.0	4.1	5.0
1.2.4	A system is in place to follow up the outcome of referrals made, with both client and service provider.	2.0	5.0	4.0	3.8	4.0
1.2.5	The referral system is documented	3.0	5.0	5.0	4.2	5.0
1.2.6	Referral system (& monitoring data) is reviewed with all organizations at least every 6 months.	1.0	5.0	3.0	3.3	3.0

Figure 4:

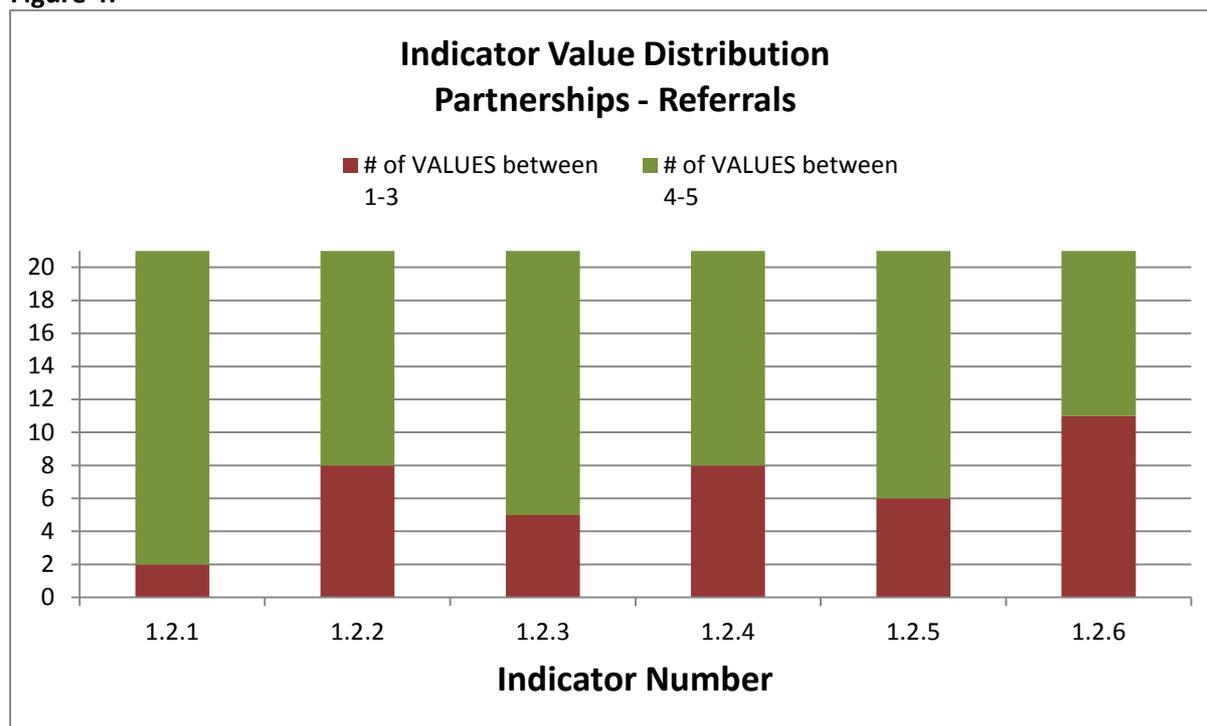


Table 6:

Capacity Domain: Technical Capacity						
Capacity Area: Experience, Knowledge and Skills						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
2.1.1	Each key specialist has at least 2 years' experience working in the specific HIV/AIDS area the NGO/CBO operates in.	2.0	5.0	4.0	4.0	4.0
2.1.2	All key staff regularly update their knowledge and skills, attending at least 2 conferences/trainings per year.	3.0	5.0	5.0	4.4	5.0
2.1.3	At least 2 technical specialists relevant to HIV/AIDS work (e.g. clinical, academic, public health) serve on the Board or provide regular voluntary support to the NGO/CBO.	1.0	5.0	3.0	3.0	3.0
2.1.4	All front-line staff have received basic HIV/AIDS awareness training.	3.0	5.0	5.0	4.5	5.0
2.1.5	All front-line staff have been trained in the basic skills needed for the specific HIV/AIDS areas in which the NGO/CBO operates (e.g. STI referral, peer education, home-care, etc).	3.0	5.0	4.0	4.2	5.0
2.1.6	Over 70% of front-line staff has received at least 5 days' formal training relevant to the specific HIV/AIDS areas in which the NGO/CBO operates, in the last year.	1.0	5.0	4.0	3.6	3.0

Figure 5:

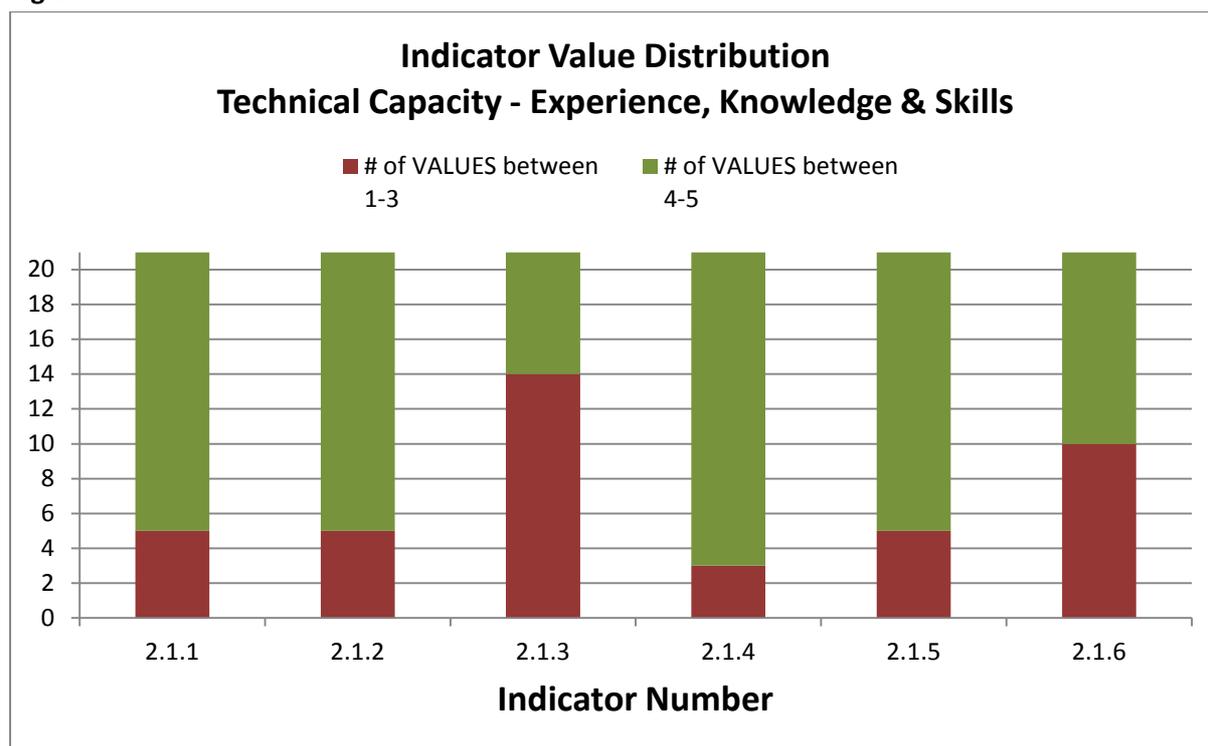


Table 7:

Capacity Domain: Technical Capacity						
Capacity Area: Access to Technical Resources and Knowledge						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
2.2.1	Staff can access up-to-date HIV/AIDS technical resources, books and information at the NGO/CBO or somewhere nearby.	0.0	5.0	4.0	4.0	4.0
2.2.2	The NGO/CBO can name a person/organization for each HIV/AIDS technical area it operates in, that it communicates with at least every 3 months, to get extra technical knowledge.	0.0	5.0	3.0	3.4	3.0
2.2.3	The NGO/CBO has internet access in its own offices.	2.0	5.0	5.0	4.6	5.0
2.2.4	The NGO/CBO subscribes to regular relevant journals and email-based updates, list serves and forums on HIV/AIDS issues.	1.0	5.0	4.0	4.2	5.0
2.2.5	The NGO/CBO has its own library of technical resources.	1.0	5.0	4.0	4.0	5.0
2.2.6	All key specialist staff each have their own access to the internet.	1.0	5.0	5.0	4.3	5.0

Figure 6:

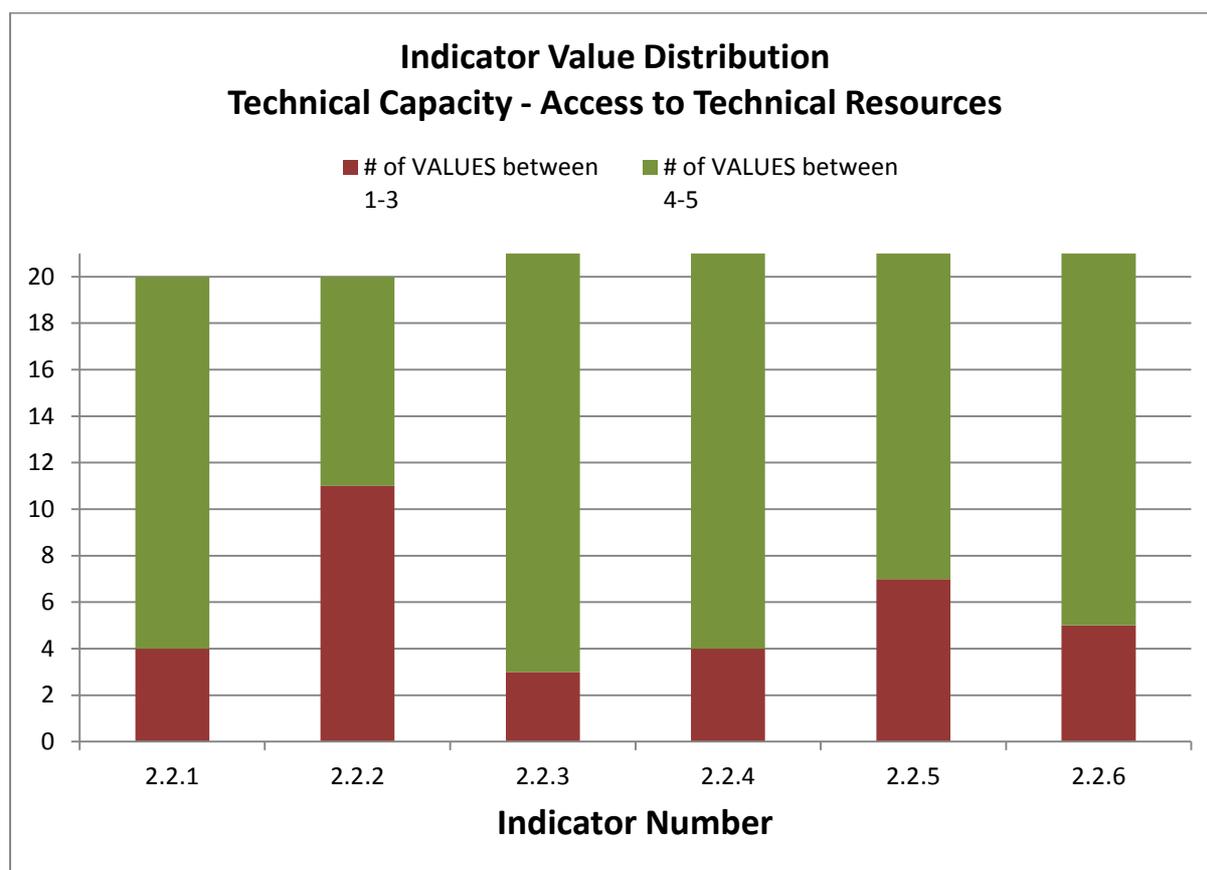


Table 8:

Capacity Domain: Organization Strengths						
Capacity Area: Governance, Strategy & Structure						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
3.1.1	The NGO/CBO has an independent Board governed by a documented constitution.	1.0	5.0	5.0	4.0	5.0
3.1.2	The NGO/CBO is properly registered according to local regulations	3.0	5.0	5.0	4.8	5.0
3.1.3	The Board is diverse, representative and provides technical expertise.	3.0	5.0	4.0	4.1	4.0
3.1.4	The Board is effective and committed to the NGO/CBO.	1.0	5.0	4.0	3.8	5.0
3.1.5	The NGO/CBO has a documented, up-to-date strategic plan, clearly understood by all staff and used in planning.	3.0	5.0	4.0	4.1	4.0
3.1.6	The organizational structure is effective for delegating responsibility and sharing information between staff.	3.0	5.0	4.0	4.3	5.0

Figure 7:

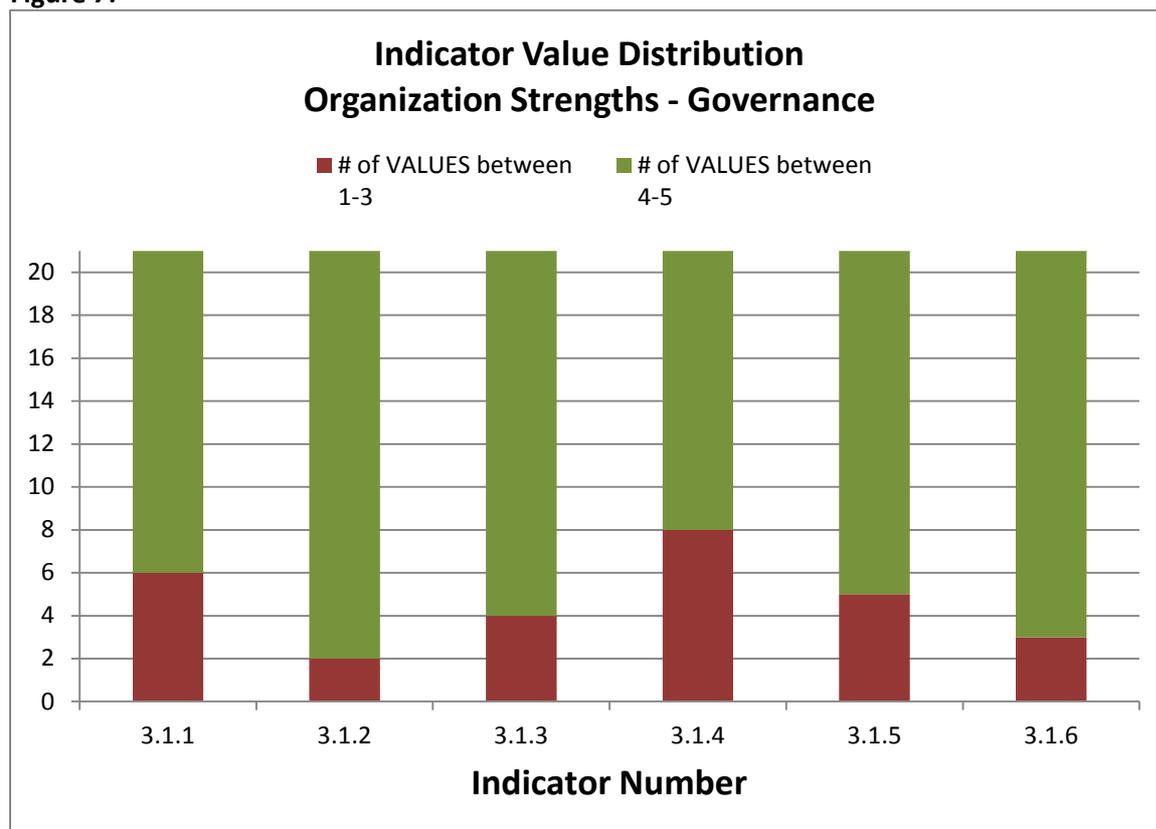


Table 9:

Capacity Domain: Organization Strengths						
Capacity Area: Human Resources & Administration						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
3.2.1	Administrative responsibilities are well understood, documented and followed.	3.0	5.0	5.0	4.6	5.0
3.2.2	All procedures for managing Human Resources (of staff and volunteers) are well developed and documented.	3.0	5.0	4.0	4.1	4.0
3.2.3	All staff have clear job descriptions that are documented, regularly reviewed and relevant to their actual jobs.	3.0	5.0	5.0	4.4	5.0
3.2.4	There is a documented system for reviewing and managing performance of staff and volunteers.	2.0	5.0	4.0	3.8	3.0
3.2.5	The NGO/CBO has a HIV/AIDS workplace policy in place.	2.0	5.0	4.0	3.7	4.0
3.2.6	Training and development is based on a systematic needs analysis and well supported by the NGO/CBO, which provides time off and financial support.	1.0	5.0	3.0	3.0	3.0

Figure 8:

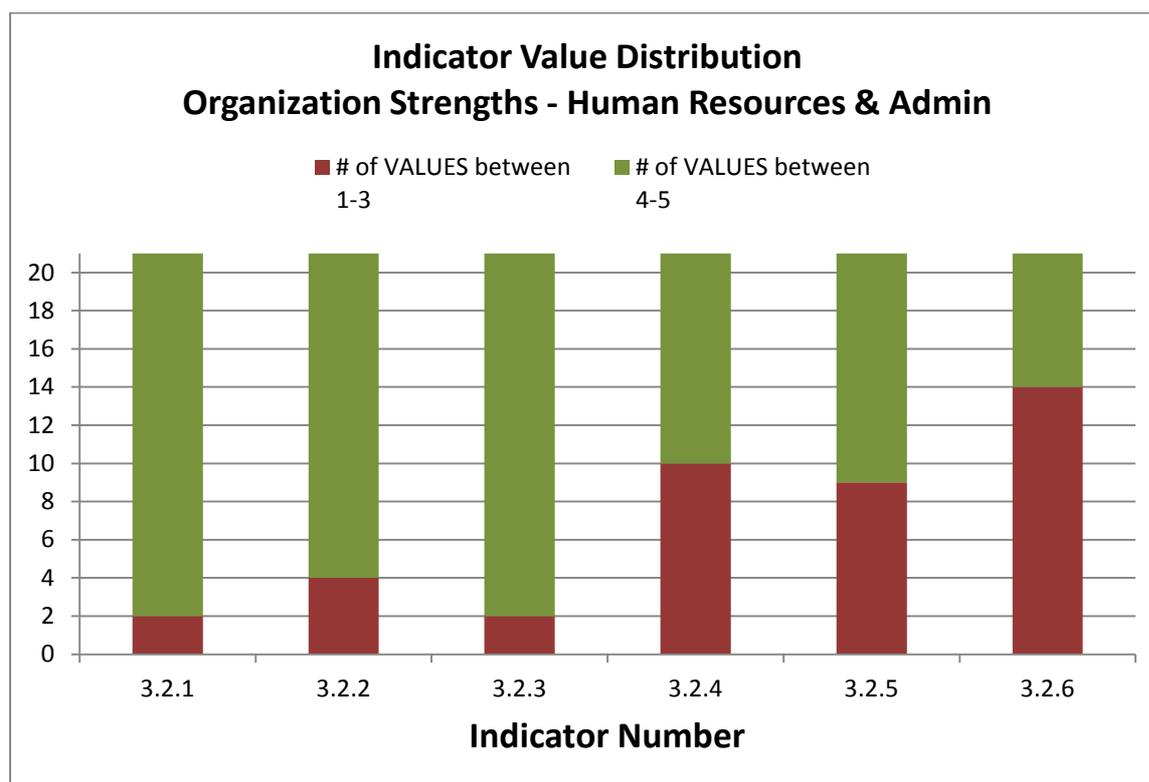


Table 10:

Capacity Domain: Organization Strengths						
Capacity Area: Program Management, Monitoring, Evaluation & Reporting						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
3.3.1	Project management is well understood and followed at every stage of the project cycle in consultation with all stakeholders	3.0	5.0	4.0	4.1	4.0
3.3.2	All programmes are in line with the strategic	3.0	5.0	4.0	4.3	4.0
3.3.3	Indicators are developed at the Project design stage of every project.	3.0	5.0	5.0	4.6	5.0
3.3.4	Information on indicators is collected regularly for all projects.	3.0	5.0	5.0	4.6	5.0
3.3.5	All projects have work plans and budgets that are regularly reviewed at least every 3 months.	3.0	5.0	5.0	4.5	5.0
3.3.6	The NGO/CBO has a fully documented M&E	2.0	5.0	4.0	4.0	5.0
3.3.7	Periodic monitoring reports and end-of Project evaluation reports are always completed and sent to stakeholders and donors on time.	3.0	5.0	5.0	4.4	5.0
3.3.8	Work is organized and information shared through regular staff meetings and other channels of communication.	3.0	5.0	4.0	4.4	4.0

Figure 9:

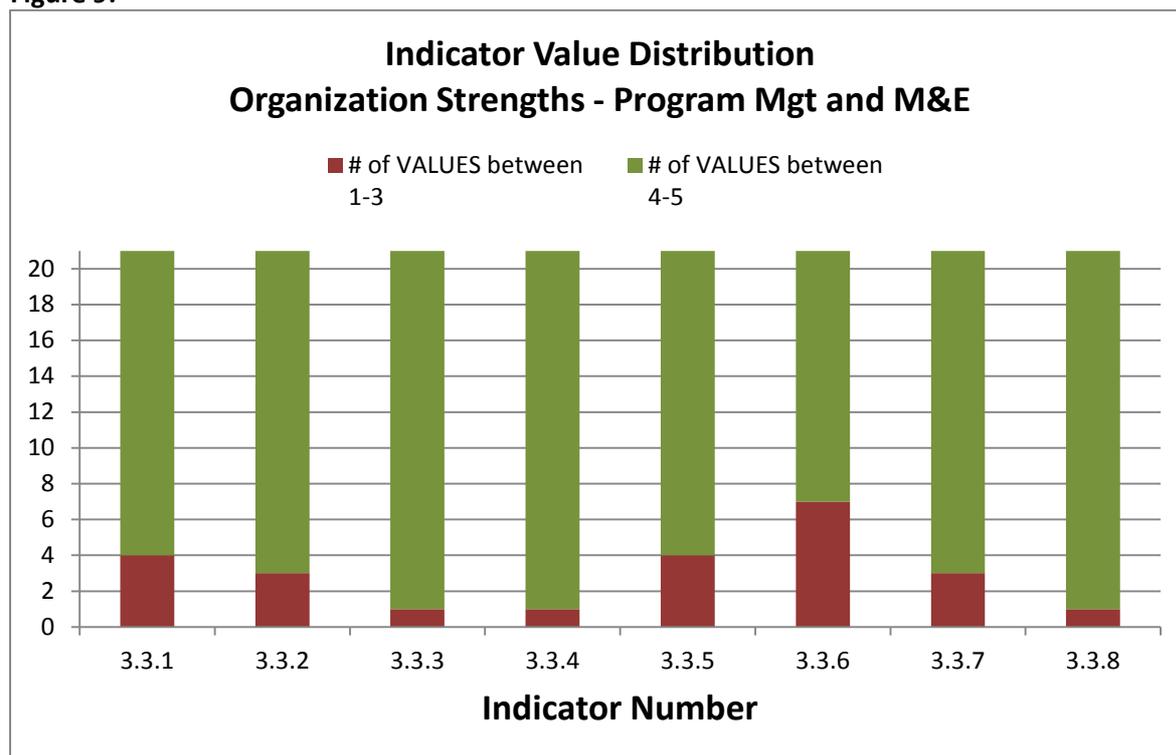


Table 11:

<i>Capacity Domain: Organization Strength</i>						
<i>Capacity Area: Financial Management & Sustainability</i>						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
3.4.1	There are financial policies in place to control use of money, prevent fraud and ensure	2.0	5.0	5.0	4.3	5.0
3.4.2	All financial procedures are well documented.	3.0	5.0	5.0	4.7	5.0
3.4.3	There have been no cases of fraud or misuse of funds.	3.0	5.0	5.0	4.7	5.0
3.4.4	Managers are responsible for the sanctioned budgets of their projects.	3.0	5.0	5.0	4.7	5.0
3.4.5	An annual budget is prepared for the NGO/CBO as a whole.	2.0	5.0	5.0	4.2	5.0
3.4.6	An audit is completed at least every 18 months by an independent organization or	2.0	5.0	4.0	4.0	5.0
3.4.7	The NGO/CBO reports expenditure on projects separately to more than one different donor and for several different	1.0	5.0	4.0	4.2	5.0
3.4.8	The NGO/CBO has not run short of cash to pay suppliers or salaries.	2.0	5.0	3.0	3.3	3.0
3.4.9	The NGO/CBO is financially sustainable with a diverse funding base.	1.0	5.0	3.0	3.3	3.0
3.4.10	The NGO/CBO is credited for its work by external stakeholders (e.g. by community leaders/ meetings, media, profiled by donors, etc).	2.0	5.0	4.0	4.3	4.0

Figure 10:

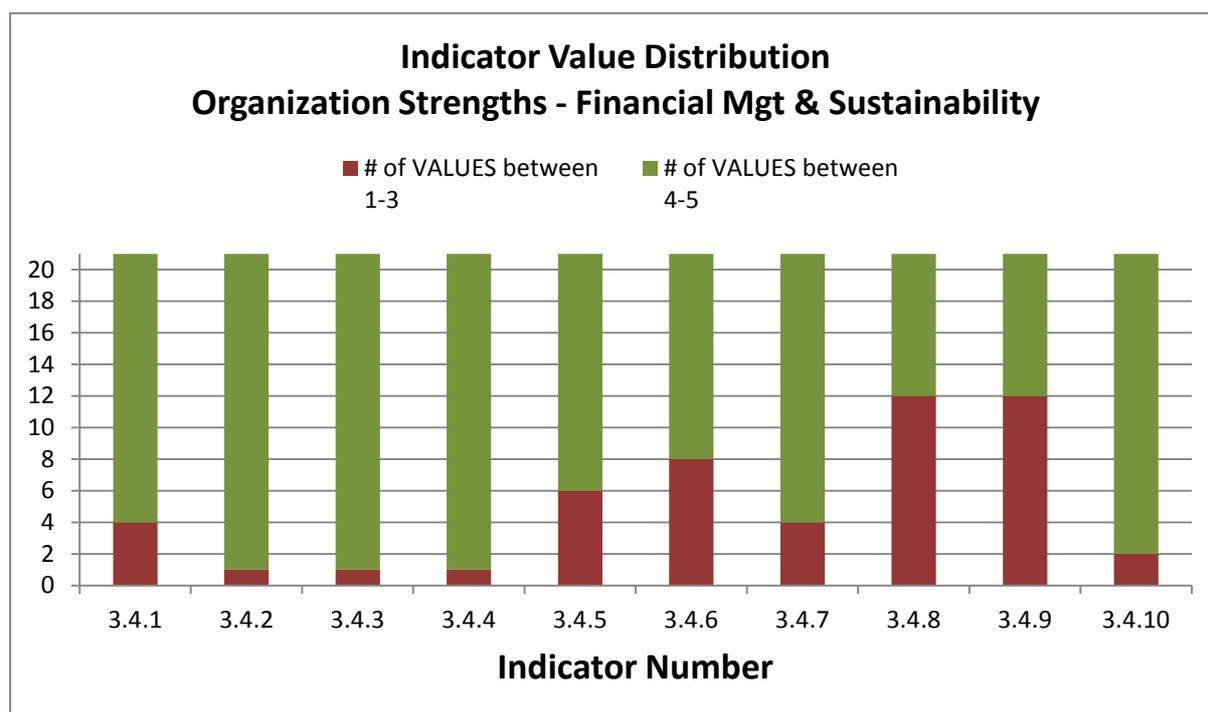


Table 12:

Capacity Domain: Participation of PLHIV & Affected Populations						
Capacity Area: Involvement of PLHIV and Other Affected Communities						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
4.1.1	The NGO/CBO has worked with a community affected by HIV/AIDS as a specific targeted group for more than 1 year.	1.0	5.0	5.0	4.6	5.0
4.1.2	The NGO/CBO has more than 1 year's experience of working with/involving at least 2 different affected communities.	1.0	5.0	5.0	4.6	5.0
4.1.3	The NGO/CBO has recruited people living with HIV and other affected communities as volunteers/consultants for more than 1 year.	1.0	5.0	5.0	4.2	5.0
4.1.4	The NGO/CBO has set up advisory groups of people living with HIV and other key affected communities to consult with in planning and	1.0	5.0	4.0	3.9	5.0
4.1.5	The NGO/CBO has had people living with HIV and other key affected communities as paid project staff for more than 1 year.	1.0	5.0	5.0	4.3	5.0
4.1.6	The NGO/CBO has had people living with HIV and other key affected communities at decision-making levels (Board/management) for more than 1 year.	1.0	5.0	4.0	3.8	5.0

Figure 11:

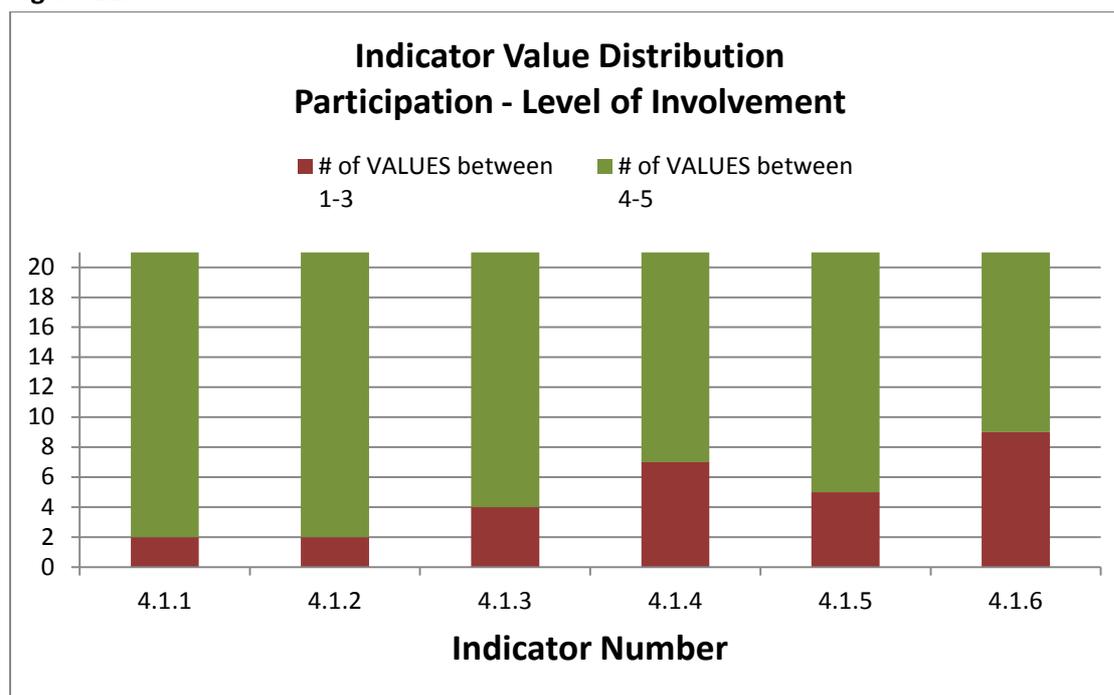


Table 13:

<i>Capacity Domain: Participation of PLHIV & Affected Populations</i>						
<i>Capacity Area: Promoting Involvement of PLHIV and Other Key Affected Communities</i>						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
4.2.1	The NGO/CBO has an equal opportunity policy which is made clear whenever it tries to find or interview new staff.	4.0	5.0	5.0	4.8	5.0
4.2.2	All job adverts state that people living with HIV and other key affected communities are actively encouraged to apply.	1.0	5.0	5.0	4.0	5.0
4.2.3	When paid/voluntary positions become available the NGO/CBO actively promotes these to people living with HIV and other key affected communities.	1.0	5.0	4.0	4.1	5.0
4.2.4	The NGO/CBO has offered to change its working practices (e.g. hours, work from home) to provide the flexibility for people living with HIV and other affected communities to become more involved.	1.0	5.0	4.0	3.7	5.0
4.2.5	support involvement from people living with HIV and other affected communities without formal education.	1.0	5.0	4.0	4.0	4.0
4.2.6	The NGO/CBO has conducted training to sensitize existing staff to be able to work and respect colleagues from people living with HIV and other key affected populations.	1.0	5.0	4.0	3.8	5.0
4.2.7	The NGO/CBO has confidentiality and non-discrimination procedures that are promoted and enforced with all staff.	2.0	5.0	5.0	4.7	5.0
4.2.8	The NGO/CBO has an HIV workplace policy designed to protect and support people living with HIV working in the organization.	1.0	5.0	3.0	3.3	5.0

Figure 12:

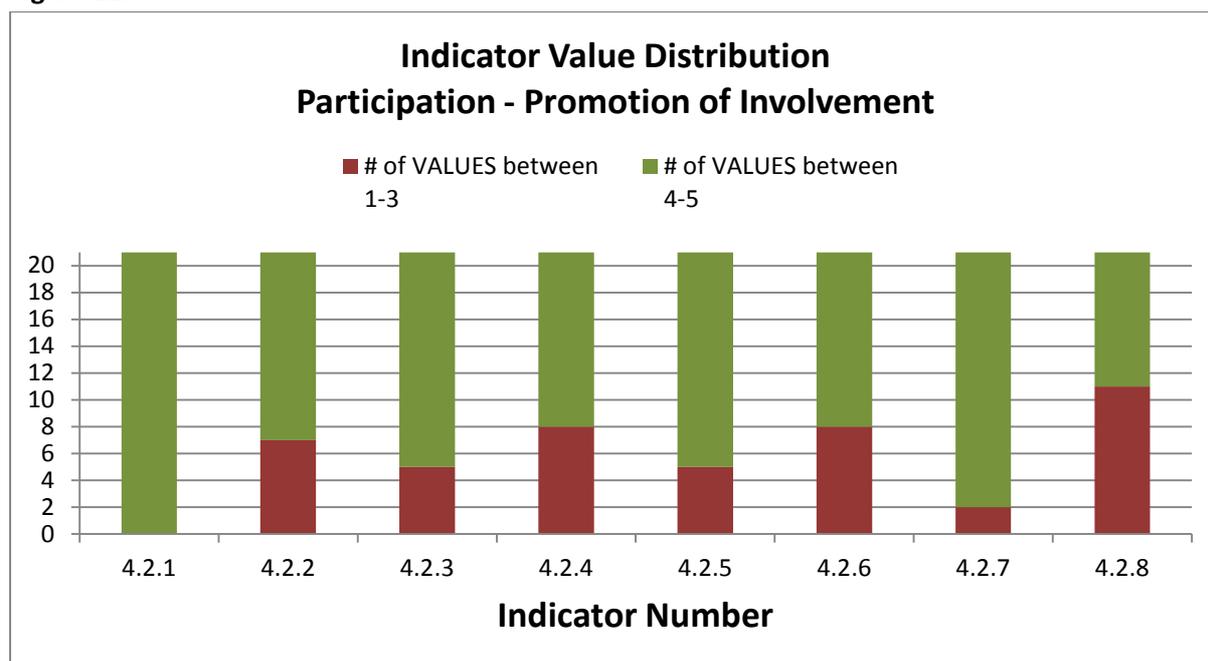


Table 14:

<i>Capacity Domain: Advocacy</i>						
<i>Capacity Area: Research, Consultation & Analysis as Foundation for Advocacy Work</i>						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
5.1.1	The NGO/CBO has conducted at least one advocacy project to change the policy or practices of an institution.	1.0	5.0	4.0	3.7	5.0
5.1.2	The NGO/CBO has conducted research to find evidence (data, publications, what other influential institutions have said) to support its advocacy work.	1.0	5.0	3.0	3.4	5.0
5.1.3	The NGO/CBO has analyzed research and presented evidence to make it relevant and effective for the institutions targeted.	1.0	5.0	4.0	3.2	4.0
5.1.4	The NGO/CBO has tried to find and network with other organizations to understand how it could collaborate or improve its advocacy	2.0	5.0	4.0	3.9	3.0
5.1.5	The NGO/CBO has conducted participatory consultations with communities and affected groups to identify how it should help them through its advocacy work.	1.0	5.0	4.0	4.0	4.0

Figure 13:

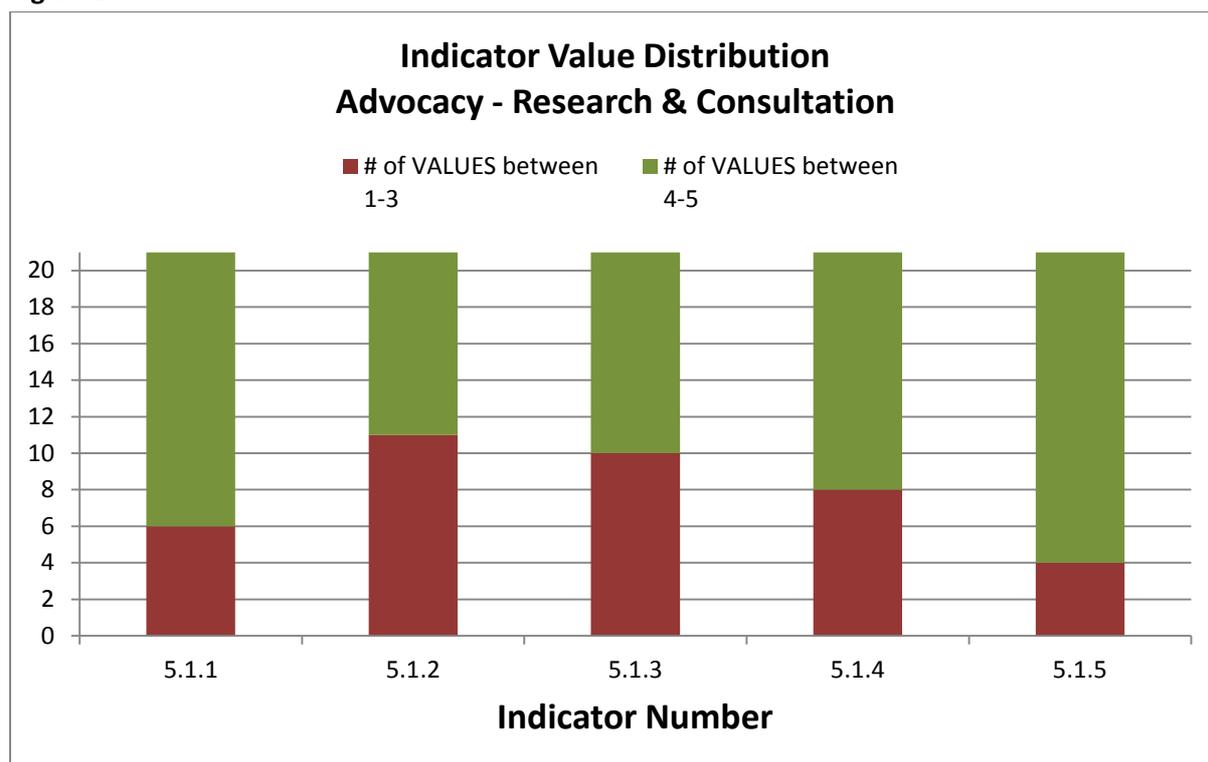
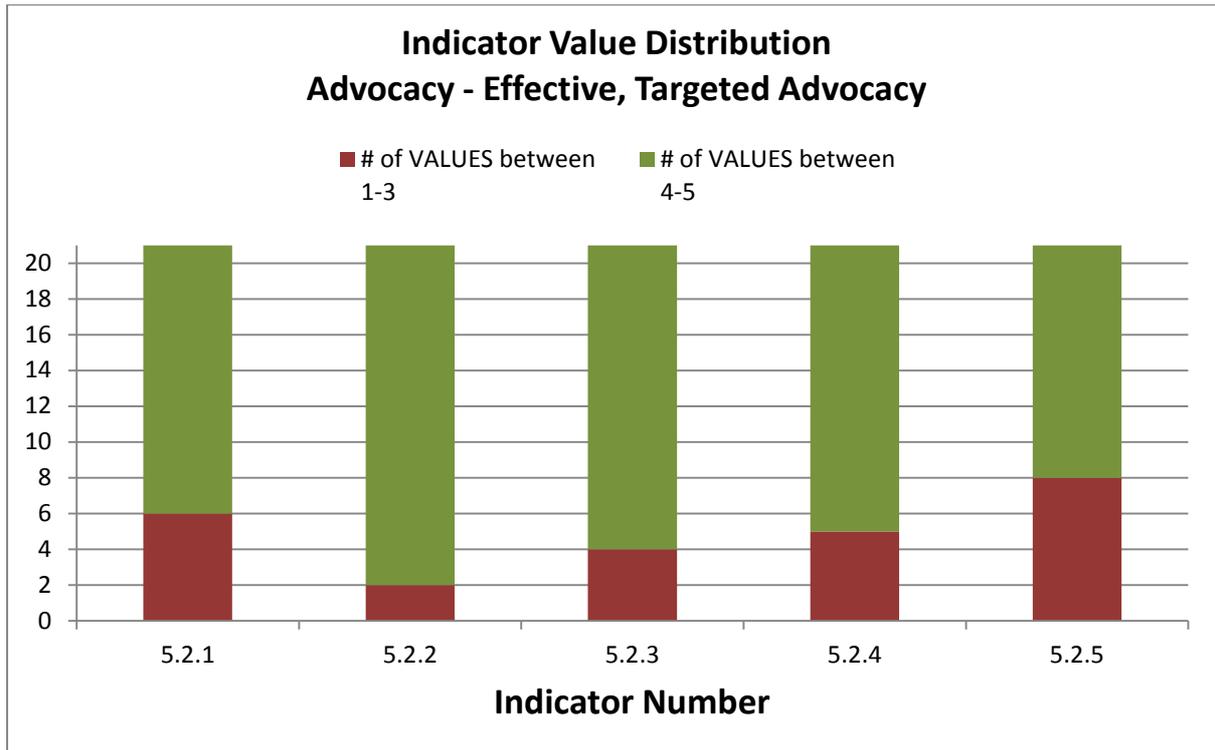


Table 15:

<i>Capacity Domain: Advocacy</i>						
<i>Capacity Area: Effective, Targeted Advocacy Work</i>						
Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
5.2.1	In its advocacy project(s), the NGO/CBO identified influential individuals or institutions to target.	2.0	5.0	4.0	4.0	4.0
5.2.2	In its advocacy project(s), the NGO/CBO partnered with specific community groups and community leaders.	3.0	5.0	4.0	4.3	4.0
5.2.3	In its advocacy project(s), the NGO/CBO implemented and sustained at least 3 different methods/approaches to achieve its goals.	1.0	5.0	4.0	4.0	4.0
5.2.4	In its advocacy project(s), the NGO/CBO joined with at least 3 other organizations to work collectively to achieve its goals.	2.0	5.0	4.0	4.1	5.0
5.2.5	In its advocacy project(s), the NGO/CBO evaluated the results of its advocacy work, and used it to advocate to a wider audience.	1.0	5.0	4.0	3.6	4.0

Figure 14:



Annex 5: Kyrgyzstan Assessment Team Schedule

Date	Day	Time	Activity
13/4	Sat		Arrive Bishkek 1405
14/4	Sun		
15/4	Mon	1000	Country Stakeholder Meeting
		1400	Gender Vector. Kara-Balta 60km west of Bishkek
16/4	Tue	0900	Sotsium (PWID) Harm Reduction Network (PWID)
		1300	Shag na Vsrtechu (PLHIV) Pravo na Zhin (PWID)
		1600	Rans Plus (Prisoners) Tais Plus (SW)
17/4	Wed	0900	Indigo (MSM)
		1300	Anti Stigma (PLHIV/PWID) (Kant Town 20km East of Bishkek)
		1600	Ayan Delta (PWID) (Tokmok 60km East of Bishkek)
18/4	Thur	0900-1700	Combined Bishkek / Chui Oblast workshop
19/4	Fri	0900 - 1700	Combined Bishkek / Chui Oblast workshop
20/4	Sat		
21/4	Sun		To Osh
22/4	Mon	0930	Plus Center (PWID)
		1400	Roditeli protiv narkotikov (PWID)
23/4	Tue	0930	Mussada (MSM)
		1400	Rainbow (MSM)
24/4	Wed	0930	PLHIV Association (PLHIV)
		1400	Produga
25/4	Thur		Osh Workshop
26/4	Fri		Osh Workshop
27/4	Sat		
28/4	Sun	AM	To Bishkek
		PM	To Almaty

Annex 6: NGOs involved in the Assessment Project

Country	Region/City	Organization	Key Population Focus		
Kyrgyzstan	Chui	Rans Plus	Prisoners		
		Pravo na Zhizn	PUD		
		Anti-Stigma	PUD / PLHIV		
			Ayan Delta	PUD	
		Bishkek	Tais Plus	Sex Workers	
			Sotsium	PUD	
			AntiAIDS	PLHIV	
			Labrys	LGBT	
			Harm Reduction Network	PUD	
			Kyrgyz Indigo	MSM	
			Gender Vector	MSM	
			Association of Unity of HIV	PLHIV	
			Shag na vsrtechu	PLHIV	
			Aman Plus	Prisoners	
			Asteria	Women PUD	
			Osh	Plus Center	PUD/PLHIV
				Roditeli protiv narkotikov	PUD
		Rainbow		Youth, PLHIV, MSM	
		NGO "Musaada" (MSM)		PUD, PLHIV, MSM	
			Krik Zhuravlya	Women PLHIV	
			Produga	Sex Workers, PUD	

Annex 7: Country Stakeholder Meeting & Participants

Country Stakeholder Meeting

Purpose

The Central Asian Republics (CAR) President's Emergency Plan for AIDS Relief (PEPFAR) program is a regional program implemented by USAID, the U.S. Centers for Disease Control (CDC), and Peace Corps (in Kyrgyzstan). CAR PEPFAR regional funds support activities in the five Central Asian Republics -- Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan. The overarching goal of the regional program is to prevent new HIV infections, particularly among Key Populations, and to provide high quality services for affected populations through strengthened and sustainable health systems. To achieve this goal, program activities aim to: improve access by key populations to comprehensive, quality services; strengthen the capacity of institutions, individuals and systems to plan, manage and monitor national AIDS programs that provide improved services for key populations; and enhance the collection, analysis and utilization of data to inform planning and policymaking.

NGOs in CAR play a key role in reaching key or most-at-risk populations and improving their access to HIV services. As such, USAID CAR aims to strengthen the organizational processes, management systems, program, financial and technical capabilities, and leadership of NGOs to enable them to better contribute to national AIDS efforts. To guide this process and ensure a systematic approach to NGO capacity development, rapid, structured, diagnostic assessments of selected NGOs, including PLHIV associations and other organizations working with key affected populations will be undertaken. The assessments will be used to inform the development of capacity building strategies. Strategies will include approaches to both develop the technical and organizational capacities of less mature NGOs and strengthen the technical and organizational capacities of more mature organizations that have the potential to take on increased leadership, umbrella, or management roles within the NGO sector.

USAID CAR has contracted AIDSTAR-Two to lead on the assessment of the NGO/CBOs and to develop a regional capacity development strategy based on those assessments. AIDSTAR-Two has developed an Assessment tool that will provide an overview of capacity needs of NGOs and at the same time provide the basis for more in depth work with the individual NGOs.

At the beginning of each country assessment an initial stakeholder meeting will be held with key stakeholders to inform them of the project and to seek guidance as to particular capacity needs of NGOs in the local context. The Draft agenda for this meeting follows;

Agenda

- Introductions
- Outline of Project
- NGO/CBOs involved
- Outline of Assessment Tool and analysis process
- Key issues that should be taken into consideration by the assessment team
- Final remarks.

Participants

- USAID CAR
- USAID Kyrgyzstan
- Dialogue
- Quality
- AFEW
- Republican AIDS Center
- GFTAM
- UNODC
- GIZ
- CDC

Annex 8: Bibliography

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Central Asian Capacity Building Strategy Project

Kazakhstan

Submitted: June 20, 2013

This document is made possible by the generous support of the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Agency for International Development (USAID) under contract No. GHH-I-00-0700068-00. The contents are the responsibility of the AIDSTAR-Two Project and do not necessarily reflect the views of USAID or the US Government.

Contents

Acronym List.....	3
I. Introduction.....	4
II. What is Capacity Building?.....	4
III. NGOs in Kazakhstan	7
IV. Who builds NGO capacity in Kazakhstan for HIV projects?	8
V. Assessment Tool/Methodology used for Project	10
VI. Assessment process (agenda/schedule/components of assessment)	13
VII. Kazakhstan Methodology	15
VIII. Kazakhstan Findings	15
Stakeholders Meeting	15
Workshops in Almaty, Ust-Kamenogorsk and Karaganda with Kazakh NGOs working on HIV with Key Populations	16
IX. Conclusions.....	30
X. Recommendations	31
Annex 1: NGO/CBO Profile Form	33
Annex 2: Overview of Kazakhstan NGO Profiles	35
Annex 3: Assessment Tool and Self-Assessment Indicators.....	37
Annex 4: Consolidated Data from the Self-Assessment Scoring of Indicators.....	58
Annex 5: Kazakhstan Assessment Team Schedule	78
Annex 6: NGOs involved in the Assessment Project.....	81
Annex 7: Country Stakeholder Meeting & Participants.....	82
Annex 8: Bibliography	84

Acronym List

AFEW	AIDS Foundation East-West
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control
Dialogue	USAID Dialogue ON HIV and TB Project
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HOP	Health Outreach Program (Original name for Dialogue Project)
IEC	Information Education Communication
IOM	International Organization for Migration
IPC	Interpersonal Communications
LGBT	Lesbian, Gay, Bisexual, Transgender
MOH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-governmental organization
NTP	National TB Program
PEPFAR	President's Emergency Fund for AIDS Relief
PIU	Project Implementation Unit
PLHIV	People living with HIV
PWID	People who inject drugs
PSI	Population Services International
STI	Sexually transmitted infections
SW	Sex workers
TB	Tuberculosis
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO	World Health Organization

I. Introduction

The Central Asian Republics (CAR) President’s Emergency Plan for AIDS Relief (PEPFAR) program is a regional program implemented by USAID, the U.S. Centers for Disease Control (CDC), and Peace Corps (in Kyrgyzstan). CAR PEPFAR regional funds support activities in the five Central Asian Republics—Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan. The overarching goal of the regional program is to prevent new HIV infections, particularly among Key Populations, and to provide high quality services for affected populations through strengthened and sustainable health systems. To achieve this goal, program activities aim to: improve access by key populations to comprehensive, quality services; strengthen the capacity of institutions, individuals and systems to plan, manage and monitor national AIDS programs that provide improved services for key populations; and enhance the collection, analysis and utilization of data to inform planning and policymaking.

NGOs in CAR play a key role in reaching key or most-at-risk populations and improving their access to HIV services. As such, USAID CAR aims to strengthen the organizational processes, management systems, program, financial and technical capabilities, and leadership of NGOs to enable them to better contribute to national AIDS efforts. To guide this process and ensure a systematic approach to NGO capacity development, a rapid, structured, diagnostic assessment of selected NGOs, including PLHIV associations and other organizations working with key affected populations, has been undertaken. The assessments will be used to inform the development of capacity building strategies. The strategies will include approaches to both develop the technical and organizational capacities of less mature NGOs and to strengthen the technical and organizational capacities of more mature organizations that have the potential to take on increased leadership, umbrella, or management roles within the NGO sector.

II. What is Capacity Building?

Governments, donors, and NGOs have made significant investments in capacity building, but the term is often vaguely defined and operationalized, and its impact is seldom measured¹. The mechanisms for planning, implementing and evaluating organizational capacity building can also be dramatically different in practice. In 2009, the World Bank put out a new and significant publication—Capacity Development Results Framework²—that stresses a strategic and results-oriented approach to nurturing the building and rational utilization of capacity at national and sub-national levels. There is also recognition that sound capacity building approaches and practices are essential to achieving PEPFAR targets and the Millennium Development Goals, as well as the PEPFAR and Global Health Initiative goals of health systems strengthening, country ownership, and sustainability.³ These approaches and strategies are also aligned with the commitments from the Paris Declaration on Aid Effectiveness, 2005.⁴

The nature and needs of health service organizations, both public sector institutions and civil society organizations, are changing dramatically. This is especially true for HIV/AIDS implementing organizations. Many of these local entities are being asked to take over programs, expand services,

¹ NGO HIV/AIDS Code of Practice Project. December 2004

² Capacity Results Development Framework. World Bank 2009.

³ Capacity Building and Strengthening Framework. The President’s Emergency Plan for AIDS Relief (PEPFAR). Version 2.0. 2012

⁴ www.oecd.org/dataoecd/11/41/34428351.pdf

integrate programs or assume new organizational mandates, manage larger budgets, and employ larger workforces.⁵ Many local HIV and AIDS organizations face the reality of diminishing resources. Organizations also face expectations for greater accountability and transparency as well as improved organizational results. As such, these organizations and donors must pay attention to needed improvements in leadership and governance, financial management, human resource management, planning and logistics, M&E and reporting, project and grants management and other internal systems and processes, team work, partnership and alliance building, resource generation and quality service delivery. Many organizations also need more effective external and internal communication, public-private partnerships and internal decision-making processes. Capacity building in these areas can contribute greatly to the efficiency and effectiveness of these organizations, along with technical strengthening.

In its capacity building work with NGOs in CAR to date, USG PEPFAR efforts have concentrated largely on technical training and mentoring of NGOs in a few areas of identified need (e.g., HIV/AIDS program management, financial management). A more strategic, systematic, and coherent approach to capacity development—one that focuses on developing cadres of NGOs which have the technical and organizational skills and capacities needed to better support the national AIDS response—is required.⁶ This means that capacity building needs to focus not only specific technical skill areas but also on organizational capacity needs that underpin the NGOs ability to implement programs.

Definition of Terms

The Capacity Building Framework reflects an integrated and reinforcing set of capacity building activities that address individual/workforce, organizational, and systems levels of capacity to further host country leadership in addressing HIV/AIDS.⁷ NGOs, the focus of this report, or any other HIV and health organization or institution for that matter, are not strengthened by a workshop approach. Workshops have their place but more effective capacity development often occurs *in situ* at the NGO, through mentoring, coaching,

Textbox 1: Defining some key terms

- **Capacity:** the ability or power of an organization to apply its skills, assets and resources to achieve its goals.
- **Capacity development:** an on-going evidence-driven process to improve the ability of an individual, team, organization, network, sector or community to create measurable and sustainable results.
- **Organizational capacity building:** the strengthening of internal organizational structures, systems and processes, management, leadership, governance and overall staff capacity to enhance organizational, team and individual performance.

Source: Capacity Assessment Methodology User's Guide. Capacity Group for Development Policy. UNDP. May 2007.

⁵ Organizational Capacity Building Framework: A Foundation for Stronger, More Sustainable HIV/AIDS Programs, Organizations, and Networks. AIDSTAR-Two. 2011

⁶ USAID CAR Scope of Work, CAR NGO Capacity Assessment Project 2013

⁷ PEPFAR Capacity Building and Strengthening Framework, FY 2012

observation of best practices and organizational systems building, as well as through peer exchange opportunities that draw HIV NGOs together. The end goal of organizational capacity building for an HIV NGO serving key populations is an NGO integrated into the national HIV and AIDS response that is capable of sustaining the delivery of accessible, quality services to target populations, with the participation of the target populations, while advocating for additional needed services, and an end to stigma, discrimination, and abuse of human rights.

Capacity building is integral to the USG's efforts in fighting the global AIDS epidemic. Following on the initial emergency response from 2003-2008, the second phase of the President's Emergency Plan for AIDS Relief (PEPFAR) 2009-2013 emphasizes fostering country ownership and building sustainability.⁸ This approach is consistent with the Paris Declaration on Aid Effectiveness, signed by more than 100 bilateral donors and developing countries, which states that the capacity to plan, manage, implement, and account for results is critical for achieving development objectives. To achieve these goals, the USG strengthens host country capacity (public sector and civil society) to respond to HIV and AIDS effectively and efficiently and to build sustainable national HIV and AIDS programs. Capacity building is an inherent part of initiatives and activities underway in PEPFAR,⁹ including program activities in technical areas covering prevention, care and treatment, and cross-cutting areas of health system strengthening and integrated health services, civil society (CSO) programs, country ownership, and transition to local partners and programs.

What are NGOs?

Civil society organizations (CSOs) strive to protect the rights of individuals and the common good by allowing individuals and groups to work together to improve the societies in which they live (CIVITICUS, 1994; Guthrie, 1994). The term CSO is a broad, inclusive category of organizations that includes any organization that functions outside of the state and operates on a non-profit basis. Included in this category are non-governmental organizations (NGOs) engaged in health and other development activities, the focus of this assessment.

The World Bank has adopted a definition of civil society developed by a number of leading research centers:

“The term civil society to refer to the wide array of non-governmental and not-for-profit organizations that have a presence in public life, expressing the interests and values of their members or others, based on ethical, cultural, political, scientific, religious or philanthropic considerations. Civil society organizations (CSOs) therefore refer to a wide of array of organizations: community groups, non-governmental organizations (NGOs), labor unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, and foundations.”¹⁰

Local NGOs in developing countries tend to look for external assistance to launch, grow, and sustain their programs and services. Over time, however, some NGOs are mature enough entities to be weaned off of on-going technical assistance; others simply want to diversify their streams of funding.

⁸ President's Emergency Plan for AIDS Relief (PEPFAR) 2009–2013

⁹ PEPFAR Blueprint for Creating an AIDS Free Generation. 2012.

¹⁰ *Issues and Options for Improving Engagement between the World Bank and Civil Society*. World Bank. 2005.

Country ownership implies a high degree of institutional, programmatic and financial sustainability for local institutions and organizations. AIDSTAR-Two defines sustainability in a systemic way, focusing not only on financial sustainability, but also on the institutional and programmatic sustainability of an organization. This definition of sustainability¹¹ states that:

1. A well-managed organization is able to consistently adapt its governance practices, structure and systems to remain mission driven and market adjusted, allowing the organization to respond to the shifting priorities of its supporters and to new responsibilities towards its clients, while creating a positive work climate for its staff (institutional sustainability);
2. A well-managed organization is able to consistently secure, manage, and report on the use of revenue from various sources (e.g., user fees, grants, contracts) to support its ongoing programs and undertake new initiatives (financial sustainability);
3. A well-managed organization is able to deliver quality products and services that respond to its clients' needs and to anticipate new areas of need; is supported by a strong knowledge management system (programmatic sustainability).

Financial sustainability is not the same as self-sufficiency although the two are often confused. According to the Institute for Social Entrepreneurs, self-sufficiency denotes the ability of an organization to fund the future of its activities and endeavors through earned income *alone*, without having to depend in whole or in part on charitable contributions or public sector subsidies.¹² Financial sustainability is defined as an organization's ability to fund future activities and endeavors through a combination of earned income, charitable contributions, and public sector subsidies.

III. NGOs in Kazakhstan

During the period when most post-Soviet countries were keen to democratize, the idea of an NGO was unknown. There was a lack of understanding of the role and purpose of NGOs, most of which were primarily supported by international donors. Introduced by Western donors, the term 'non-governmental organization' was often seen a pre-condition for democratic transformation. Much of the recent growth in CSOs, including both NGOs and other citizens' organizations, is the result of international influence.

The definition of NGOs used by Kazakh researchers—'open, not-for-profit civil society organizations which are not occupationally specific and do not seek state power' is common throughout the region. The majority of NGOs emerging after independence were service providers, replacing former social service provision institutions destroyed after the collapse of the Soviet Union. In the context of HIV, NGOs include service provider organizations that are not key population led, that implement prevention and care/support programs for key affected populations and community-based organizations (CBOs) of affected communities, including people living with HIV and AIDS, sex workers, people who inject drugs, and men who have sex with men, that are implementing HIV prevention, care, and support programs.

In CAR, similar to other post-Soviet regions, the NGO sector is relatively nascent and still developing with few mature (long-standing and well developed/structured, high performing) NGOs and even fewer

¹¹ MOST: *Management and Organizational Sustainability Tool: A Guide for Users*. Management Sciences for Health. 2004.

¹² Institute for Social Entrepreneurs, http://www.socialent.org/Social_Enterprise_Terminology.htm

community-led organizations. Government structures in the region also provide challenges as many systems are still structured around a centrist government implementation model that has little room for NGO involvement. In the HIV response, many of the implementing NGOs are not community-led but are health service provider NGOs with a larger portfolio that includes HIV or NGOs that have a HIV mandate that have focused on key populations as that is where the available funding is. The few community-based organizations being led by key populations that implement programs are both nascent in their development and severely under-resourced and thus lack the capacity to scale up beyond boutique or pilot programs.

The issues of mature versus nascent organizations and community led/service provider NGOs along with structural issues that affect NGOs' ability to operate efficiently are all challenges that help determine (and influence) NGO capacity to function and implement programs.

Since the majority of programs are implemented by NGOs that are not led by key populations, it is important that individuals and representing these groups are given an integral role to play in program design and implementation. A genuine commitment to the involvement of PLHIV and key populations in responding to HIV and AIDS is not simply an acknowledgement by the NGO that this is important, but rather it is a genuine commitment that ensures communities have control over their own health.

IV. Who builds NGO capacity in Kazakhstan for HIV projects?

The emergence of capacity building activities in Central Asia, and the cast of actors involved, has developed and changed over the years. In the immediate post-Soviet era of the 1990s, early days there was considerable external support and influence — principally from Counterpart International, USAID, and INTRAC — to develop local capability and expertise. Today there are a number of capacity building actors, some involved in direct provision while other provide support functions. There are, in addition, a range of academic institutions and private consultancy firms and business training centers providing capacity building for NGOs. These include:

Bilateral and Multilateral Agencies:

A key group of stakeholders involved in supporting capacity building for NGOs working in the HIV sector are the World Bank, the UN Development Programme (UNDP), USAID, the UK Department for International Development (DFID) and the Global Fund to Fight HIV/AIDS, TB and Malaria. Their investment in capacity building initiatives has been an integral part of their overall development assistance to both build the capacity of health systems to better respond to HIV and to key population organizations to allow them to effectively implement programming.

For large community-based projects, the financing agencies (e.g., UNDP, the World Bank and Global Fund), have tended to create local Project Management Units or Project Implementation Units for the lifetime of the project.

Below are some examples of programs being implemented from this group:

A. USAID

Capacity Project, 2004-2009

(Central Asia Program on AIDS Control and Intervention targeting youth and high risk groups) in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan.

Through the five-year Capacity Project, JSI Research & Training Institute, Inc. (JSI) sought to build Central Asian technical capacity to launch large-scale and urgent responses to HIV and AIDS, and to develop indigenous institutions and networks that can develop and manage the comprehensive HIV control programs.

USAID Quality Health Care Project, 2010-2015

The USAID Quality Health Care Project is a five-year program to improve the health status of Central Asians by building the capacity of public health systems, institutionalizing quality improvement methodologies at all levels of health services management, and empowering communities to respond to health needs, particularly for tuberculosis and HIV/AIDS. The project is implemented by Abt Associates along with Project Hope and APMG.

The main thrust of the HIV component of the Quality Project is to open up entry points for people from key HIV affected populations – injecting drug users, sex workers, and men who have sex with men, to the range of HIV prevention and care services they need. This involves working with civil society groups and health service providers to increase the effectiveness of referral, broker for better access to services and improve the range and quality of services available.

Capacity building to date has largely focused on building technical competencies and strengthening health systems a component of which has been building NGO capacity to strengthen its role in the health system.

USAID Dialogue on HIV and TB Project (Dialogue) 2009-2014.

The Dialogue Project, implemented by PSI, is a strategic response to reduce the HIV and TB epidemics among key populations in five Central Asian countries: Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan, and Turkmenistan. The Dialogue Project contributes to reducing these epidemics by achieving and maintaining improved health behaviors among key populations in Central Asia, including increased use of HIV and TB prevention and control services.

Dialogue uses a regional strategic approach in addressing HIV and TB issues among key populations across all target sites in project countries. Activities to date have included: conducting direct outreach activities among five groups (IDUs, SWs, MSM, prisoners, and PLHIV) throughout five countries and gaining support of local government organizations and NGO partners; sub-awarding local NGOs as sub-grantees for outreach activities implementation; strengthening of established voucher referral networks; establishing and reinforcing the multidisciplinary teams approach to provide care and support to PLHIV, and case management for all key populations on TB treatment, throughout the region.

The Dialogue program has included a significant amount of capacity building at both the country and regional level. To date the capacity building has focused on HIV technical capacity rather than organizational capacity.

B. World Bank / DFID

The Central Asian AIDS Control Project financed by the World Bank and the UK Department for International Development was implemented for the period from 2005 to 2010 in four independent countries in Central Asia and had the Subcomponent on building capacity through creation of Regional Training Centers (RTCs) in the following areas: Kazakhstan: HIV prevention among youth; Kyrgyzstan: harm reduction programs; Tajikistan: HIV prevention among migrants and their family members; and Uzbekistan: treatment, care and support to people living with HIV.

C. Global Fund to fight AIDS TB and Malaria (GFTAM)/ UNDP

GFTAM supports HIV programs Kazakhstan, Tajikistan and Kyrgyzstan. All programs have significant NGO/CBO components focused on delivering safe sex and safe injecting supplies through a minimum package of services/peer education model. UNDP has largely been the agency through which the NGO/CBO components of projects have been managed. Capacity building to date has been to provide technical knowledge and capacity for the NGO/CBOs to deliver the minimum package of services.

International NGOs:

In 2007, The **International HIV AIDS Alliance**, through its Kyrgyzstan member, AAA (Anti AIDS Association) and other Alliance partners in Central Asia, secured World Bank funding to implement a project to reduce the spread of HIV and mitigate its impact in Kazakhstan, Kyrgyzstan, Uzbekistan, and Tajikistan. The project—part of the Central Asia AIDS Control Project (CAAP)—expanded access to HIV prevention, care, and support services. It increased the involvement of affected communities in programming and policy development, and strengthened the capacity of networks of people living with HIV to effectively support and influence national responses. With the project's support, eight new groups of people living with HIV were incorporated as legal NGOs.

AMFAR, through its GMT Initiative (formerly the MSM Initiative), provides financial and technical support to community organizations working to reduce the spread and impact of HIV among gay men, other men who have sex with men and transgender individuals (collectively, GMT) in low and middle income countries. The initiative has supported groups in Tajikistan and Kyrgyzstan and their partners across the region with organizational and technical capacity building.

The Open Society Foundations (Soros Foundation) maintains offices and programs in Kazakhstan, Kyrgyzstan, and Tajikistan, all of which have had HIV, injecting drug use, and MSM components that focus on capacity building to create a viable civil society. Some of the organizations supported by the Open Society Foundations have also been beneficiaries of GFTAM and USAID programs.

V. Assessment Tool/Methodology used for Project

Capacity building is driven by clearly defined objectives that state what the initiative is intended to achieve and how it will accomplish its objectives in the context of PEPFAR, the national strategic plan, and the expected prevention, care and treatment targets and HIV and AIDS program outcomes. In order

to achieve this, a capacity assessment of HIV and AIDS organizations that indicates which aspects of capacity need improving and which areas already have good or excellent standards that can either be built on or shared with others is useful.

There is no one, best way of tackling capacity assessment and there are many existing instruments. Much depends on the complexity and context of the NGO concerned and what the NGO itself wants as well as what donors and funders may require. The degree of complexity results from a combination of factors: the history of the NGO; age, size, and development activity; geographic spread; sources of funding; the context(s) of action; leadership; and others. It does not refer to just structural complexity. However, consistent with the capacity building principles mentioned above, any assessment should be participatory and inclusive.

The CAR NGO assessments developed a systematic approach to NGO capacity development with the assessments of various NGOs in Tajikistan, Kazakhstan, and Kyrgyzstan being used to inform the development of country wide and a regional capacity building strategy rather than focusing on the capacity needs of any one organization. The assessment process identified and prioritized common themes and issues that need be addressed across each country and the region. The resultant strategies include approaches to both develop the technical and organizational capacities of less mature NGOs and to strengthen the technical and organizational capacities of more mature organizations.

The overall assessment approach was designed to gauge the **overall functioning of the organization**. The assessment was administered in the context of group assessments taking place at one time, enabling the participants to both draw conclusions for their own organizations as well as gain understanding of the capacity throughout the country/region as a whole.

The PEPFAR CAR team explicitly requested that the team assess a large number of NGOs in Tajikistan, Kyrgyzstan, and Kazakhstan that serve populations most at risk for HIV in the region including sex workers, people who inject drugs (PWID), MSM, PLHIV and prisoners: 14 in Tajikistan (in Dushanbe, Kulob and Khujand), 18 in Kyrgyzstan (in Chui Oblast, Bishkek and Osh) and 13 in Kazakhstan (in Almaty, Karaganda and Ust-Kamenogorsk).

Taking these factors into consideration, this assessment used a combination approach that included a participatory approach for data collection via a capacity assessment workshop. To ensure objectivity, the assessments were undertaken by a team of three external facilitators and the findings of the assessors were triangulated to produce a final assessment. Observers were also present to learn from the process and to ensure local implementing agency understanding of the issues raised. An initial qualitative description of capacity of the organization as a whole was supplemented by quantitative measurement for specific capacity areas. A rapid assessment process was used that took place over two days, involving sessions for specific NGOs as well as wider discussions and assessments that were relevant to all organizations. This approach ensured minimum disruption to each organization while producing an assessment of the organizations' overall functioning.

Upon review of the myriad of assessment tools available, the assessment team adapted and utilized the International HIV AIDS Alliance **NGO Capacity Analysis and Community Based Organization Rapid Assessment Toolkits**^{13,14} as the basis for this assessment. These toolkits are among the few that allow

¹³ NGO Capacity Analysis Toolkit. International HIV AIDS Alliance. 2004

¹⁴ CBO Capacity Analysis: A toolkit for assessing and building capacities for high quality responses to HIV. International HIV AIDS Alliance. 2007

for several NGO/CBOs to be involved in the process at the one time, so they best suited the timeframe and logistical issues faced by this project, which made on-site assessments of individual organizations impractical. The toolkits are designed to be flexible and adapted for use to meet the needs of different NGO/CBOs. They provided tools for analyzing and building capacity using a number of different methods that were applicable to either individual organizations or a group approach.

The workshop was structured with five different sessions looking at specific areas of capacity in addition to an introduction and wrap-up session. These sessions can be used in any order and in any combination, as appropriate for the organizations involved. The toolkits were easily adapted and through the first workshop session (entitled “what is capacity”) the opportunity was available to tailor the assessment tool to capture specific issues/problems/new technologies and developments that were of concern to the participants.

The workshop/analysis process used a combination of methods to ensure that the assessment process was participatory. These included:

- Quantitative and qualitative methods to determine scores for capacity indicators and capture more dynamic issues and perceptions of staff.
- Self-assessment techniques to encourage better ownership of results.
- Objective criteria to use for external validation to provide comparable results for evaluation purposes.
- Multiple instruments for triangulation to develop a comprehensive picture of capacity from different perspectives and assess the level of consensus over issues.

The request from the CAR PEPFAR team was to assess organizational processes, management systems, program, financial and technical capabilities, and leadership of NGOs. Hence, five areas of capacity important for delivering and supporting responses to HIV and AIDS were addressed:

- **Organizational strength** has long been recognized as important for the sustainability and efficacy of an organization’s ability to function. (The assessment included organizational processes, management systems, and financial capacity as per the CAR PEPFAR team request.)
- **HIV/AIDS technical capacity** – The understanding of the epidemic continues to evolve as it is developed and shared from different contexts. Organizations that are able to refresh their methods and approaches in line with this understanding will likely better serve their mission. (Program and technical capabilities were assessed as per CAR PEPFAR request.)
- The **promotion of participation of people living with HIV and AIDS and other affected communities** is integral to challenging inequality and marginalization which is often the underlying cause of people’s vulnerability to HIV. This is also often a sign of how much an organization believes in its own messages and feels solidarity with its community. (This included program, technical, and leadership capabilities as per CAR PEPFAR request.)
- **Partnerships, referral systems, and co-ordination** with others enable an NGO to magnify the effect of its actions by the power of all those around it. Rather than working in competition with others and duplicating efforts, the NGO seeks to address the needs of its community in the best way it can. (Includes program and technical capabilities as per CAR PEPFAR request)
- **Involvement in evidence and consultation-based advocacy** harnesses the power of institutions that can affect the lives of an NGO’s community to a far greater extent than the NGO can itself. The inequalities and vulnerabilities faced by some people may be embedded in the structure of

society and, in some cases, may only be addressed through advocacy. (Includes program, technical and leadership capabilities as per CAR PEPFAR request).

For the majority of HIV focused NGO/CBOs, working in specific geographical areas or with specific population groups, all five areas of capacity will complement and reinforce each other, and together combine to enhance the sustainability, quality, integrity and impact of interventions. The initial in-country stakeholder briefing may identify specific issues that need to be addressed, either through these five capacity areas or via an additional assessment if it is warranted.

VI. Assessment process (agenda/schedule/components of assessment)

A team of three facilitators with substantial experience with NGO/CBO capacity building and HIV service delivery conducted the assessment. A representative from the implementing agencies of the Quality Project country offices was also invited to observe (but not participate in) the workshop. The Director of the Kazakhstan Union of PLHIV also joined the assessment team for some NGO meetings and facilitated some workshop sessions in Ust-Kamenogorsk and Karaganda.

The team began its work in each country with an initial stakeholder meeting. The objective of these meetings was to include representatives from the Ministry of Health, donor agencies, and other organizations to inform stakeholders of the process and solicit their input on any specific capacity issues that the assessment team should be aware of or pay special attention to.

As the assessment process was facilitated by external facilitators it was vital that they meet with the NGO leadership to learn basic information about the organization, to better enable them to ask relevant, probing, and sensitive questions during the assessment process, and thus help the NGO to find out more about itself. The team completed a NGO/CBO profile for each local NGO as part of the overall assessment. The profile included information about the NGO's background, details of its main programs and activities, and some key achievements and challenges. Preparing these profiles helped provide vital information for the workshop facilitators and the completed documents may serve as reference documents for future providers of technical support.

Groups of NGOs across different geographic areas in the three countries were invited to participate in the NGO/CBOs Capacities Analysis Workshop. The workshop's objective was to facilitate discussion and consensus building through systematic analysis of different capacities with stakeholders of several NGOs/CBOs.

The assessment tool used in the workshop was designed to be applied in a participatory manner with personnel from different levels of the organization including NGO/CBO directors, program managers, administrators, health care staff, HIV counselors, peer educators, monitoring and evaluation personnel, volunteers, and board members all being able to participate in the process. Obviously it was not viable for all involved with the organization attend the workshop. Therefore, it was critical that a representative group of approximately 5-6 participants from all levels of the organization attend, and that opportunities were created for all to speak openly (facilitators were cognizant that staff at some levels might be reluctant to speak openly in front of their more senior colleagues). In addition,

participants were given the opportunity to work both collectively with other organizations as well as time alone to consider their organization's own specific needs.

The following areas were assessed in the workshop:

1. Partnerships, referral systems and co-ordination
2. HIV/AIDS technical capacity of key and front-line staff
3. Organizational strength
4. Promotion of participation of PLHIV and other affected communities
5. Involvement in evidence and consultation-based advocacy

The assessment process is described in detail in Annex 3.

Scoring the indicators:

As described in Annex 3, through the facilitated discussion, participants scored the indicators as a group. The tool has a simple qualitative scoring scale of 1-4, with one being the least capacity and four being the most capacity. The score was determined by consensus with the participants after discussion of each element of capacity. This process helped provide an overview of how the organization rates its level of capacity and collectively determine the capacity building priorities for the country/region/city involved in the workshop.

Country NGO Assessment Reports:

After each workshop, a summary document was produced that includes all of the NGO/CBO profile documents and outlines of the five capacity areas, their indicators, and the relative score. A short narrative is included that explains key issues raised and capacity priorities agreed on. After all of the in-country workshops have been completed, the summary documents will be combined to produce a single country capacity analysis document that outlines the five capacity areas, relative strengths and weaknesses, and priority areas for capacity development. [This document is the summary country NGO assessment report for Kazakhstan.]

Limitations:

This analysis process does not produce detailed capacity assessments of individual organizations. This was due to the number of NGOs and CBOs involved and the fact that there were not enough resources and/or time to undertake in-depth individual organizational analysis. It did, however, produce a foundation assessment of organizations and a framework for an assessment process that organizations may choose to apply directly to themselves.

The process as described only looks at five areas of capacity. Participatory re-design of the indicators could allow different or additional capacities to be analyzed, in more or less depth. Capacities that relate to conducting research, documenting findings, providing support to other NGOs, and mobilizing communities are all examples of areas that could be explored further using the existing workshop format.

While the suggested indicators are believed to be relevant for many NGOs, users of this toolkit should also be aware that some might seem ambitious or unrealistic for smaller CBOs. This needs to be considered sensitively, as otherwise their application may unduly depress or disappoint a small but aspiring CBO. Furthermore, in reality, many capacities (for example in advocacy work) are dependent on the capabilities and passion of individuals, which can be difficult to capture and measure adequately.

Sometimes, such capacity can only be measured by proxy. The indicators that point to such proxies, however, are not intended as a scientific measure of capabilities.

VII. Kazakhstan Methodology

In Kazakhstan, the project focused on three major cities: Almaty, the most populated city, located in the south, and two urban centers in the north, Ust-Kamenogorsk and Karaganda. More than 40 NGO staff and volunteers representing 10 non-governmental organizations were involved in the assessment project.

During the individual NGO discussions, a basic profile of the organizations was obtained (see Annex 2). This profile provided background information for the assessment team to enable tailoring of the workshops and to assist in the qualitative analysis process. The sample of Kazakhstan NGOs focused on HIV issues contained well-established NGOs, with the oldest NGO established in 1994 and the youngest one in 2008. All NGOs were legally registered. Three (3) NGOs were operating in Almaty, two in Ust-Kamenogorsk and five in Karaganda (including two NGOs in the nearby city of Temirtau). Four (4) out of 10 NGOs had some sort of a strategic plan guiding the organizations long-term direction and priorities, though only one had a functioning governing board separated from management and with strong links to its target community. The median number of staff per organization was 21 people, with the largest staff consisting of 50 members. The median number of volunteers collaborating with organizations was 10 and the largest number of volunteers was 200. Eight (8) of the 10 NGOs reported having more than one funding source, with two organizations reporting that they were currently receiving Kazakhstan Government Social Procurement funding. All NGOs focused on multiple affected populations, including PLHIV (8), PWID (6), sex workers (3), MSM (2), LGBT (2), vulnerable youth (2), prisoners (6), ex-prisoners (5), women (3), and children (1). All NGOs defined their main area of work as prevention, and eight also listed care and support as a major focus.

VIII. Kazakhstan Findings

Stakeholders Meeting

As stated above, the purpose of the stakeholders meeting held in Almaty on April 29, 2013, was to explain the assessment process and methodology and introduce key concepts, objectives, and expectations. The stakeholders provided feedback and offered valuable ideas for the assessment process and discussed potential areas of NGO capacity weakness. Stakeholders included USAID Quality Health Care Project, the USAID Dialogue on HIV and TB Project, UNIFEM and UNAIDS. Apologies were received from the USAID Central Asian Republics Regional Mission based in Almaty.

The stakeholders noted that the Kazakhstan Government was unique in this region in that it provided funding to the NGO sector through social procurement programs so that organizations could provide specific services to the community. However, they noted that there needed to be an increased focus on the sustainability of services and organizations in these programs. Also there was concern over the transparency of selection processes in awarding funding, along with the methods of actual funding transfers (e.g., minimal funding provided at the initiation of projects and the balance only on completion, causing financial pressure on NGOs). These comments were made in the context that

international donor support for Kazakhstan was decreasing as the nation was largely now seen as a middle income developed country.

While coordination between NGOs and local governments was seen to be ‘working well, especially in less metropolitan areas,’ it was stated that there was some confusion over roles and responsibilities between government health agencies and NGOs. Kazakhstan incorporates HIV into its current National Health Plan rather than having a specific HIV National Strategy. There was some discussion among stakeholders about whether there should be advocacy around the need for a separate HIV plan in the future and one stakeholder said the government sees HIV as ‘not sexy to them.’ Some stakeholders felt NGOs were ‘less strong’ in Kazakhstan compared to neighboring countries and this, along with funding and coordination pressures, had possibly contributed to a smaller number of HIV NGOs operating in Kazakhstan compared to Tajikistan and Kyrgyzstan.

Workshops in Almaty, Ust-Kamenogorsk and Karaganda with Kazakh NGOs working on HIV with Key Populations

The purpose of the workshops was to explore common themes and priorities for capacity building and to complete a self-assessment process that explored the following areas of capacity: Partnerships and coordination, technical skills of frontline staff, organizational strengths, participation of PLHIV and other key populations, and advocacy.

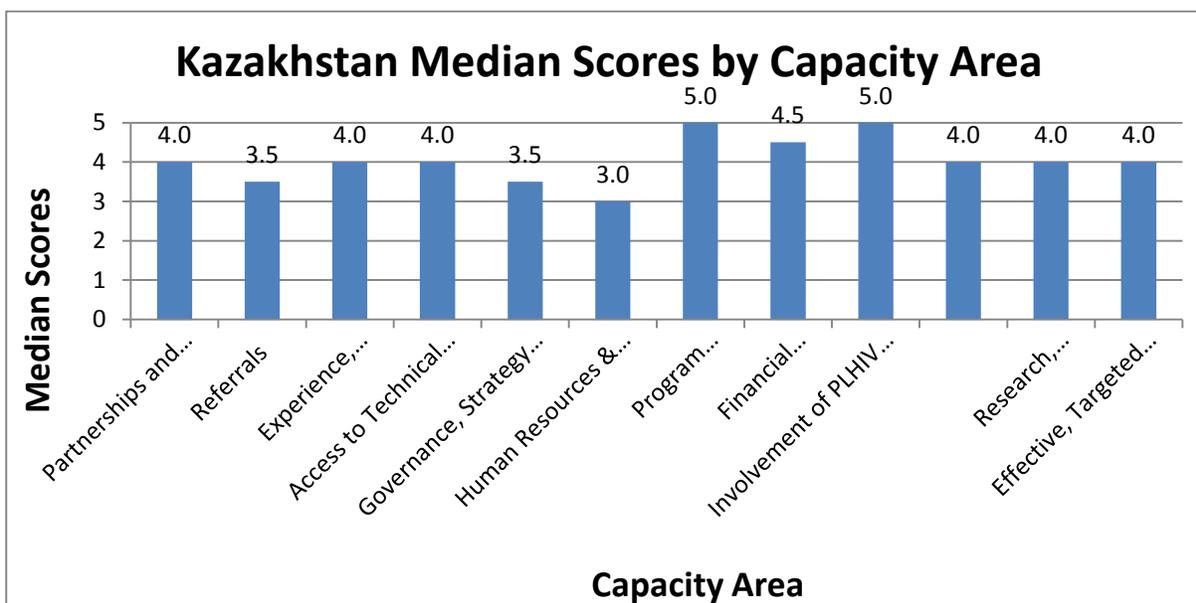
Forty (40) people participated from the nine NGOs that attended the three workshops. Their diverse working roles provided a wide range of opinions and experiences to the workshop (see Table 1).

Table 1: Workshop Participants and Self-reported Working Roles

	Almaty	Ust-Kamenogorsk	Karaganda	Totals
Social Workers	1	9	7	17
Outreach Workers	4	2	2	8
Coordinators	1	1	1	3
Management	1	1	3	5
Board Members	1	1	2	4
Other: e.g., psychologists, lawyers	0	1	2	3
Totals	8	15	17	40

Overall findings of the self-assessment scoring of all capacity areas by the nine NGOs who participated in the 3 (three) Kazakhstan workshops across all capacity areas are provided in Figure 1. These findings are further divided and discussed below in detail under each of the five specific capacity area headings.

Figure 1: Kazakhstan Mean Capacity Scores



Specific Areas of Capacity

1. Partnerships, referral systems and coordination (refer to Annex 4, figures 1 to 4)

NGOs in Kazakhstan reported varying levels of effective partnerships, particularly in relationship to equality with partners, formalized agreements, and coordination. They were able to list a diverse range of other NGO partners that they worked with, including the Kazakhstan Red Crescent Society, Kazakh Union of PLHIV, and legal firms. The two NGOs in Ust-Kamenogorsk said they had partner agreements (MoUs) with many of their NGO partners describing how they would work collaboratively together, including in regards to client referrals. The five NGOs in Karaganda were not so positive about their partnerships and stated there was ‘sometimes unfriendly competition’ and there was a need for more partner work meetings and joint events. It was also stated that they ‘could unite and apply for larger longer-term grants and work together for the whole community.’ The three NGOs in Almaty said they had ‘good working relationship with some NGOs but not with all.’ They talked about competition and some misunderstandings between NGOs.

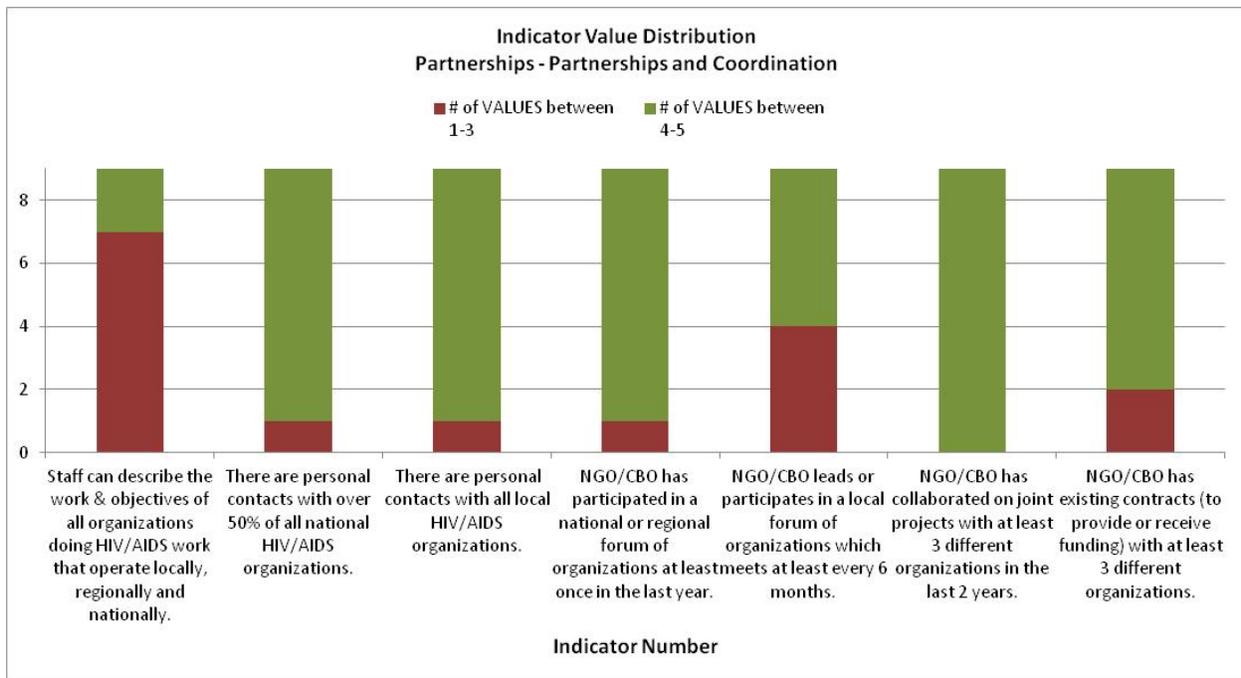
While some NGOs reported good partnerships with local government agencies such as police and health services, these relationships appeared to be largely based on personal contacts. MoUs with government agencies describing how they would work collaboratively together, including in regards to client referrals, while sometimes present, appeared to be largely symbolic—‘MoUs on paper only’—and that some government agencies ‘do not want MoUs as they think it will cause obligations for them.’ When discussing partnerships with government, NGOs said they were ‘often very one-sided and they expect a lot from us,’ ‘they have no tolerance for the communities we work with,’ and ‘the government is ashamed of our issues.’ One NGO stated that ‘we are indispensable to the government, as we deliver a service they cannot.’ Some NGOs believed they needed to take a more active role in changing civil servants’ perception of their work and also work together to improve the quality of government services, and that there should be more joint trainings, events, and planning. Limitations relating to the

government social procurement program were raised many times, including the short-term nature of the funding, delayed reimbursements of expenditures, and the fact that the funding was not necessarily available for projects with ‘the sort of people we work with.’

Partnerships with international organizations seemed to be based largely on a donor -recipient relationship and there was an awareness that ‘the donors are leaving.’ NGOs said that they had benefited from systems of international standards provided by donors (e.g., finance and accounting) and that there had been many useful training workshops that had increased their capacity. One NGO said ‘there is nothing more to be trained about, our walls are covered in certificates, we need funds to implement our work now.’ Several NGOs commented that ‘we report to them but we do not get any feedback,’ that the donors are inflexible in regards to ‘our strategies not matching with donors,’ and noted onerous reporting requirements. A suggestion was made that the INGOs could explore developing an apprenticeship system with NGOs to provide their staff with ‘practical training’.

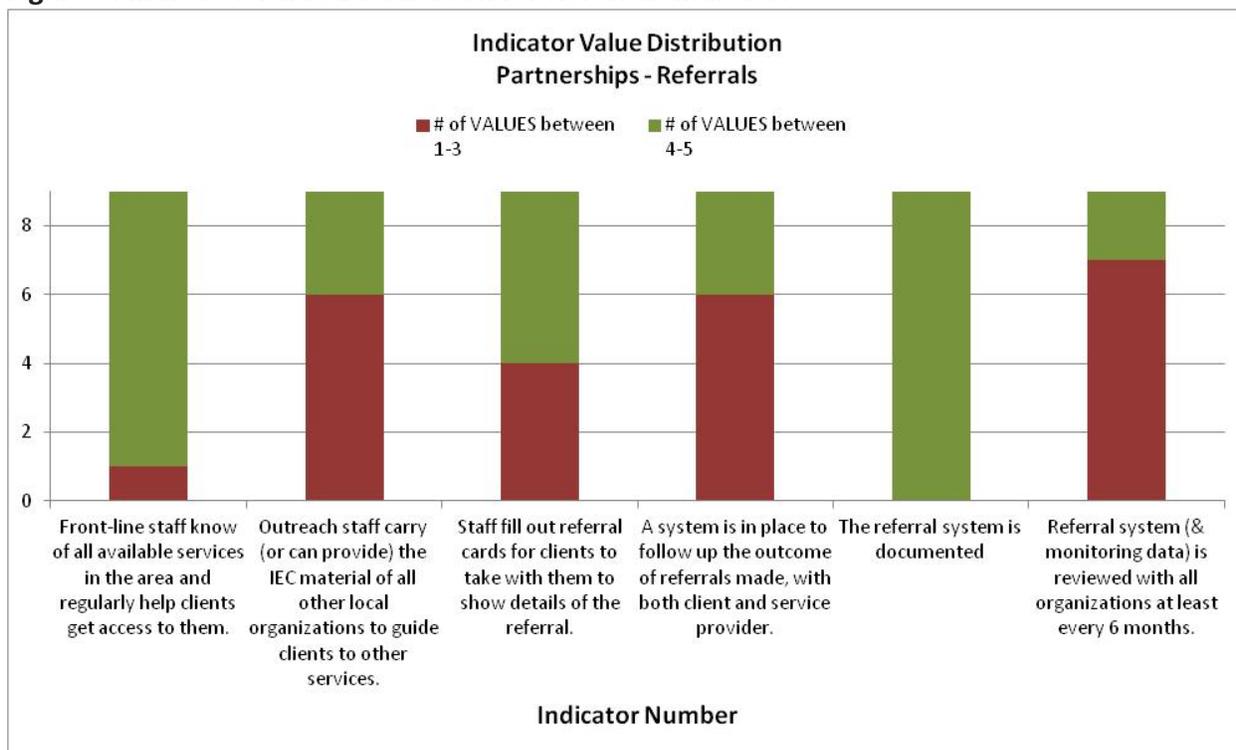
While only two out of the nine NGO workshop participants assessed themselves as being able to describe the work of all organizations in the HIV field locally, regionally and nationally, and only five out of nine had participated in local forums, all nine NGOs indicated they had collaborated on joint projects with at least three different organizations in the past two years (see Figure 2).

Figure 2: Indicator Value Distribution for Partnership Indicators



Most NGOs reported having an effective documented referral system, particularly for clients requiring access to health services, including voucher systems and escorting clients to services as required. Eight out of nine NGO workshop participants indicated that their front-line staff knew all available services in their area and they regularly help clients access those services, while all nine NGOs indicated that their referral system was documented (see Figure 3).

Figure 3: Indicator Value Distribution for Referrals Indicators



Regarding their self-assessed strongest and weakest areas of capacity, Karaganda workshop participants rated their second strongest area of capacity as partnerships, referral systems and coordination, noting ‘society has started to talk to us,’ while Almaty workshop participants rated this area as tied for its weakest area (along with advocacy), commenting that ‘it would be easier to do advocacy if we had stronger partnerships with other NGOs, government and international organizations.’

2. Technical HIV/AIDS skills and knowledge (refer to Annex 4, figures 5 to 8)

Workshop participant’s opinions were sought in the areas of technical HIV/AIDS skills and knowledge in terms of their needs and how to address those needs. This was further divided into the two areas of management (e.g. directors, board members, coordinators/ administration) and front-line client focused workers (e.g. social workers, outreach workers).

Management participants said they needed more skills in the areas of:

- Communication and negotiation, including social media technologies, and negotiations with government
- Project management and reporting
- Monitoring and evaluation
- Leadership and management
- Social entrepreneurship – sustainability
- Developing business plans
- Fundraising, including local fundraising
- Strategic planning

- Advocacy
- Budgeting and basic finance
- Assessing staff capacity
- Legal issues, e.g., labor laws, tax codes
- HIV updates, e.g., new HIV therapies.

They felt these could be best addressed through internal trainings, self-learning, by external specialized training organizations, experience exchanges, and apprenticeships in other countries to ‘learn different ways of working.’

Worker participants said they needed more skills in the areas of:

- Communication, especially with clients
- Outreach
- Case management
- Dealing with emotions – ‘burn-out’
- HIV and TB updates, transmission risks/safety
- Strategic planning and organizational sustainability
- Advocacy
- Computer skills.

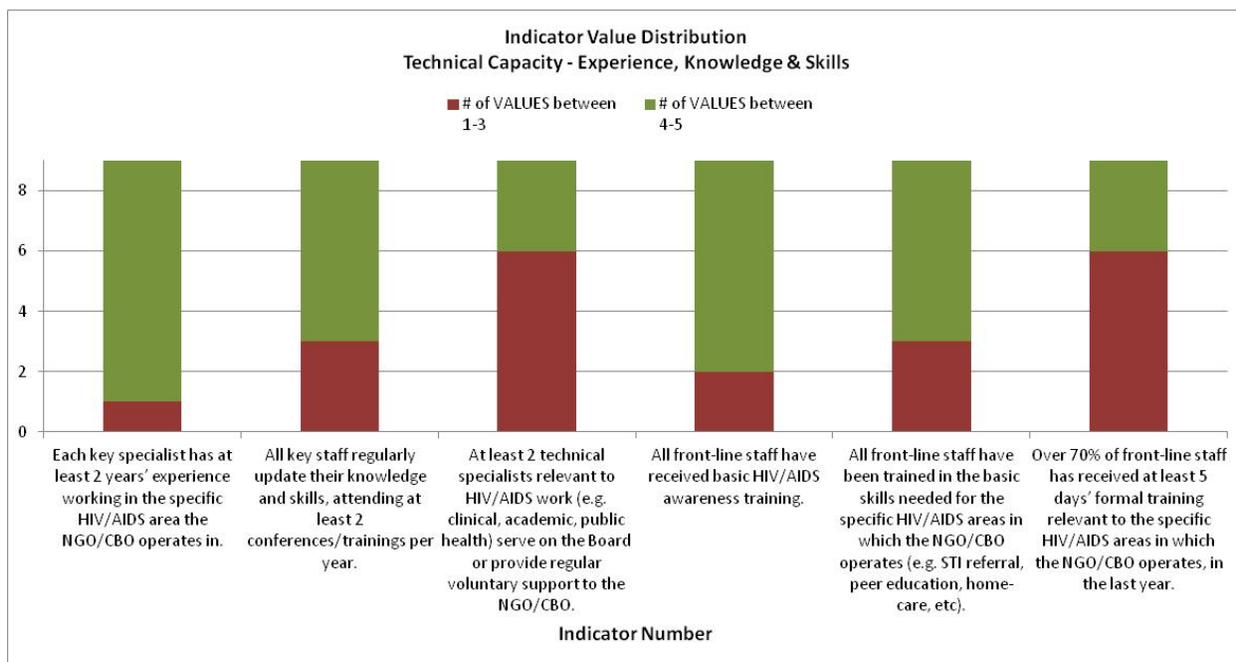
They felt these could be best addressed through more training and workshops, more opportunities to share experiences, apprenticeships, and mentoring with more experienced workers.

The assessment team was pleased to hear capacity development needs associated with the important issue of organizational sustainability—such as strategic planning, social entrepreneurship, developing business plans, and local fundraising—being self-identified by the NGO participants at all three workshops.

The assessment team had noted during NGO interviews—and the subject was also raised to a limited degree at some workshops—that there was some lack of knowledge and awareness about some of the latest developments in HIV prevention and care, such as treatment as prevention and the use of older and currently rarely used prevention approaches such as ‘traffic lights’ and *Le Sky*. There also appeared to be a lack of awareness and knowledge of utilizing new and emerging social media technologies to interactively communicate with their communities and use as advocacy and educational platforms.

Eight out of nine NGO workshop participants indicated that their key specialists had at least two years of experience working in the specific HIV area that their NGO operated in (see Figure 4).

Figure 4: Indicator Value Distribution for Technical Capacity Indicators



During the Ust-Kamenogorsk workshop and in meetings with several NGOs the issue was raised about the challenges presented by the government's current push to professionalize social workers through setting minimum required tertiary qualifications. Most NGO social workers have been trained on the job and while they have participated in many training sessions and have many workshop certificates and years of experience, they do not have formal tertiary qualifications and so are unable to apply for vacant government social worker positions. It was said that many government social worker positions now remain vacant and/or have been filled by doctors or psychologists and that these people lack the skills and experience of working with vulnerable groups. It was suggested by several people that perhaps an interim measure could be adopted by the government of certifying non-tertiary qualified social workers based on training received and years of work experience.

Karaganda workshop participants rated that their strongest area of capacity was in technical HIV and AIDS skills and knowledge, while Ust-Kamenogorsk and Almaty workshop participants voted this as their second strongest area of capacity.

3. Organizational Structure and Systems (Refer to Annex 4, Figures 9 to 16)

3.1. Governance, strategy and structure

All NGOs were legally registered with the government as either a public association or a public foundation that required them to have a founding board. According to participants, most of these founding boards rarely met formally and were often dominated by current management and staff. There was a discussion at the Ust-Kamenogorsk workshop about the need to pay founders for their involvement in the NGO, 'we have to work to sustain ourselves, this is Kazakhstan.' Almaty workshop participants said that 'board members will not work for free.' It was noted that in several NGOs, many of the founding members, management, and staff were from their communities, in that they were self-identified PLHIV, LGBT and/or PWID. Several NGOs also reported that they held 'general assemblies,'

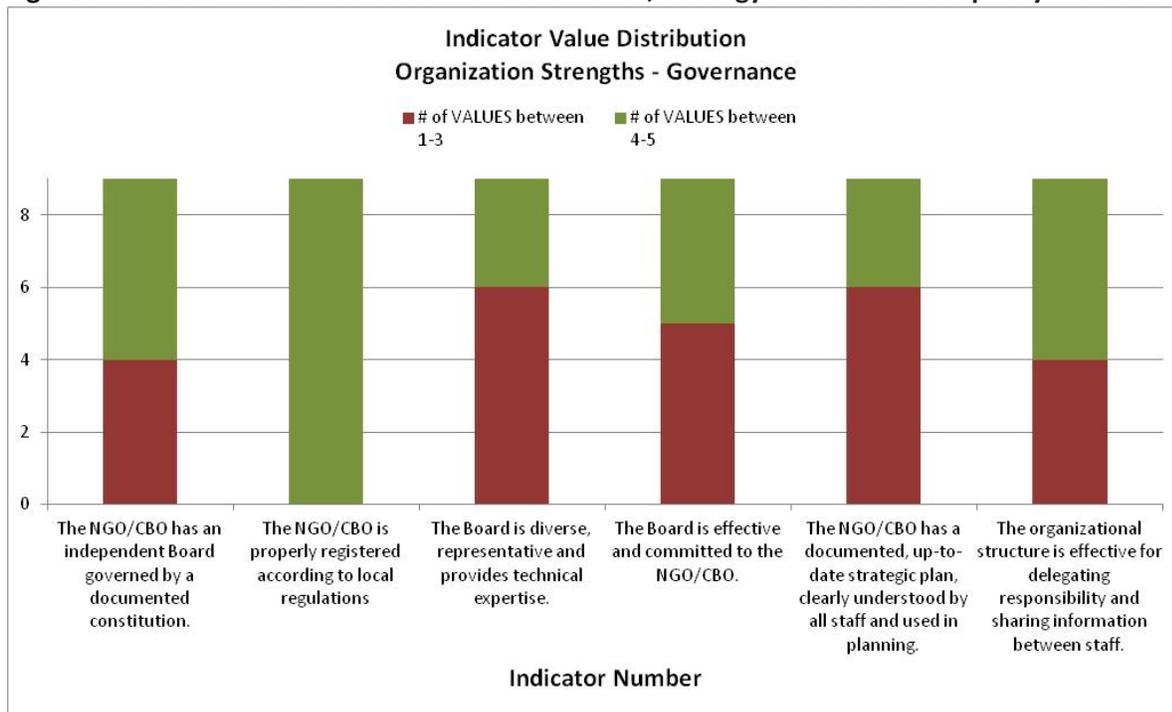
though it was unclear how regularly these were held, how involved management and staff were in these meetings, and what power decisions made by the assemblies had over the future of the organization. The assessment team believed that only one of the 10 NGOs had a functioning governing board separated from management, with strong links to its target community that provided long-term independent vision and direction to the organization. At the Karaganda workshop, a representative of the newly formed Kazakhstan Women’s PLHIV Network, which is linked to the Kazakhstan Union of PLHIV, stated that their network was governed by a board of positive women volunteers.

Five out of nine NGO workshop participants scored their organization as having an independent board governed by a documented constitution and only three said their boards were diverse, representative, and provide technical expertise (see Figure 5).

Four out of 10 NGOs during interviews said they had some sort of a strategic plan guiding the organizations long-term direction and priorities. Several NGOs reported that they had work or project plans but that these were largely based on currently funded projects and so were limited in scope and time, and in most cases were driven by the availability of external funding. One NGO stated that ‘like most NGOs, we work from one project to another.’ This also appeared to influence the organizational structures with staff positions dependent on available funding. An example of this was seen with social workers sometimes becoming project coordinators, but then returning to their social worker role once the specific project funding had ceased. As noted earlier, management and worker participants in the workshops had listed ‘strategic planning’ as an area where they required further skills development.

Only three out of nine NGO workshop participants scored their organization as having a documented, up-to-date strategic plan that was clearly understood by all staff and used for planning and five NGOs scored their organization as having a structure that was effective for delegating responsibility and sharing information between staff (see Figure 5).

Figure 5: Indicator Value Distribution for Governance, Strategy and Structure Capacity Indicators



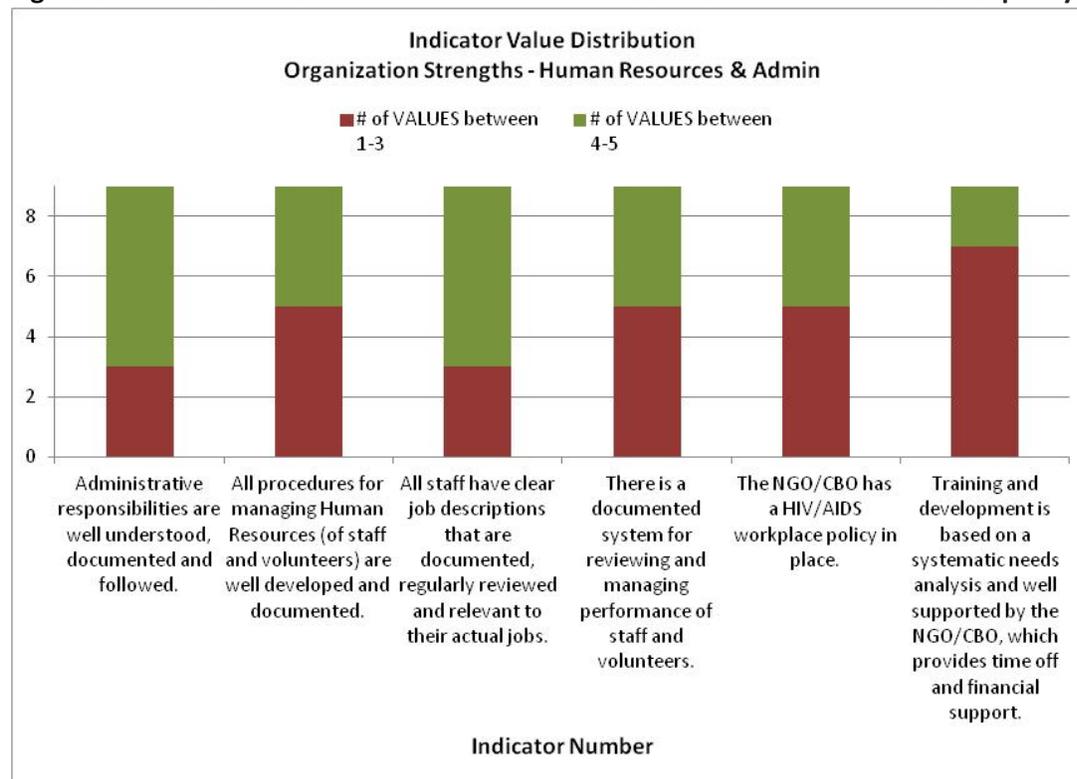
3.2. Human resources and administration

Human resource policies and procedures, often in place to a limited degree, appear to be ad-hoc and ‘driven by donors.’ It was reported that staff had job descriptions but that recruitment policies could be vague with volunteers being recruited to vacant staff positions based on the availability of project funds as ‘they were already trained.’ Many NGOs commented on the low salary levels paid to staff, which appeared to often be defined by donors at levels below those for comparable government positions. Almaty NGO workshop participants said they believed these salary levels were even below the minimum set by Kazakhstan labor laws. One NGO stated that in regards to performance reviews of staff, ‘it comes from the donors, we don’t have any special systems in place’ and also that ‘we don’t have the funds to attract professionals, e.g., those with degrees and language skills.’ The two NGOs at the Ust-Kamenogorsk workshop both said that they were members of the Kazakhstan Union of PLHIV, which has model policies and procedures that they are hoping to adopt in the future.

Policies in regards to volunteers appeared to be even more vague than those for staff, with one NGO noting that ‘volunteer policies are generally not well documented except perhaps for youth focused projects with donors.’ In some cases the term ‘outreach worker’ seemed to be interchangeable with ‘volunteer’ and that these positions were paid, though at a low rate. Almaty NGO workshop participants commented that ‘most Europeans are surprised that we do not have a culture of free volunteerism in this part of Asia.’

Only four out of nine NGO workshop participants scored their organization as having procedures for managing human resources of staff and volunteers and that these are well developed and documented, and also that they had documented systems for reviewing and managing the performance of staff and volunteers (refer Figure 6).

Figure 6: Indicator Value Distribution for Human Resources and Administration Capacity Indicators

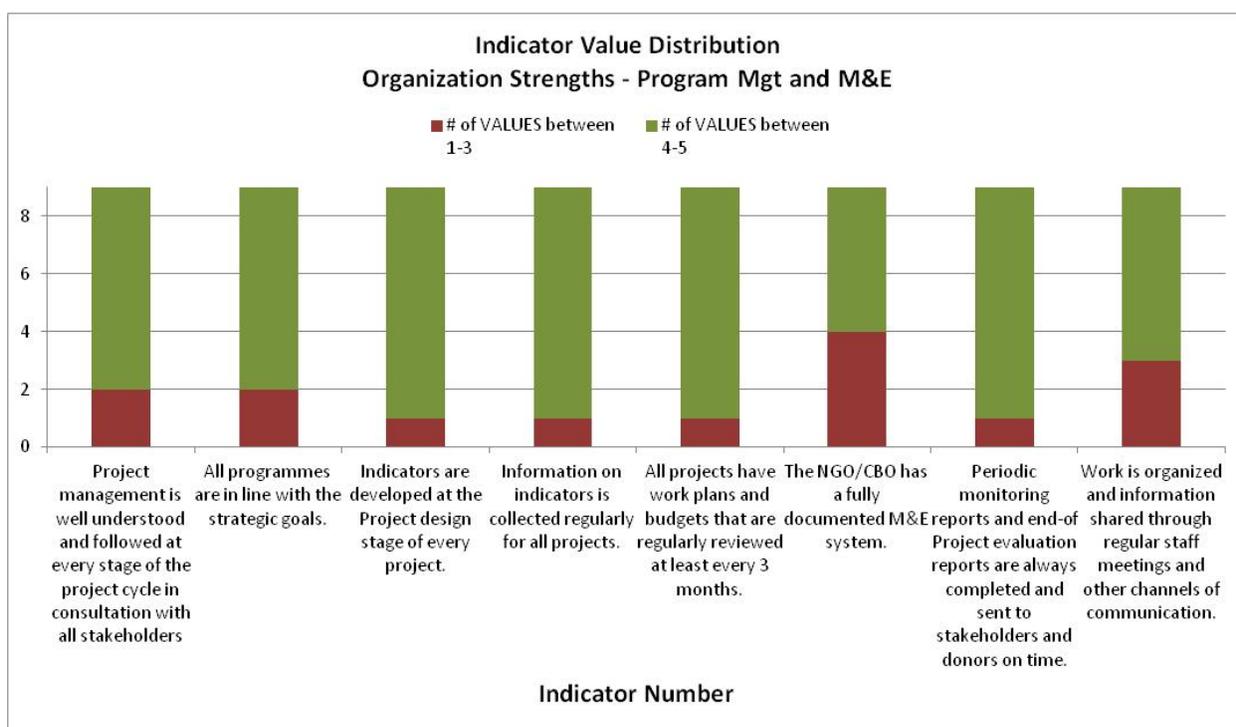


3.3. Program management, monitoring, evaluation and reporting

While most NGOs reported a basic understanding of the project cycle, including needs assessments as the basis for all projects, monitoring & evaluation and reporting, they stated that ‘this is what our donors demand.’ NGOs also reported varying levels of consultation with their communities when developing new projects and activities, including at ‘general assemblies’ and/or focus groups, though this was not consistent. So while many NGOs may understand the project cycle it is not clear that they are really committed to it as an essential element of their working effectively.

Seven out of nine NGO workshop participants reported that their organization had project management that is well understood and followed every stage of the project cycle in consultation with all stakeholders; five NGOs reported that their organization had a fully documented M&E system (see Figure 7).

Figure 7: Indicator Value Distribution for Program Management, Monitoring, Evaluation and Reporting Capacity Indicators



3.4. Financial management and sustainability

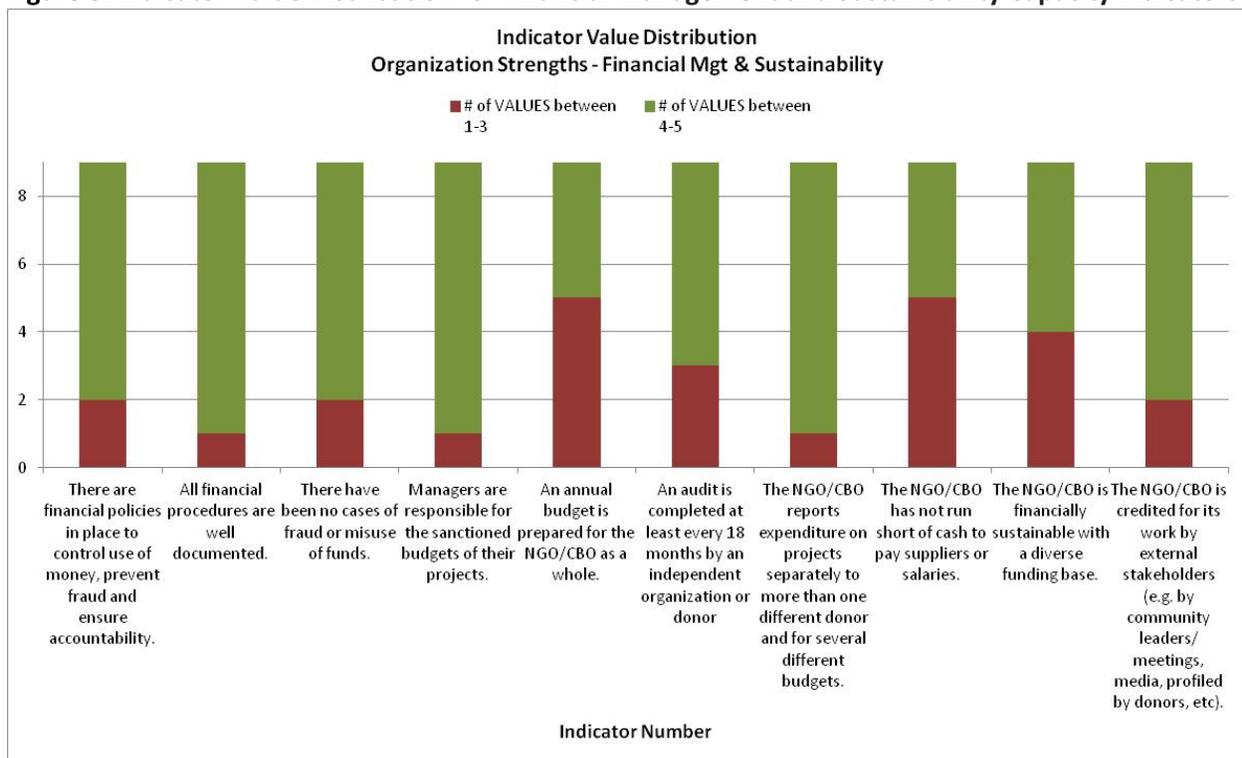
While most NGOs reported that they had basic financial and accounting systems, these appear to have been largely supplied by donors and the systems vary between donors, often creating an unnecessary workload burden for NGOs with multiple donors, although there was general agreement that having multiple donors was better than one donor only. It was noted that regular external audits are not a usual process for most NGOs, although they do regularly report to their individual donors as required. It was also said that these reports to donors can sometimes be quite onerous, ‘our regular end report for Global Fund weighs five kilograms, including all the receipts.’

The current reliance on project funds from international donors and lack of coordination between donors exacerbates the weak capacity of NGOs to strategically plan for the longer-term and manage the risks associated with funding interruptions related to project cycles. As a result, each time a project ends, the NGOs potentially face a resource crisis that can lead to staff having to be dismissed, or returned to lower wage or volunteer duties. There was a general acknowledgement among NGOs that international donors will eventually cease their funding for HIV projects in Kazakhstan.

Two NGOs are currently receiving funds from the government social procurement program, which is pleasing, although they complained there were many problems with this funding model including the short-term nature of the funding, delayed reimbursements of expenditures and that the funding was not necessarily available for projects with ‘the sort of people we work with.’ One NGO said they ‘do not want social procurement funding, they do kick-backs, we cannot afford to work for nothing and wait to be paid back.’ The issue of international donors setting unrealistically low salary remuneration levels for funded staff and Global Fund projects often focused on providing only commodities, such as needles, syringes, and condoms, was also contributing to financial stress.

Financial and resource sustainability is a major and growing issue for NGOs working in the HIV sector in Kazakhstan. While several NGOs are implementing some small scale local fundraising initiatives (see the *Answer* half-way house and farm article in Textbox 2 on the following page) such as positive women sewing fabrics for furniture and another NGO sub-letting a room to a local faith based organization for their regular meetings, these are limited by a lack of skills and experience in business planning. As mentioned earlier, management participants at the workshops listed sustainability related issues such as social entrepreneurship, developing business plans and local fundraising as skills required. Only five out of nine NGO workshop participants scored their organization as being financially sustainable with a diverse funding base (see Figure 8).

Figure 8: Indicator Value Distribution for Financial Management and Sustainability Capacity Indicators



Ust-Kamenogorsk workshop participants rated organizational related issues as their second weakest area of capacity saying, 'we have very limited organizational systems.'

Textbox 2: A good initiative – a half-way house and farm in Ust-Kamenogorsk

Answer is an NGO based in Ust-Kamenogorsk that was established in 2008 with a focus on PLHIV, including women living with HIV, PWID, and prisoners and ex-prisoners. One year ago, the NGO began renting a small house and some land on the outskirts of town. The house is used to provide basic short-term accommodation (up to two months) for men only while they deal with health problems due to living with HIV and/or Hepatitis and also ex-prisoners, who are usually ex-PWID, and are receiving assistance from the NGO's volunteer lawyer to restore their identification documents. Four men are presently living in the house and a total of 22 men have lived there over the past year. The land is currently used by the residents to grow vegetables to feed themselves and they have plans to for small-scale farming of animals like chickens, ducks, rabbits, and pigs for food and sale in the near future. Funding to operate the property comes from a grant from the Netherlands Embassy (until June 2015), though this 'does not cover the full cost'. *Answer* staff say they would ideally like to purchase this property.

Operating the property has been a learning experience for *Answer* with the 'process of realization showing us many problems.' While they do not currently have a business plan for the property, they have 'many ideas and also many challenges.' They have faced challenges such as behavioral problems by some past residents including damaging the property 'but we have learned from these experiences' and also some initial resistance from local police and neighbors to the idea of this sort of 'half-way house,' although there has been a gradual increasing acceptance with time. In May 2013, the Director of *Answer* purchased another one-hectare property with their own funds for *Answer* to expand its housing and farming operations, including possibly for women. *Answer* is showing great initiative with its activities to provide practical assistance to people in need and the provision of expertise to develop a long-term business plan with a focus on sustainability could eventually help to make these activities largely self-funding.

4. Involvement of PLHIV and other vulnerable and affected communities (refer to Annex 4, figures 17 to 20)

The involvement of PLHIV and people from other affected communities in NGOs was often limited to outreach workers and volunteers. As mentioned earlier, many of the founding board members and management are from their target communities for several NGOs, in that they were self-identified PLHIV, LGBT, and/or ex-PWID. NGO workshop participants also noted that many people came from multiple over-lapping communities (e.g., they were positive drug users), and that it was vital to involve these communities' members due to their 'lived experience' and so understanding of the needs of target populations. The growth and leadership of the Kazakhstan Union of PLHIV, formed in 2005, and the relatively new creation of the Kazakhstan PLHIV Women's Network and the Central Asia PLHIV

Network in 2013 are welcome actions to increasing community empowerment. The assessment team believes this type of networking initiatives could be expanded to other affected communities, such as MSM/LGBT, PWID, and sex workers, to also increase their involvement and empowerment in all aspects of the HIV response.

Some of the challenges and barriers to involving affected communities included the following, according to NGO participants:

- Secrecy, especially in rural locations
- Stigma and discrimination by health care providers and also within communities, e.g., between PLHIV-PWID and PLHIV-MSM
- Self-stigma
- Lack of awareness
- Low literacy and educational levels
- Lack of motivation
- Lack of personal resources, e.g., funds for travel to meetings, etc.

Workshop participants also suggested some actions that could be taken to increase the involvement of affected communities in their work:

- Build trust with and within our communities
- Public education and awareness campaigns to challenge negative attitudes and misinformation about PLHIV and PWID
- Target decision-makers and community leaders to change their negative opinions about NGOs and the work we do with our communities
- Leadership training
- Better coordination between NGOs and also with service providers to reach our communities;
- Range of diverse community based activities to attract a diverse range of people, e.g., retreats, picnics, etc.
- Explore the use of new and emerging interactive social media technologies to reach out to more people in our communities, including those who are concerned about being public. Platforms such as *Facebook* and the mass use of sms (short message service) could be used to provide supportive and educative messages and also allow community members to make contact.

Stigma and discrimination, especially by health care providers and other service providers, was frequently raised as a major issue impeding the involvement of PLHIV and other affected populations. It was seen as affecting people's self-worth, increasing anxiety, and creating a barrier to people accessing effective health care and other required services. When discussing why discrimination continued today participants said that many service providers were intolerant, judgmental, and lacked understanding and awareness of vulnerable communities, and had made comments such as 'you earned HIV yourself, why are you asking for treatment,' and 'you are a prostitute.' HIV-related discrimination is not unique to Kazakhstan, but is the 'same discrimination as for other former Soviet Union countries,' according to the NGOs. Greater and more collaborative efforts need to be made by all partners to raise HIV awareness and challenge ongoing HIV-related stigma and discrimination, particularly within the health sector and among other service providers and decision-makers.

NGO workshop participants scored their organizations high in terms of their capacity to involve PLHIV and other key affected communities, e.g., eight out of nine NGOs said they had more than one year of experience working with/involving at least two different affected communities (see Figure 9). However efforts made to promote that involvement were scored less high with a seeming lack of institutional support mechanisms, e.g., only four out of nine NGOs said they had confidentiality and non-discrimination procedures that are promoted and enforced with all staff (see Figure 10).

Figure 9: Indicator Value Distribution for Level and Range of Participation of PLHIV and Other Affected Communities Capacity Indicators

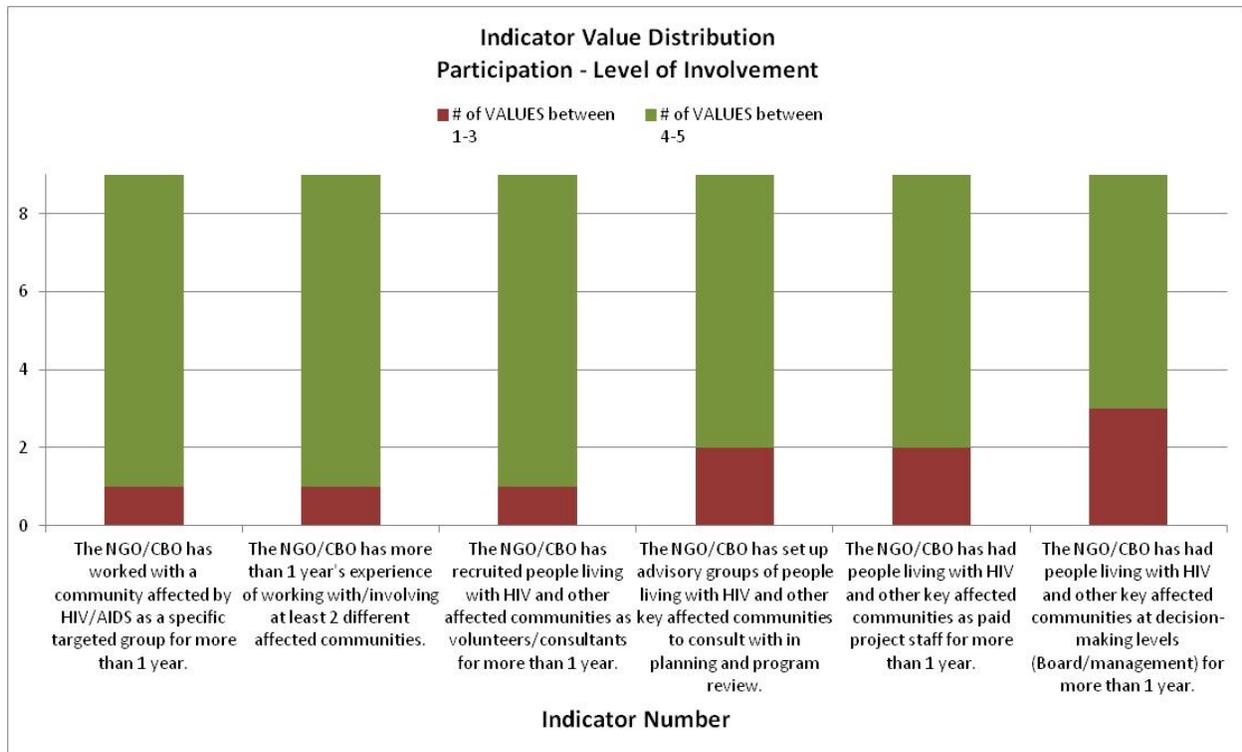
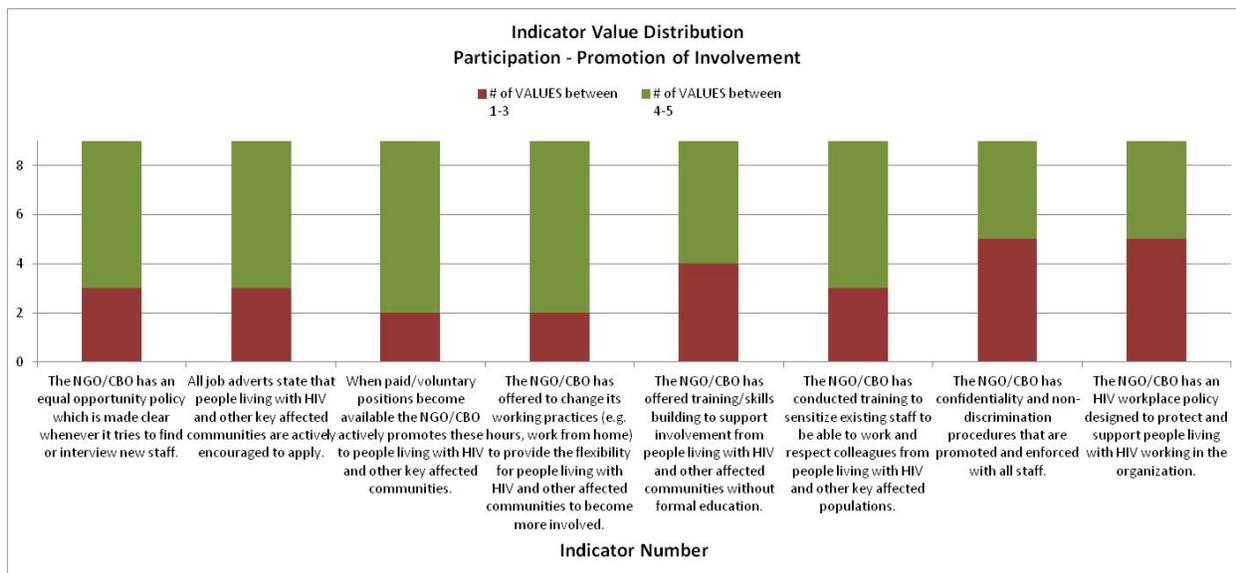


Figure 10: Indicator Value Distribution for Efforts made to Promote Involvement of PLHIV and Other Affected Communities Capacity Indicators



Ust-Kamenogorsk and Almaty workshop participants rated their strongest area of capacity as involving PLHIV and other affected communities, saying, ‘it’s easy, we are from the community,’ while Karaganda workshop participants rated this as their weakest area of capacity, saying, ‘PLHIV are a closed community that is difficult to access’.

5. Evidence and consultation-based advocacy (Refer Annex 4 Figures 20-22)

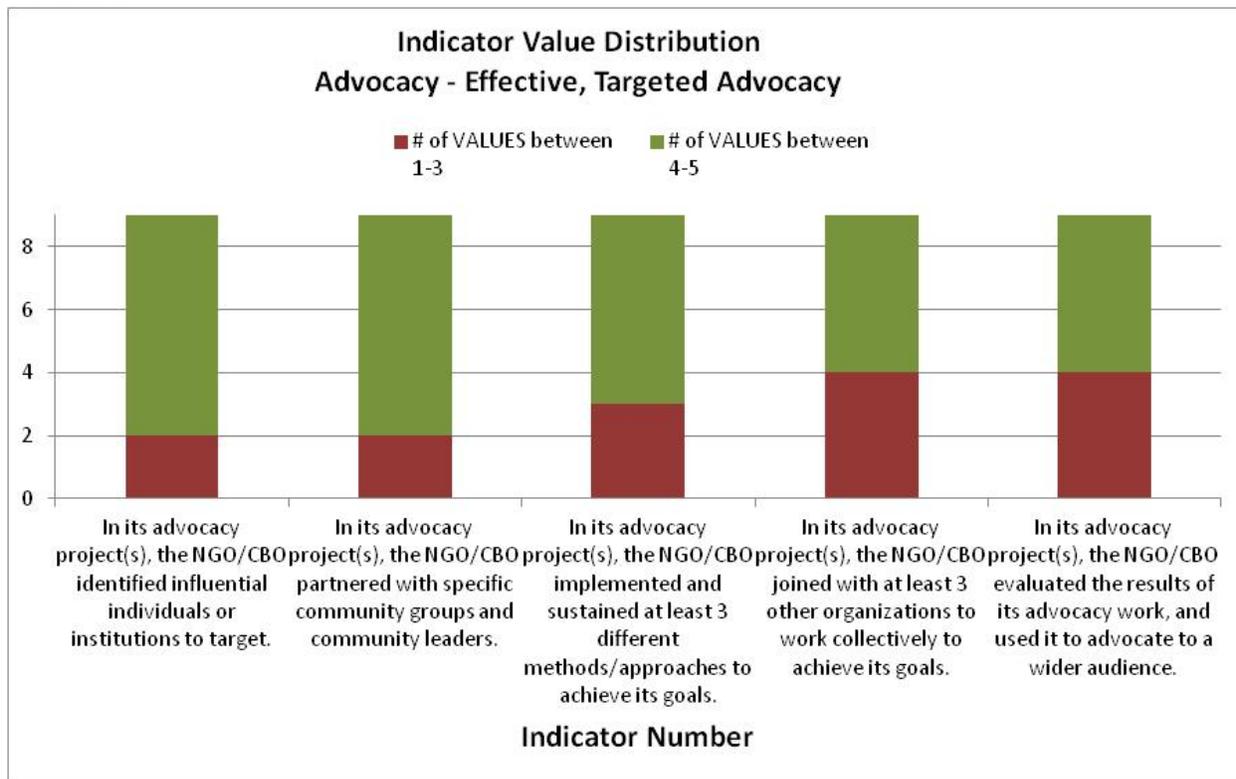
NGO workshop participants generally had a good understanding of the need for advocacy to be based on evidence and community consultations. Several NGOs were able to cite their involvement in HIV-related research and working with their communities to gather evidence, including two MSM/LGBT-focused NGOs involved in community based HIV rapid testing where results data was collected and collated, and attempting to promote these results to get the government to acknowledge the ‘real’ MSM HIV prevalence rate.

NGO workshop participants were also able to give multiple examples of successful small- and large-scale advocacy activities at the local level they had recently led, including challenging stigma and discrimination by health care providers, creating a pathway for transgendered people to change their the gender on their identification documents, access to schooling for HIV+ children, targeting decision makers to change their negative attitudes, and improving access to registration processes for ex-prisoners. A PLHIV PWID-focused NGO in Almaty talked of having a community round-table discussion to gather evidence and opinions in regards to HIV medication and diagnostic shortages and then lobbying key health care providers, ‘we just want guaranteed care.’ They said ‘the head doctor sees us as people who complain, he doesn’t care but at the same time he is afraid of us, he recently mentioned that PLHIV have a strong network.’

Seven out of nine NGO workshop participants indicated that their organization had conducted at least one advocacy project to change the policy and practices of an institution, and all nine NGOs indicated

that they had conducted participatory consultations with communities and affected groups to identify how to help them through their advocacy work (see Figure 11).

Figure 11: Indicator Value Distribution for Evidence and Consultation-based Advocacy Capacity Indicators



Ust-Kamenogorsk workshop participants voted that their weakest area of capacity was advocacy, ‘we have had minimal advocacy training in the past,’ while Karaganda workshop participants voted this as their second weakest area of capacity, saying, ‘we need more skills to do large scale advocacy.’ Almaty workshop participants voted advocacy their equal weakest area of capacity (along with partnerships) commenting, ‘we lack skills and experience.’

IX. Conclusions

HIV NGOs in Kazakhstan have worked with their communities over many years to provide some excellent quality HIV prevention, care and support services to their target populations. They have often worked well together, including referring clients between NGOs and services, some limited joint advocacy activities, increasing the skills of their staff and volunteers and implementing many and varied projects.

They face many current and ongoing challenges including HIV-related stigma and discrimination, lack of HIV awareness, competition between NGOs and recent rapid advances in HIV knowledge and methods of addressing the epidemic. The emerging and increasing challenges that these NGOs will have to face relate to a decreasing amount and diversity of international donors that is affecting their long-term

sustainability, government policy changes in the areas of social procurement and social worker professionalization, and the emergence and effective use of social media technologies.

There are many opportunities for donors and other partners to work collaboratively with NGOs to support and fund their ongoing capacity development in the areas of partnerships, skills acquisition, governance, community involvement and advocacy. This work, if done effectively, could have a major positive impact on the long-term sustainability of the NGO response to the HIV epidemic. The issue of an ever decreasing availability of international funding, while providing an impetus to move forward, does present risks for some NGOs who are not willing or able to adapt to suit their changing environment.

X. Recommendations

Recommendations have been grouped according to the five capacity areas explored during discussions at NGO site visits, the workshops and by the self-assessment (scoring) process.

1. Partnership, Coordination, and Referrals

- a. Develop greater understanding and more effective working relationships between NGOs and other organizations and donors that address community needs by supporting actions that encourage collaborations and coordination, such as joint meetings, events, and advocacy actions.
- b. Develop effective links between NGOs and Kazakhstan Government agencies that increase the understanding of NGO and our communities' issues, improve the quality of services, and continue to encourage the ongoing reforms of the government social procurement program by supporting actions that encourage collaborations and coordination, such as joint meetings, events.
- c. Facilitate and support network development and strengthening between different NGO communities such as PLHIV, LGBT/MSM/TG, harm reduction and sex workers, to encourage greater collaboration in advocacy efforts, shared learning, and the exploration of new and emerging HIV prevention and care concepts and technologies.

2. Technical Skills and Knowledge

- a. Address issues related to NGO sustainability by focusing on targeted capacity building in the areas of strategic planning (and thinking), social entrepreneurship, developing business plans, and fundraising, including local fundraising.
- b. Encourage learning on the latest developments in the HIV field, such as treatment as prevention, and the use of social media for interactive communications, through workshops, shared learning, and the use of e-based learning.
- c. Work collaboratively with key partners, including NGOs, INGOs, and the government to address the negative impacts of the current social worker professionalization processes.

3. Organizational Systems and Structures

- a. (Linked to 2a, related to sustainability) Explore opportunities for resource mobilization beyond the dependence on project cycle funding, including novel local fundraising ideas in line with the NGO principles that will likely bring benefit to their communities, through NGOs and partners working together to find solutions.
- b. Encourage the development of NGO volunteer policies and procedures to enable better utilization of volunteers, clarity of their roles and expectations, and pathways to change and

advancement, through structured discussions of related topics and examination of NGO volunteer models from other locations.

- c. Encourage consultation among NGOs to improve and standardize governance, including organizational structures, boards, community consultations and decision-making in the Kazakhstan context, through structured discussions of related topics and examination of NGO governance models from other locations.

4. Involvement of PLHIV & other key affected populations

- a. (linked to recommendation 3b: volunteers) Support the greater involvement of PLHIV and other people affected by HIV within NGOs through addressing organizational issues such as policy development e.g., confidentiality and non-discrimination and creating pathways for the participation and advancement of community members within NGOs.
- b. Encourage more collaborative efforts between all NGOs, partners, and government—efforts that support community involvement and accessible quality services by raising HIV awareness and challenge ongoing HIV-related stigma and discrimination, particularly within the health sector and among other service providers and decision-makers.
- c. (Linked to recommendation 1c: networking) Support the development and implementation of consistent, effective, and regular community consultation actions that increase the engagement and involvement of communities with NGOs.

5. Evidence and Consultation Based Advocacy

- a. (Linked to recommendation 4b: HIV- related stigma and discrimination) Support and encourage collaborative NGO advocacy activities based on evidence and community consultation that increase the public's awareness of HIV and challenge HIV-related stigma and discrimination;
- b. Build on NGOs staff and volunteers existing skills and experience in advocacy to improve effectiveness of their activities and their confidence in taking action;
- c. (Linked to 2b: Latest HIV developments) Encourage and support the use of new and emerging social media technologies by NGOs to reach out to their communities for advocacy and education as well as to create effective interactive communication platforms.

Annex 1: NGO/CBO Profile Form

NGO/CBO Profile Form

1. Name of the NGO Include the full name of the NGO/CBO.

2. Contact Include the name of the director and contact details for the NGO, including postal address, telephone/fax numbers and email, if relevant.

3. When the NGO was established? What is the legal status of the NGO, i.e., legally incorporated?

4. Structure basic organizational structure, e.g. if there is a Board of Trustees/Board of Directors and how are they elected/chosen; lines of responsibility and reporting.

5. Strategy - The NGO vision, mission and objectives; current Strategic or Operational Plan.

6. Human resources Number of full/part time paid staff; full/part time volunteers.

7. Financial resources - Major donors.

8. Overview of projects Who does the NGO work with, i.e., who are the target group(s)? What numbers have been reached? What is the focus of projects, e.g. prevention, care, OVC, etc.? Are other projects implemented, besides HIV/AIDS? If so, what?

Annex 2: Overview of Kazakhstan NGO Profiles

Table 1: Overview of Kazakh NGOs involved in the assessment

Indicator	Kazakhstan
Number of NGOs Assessed	10
Legal Status	
Year Established for Oldest NGO	1994
Year Established for Newest NGO	2008
Number of NGOs assessed that are legally registered in the host country	10
Percentage of NGOs assessed that are legally registered in the host country	100%
Strategic Plan	
Number of NGOs that have a Strategic Plan	4
Percentage of NGOs that have a strategic plan	40%
Governing Body	
Number of NGOs with a formal governing body	1
Percentage of NGOs with a formal governing body	10%

Table 2: Human Resources Support

Human resources	
Median Number of full/part time paid staff;	21
Lowest number of staff for an NGO	6
Highest number of staff for an NGO	50
Median Number of full/part time volunteers.	9
Lowest number of volunteers for an NGO	3
Highest number of volunteers for an NGO	200
Lowest volunteer to staff ratio	0.166666667
Highest volunteer to staff ratio	4
Median volunteer to staff ratio	1

Table 3: Financial Resources

Financial resources	
Median number of major donors	3

Table 4: Target Populations and Program Activities

Overview of projects	
Sex workers	3
PUD	6
MSM	2
Migrant populations	0
Youth	2
Women	3
PLHIV	8
LGBT	2
Prisoners	6
Other	5
Prevention	10
Care and Support	8
ARV Treatment	0
TB	2
Training	10
Service Delivery	0
Research	2
Community outreach and Mobilization	10
Advocacy	6
Technical assistance	0
Other	4

Annex 3: Assessment Tool and Self-Assessment Indicators

Assessment Tool and Self-Assessment Indicators

Aim

To facilitate discussion and consensus building through systematic analysis of different capacities with stakeholders of several NGO/CBOs.

Introduction

The workshop is a way of bringing together staff, management and volunteers over 1-2 days to analyze capacities and decide upon scores for a series of objective indicators relating to capacity. The sessions in the workshop are structured so as to allow individual perceptions to be compared with the collective opinion of participants and also to see how much consensus there is among the organizations on these issues.

The workshop includes the following sessions:

- 1 Introducing capacity
- 2 Partnerships, referral systems and co-ordination
- 3 HIV/AIDS technical capacity of key and front-line staff
- 4 Organizational strength
- 5 Promotion of participation of PLHIV and other affected communities
- 6 Involvement in evidence and consultation-based advocacy
- 7 Capacity Priorities
- 8 Key issues/strategies for weakest capacity area
- 9 Q&A on technical issues

Sessions 2-6 have assessment indicators and will need to be scored

Session format

Each session follows a similar format:

- Participants come up with relevant information about their organization, in a group discussion.
- The group analyzes the information through participatory activities or discussion.
- Keeping individual scores anonymous, the group discusses and decides what are the main capacity issues facing the organizations collectively.
- Participants are given time at the end of each session to reflect in private how they would score their own organization on a scale of 1 to 5 for each capacity area, with colleagues only from their own NGO/CBO.

The discussion sessions are intended to be flexible, and may vary in length depending on the size and complexity of the NGO/CBO. In some cases, it may be possible to complete the whole analysis in a day, if this is the case the second day will be used to develop concrete plans for improving the weakest

capacity area, plus provide the opportunity to ask the assessment team technical questions on various aspects/new developments in HIV prevention Care and Treatment.

Preparation Preparation meeting with key personnel to complete profile information.

Day One of Workshop

9.00 - 10.00	Introducing capacity
10.00 – 11.15	Partnerships, referral systems and co-ordination
Break	
11.30 – 13.00	HIV/AIDS technical capacity
Lunch	
14.00 – 15.30	Organizational strengths
Break	
15.45 – 17.00	Organizational strengths (continued)

Day Two of Workshop

9.00 – 10.00	Promotion of participation of PLHIV and key affected communities
10.00 – 11.15	Evidence and consultation–based advocacy
11.30 – 13.00	Capacity Priorities

Session 1 Introducing capacity

Aim

To introduce participants to the concept of capacity and the way it will be analyzed during the workshop.

Introduction

This session should be used to introduce participants, and to discuss aims, objectives, expectations, ground rules and an outline of the workshop. Participants should also be introduced to the concept of capacity and how different types of capacity are relevant for their organization and how these will be analyzed in the workshop. This is particularly important as participants will be drawn from different backgrounds. They may have different perspectives on organizational aspects of the organization, and this may be the first time they have been asked to discuss them openly in front of the management and leadership of the organization.

Facilitator Guidance

- 1** Start with brief introductions and expectations. Discuss goals and objectives of the workshop, ground rules and confidentiality.
- 2** Discuss with participants what they understand by capacity (use the notes in the introduction to the toolkit – What is capacity?). Ask participants to write their understanding of the different elements or types of capacity on separate sticky labels, stick these up on a wall and then work together to group the labels into categories.
- 3** Show the areas of NGO/CBO capacity that will be analyzed in this workshop and discuss their meaning and relevance for the group.
- 4** Compare these categories to the participants' grouping of responses:
Did the participants suggest any capacities that do not fit into any of the boxes?
Do any of the boxes represent capacities that were not suggested by participants?
- 5** Most of the participants' suggestions may fall under Organizational Strength; or HIV/AIDS Technical Capacity – traditional ways of understanding capacity. Explain any areas of capacity new to them.
- 6** Are there any participants' suggestions that do not fit into any of the boxes, or will not be covered by the workshop? Discuss if and how they could be assessed for the NGO/CBO (this could be done in the final session).
- 7** Describe the outline/agenda of the workshop, the different sessions to look at each area of capacity and assist in developing the regional capacity building strategy.
- 8** Explain how each session will work:
 - discussion and analysis of relevant information
 - individual scoring of indicators and group scoring of indicators
 - explain how participants will be asked to score their NGO/CBOs capacities in each session.

Session 2 Partnerships, referral systems and co-ordination

Aim

To analyze and reflect upon the different relationships, partnerships and referrals systems the NGO/CBO has and evaluate these for the organization.

Introduction

In this session, participants are asked about the different relationships their NGO/CBO has with other organizations. The session looks at different types of relationships, including personal contacts, memberships of networks, referral systems, exchange and learning programs and collaborative or joint projects. Participants can reflect on the importance of these, identify new opportunities and evaluate their capacity for developing such relationships.

Facilitator Guidance

- 1** Introduce the capacity area suggested by the title. What does it mean and why might it be important?
- 2** Ask participants to take 20 minutes in 2 / 3 groups to discuss all the organizations they know of that are involved in HIV/AIDS work and the types of relationships they have currently have with these organizations and how they could / would like to improve those relationships
- 3** Large group discussion:
 - List all NGO/CBOs, starting with local, then regional, and finally national.
 - Then list all governmental organizations, first local/municipal, then regional/state, then national.
 - Then ask about International organizations and donors

NGO Partners	What is Relationship?	How to Improve?
Government Partners		
International Partners		

4 Now ask participants to go back into groups with colleagues only from their own NGO/CBO, and score the indicators for this capacity.

Indicators of capacity for partnerships, referral systems and co-ordination

- Score **5** if all criteria are met
- Score **4** if 75% of criteria are met
- Score **3** if 50% of criteria are met
- Score **2** if 25% of criteria are met
- Score **1** if 10% or less of criteria are met

Partnerships & Coordination

	Indicator	Criteria Met?	Notes
1	Staff can describe the work & objectives of all organizations doing HIV/AIDS work that operate locally, regionally and nationally.		
2	There are personal contacts with over 50% of all national HIV/AIDS organizations.		
3	There are personal contacts with all local HIV/AIDS organizations.		
4	NGO/CBO has participated in a national or regional forum of organizations at least once in the last year.		
5	NGO/CBO leads or participates in a local forum of organizations which meets at least every 6 months.		
6	NGO/CBO has collaborated on joint projects with at least 3 different organizations in the last 2 years.		
7	NGO/CBO has existing contracts (to provide or receive funding) with at least 3 different organizations.		

Referrals

	Indicator	Criteria Met?	Notes
1	Front-line staff know of all available services in the area and regularly help clients get access to them.		
2	Outreach staff carry (or can provide) the IEC material of all other local organizations to guide clients to other services.		
3	Staff fill out referral cards for clients to take with them to show details of the referral.		
4	A system is in place to follow up the outcome of referrals made, with both client and service provider.		
5	The referral system is documented		
6	Referral system (& monitoring data) is reviewed with all organizations at least every 6 months.		

How to Score the Indicators

- 1** Discuss the indicators first – is it clear?
- 2** Each participant should score the capacity of their organization for each indicator.
- 3** Once everyone has completed their scoring for all indicators the group should then discuss the results and decide on a collective score for each indicator.
- 4** Then total the scores.
- 5 No half-marks allowed!**

This process applies throughout the scoring sessions in the workshop

Session 3 HIV/AIDS technical capacity of key and front-line staff

Aim

To analyze and evaluate the technical capacity of key and front-line staff and the ability of the organization to access and develop new methods and approaches.

Introduction

This session stresses the importance of technical capacity available to the organization. HIV/AIDS technical capacity will often be concentrated in a few key people, who will take the responsibility to stay updated and to share knowledge and support others. It is also important that all front-line staff have sufficient technical skills and knowledge to work effectively with clients or beneficiaries. At an organizational level, technical capacity can be improved by retaining key staff and exposing them to new methods and approaches through conferences and external trainings, providing front-line staff with induction and continued training and support, while also ensuring new knowledge is regularly brought into the organization and shared freely.

Facilitator Guidance

- 1** Introduce the capacity area suggested by the title. What does it mean and why might it be important?
- 2** Clarify the concepts of front-line staff (front-line staff means those dealing directly with clients and beneficiaries) and key staff (key staff means specialists who have dedicated areas of expertise, and to whom other people can go for advice, this could also include people who aren't full time staff, but experts who the organization can consult for advice (e.g., lawyers, doctors who sit on the board).
- 3** Ask the group to identify and share examples of where staff technical skills / needs of clients have not been met by the provider of commodities, donor requirements, e.g., wrong filters for PWID, no lube with condoms, etc.
- 4** Ask participants to take a few minutes in 2 groups – 1 for management and one for frontline to discuss:
 - How many front-line and key staff the organizations have, their roles, expertise, experience, and what training (including attending conferences) is or has been provided to support them. What are the main HIV/AIDS technical areas your NGO/CBO needs expertise in for its work now and in the near future. How can that be provided

Management / Administration	How to acquire / update skills?
Skills, Knowledge, Experience Needed:	
Frontline staff - Outreach / Specialist Staff	How to acquire / update skills?
Skills, Knowledge, Experience Needed:	

- 5** Now ask participants to go back into groups with colleagues only from their own NGO/CBO, and score the indicators for this capacity.

Indicators of capacity for HIV/AIDS technical capacity of key and front-line staff

Score **5** if all criteria are met

Score **4** if 75% of criteria are met

Score **3** if 50% of criteria are met

Score **2** if 25% of criteria are met

Score **1** if 10% or less of criteria are met

Experience, knowledge and skills

	Indicator	Criteria Met?	Notes
1	Each key specialist has at least 2 years' experience working in the specific HIV/AIDS area the NGO/CBO operates in.		
2	All key staff regularly update their knowledge and skills, attending at least 2 conferences/trainings per year.		
3	At least 2 technical specialists relevant to HIV/AIDS work (e.g., clinical, academic, public health) serve on the Board or provide regular voluntary support to the NGO/CBO.		
4	All front-line staff have received basic HIV/AIDS awareness training.		
5	All front-line staff have been trained in the basic skills needed for the specific HIV/AIDS areas in which the NGO/CBO operates (e.g. STI referral, peer education, home-care, etc.).		
6	Over 70% of front-line staff has received at least 5 days' formal training relevant to the specific HIV/AIDS areas in which the NGO/CBO operates, in the last year.		

Access to technical resources and knowledge

	Indicator	Criteria Met?	Notes
1	Staff can access up-to-date HIV/AIDS technical resources, books and information at the NGO/CBO or somewhere nearby.		
2	The NGO/CBO can name a person / organization for each HIV/AIDS technical area it operates in, that it communicates with at least every 3 months, to get extra technical knowledge.		
3	The NGO/CBO has internet access in its own offices.		
4	The NGO/CBO subscribes to regular relevant journals and email-based updates, list serves and forums on HIV/AIDS issues.		
5	The NGO/CBO has its own library of technical resources.		
6	All key specialist staff each have their own access to the internet.		

Session 4 Organizational Strengths

Aim

To analyze and evaluate the organizational capacity of the NGO/CBO.

Introduction

In this session, participants are asked to consider and discuss statements that represent good practice in different aspects of a well-managed organization. Some large and complex NGO/CBOs could have long and meaningful discussions over each statement, while for other small organizations many may not seem relevant. The exercise covers a broad range of issues in a short space of time, but allows for shared group learning improving everyone's understanding

Guidance

1 Introduce the capacity area suggested by the title. What does it mean and why might it be important?

2 Get participants to divide into the 4 topic groups to discuss each set of discussion statements (Financial management and sustainability; Program management, monitoring, evaluation & reporting; Human resources & administration; Governance, strategy & structure).

3 Encourage people to separate from colleagues from their own NGO/CBO, Also encourage numbers to relatively equal in each topic group, but this is not essential.**3** Distribute the discussion statements for and ask each group to discuss and record their consensus decision as to whether the statements are generally: 'Completely True', 'Partly True' or 'Not True'.

4 Bring everyone back together and ask each group to present their key findings, including:

- 1 to 2 examples of 'Completely True';
- 1 to 2 examples of 'Partly True';
- 1 to 2 examples of 'Not True'.
- Provide any feedback on statements that the group did not agree on or found difficult to decide on.

5 Now ask participants to go into groups with their own NGO colleagues. Ask them:

- To draw a flow chart / diagram of how their organization develops / approves a policy
- Describe how Volunteers are selected / allocated tasks / managed
- Describe the safety and health policies that apply to outreach workers

6 Now ask participants to go back into groups with colleagues only from their own NGO/CBO, and score the indicators for this capacity.

Discussion statements for session on organizational strengths

Governance, strategy and structure

The board has at least six voluntary (unpaid) members with limited terms of office (e.g., only appointed for 2 years)

The board has representatives from the community and from beneficiary groups. No more than 75% of board members are of one gender.

The board meets every 3 months.

The NGO/CBO has a written and costed current strategic plan that has been revised within the last 3 years.

All annual work plans and budgets are developed in line with the strategic plan.

Human resources and administration

All administrative procedures are documented in a manual.

There is a policy for staff recruitment, including how:

- positions are filled (internally and externally)
- people are interviewed
- job offers are made.

This policy is documented.

There are clear procedures for how:

- the work of staff is evaluated
- feedback is given.

These procedures are documented.

There are clear procedures for how volunteers are managed, including:

- recruitment & induction
- training
- payment of incentives/stipends.

These procedures are all documented.

Program management, monitoring, evaluation & reporting

All projects follow all stages of the project cycle:

- needs assessment
- project design & indicator
- project planning & budgeting development
- regular monitoring
- evaluation of project and outcomes
- re-planning of projects based on evaluation outcomes.

All stages of the project cycle are done in consultation with all stakeholders, including all project staff and members from the community.

The NGO/CBO has a monitoring and evaluation system:

- Project staff collect and submit accurate monitoring data on time.
- Collected data is summarized, analyzed and produced in reports at least every 3 months.
- Monitoring reports are used by project staff and managers to review and update work plans at least every 3 months.

Financial management and sustainability

All staff clearly understand the procedures for how:

- income is received and accounted for
- money is held in bank accounts
- staff purchase goods
- staff claim expenses
- suppliers are paid
- staff are paid salaries.

Management prepares an overall budget for the organization as part of the annual planning process.

The NGO/CBO always has enough cash to pay for things on a day-to-day basis.

The main funding source (donor) of the NGO/CBO provides no more than 65% of the NGO/CBOs total funds. The NGO/CBO has developed many different sources of income including the local community.

The NGO/CBO has the capacity to develop successful proposals and wins over 50% of the bids it applies for.

Indicators of capacity for organizational strength

Score **5** if all criteria are met

Score **4** if 75% of criteria are met

Score **3** if 50% of criteria are met

Score **2** if 25% of criteria are met

Score **1** if 10% or less of criteria are met

Governance, strategy and structure

	Indicator	Criteria Met?	Notes
1	The NGO/CBO has an independent Board governed by a documented constitution.		
2	The NGO/CBO is properly registered according to local regulations		
3	The Board is diverse, representative and provides technical expertise.		
4	The Board is effective and committed to the NGO/CBO.		
5	The NGO/CBO has a documented, up-to-date strategic plan, clearly understood by all staff and used in planning.		
6	The organizational structure is effective for delegating responsibility and sharing information between staff.		

Human resources and administration

	Indicator	Criteria Met?	Notes
1	Administrative responsibilities are well understood, documented and followed.		
2	All procedures for managing Human Resources (of staff and volunteers) are well developed and documented.		
3	All staff have clear job descriptions that are documented, regularly reviewed and relevant to their actual jobs.		
4	There is a documented system for reviewing and managing performance of staff and volunteers.		
5	The NGO/CBO has a HIV/AIDS workplace policy in place.		
6	Training and development is based on a systematic needs analysis and well supported by the NGO/CBO, which provides time off and financial support.		

Program management, monitoring, evaluation & reporting

	Indicator	Criteria Met?	Notes
1	Project management is well understood and followed at every stage of the project cycle in consultation with all stakeholders		
2	All programs are in line with the strategic goals.		
3	Indicators are developed at the project design stage of every project.		
4	Information on indicators is collected regularly for all projects.		
5	All projects have work plans and budgets that are regularly reviewed at least every 3 months.		
6	The NGO/CBO has a fully documented M&E system.		
7	Periodic monitoring reports and end-of project evaluation reports are always completed and sent to stakeholders and donors on time.		
8	Work is organized and information shared through regular staff meetings and other channels of communication.		

Financial management and sustainability

	Indicator	Criteria Met?	Notes
1	There are financial policies in place to control use of money, prevent fraud and ensure accountability.		
2	All financial procedures are well documented.		
3	There have been no cases of fraud or misuse of funds.		
4	Managers are responsible for the sanctioned budgets of their projects.		
5	An annual budget is prepared for the NGO/CBO as a whole.		
6	An audit is completed at least every 18 months by an independent organization or donor		
7	The NGO/CBO reports expenditure on projects separately to more than one different donor and for several different budgets.		
8	The NGO/CBO has not run short of cash to pay suppliers or salaries.		
9	The NGO/CBO is financially sustainable with a diverse funding base.		
10	The NGO/CBO is credited for its work by external stakeholders (e.g., by community leaders/ meetings, media, profiled by donors, etc.).		

Session 5 Promotion of participation of people living with HIV and other key affected populations

Aim

To analyze and evaluate the level of participation of PLHIV and other key affected communities within the organization and the extent to which the organization promotes their further participation.

Introduction

This session is based on an initial survey to discover the level of participation of people living with HIV and other key affected populations within the organization. In the context of prevention work, key affected populations mean groups that play an important role in epidemic dynamics. Ensuring the maximum possible participation of key affected populations, and more generally anyone the NGO/CBO works with, is an important capacity to develop and can contribute to successful outcomes in its work. Participants are asked to think about the challenges to promoting greater participation and how these could be overcome.

Guidance

- 1** Introduce the capacity area suggested by the title. What does it mean and why might it be important?
- 2** Ask participants what are the relevant affected communities for their work?
- 3** Ask participants to work in groups with colleagues only from their own NGO/CBO to analyze the number of PLHIV and other key affected populations at each level of the organization and record in the chart below (you will need to provide an example of the chart on flip chart paper) on flip chart paper. Encourage them to discuss whether they feel they have the correct balance of PLHIV and other key affected populations involved in their NGO/CBO, any challenges/barriers to their involvement and possible actions they could take to increase involvement if needed.

Category	TOTAL	PLHIV	Other Key Affected Populations
Board			
Advisors			
Management			
Project Staff			
Volunteers			

- 4** Bring all participants back into a large group and ask them to present their completed chart and any comments on their discussions about levels of involvement, challenges/barriers and possible actions to increase involvement.
- 5** Now ask participants to go back into groups with colleagues only from their own NGO/CBO, and score the indicators for this capacity.

Indicators of capacity for promotion of participation of people living with HIV and other key affected populations

Score **5** if all criteria are met

Score **4** if 75% of criteria are met

Score **3** if 50% of criteria are met

Score **2** if 25% of criteria are met

Score **1** if 10% or less of criteria are met

Level and range of involvement of PLHIV and other affected communities

	Indicator	Criteria Met?	Notes
1	The NGO/CBO has worked with a community affected by HIV/AIDS as a specific targeted group for more than 1 year.		
2	The NGO/CBO has more than 1 year's experience of working with/involving at least 2 different affected communities.		
3	The NGO/CBO has recruited people living with HIV and other affected communities as volunteers/consultants for more than 1 year.		
4	The NGO/CBO has set up advisory groups of people living with HIV and other key affected communities to consult with in planning and program review.		
5	The NGO/CBO has had people living with HIV and other key affected communities as paid project staff for more than 1 year.		
6	The NGO/CBO has had people living with HIV and other key affected communities at decision-making levels (Board/management) for more than 1 year.		

Efforts made to promote involvement of people living with HIV and other key affected communities

	Indicator	Criteria Met?	Notes
1	The NGO/CBO has an equal opportunity policy which is made clear whenever it tries to find or interview new staff.		
2	All job adverts state that people living with HIV and other key affected communities are actively encouraged to apply.		
3	When paid/voluntary positions become available the NGO/CBO actively promotes these to people living with HIV and other key affected communities.		
4	The NGO/CBO has offered to change its working practices (e.g. hours, work from home) to provide the flexibility for people living with HIV and other affected communities to become more involved.		
5	The NGO/CBO has offered training/skills building to support involvement from people living with HIV and other affected communities without formal education.		
6	The NGO/CBO has conducted training to sensitize existing staff to be able to work and respect colleagues from people living with HIV and other key affected populations.		
7	The NGO/CBO has confidentiality and non-discrimination procedures that are promoted and enforced with all staff.		
8	The NGO/CBO has an HIV workplace policy designed to protect and support people living with HIV working in the organization.		

Session 6 Involvement in evidence and consultation-based advocacy

Aim

To analyze and evaluate the skills and experience of the NGO/CBO in conducting effective evidence and consultation-based advocacy.

Introduction

Many NGO/CBOs may do some advocacy work, exploiting opportunities when they arise, but few fundraise, plan and budget for it as a core part of their activities. Successful advocacy to change the environment for services provided, increase freedom from harassment from people in power, and change legislation that marginalizes PLHIV and other key affected communities can dramatically improve efforts to prevent or respond to HIV. In this session, participants are exposed to some key skills for good advocacy work and reflect upon how well they have applied these skills in previous campaigns.

Guidance

- 1** Introduce the capacity area suggested by the title. What does it mean and why might it be important?
- 2** Ask participants to take a few minutes in their NGO/CBO groups to discuss a successful advocacy activity they have conducted (or plan to conduct if they have not done any yet), and any community consultations and evidence (research) gathering that was used for their advocacy activity.
- 3** Large group discussion. Invite 2 or 3 groups to volunteer to briefly summarize their advocacy activity discussion.
- 4** Distribute and score the indicators for this capacity, ask participants to go into groups with colleagues only from their own NGO/CBO, and discuss and score the indicators for the capacity in private.
- 5** After the private discussions in NGO/CBO groups, keep the scores confidential and bring all participants together to facilitate some sharing:
 - Ask any NGO/CBO that feels it scored well in this area to explain its strengths to others.
 - Ask if any NGO/CBO which is weak in this area feels comfortable sharing this and explaining why to others.

Indicators of capacity for involvement in evidence and consultation based advocacy

Score **5** if all criteria are met

Score **4** if 75% of criteria are met

Score **3** if 50% of criteria are met

Score **2** if 25% of criteria are met

Score **1** if 10% or less of criteria are met

Research, consultation and analysis as a foundation for advocacy work

	Indicator	Criteria Met?	Notes
1	The NGO/CBO has conducted at least one advocacy project to change the policy or practices of an institution.		
2	The NGO/CBO has conducted research to find evidence (data, publications, what other influential institutions have said) to support its advocacy work.		
3	The NGO/CBO has analyzed research and presented evidence to make it relevant and effective for the institutions targeted.		
4	The NGO/CBO has tried to find and network with other organizations to understand how it could collaborate or improve its advocacy campaign.		
5	The NGO/CBO has conducted participatory consultations with communities and affected groups to identify how it should help them through its advocacy work.		

Effective, targeted advocacy work

	Indicator	Criteria Met?	Notes
1	In its advocacy project(s), the NGO/CBO identified influential individuals or institutions to target.		
2	In its advocacy project(s), the NGO/CBO partnered with specific community groups and community leaders.		
3	In its advocacy project(s), the NGO/CBO implemented and sustained at least 3 different methods/approaches to achieve its goals.		
4	In its advocacy project(s), the NGO/CBO joined with at least 3 other organizations to work collectively to achieve its goals.		
5	In its advocacy project(s), the NGO/CBO evaluated the results of its advocacy work, and used it to advocate to a wider audience.		

Session 7 Review and determine Capacity Priorities

Aim

To review all the capacities analyzed, identify strengths and weaknesses, look for commonalities and determine capacity priorities for the group.

Guidance

1 Facilitate a general discussion with the whole group about what they have learned from the analysis; any key strengths or weaknesses about their own organizations that this analysis has highlighted; anything they have learnt from other organizations or want to follow up.

2 Write up on flip charts a list of all the capacity areas, one for each capacity area, take one sticky label. Get participants to stick it on the capacity area where they think most NGO/CBOs are the strongest.

3 Collate the scores to determine the strongest areas of capacity.

4 Discuss the strengths:

What do the NGOs/CBOs do to make themselves so strong in this area? Are they strong enough to provide technical support to others in this area?

5 Repeat the process for the weakest area.

6 Discuss and seek consensus, highlighting any outlier capacity areas or indicators that are also priorities to address.

7 Explain to the group how this information will be used by the facilitators to develop a regional capacity building strategy for NGO/CBOs and the next steps in that process.

Annex 4: Consolidated Data from the Self-Assessment Scoring of Indicators

Figure 1 – Consolidation of Self-Assessment Scores for all Kazakh NGOs in the Capacity Domain of Partnerships – Partnerships & Referrals

Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
1.1.1	Staff can describe the work & objectives of all organizations doing HIV/AIDS work that operate locally, regionally and nationally.	2.0	4.0	3.0	3.0	3.0
1.1.2	There are personal contacts with over 50% of all national HIV/AIDS organizations.	3.0	5.0	4.0	4.1	4.0
1.1.3	There are personal contacts with all local HIV/AIDS organizations.	3.0	5.0	5.0	4.6	5.0
1.1.4	NGO/CBO has participated in a national or regional forum of organizations at least once in the last year.	1.0	5.0	5.0	4.6	5.0
1.1.5	NGO/CBO leads or participates in a local forum of organizations which meets at least every 6 months.	1.0	5.0	4.0	3.1	4.0
1.1.7	NGO/CBO has collaborated on joint projects with at least 3 different organizations in the last 2 years.	4.0	5.0	5.0	4.8	5.0
1.1.8	NGO/CBO has existing contracts (to provide or receive funding) with at least 3 different organizations.	2.0	5.0	4.0	4.0	5.0

Figure 2 – Consolidation of Self-Assessment Scoring for all Kazakh NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of partnership & coordination

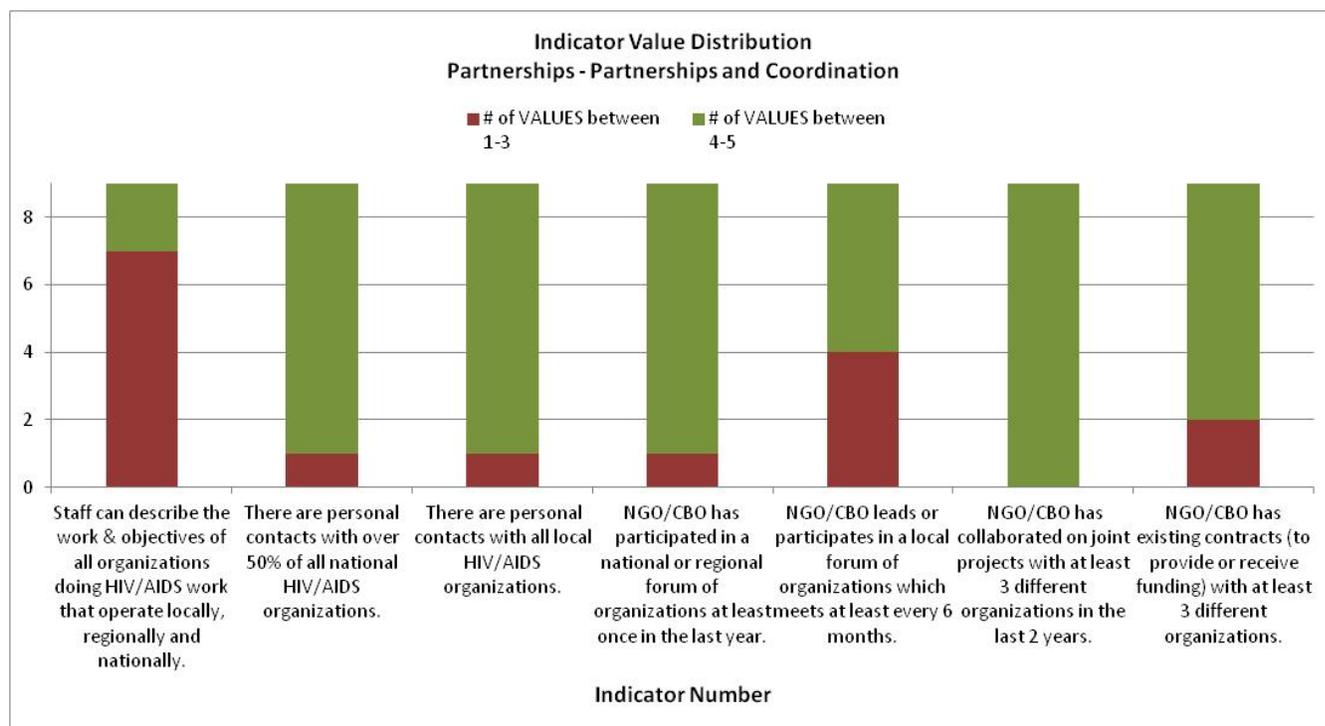


Figure 3 – Consolidation of Self-Assessment Scores for all Kazakh NGOs in the Capacity Domain of Partnerships – Referrals

Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
1.2.1	Front-line staff know of all available services in the area and regularly help clients get access to them.	3.0	5.0	4.0	4.3	5.0
1.2.2	Outreach staff carry (or can provide) the IEC material of all other local organizations to guide clients to other services.	1.0	5.0	3.0	3.1	3.0
1.2.3	Staff fill out referral cards for clients to take with them to show details of the referral.	1.0	5.0	4.0	3.6	5.0
1.2.4	A system is in place to follow up the outcome of referrals made, with both client and service provider.	1.0	5.0	3.0	3.0	3.0
1.2.5	The referral system is documented	4.0	5.0	4.0	4.4	4.0
1.2.6	Referral system (& monitoring data) is reviewed with all organizations at least every 6 months.	1.0	5.0	3.0	2.9	3.0

Figure 4 – Consolidation of Self-Assessment Scoring for all Kazakh NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Referrals

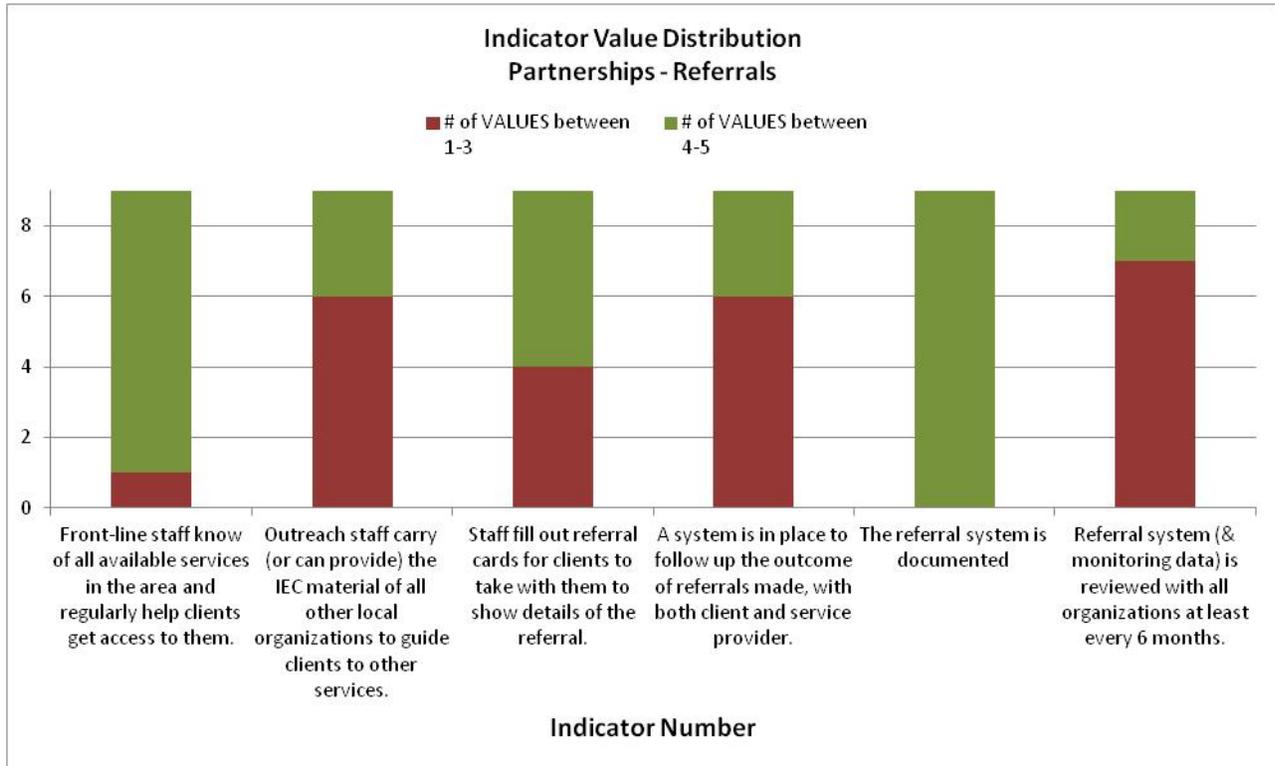


Figure 5 – Consolidation of Self-Assessment Scores for all Kazakh NGOs in the Capacity Domain of Technical skills – Experience, Knowledge & Skills

Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
2.1.1	Each key specialist has at least 2 years' experience working in the specific HIV/AIDS area the NGO/CBO operates in.	3.0	5.0	4.0	4.2	4.0
2.1.2	All key staff regularly update their knowledge and skills, attending at least 2 conferences/trainings per year.	3.0	5.0	4.0	3.8	4.0
2.1.3	At least 2 technical specialists relevant to HIV/AIDS work (e.g. clinical, academic, public health) serve on the Board or provide regular voluntary support to the NGO/CBO.	1.0	5.0	3.0	2.9	5.0
2.1.4	All front-line staff have received basic HIV/AIDS awareness training.	3.0	5.0	4.0	4.2	5.0
2.1.5	All front-line staff have been trained in the basic skills needed for the specific HIV/AIDS areas in which the NGO/CBO operates (e.g. STI referral, peer education, home-care, etc).	3.0	5.0	4.0	3.9	4.0
2.1.6	Over 70% of front-line staff has received at least 5 days' formal training relevant to the specific HIV/AIDS areas in which the NGO/CBO operates, in the last year.	2.0	5.0	3.0	3.2	3.0

Figure 6 – Consolidation of Self-Assessment Scoring for all Kazakh NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Experience, Knowledge & Skills

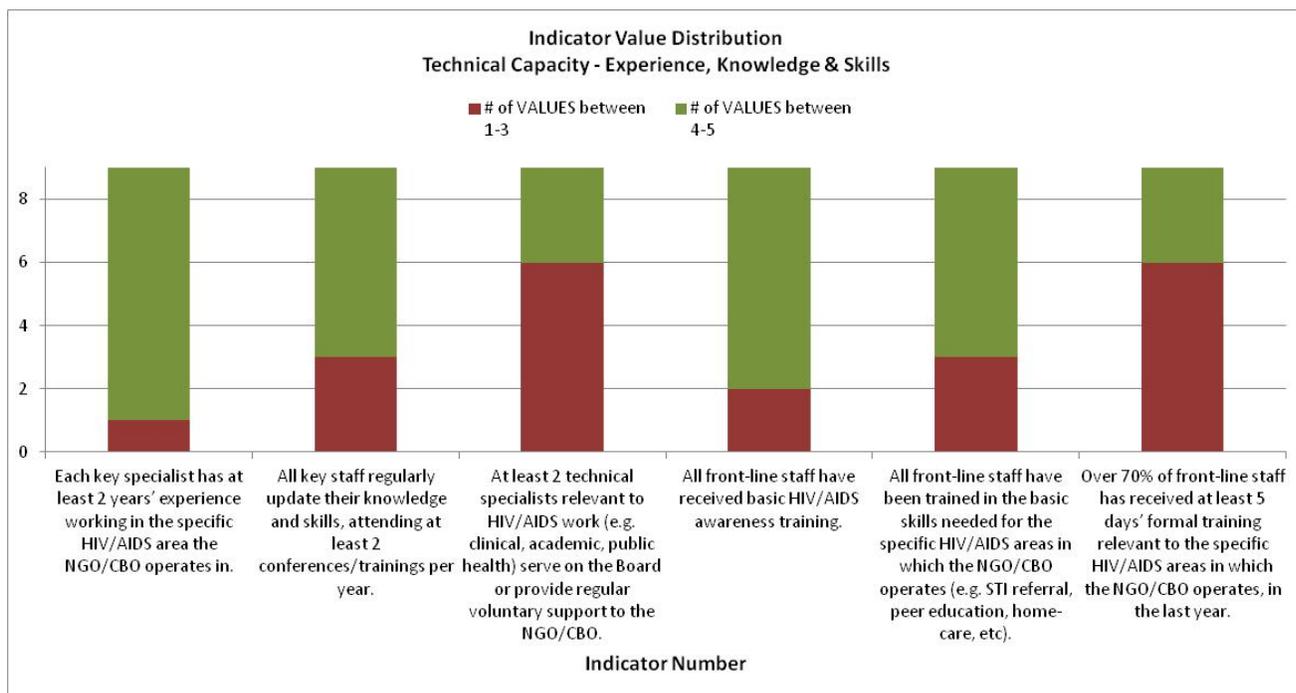


Figure 7 – Consolidation of Self-Assessment Scores for all Kazakh NGOs in the Capacity Domain of Technical Skills – Access to Technical Resources & Knowledge

Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
2.2.1	Staff can access up-to-date HIV/AIDS technical resources, books and information at the NGO/CBO or somewhere nearby.	3.0	5.0	4.0	3.8	3.0
2.2.2	The NGO/CBO can name a person/organization for each HIV/AIDS technical area it operates in, that it communicates with at least every 3 months, to get extra technical knowledge.	2.0	5.0	4.0	3.9	4.0
2.2.3	The NGO/CBO has internet access in its own offices.	3.0	5.0	5.0	4.4	5.0
2.2.4	The NGO/CBO subscribes to regular relevant journals and email-based updates, list serves and forums on HIV/AIDS issues.	3.0	5.0	4.0	4.1	4.0
2.2.5	The NGO/CBO has its own library of technical resources.	1.0	5.0	3.0	3.0	2.0
2.2.6	All key specialist staff each have their own access to the internet.	2.0	5.0	5.0	4.2	5.0

Figure 8 – Consolidation of Self-Assessment Scoring for all Kazakh NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Access to Technical Resources

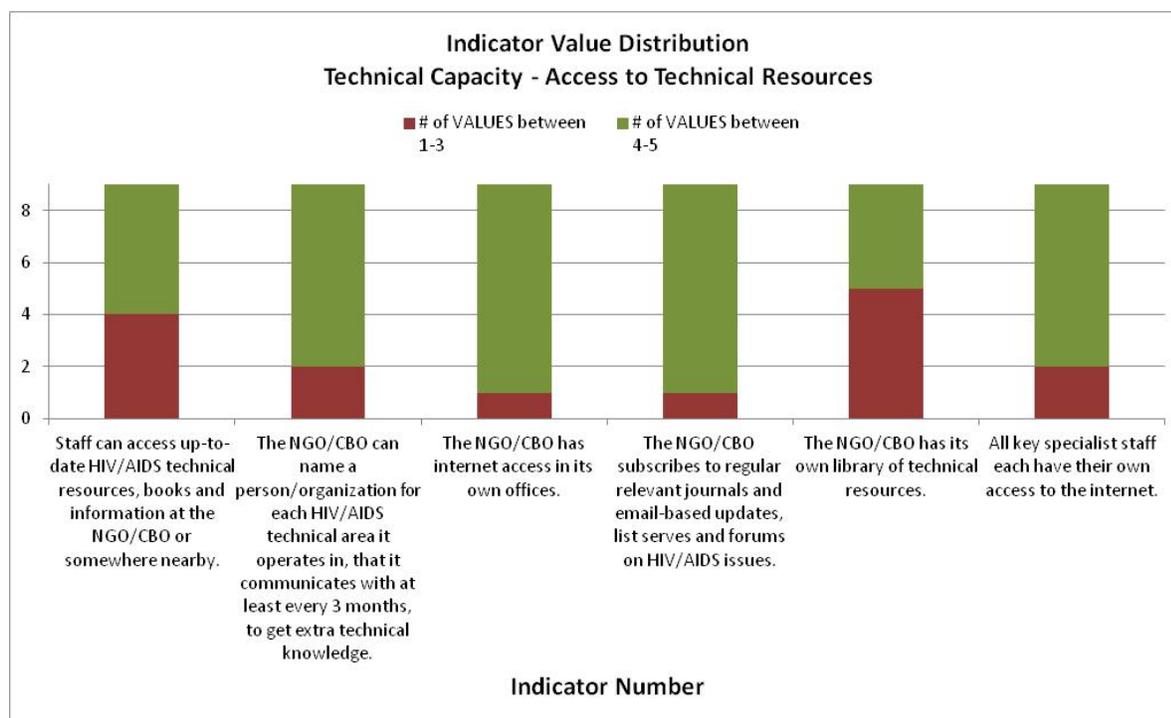


Figure 9 – Consolidation of Self-Assessment Scores for all Kazakh NGOs in the Capacity Domain of Organizational Systems – Governance, Strategy & Structure

Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
3.1.1	The NGO/CBO has an independent Board governed by a documented constitution.	1.0	5.0	4.0	3.2	5.0
3.1.2	The NGO/CBO is properly registered according to local regulations	5.0	5.0	5.0	5.0	5.0
3.1.3	The Board is diverse, representative and provides technical expertise.	1.0	5.0	3.0	2.8	1.0
3.1.4	The Board is effective and committed to the NGO/CBO.	1.0	5.0	3.0	3.1	1.0
3.1.5	The NGO/CBO has a documented, up-to-date strategic plan, clearly understood by all staff and used in planning.	1.0	5.0	3.0	2.9	3.0
3.1.6	The organizational structure is effective for delegating responsibility and sharing information between staff.	3.0	5.0	4.0	3.7	4.0

Figure 10 – Consolidation of Self-Assessment Scoring for all Kazakh NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Governance, Strategy & Structure

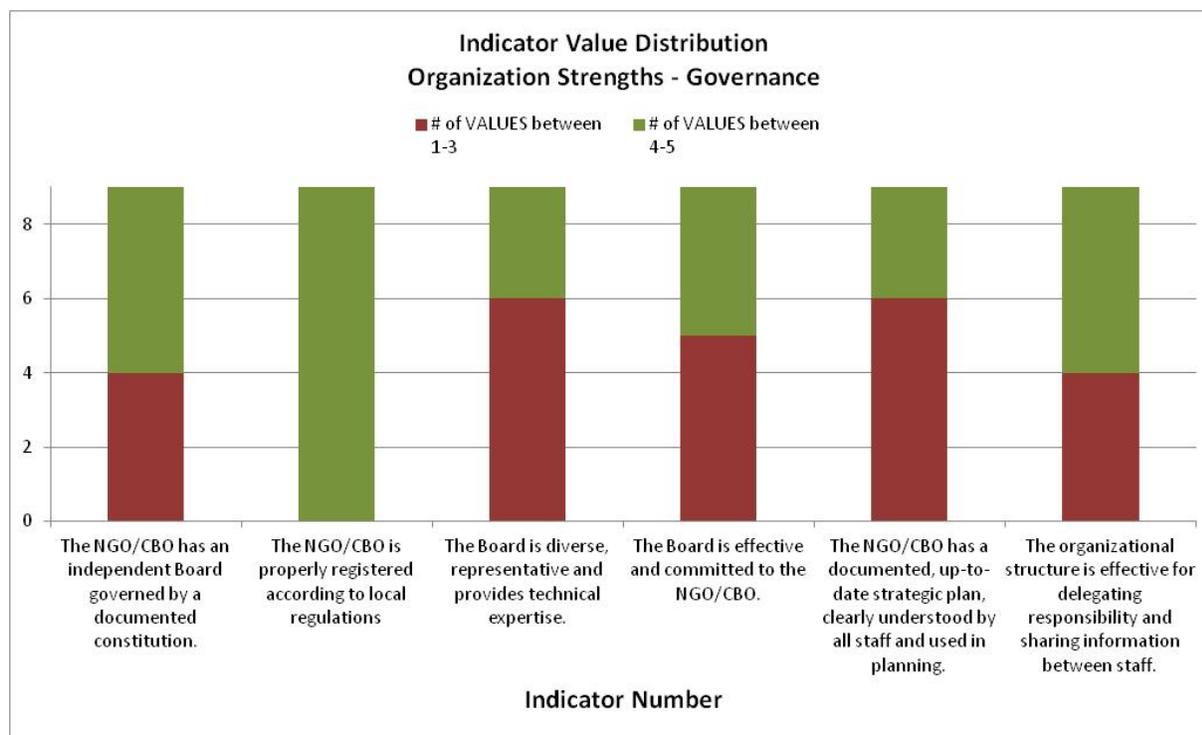


Figure 11 – Consolidation of Self-Assessment Scores for all Kazakh NGOs in the Capacity Domain of Organizational Systems – Human Resources & Administration

Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
3.2.1	Administrative responsibilities are well understood, documented and followed.	3.0	5.0	4.0	3.8	4.0
3.2.2	All procedures for managing Human Resources (of staff and volunteers) are well developed and documented.	1.0	4.0	3.0	3.2	3.0
3.2.3	All staff have clear job descriptions that are documented, regularly reviewed and relevant to their actual jobs.	2.0	5.0	4.0	3.6	4.0
3.2.4	There is a documented system for reviewing and managing performance of staff and volunteers.	1.0	4.0	3.0	3.2	4.0
3.2.5	The NGO/CBO has a HIV/AIDS workplace policy in place.	1.0	5.0	3.0	3.3	3.0
3.2.6	Training and development is based on a systematic needs analysis and well supported by the NGO/CBO, which provides time off and financial support.	1.0	4.0	3.0	2.6	3.0

Figure 12 – Consolidation of Self-Assessment Scoring for all Kazakh NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Human Resources & Administration

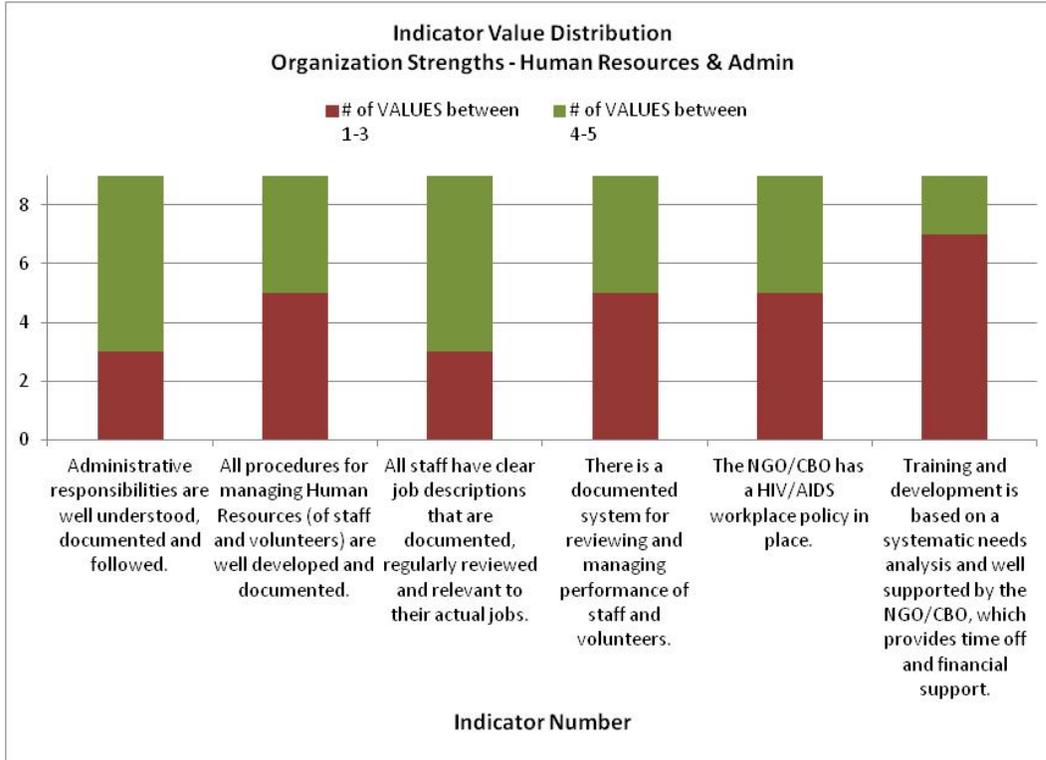


Figure 13 – Consolidation of Self-Assessment Scores for all Kazakh NGOs in the Capacity Domain of Organizational Systems – Program Management, Monitoring & Evaluation and Reporting

Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
3.3.1	Project management is well understood and followed at every stage of the project cycle in consultation with all stakeholders	3.0	5.0	4.0	4.1	4.0
3.3.2	All programmes are in line with the strategic goals.	3.0	5.0	5.0	4.3	5.0
3.3.3	Indicators are developed at the Project design stage of every project.	3.0	5.0	5.0	4.7	5.0
3.3.4	Information on indicators is collected regularly for all projects.	3.0	5.0	5.0	4.8	5.0
3.3.5	All projects have work plans and budgets that are regularly reviewed at least every 3 months.	3.0	5.0	5.0	4.7	5.0
3.3.6	The NGO/CBO has a fully documented M&E system.	3.0	4.0	4.0	3.6	4.0
3.3.7	Periodic monitoring reports and end-of Project evaluation reports are always completed and sent to stakeholders and donors on time.	3.0	5.0	5.0	4.6	5.0
3.3.8	Work is organized and information shared through regular staff meetings and other channels of communication.	3.0	5.0	4.0	4.1	5.0

Figure 14 – Consolidation of Self-Assessment Scoring for all Kazakh NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Program Management, Monitoring & Evaluation and Reporting

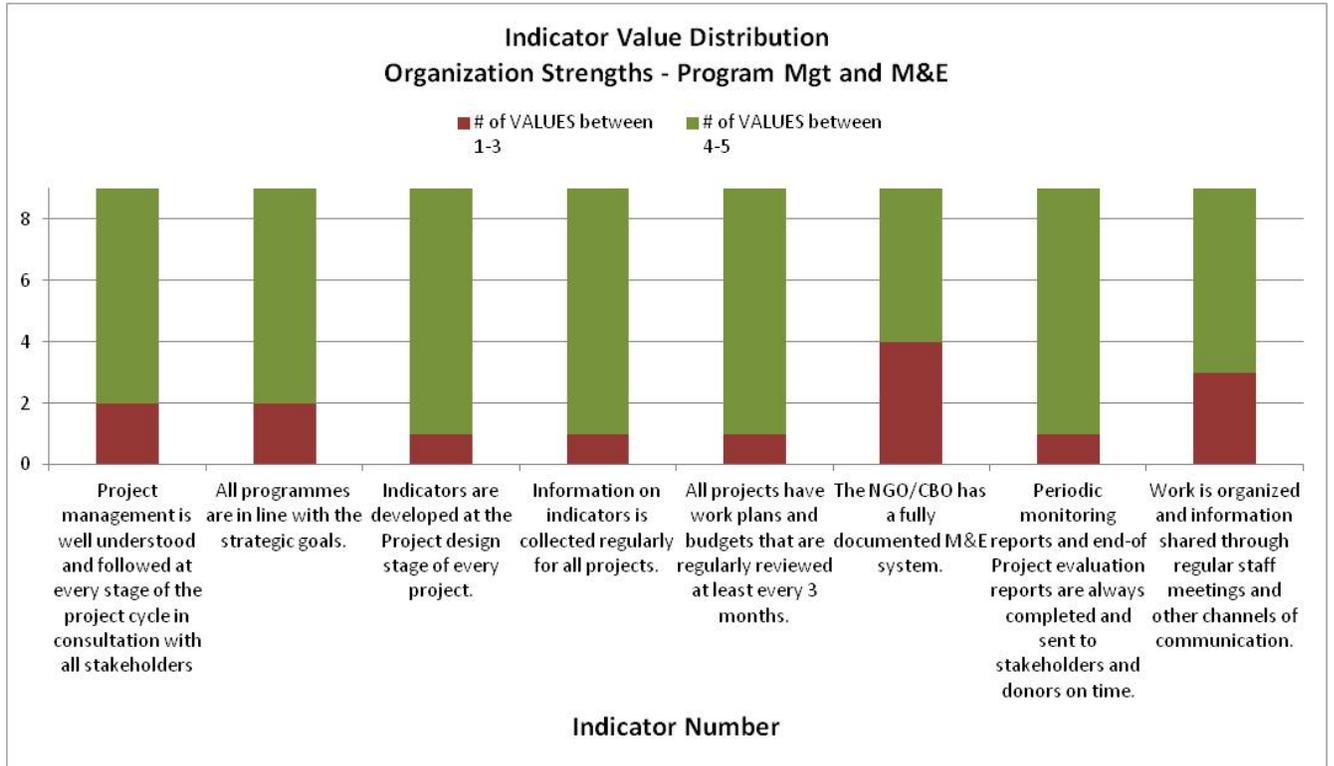


Figure 15 – Consolidation of Self-Assessment Scores for all Kazakh NGOs in the Capacity Domain of Organizational Systems – Financial Management & Sustainability

Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
3.4.1	There are financial policies in place to control use of money, prevent fraud and ensure accountability.	3.0	5.0	5.0	4.3	5.0
3.4.2	All financial procedures are well documented.	3.0	5.0	5.0	4.8	5.0
3.4.3	There have been no cases of fraud or misuse of funds.	3.0	5.0	5.0	4.4	5.0
3.4.4	Managers are responsible for the sanctioned budgets of their projects.	3.0	5.0	5.0	4.8	5.0
3.4.5	An annual budget is prepared for the NGO/CBO as a whole.	1.0	5.0	3.0	3.3	5.0
3.4.6	An audit is completed at least every 18 months by an independent organization or donor	1.0	5.0	4.0	3.9	5.0
3.4.7	The NGO/CBO reports expenditure on projects separately to more than one different donor and for several different budgets.	3.0	5.0	5.0	4.8	5.0
3.4.8	The NGO/CBO has not run short of cash to pay suppliers or salaries.	3.0	5.0	3.0	3.9	3.0
3.4.9	The NGO/CBO is financially sustainable with a diverse funding base.	1.0	5.0	4.0	3.3	4.0
3.4.10	The NGO/CBO is credited for its work by external stakeholders (e.g. by community leaders/ meetings, media, profiled by donors, etc).	1.0	5.0	4.0	4.0	5.0

Figure 16 – Consolidation of Self-Assessment Scoring for all Kazakh NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Financial Management & Sustainability

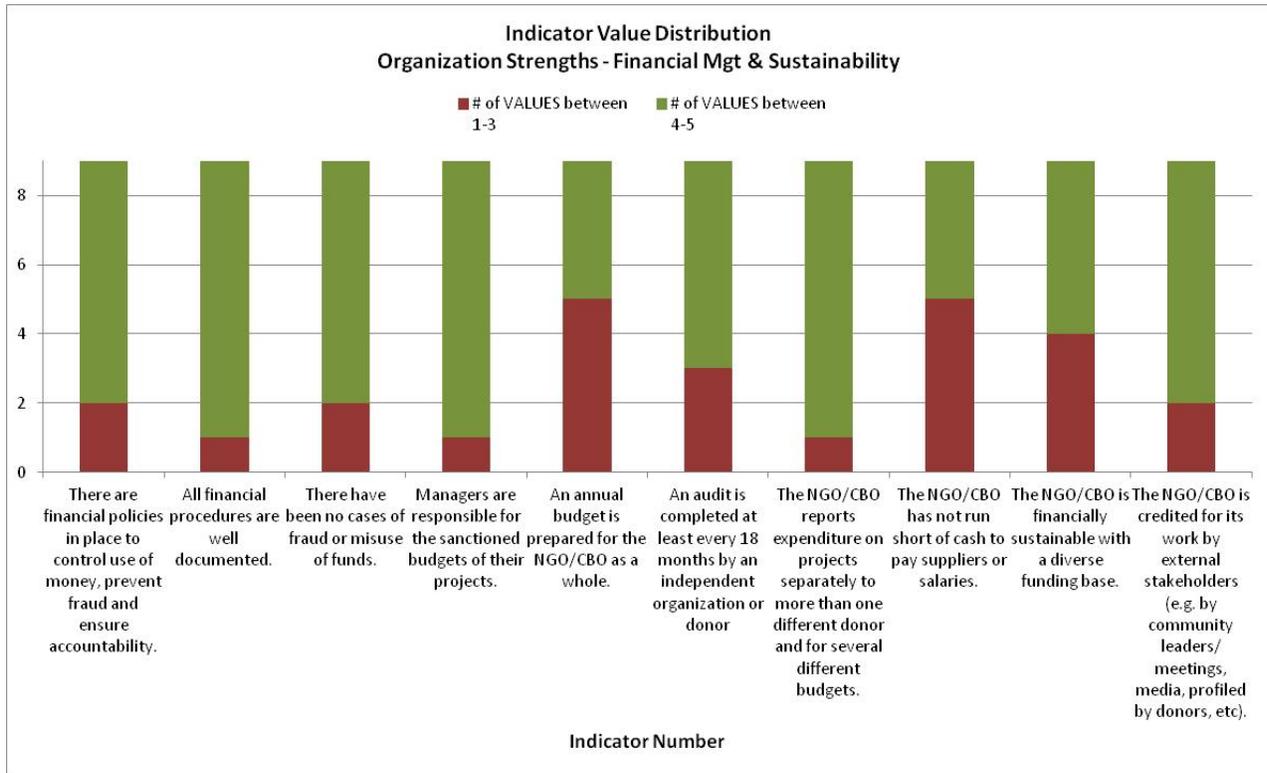


Figure 17 – Consolidation of Self-Assessment Scores for all Kazakh NGOs in the Capacity Domain of Participation of PLHIV & Affected Populations - Involvement

Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
4.1.1	The NGO/CBO has worked with a community affected by HIV/AIDS as a specific targeted group for more than 1 year.	3.0	5.0	5.0	4.7	5.0
4.1.2	The NGO/CBO has more than 1 year's experience of working with/involving at least 2 different affected communities.	3.0	5.0	5.0	4.8	5.0
4.1.3	The NGO/CBO has recruited people living with HIV and other affected communities as volunteers/consultants for more than 1 year.	3.0	5.0	5.0	4.7	5.0
4.1.4	The NGO/CBO has set up advisory groups of people living with HIV and other key affected communities to consult with in planning and program review.	3.0	5.0	5.0	4.3	5.0
4.1.5	The NGO/CBO has had people living with HIV and other key affected communities as paid project staff for more than 1 year.	3.0	5.0	5.0	4.6	5.0
4.1.6	The NGO/CBO has had people living with HIV and other key affected communities at decision-making levels (Board/management) for more than 1 year.	1.0	5.0	5.0	4.0	5.0

Figure 18 - Consolidation of Self-Assessment Scoring for all Kazakh NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of PLHIV and Affected Populations Involvement

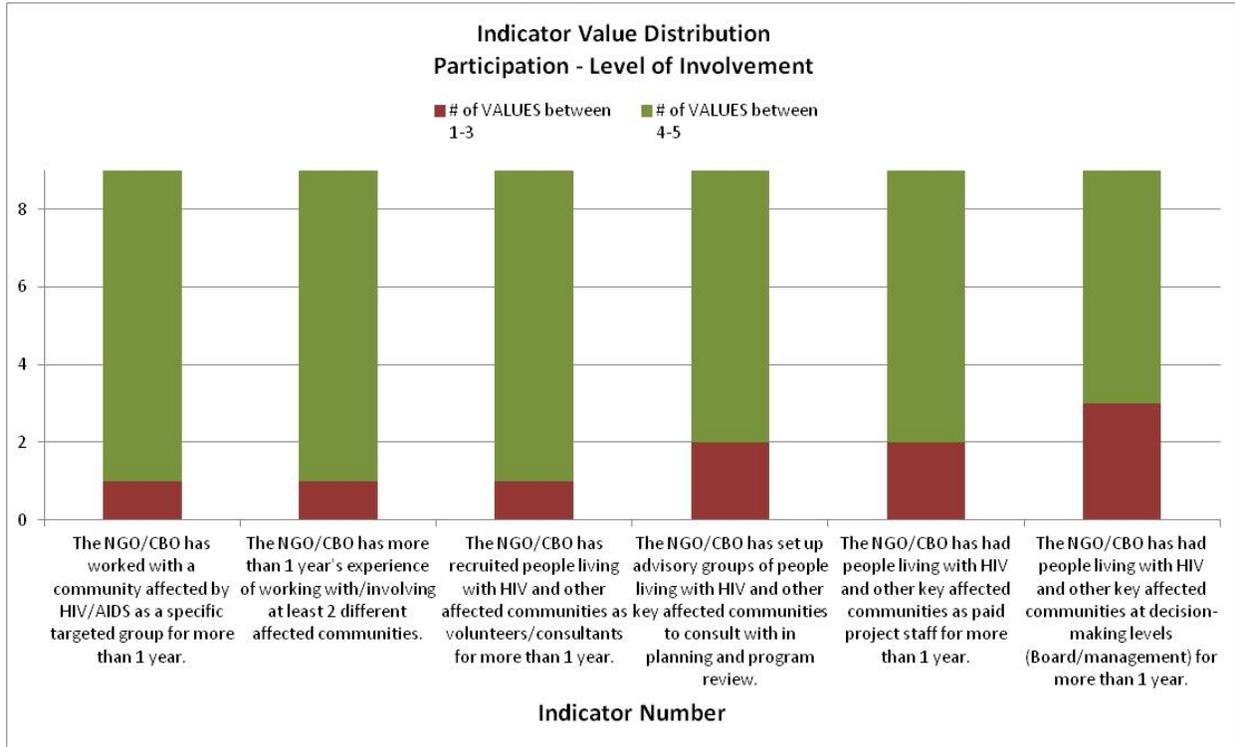


Figure 19 – Consolidation of Self-Assessment Scores for all Kazakh NGOs in the Capacity Domain of Participation of PLHIV and Affected Populations – Promoting Involvement

Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
4.2.1	The NGO/CBO has an equal opportunity policy which is made clear whenever it tries to find or interview new staff.	3.0	5.0	4.0	4.0	4.0
4.2.2	All job adverts state that people living with HIV and other key affected communities are actively encouraged to apply.	3.0	5.0	4.0	3.9	4.0
4.2.3	When paid/voluntary positions become available the NGO/CBO actively promotes these to people living with HIV and other key affected communities.	3.0	5.0	5.0	4.3	5.0
4.2.4	The NGO/CBO has offered to change its working practices (e.g. hours, work from home) to provide the flexibility for people living with HIV and other affected communities to become more involved.	3.0	5.0	5.0	4.3	5.0
4.2.5	support involvement from people living with HIV and other affected communities without formal education.	2.0	5.0	4.0	3.9	5.0
4.2.6	The NGO/CBO has conducted training to sensitize existing staff to be able to work and respect colleagues from people living with HIV and other key affected populations.	3.0	5.0	4.0	4.1	5.0
4.2.7	The NGO/CBO has confidentiality and non-discrimination procedures that are promoted and enforced with all staff.	3.0	5.0	3.0	3.9	3.0
4.2.8	The NGO/CBO has an HIV workplace policy designed to protect and support people living with HIV working in the organization.	2.0	5.0	3.0	3.7	3.0

Figure 20 – Consolidation of Self-Assessment Scoring for all Kazakh NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Promotion of Involvement of PLHIV and Affected Populations.

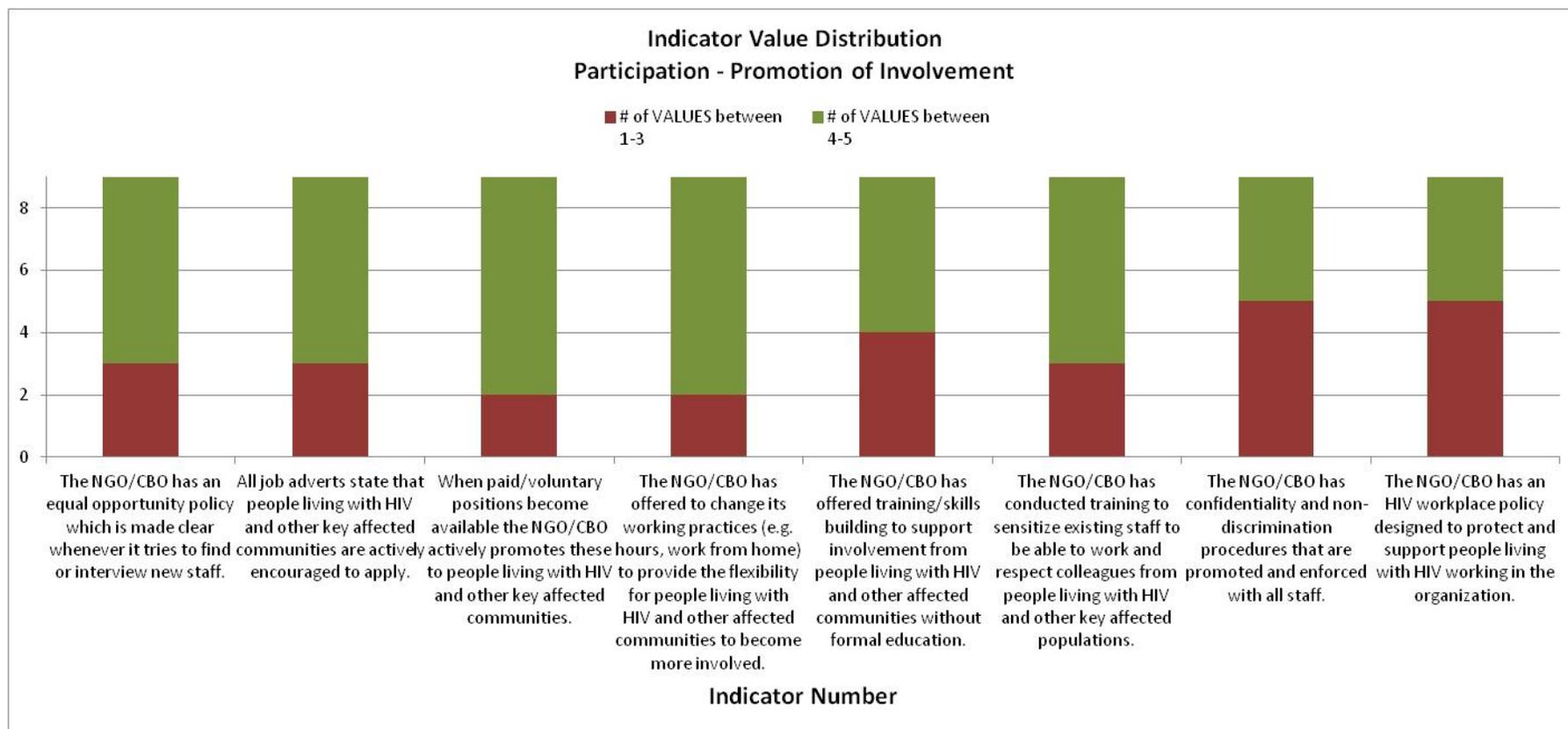


Figure 21 – Consolidation of Self-Assessment Scores for all Kazakh NGOs in the Capacity Domain of Advocacy – Research, Consultation & Analysis

Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
5.1.1	The NGO/CBO has conducted at least one advocacy project to change the policy or practices of an institution.	2.0	5.0	4.0	4.1	5.0
5.1.2	The NGO/CBO has conducted research to find evidence (data, publications, what other influential institutions have said) to support its advocacy work.	2.0	5.0	4.0	3.9	4.0
5.1.3	The NGO/CBO has analyzed research and presented evidence to make it relevant and effective for the institutions targeted.	2.0	5.0	4.0	3.7	5.0
5.1.4	The NGO/CBO has tried to find and network with other organizations to understand how it could collaborate or improve its advocacy campaign.	2.0	5.0	4.0	3.9	4.0
5.1.5	The NGO/CBO has conducted participatory consultations with communities and affected groups to identify how it should help them through its advocacy work.	4.0	5.0	4.0	4.3	4.0

Figure 22 – Consolidation of Self-Assessment Scoring for all Kazakh NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Advocacy – Research and Consultation

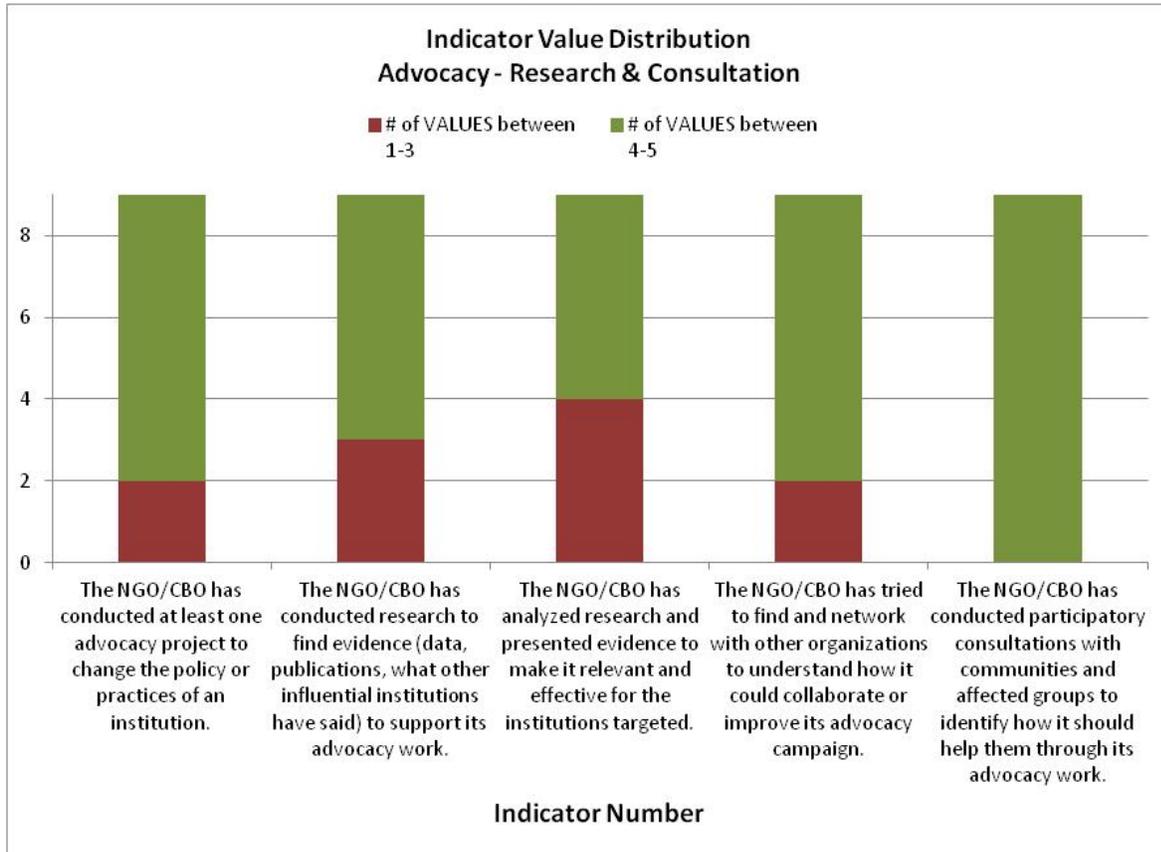
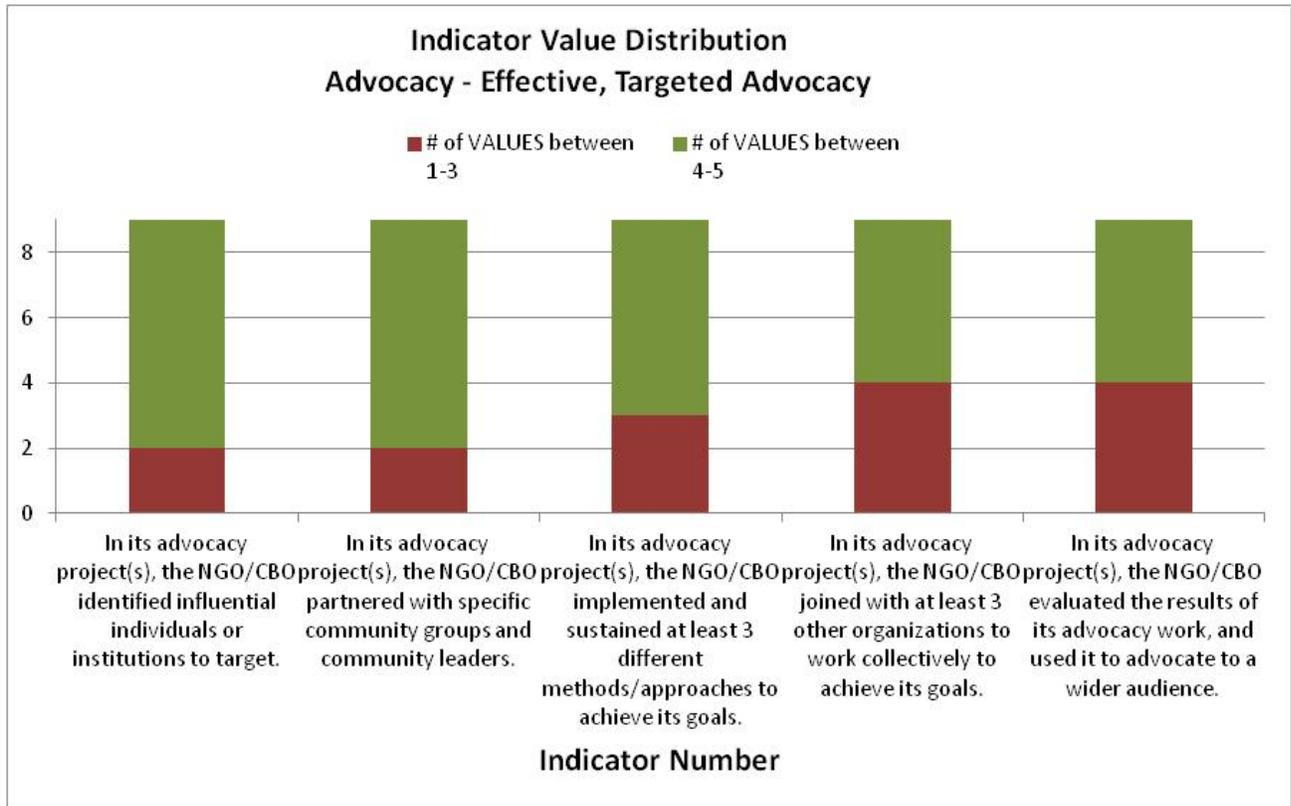


Figure 23 – Consolidation of Self-Assessment Scores for all Kazakh NGOs in the Capacity Domain of Advocacy – Effective Targeted Advocacy work

Indicator No.	Indicator	MINIMUM VALUE	MAX VALUE	MEDIAN	MEAN	MODE
5.2.1	In its advocacy project(s), the NGO/CBO identified influential individuals or institutions to target.	3.0	5.0	4.0	4.0	4.0
5.2.2	In its advocacy project(s), the NGO/CBO partnered with specific community groups and community leaders.	3.0	5.0	4.0	4.1	4.0
5.2.3	In its advocacy project(s), the NGO/CBO implemented and sustained at least 3 different methods/approaches to achieve its goals.	3.0	5.0	4.0	3.9	4.0
5.2.4	In its advocacy project(s), the NGO/CBO joined with at least 3 other organizations to work collectively to achieve its goals.	2.0	5.0	4.0	3.6	4.0
5.2.5	In its advocacy project(s), the NGO/CBO evaluated the results of its advocacy work, and used it to advocate to a wider audience.	1.0	5.0	4.0	3.7	3.0

Figure 24 – Consolidation of Self-Assessment Scoring for all Kazakh NGOs, indicating those who scored above/below 3 (used as a general marker for whether capacity development was strong/weak) for the individual indicators included in the capacity area of Advocacy – Effective Targeted Advocacy



Annex 5: Kazakhstan Assessment Team Schedule

Apr 29	Mon	0900 – 1200 1530- 1730	<p>Kazakhstan Stakeholder Meeting</p> <p>Quality Project Office in Kazakhstan will assist on it. Hotel conference room could be used.</p> <p>Assessment Team works on critical feedback provided during stakeholder meeting.</p> <p>Kyrgyzstan Assessment Report Drafting</p>		
Apr 30	Tue		To Ust-Kamenogorsk	Elden Chamberlain; Robert Baldwin; Stephanie Calves	<p>ALA-UKK</p> <p>Air Astana KC301</p> <p>1235-1430</p>
May 1	Wed	1000 1400	<p>Labor Day</p> <p>Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles</p> <p>NGO “Kuat” (SW, PWID and PLWHA)</p> <p>NGO “Answer” (PWID and PLWHA)</p>		
May 2	Thu	0900 - 1700	Capacity Assessment Workshop with all NGO/CBOs		
May 3	Fri		To Astana	Elden Chamberlain; Robert Baldwin; Nurali Amanjolov; Stephanie Calves	<p>UKK-TSE</p> <p>Air Astana KC346</p> <p>1145 – 1330</p>
May 4	Sat	0900 - 1700	<p>Astana</p> <p>Ust-Kamenogorsk assessment report drafting</p>	Stephanie Calves Departs	

May 5	Sun		To Karanganda	Elden Chamberlain; Robert Baldwin; Nurali Amanjolov	Train 1300 - 1700
May 6	Mon	1030 1430 1300 1530	Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles NGO “Kredo” (Prisoners) NGO “Sau Urpak” (SW and MSM) NGO “Shapagat” (PLWHA) NGO “Umid” (PWID and PLWHA)		
May 7	Tue		Capacity Assessment Workshop with all NGO/CBOs in Karanganda Day 1		To Almaty KC310 2225-0005+1
May 8	Wed		ALMATY Preparation/Orientation meetings with Individual organizations & Complete NGO Profiles PSI (SW and PLWHA) NGO “Doverie Plus” (PWID) NGO “Adali” (MSM) NGO “Amulet” (MSM)		
May 9	Thur		Victory Day Public Holiday		
May 10	Fri		Victory Day Public Holiday		
May 11	Sat				Sarah Johnson Arrives
May 12	Sun		Briefing with Sarah, Prepare Agenda /process for strategy development day		

May 13	Mon	0900 - 1700	Capacity Assessment Workshop with all NGO/CBOs in Almaty		
May 14	Tue	0900 - 1700	Kazakhstan assessment report drafting Analysis / synthesis of 3 country assessment reports Finalize Agenda /process for strategy development day		
May 15	Wed	0900 - 1700	Strategy Development Day with USAID CAR		
May 16	Thur	0900 - 1700	Finalize Assessment reports / Finalize Draft Capacity Strategy Document		
May 17	Fri	0900 - 1700	Finalize Assessment reports / Finalize Draft Capacity Strategy Document USAID Debrief and Draft Report Presentation		
May 18	Sat	0900 - 1700	Depart Almaty	Elden Chamberlain; Robert Baldwin; Sarah Johnson	

Annex 6: NGOs involved in the Assessment Project

Kazakhstan	Ust-Kamenogorsk	Kuat (GF)	SW / PLHIV / PWID
		Answer (GF)	PWID / PLHIV
	Karanganda	Kredo (USG)	Prisoners
		Sau Urpak (GF)	SW / MSM
		Shapagat (GF)	PLHIV
		Umid (GF)	PLHIV / PWID
	Almaty		
		Adali (USG)	MSM
		Amulet (USG)	MSM
		PSI (USG)	PLHIV
		Doverie plus (USG and GF)	PWID

Annex 7: Country Stakeholder Meeting & Participants

Country Stakeholder Meeting

Purpose

The Central Asian Republics (CAR) President's Emergency Plan for AIDS Relief (PEPFAR) program is a regional program implemented by USAID, the U.S. Centers for Disease Control (CDC), and Peace Corps (in Kyrgyzstan). CAR PEPFAR regional funds support activities in the five Central Asian Republics -- Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan. The overarching goal of the regional program is to prevent new HIV infections, particularly among Key Populations, and to provide high quality services for affected populations through strengthened and sustainable health systems. To achieve this goal, program activities aim to: improve access by key populations to comprehensive, quality services; strengthen the capacity of institutions, individuals and systems to plan, manage and monitor national AIDS programs that provide improved services for key populations; and enhance the collection, analysis and utilization of data to inform planning and policymaking.

NGOs in CAR play a key role in reaching key or most-at-risk populations and improving their access to HIV services. As such, USAID CAR aims to strengthen the organizational processes, management systems, program, financial and technical capabilities, and leadership of NGOs to enable them to better contribute to national AIDS efforts. To guide this process and ensure a systematic approach to NGO capacity development, rapid, structured, diagnostic assessments of selected NGOs, including PLHIV associations and other organizations working with key affected populations will be undertaken. The assessments will be used to inform the development of capacity building strategies. Strategies will include approaches to both develop the technical and organizational capacities of less mature NGOs and strengthen the technical and organizational capacities of more mature organizations that have the potential to take on increased leadership, umbrella, or management roles within the NGO sector.

USAID CAR has contracted AIDSTAR-Two to lead on the assessment of the NGO/CBOs and to develop a regional capacity development strategy based on those assessments. AIDSTAR-Two has developed an Assessment tool that will provide an overview of capacity needs of NGOs and at the same time provide the basis for more in depth work with the individual NGOs.

At the beginning of each country assessment an initial stakeholder meeting will be held with key stakeholders to inform them of the project and to seek guidance as to particular capacity needs of NGOs in the local context. The Draft agenda for this meeting follows;

Agenda

- Introductions
- Outline of Project
- NGO/CBOs involved
- Outline of Assessment Tool and analysis process
- Key issues that should be taken into consideration by the assessment team
- Final remarks.

Participants

- USAID
- Quality Health Care Project
- WHO
- UNDP
- Republican AIDS Center
- UNFPA
- Dushnabe City AIDS Center
- Ministry of Justice

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