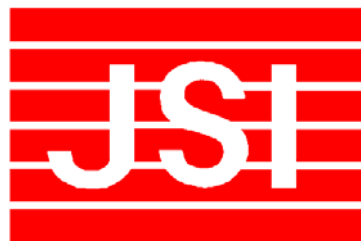


**THE CAPACITY PROJECT QUARTERLY TECHNICAL REPORT  
FIRST QUARTER – FIRST YEAR REPORT**

**JSI Research & Training Institute, Inc. (JSI)  
THE CAPACITY PROJECT  
QUARTERLY TECHNICAL REPORT  
USAID Cooperative Agreement No.:  
176-A-00-04-00014-00**



**First Quarterly Report – First Year  
30 September 2004 – 31 December 2004  
Submitted January 31, 2005**



**THE CAPACITY PROJECT QUARTERLY TECHNICAL REPORT  
FIRST QUARTER – FIRST YEAR REPORT**

**I. COOPERATIVE AGREEMENT SIGNED**

The CAPACITY Cooperative Agreement was executed on October 4, 2004 by USAID/CAR Regional Agreements Officer and JSI Research and Training Institute, Inc. (JSI) International Division Director. As outlined in the Cooperative Agreement, the Project is designed to support USAID/CAR Strategic Objective 3.2 by utilizing the four key strategies put forward by the JSI/CAPACITY team.

**USAID/CAR Strategic Objective 3.0:  
Increased Utilization of Quality Primary Health Care for Select Populations**

Strategy 1: Improving Stewardship of National HIV/AIDS Programs

Strategy 2: Educating and Empowering High Risk Populations

Strategy 3: Improving the Quality of HIV/AIDS Services

Strategy 4: Improving Resource-Use to Integrate HIV/AIDS Services

**I. PROJECT START-UP ACTIVITIES BEGIN**

The CAPACITY Project's first quarter was devoted largely to the project's operational start-up activities and key targeted program development activities, which are detailed in the below section.

**A. First Quarter Project Start-Up Activities in Central Asia & USA**

The CAPACITY Project Cooperative Agreement was executed on October 4, 2004. The document was immediately review and signed by the JSI International Division Director. JSI then notified its key personnel and partner organization regarding the award. JSI secured its three key personnel, Chief of Party, Deputy Chief of Party and Operations Director under contract and began start date negotiations. JSI requested its subcontractors to secure their key personnel or begin intensive recruiting efforts to fill positions. Specifically, JSI requested PSI to present a qualified Prevention Specialist and IHAA to present a qualified NGO Capacity Building Specialist as soon as possible.

During the week of October 11<sup>th</sup>, JSI's key personnel from the JSI/Boston headquarters and all of its regional projects staff participated in the JSI Eurasian Regional Meeting in Moscow, Russia. This meeting provided a unique opportunity for Dr. Khodakevich to meet with JSI staff from all regional projects and begin to understand the nature of JSI and implementing USAID-funded programs. Specifically, this provided an opportunity to Dr. Khodakevich to meet with two of JSI's lead regional staff, Dr. Natalie Vartapetova, Chief of Party of the JSI/Russian Women and Infants (WIN) Health Project and Dr. Patricia David, Senior M&E Specialist for JSI/International. Both JSI staff allocated specific time to meet with Dr. Khodakevich and provide advice and coaching for his new role.

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The regional meeting also provided unique opportunity for the first “start-up brainstorming” meeting between many of the key people involved in developing the JSI CAPACITY proposal, including Andrew Fullem, Ken Olivola, Lev Khodakevich, Asta Maria Kenney, Bruno Bouchet, David Pyle, Audrey Seger Sprain and Anna Kvaitchadze. This core team held several lunch and dinner meetings during the course of the Moscow event to discuss staffing, upcoming assessment, Global Fund challenges, and timeframe for operations. Based on these discussions, it was determined that Lev Khodakevich and Audrey Seger Sprain should travel to Central Asia for an initial exploratory trip as soon as possible in November. This would get JSI on the ground as soon as possible to meet with USAID/CAR and key stakeholders as well as begin working on critical operational aspects of working in Central Asia.

Following the week long meeting in Moscow, the CAPACITY headquarter team was established and initial internal meetings regarding start-up and overall program aspects were held. The headquarter team comprised of: Andrew Fullem, Senior HIV/AIDS Specialist and CAPACITY Senior Advisor, Matt Habinowski, CAPACITY’s JSI/Boston Project Coordinator, Deidre Rogers, CAPACITY’s JSI/Boston M&E Advisor, and Michael McGunnigle, CAPACITY’s JSI/Boston Finance Manger. The team was joined intermittently by Audrey Seger Sprain, who was still posted in Boston, but soon to be posted in Almaty as the Regional Operations Director for CAPACITY. During this time period, the JSI/Boston headquarters team implemented the following key (highlighted) tasks for start-up of the project:

- Held initial conversations with partner organizations regarding their scope of work, staff recruitment, on-the ground timeframe, assessment plans, subcontracts, financial set-up and the prime-subcontractor relationship.

- Began the development of JSI/Boston headquarter financial systems and structure, including establishing country-specific coding and allocation system as well as developing initial plans for field financial reporting structure.

- Held conversations with JSI’s Chief of Party, Lev Khodakevich and DCOP, David Hausner regarding on-the-ground timeframe, personnel/human resource paperwork, initial program objectives and development of the project’s initial implementation plan and assessment plan.

- Developed, negotiated and signed letter subcontract agreements with partner organizations for CAPACITY: Abt Associates, Boston University, International HIV/AIDS Alliance, and Population Services International.

- Held initial conversations with CAPACITY’s Minority Serving Institution, Howard University’s National Minority AIDS Education Training Center, regarding proposed scope of work and expertise for the program.

- Finalized plans for initial exploratory trip to Kazakhstan and Uzbekistan for the Chief of Party and Regional Operations Director during

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November/December 2004. Please see Attachment #1 detailing scope of work of the COP and Operations Director's initial exploratory trip.

-Held CAPACITY Project Partners Headquarter Meeting in Boston. Please see Attachment #2 and #3 Final Agenda and Meeting Minutes from the CAPACITY Project Partners Meeting held on November 10, 2004 at JSI/Boston Headquarters.

-Developed draft of initial implementation plan for submission to USAID/CAR according to deliverable deadline established in CAPACITY cooperative agreement. According to agreement with USAID/CAR, this draft plan would be further revised following the initial exploratory trip to the region re-submitted following the first quarter.

-Submitted initial implementation plan to USAID/CAR with agreement that this initial plan would be further developed during the project's strategic planning meetings. Please see Attachment #4 the Initial Implementation Plan submitted on November 15, 2004 to USAID/CAR.

From 15 November 2004 through 22 December 2004, the Regional Operations Director, Audrey Seger Sprain, was on initial exploratory trip to Kazakhstan and Uzbekistan. She was joined from 26 November 2004 through 12 December 2004 by the Chief of Party, Lev Khodakevich. The objectives of their trip as outlined in Attached #1 were to:

- 1) Hold initial meetings with USAID/CAR Representatives and begin discussion regarding CAPACITY start-up, draft initial implementation plan, and current status of HIV/AIDS prevention activities/stakeholders;
- 2) Hold initial meetings with key HIV/AIDS stakeholders in Uzbekistan and Kazakhstan to introduce CAPACITY and discuss assessment plans as well as ideas of role for CAPACITY activities in each country;
- 3) Begin development of operational aspects of CAPACITY start-up, including country registration requirements, banking requirements, office locations, and staffing plans for the two large priority countries of CAPACITY.
- 4) Secure expatriate housing, regional office site and limited local staff to support CAPACITY program during initial start-up phase in regional office in Almaty.

Following the initial exploratory trip to the region, the JSI/Boston headquarter team together with Lev Khodakevich, reviewed information gathered during the trip in order to revise the initial implementation plan and develop draft version of an initial assessment plan to be submitted in January 2005. Please see Attachment #6 Draft Initial Assessment Plan circulated within the CAPACITY Team as of December 31, 2004.

**B. Anticipated CAPACITY Project Activities Next Quarter**

The following (illustrative) project activities are anticipated to be implemented during the period of January 1, 2005 – March 31, 2005:

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- 1) JSI Chief of Party Orientation held in Boston and Washington from 3-13 January for Lev Khodakevich.
- 2) Revision and submission of CAPACITY Initial Implementation Plan to USAID/CAR by January 15.
- 3) JSI's Key Personnel (COP, DCOP, and Operations Director) on ground by January 25.
- 4) Revision and finalization of CAPACITY Initial Assessment Plan within core CAPACITY team.
- 5) Develop CAPACITY Initial Staffing Plan/Organizational Chart within core CAPACITY team.
- 6) Develop and finalize assessment protocols for each of CAPACITY's eight technical areas.
- 7) Conduct assessment of NGOs working on HIV/AIDS activities/programs in CAR.
- 8) Develop, finalize and implement the NGO High-Risk Group assessment and questionnaire.
- 9) Finalize recruitment of Prevention Specialist and NGO Capacity Building Specialist.
- 10) Begin recruitment of M&E Specialist and Country Directors for KZ, KG, and TJ.
- 11) COP to conduct initial visits with USAID and stakeholders in KG, TJ, and TU.
- 12) Establish regional office operations in Almaty, including office, bank, and staff.
- 13) Conduct donor assessment/desk review of current HIV/AIDS actors/situation in CAR.
- 14) Establish office operations in Tashkent, including office, bank, and staff.
- 15) Conduct initial operational travel to Bishkek/Dushanbe (JSI HQ Project Coordinator)
- 16) Initial Assessment Activities Conducted in KZ, KG, TJ, and UZ.
- 17) Preparations for CAPACITY Strategic Planning Meetings and project design.
- 18) Continue initial meetings and introductions with key HIV/AIDS stakeholders in CAR.
- 19) Draft scopes of work for all CAPACITY implementing partner organizations.

**C. Quarterly Technical Report Attachments**

- 1. Initial Exploratory Trip Scope of Work & Objectives**
- 2. CAPACITY November 10<sup>th</sup> Partners Meeting Agenda**
- 3. CAPACITY November 10<sup>th</sup> Partners Meeting Minutes**
- 4. Draft Initial Implementation Plan – November 15<sup>th</sup>**
- 5. Draft Initial Assessment Plan – December 30<sup>th</sup>**
- 6. CAPACITY First Quarter Financial Report – SF269**

**The CAPACITY Project Start-Up Trip**  
**Audrey Seger Sprain & Lev N. Khodakevich**  
**Scope of Work**  
**15 November – 20 December 2004**

**Week One Objectives/Meetings:**

- Meet with Asta Kenney & Zdrav+ Staff in Tashkent (Overall Orientation for Uzbekistan)
- Meet with USAID Reps: Technical, Executive, Financial, Registrations Reps (Direction)
- ABN-AMRO Bank in Tashkent (Set-up JSI Bank Account & Personal Bank Account)
- Visit Zdrav+ Office in Tashkent (Determine If Good Location/Office for CAPACITY)
- Initiate UZ Registration Process with Julia Skudovich at USAID/Tashkent (Start Process)
- Initiate Meeting with other Key Players in Tashkent (Advise of USAID, Zdrav+ Folks)

**Week Two Objectives/Meetings:**

- Continue Meeting with Zdrav+ Staff in Tashkent (Overall Orientation for Uzbekistan)
- Meet with USAID Kevin Dean at USAID with Lev/Audrey (Formal CAPACITY Briefing)
- Work with ABN-AMRO Bank in Tashkent (JSI & Personal Bank Account Established)
- Formalize JSI & Abt Zdrav+ Office Sharing Arrangement (Contract & Payment Issues)
- Continue UZ Registration Process with Julia Skudovich at USAID/Tashkent (Next Steps)
- Meet with UNAIDS Representatives in Tashkent (Basic CAPACITY Meet & Greet Meetings)
- Meet with Subrata Routh in Tashkent (Meet & Greet + Role & Specifics Re: CAPACITY)
- Meet Local Lawyer (Investigate into overall taxation, banking, and legal issues in Uzbekistan)

**Week Three Objectives/Meetings:**

- Meet with Sheila, Nick & Zdrav+ Staff in Almaty (Overall Orientation for Kazakhstan)
- Meet with USAID Reps: Technical, Executive, Financial, Contracts Office (Direction)
- ABN-AMRO Bank in Almaty (Set-up JSI Bank Account & Personal Bank Account)
- Visit Republican AIDS CENTER (Determine If Good Location/Office for CAPACITY)
- Initiate KZ Registration Process with Local Law Firm -Registration Firm (Start Process)
- Initiate Local Staff Position Recruitment (Develop Plan, Meet Zdrav+, Publicize As Needed)
- Initiate Meeting with other Key Players in Almaty Next Week (Advise of USAID& Zdrav+)
- Meet with Local Almaty Realtors (Seek Personal Apartments/Residence for Audrey and Lev)
- Meet with UNAIDS Representatives in Almaty (Basic CAPACITY Meet & Greet Meetings)

**Week Four Objectives/Meetings:**

- Hold Meeting with Key Players in Almaty (Prime Recipients, CDC, Project HOPE, PSI, etc.)
- Continue Search for Personal Apartments/Residence for Audrey and Lev (Remember David)
- Continue Meeting with Zdrav+ Staff in Almaty (Overall Orientation for Kazakhstan)
- Initiate Local Staff Position Recruitment (Develop Plan, Meet Zdrav+, Publicize As Needed)
- Continue Meetings with USAID Andreas Tamberg/Kerry Pelzman (CAPACITY Strategies)
- Continue Working with ABN-AMRO Bank (JSI & Personal Bank Account Established)
- Formalize Contract & Payment Issues for Republican AIDS Center Office Location OR
- Seek Other Office Location Options with Local Realtor (Tour and Identify Office Location)
- Continue KZ Registration Process with Local Law Firm (List of Next Steps)
- Meet Local Lawyer (Investigate into overall taxation, banking, and legal issues in Kazakhstan)

**Fifth Week Objectives/Meetings:**

- Meet with Local Furniture, Computer, and Office Supply Vendors to Obtain Quotes
- Continue Holding Meetings with Key Players for CAPACITY in Almaty
- Formalize Contracts/Payment Personal Apartments/Residence for Audrey and Lev
- Continue Meeting with Zdrav+ Staff in Almaty (Overall Orientation for Kazakhstan)
- Initiate Local Staff Position Recruitment (Develop Plan, Meet Zdrav+, Publicize As Needed)
- Final Meetings/Debrief with USAID-Andreas & Kerry (Next Steps & January Schedule)
- Continue to Finalize KZ Registration Process with Local Law Firm (List of Next Steps)
- Finalize Staffing Chart / Location Plan for Offices
- Write Trip Reports: Submit to JSI Home Office (Both Audrey & Lev)

**The CAPACITY Project**  
*Central Asian Program on AIDS Control and Intervention Targeting Youth  
and High-Risk Groups*

**Partners Meeting**

November 10, 2004

JSI Office, 44 Farnsworth Street, 7<sup>th</sup> Floor  
Boston, Massachusetts

**AGENDA**

- |               |   |
|---------------|---|
| 10:00 – 10:15 | <b>Welcome and Introduction to the JSI Approach</b><br>Andrew Fullem, Director, JSI Center for HIV/AIDS   |
| 10:15 – 10:30 | <b>Walk-through of the Application</b>  |
| 10:30 – 12:00 | <b>Presentations on Regional Experiences</b> (10-15 minutes each)<br>JSI<br>Abt Associates<br>Boston University<br>Howard University<br>International HIV/AIDS Alliance<br>PSI  |
| 12:00 – 1:00  | <b>Technical Start-up</b><br>Staffing<br>Initial Implementation Plans<br>Review of Assessment Plans   |
| 1:00          | <b>Lunch</b>  |
| 1:30 – 3:00   | <b>Technical Start-up (cont.)</b>   |
| 3:00 -- 5:00  | <b>Administrative, Financial, Logistical and Contractual Start-up</b><br>Audrey Seger Sprain, CAPACITY Operations Manager<br>Matt Habinowski, Project Coordinator<br><br>Reviewing Timeline of Start-up<br>Logistics and Facilities<br>Finalizing Subcontracts/Subagreements<br>Financial Reporting |

## **The CAPACITY Project Partners Meeting November 10, 2004**

### **I. PARTNER'S MEETING PARTICIPANTS:**

- Andrew Fullem, JSI/CAPACITY Senior Advisor
- Matt Habinowski, JSI/CAPACITY Project Coordinator
- Audrey Seger Sprain, JSI/CAPACITY Operations Manager
- Amy McDonagh, PSI/CAPACITY Program Manager
- Mark McEuen, Abt/CAPACITY Program Manager
- Brenda Waning, BU/CAPACITY Program-Technical Manger
- Warren Kaplan, BU/CAPACITY Program Back-Up
- Slava Kushkaov, IHA/CAPACITY Technical Manager
- Kate Beavis, IHA/CAPACITY Program Manager

### **II. PURPOSE OF PARTNERS MEETING:**

The purpose of this meeting was to discuss administrative, financial and contractual aspects of the newly awarded CAPACITY Project. In addition, this meeting was held to briefly review the technical approach as articulated in the contract and to provide an opportunity for US-Based project technical and administrative staff to meet face to face. The meeting was held at JSI Research & Training Institute, Inc.'s Headquarters in Boston, MA, with representation from each partner organization, including: Abt Associates, Boston University, International HIV/AIDS Alliance, and Population Services International. Minority Serving Institution, Howard University was unable to attend. These meeting minutes provide a record of that meeting as well as some additional information or conclusions that have transpired since this original meeting.

### **III. JSI'S BILATERAL MANAGEMENT APPROACH:**

JSI's approach of pulling from other country experience marries well with JSI's decentralized approach to project management. In the JSI Approach, the JSI Chief of Party is the overall project manager and will be provided support from the US-based Home Office Staff where appropriate. JSI's Home Office Management Structure includes a Senior Advisor, a Technical Advisor, an M&E Advisor, a Project Coordinator, and a Financial Manager assigned to each of its bilateral projects with additional technical specialist as needed.

Lev Khodakevich, Chief of Party, has primary responsibility for the project management – specifically recruiting, organizing and leading a professional team that achieves project objectives in an effective and efficient manner. He has primary authority and responsibility for the management and technical performance of the project. Lev will be in Boston early January for COP orientation, trainings, and meetings with the JSI/CAPACITY Headquarters Support Team.

Andrew Fullem, the Senior Advisor will provide high-level management support and guidance, troubleshooting, and corporate quality assurance to the field project. All project management issues or concerns need to be directed to Andrew; in the role of Senior Advisor, Andrew will direct these concerns to the appropriate contact within JSI if necessary. During the start-up period, Andrew will serve as both Technical Advisor and Senior Advisor. An M&E Advisor will be identified in the next few weeks.



Matt Habinowski, the Project Coordinator will provide all US-based administrative and financial support and coordination to the project field office and US-based subcontractor backstoppers. All administrative and financial matters, including invoicing and contractual questions, should be directed to his attention. Matt will pull upon the JSI Team, including the Financial Manager, Michael McGunnigle, to assist in providing guidance on administrative, contractual, financial, and procurement matters.

#### **IV. REVIEW OF CAPACITY PROJECT AGREEMENT:**

##### **A. Quick List Overview of CAPACITY:**

- Project Name: CAPACITY Project: “Central Asian Programme on AIDS Control: Intervention Targeting Youth and High-Risk Groups.”
- Performance Period: 30 September 2004 – 29 September 2009 (5 Years)
- Total USAID Budget: ~\$13million + ~\$2million CAPACITY Cost-Share
- Objective: Addressing GFATM in CAR to address growing Epidemic
- USAID Objective IR 3.2: Increased Utilization of Quality PHC for Select Populations

##### **B. Primary CAPACITY Strategies:**

1. Build Stewardship in GFATM Country Coordinating Mechanisms & Prime Recipients in Each of the 5 Central Asian Countries;
2. Increase Education & Empowerment;
3. Improve Quality of Prevention, Care & Support Services; and
4. Integrate HIV/AIDS into TB Services and Primary Health Care.

##### **C. Other Supplemental Points of Discussion:**

- The key aspects of this project – Global Fund, High-Risk Populations, Commercial Sex Workers, & Men Who Have Sex With Men – represent many of the “hot topics” for USAID/W given the current administration. Accordingly, the CAPACITY Project has an opportunity to engage in unique and ground-breaking work. The project will need to work closely with USAID/CAR to ensure that our project does not incite any resistance from USAID/W. This is an issue to coordinate with USAID/CAR;
- The key aspect of the project is working to strengthen CCM and the PR with the GFATM in each of the five countries. In terms of the structure for the GFATM, the CCM is set-up to coordinate GFATM activities in each of the countries, whereas the PR is the contractor receiving GFATM monies and responsible for implementing the GFATM activities in country. It is important to note that the CCM is similar in each country where the GFATM is working as it include all of the major players in HIV/AIDS policy, however the PR differs by country. Typically, the PR is the a country specific agency, such as the Ministry of Health or Economics;
- One of the key aspects of the CAPACITY Project will be coordinating and collaborating with other actors working in HIV/AIDS in Central Asia, including: DFID and World Bank HIV/AIDS Projects, CDC Surveillance Activities, Drug Demand Reduction Project (Eurasian Foundation & PSI), Current Project (Zdrav+ and PSI Prevention), USAID’s Anti-Trafficking Program, and fostering this same coordination regionally by fostering linkages between five countries activities;
- The strategy of seeking to increase integration of HIV/AIDS services means working to build HIV/AIDS services in the PHC system and to have HIV/AIDS services treated as

any other service offered in the PHC system. CAPACITY will work directly with the ZdravPlus Program on this aspect of the project; the idea of integrating HIV/AIDS services into PHC goes against the system in CAR and even different than the way such services are provided in the USA;

- Another aspect of CAPACITY is seeking to locate other opportunities for Global Development Alliance Projects in the region. The GDA is a USG initiative which seeks to leverage private/non-government sector development activities, providing a one-to-one dollar match for activities undertaken. In CAPACITY, our team must look for ways to facilitate and/or support the development of GDA applications and projects. (Some options may include oil companies or faith-based organizations.)
- JSI and USAID have agreed that given the high profile nature of this project in the region, it is critical the CAPACITY has its own identity, separate from other well-known or established activities in the region, such as Zdrav+, DDRP, PSI, etc. JSI's philosophy is that organizational loyalties should be put aside for development of a project identify. Accordingly, we will seek to have a CAPACITY logo developed and tested as soon as possible; individual organizational logos will not be used;
- Establishing a CAPACITY identity influences our decision for where to locate our head office in Almaty. USAID has suggested co-locating with the Principal Recipient at the Republican AIDS Center. During initial start-up trip, Lev & Audrey will visit the Republican AIDS Center offices and other offices in the immediate vicinity as a possible head office location in Almaty. Given the political nature of the project and the perhaps current conflict of interests between the CCM and the PR (Republican AIDS Center) and CAPACITY's need to work effectively with both entities, our initial thinking is that locating immediately nearby the Republican AIDS Center would be preferable to locating inside the Center, however, a review of the situation must be made first;
- The decision of where to located CAPACITY offices in the other countries will be made after visiting each location. As proposed in our joint application, the preference will be given to co-locating for cost-effectiveness with existing partnerships, such as Abt, PSI, or Project HOPE. Co-locating with Principal Recipients will also be considered an option in each of the countries;
- Given the overlap between home-office staff on the CAPACITY project with other projects in the region, it is clear that people may often be traveling to the region wearing several hats. For cost-effectiveness, this is highly encouraged, however, it will require seamless communication between home offices and the head project office in Almaty to ensure travel notification is provided to the USAID/CAR mission and country office as appropriate. We request that if you are planning to travel to the region for purposes not related to CAPACITY that you still advise the head CAPACITY office in case we receive questions about the nature of your travel;
- CAPACITY will need to confront the controversial issue of needle exchange. Clearly, needle exchange can NOT be supported or undertaken by this project as it is funded by USAID. Given the significant overlap between CAPACITY and the DFID HIV/AIDS Program, perhaps CAPACITY can work collaboratively with DFID to support them in taking on the issue of needle exchange in working on harm reduction activities. This is an issue to be discussed with USAID and with DFID directly. CAPACITY cannot be seen as working on this issue. One question to pose to USAID is whether or not

CAPACITY/USAID can support needle destruction work at trust points? An issue for Lev to discuss with USAID;

- It seems that there is an issue of providing TA to UZ government given that the USG cannot support government that have human rights violations. Up until Spring 2004, the USG signed a waiver on this matter, allowing technical assistance to the government for Uzbekistan given its strategic importance to US. In Spring 2004, this waiver was not given, however recently, the US Embassy received “not-withstanding authority” on the human rights certification issue, which allows USAID to continue working across the board in its programmes. The question is will this cover CAPACITY and will it affect our ability to provide technical assistance to the CCMs, PRs, and other government entities or institutions in Uzbekistan?

#### **D. USAID/CAR Partners:**

Andreas Tamberg, Cognizant Technical Officer – Almaty  
Kerry Pelzman, Infectious Disease Team Leader – Almaty  
Angela Lord, Director of Health & Education Office – Almaty  
John Lord, Acquisitions and Agreement Officer – Almaty  
Kevin Dean, USAID/UZ Activity Manager – Tashkent  
TBD, USAID/KY Activity Manager – Bishkek  
TBD, USAID/TU Activity Manager – Dushanbe  
TBD, USAID/TJ Activity Manager – Ashgabat

#### **E. Overview Each of the Primary CAPACITY Strategies:**

##### **1. Stewardship: (JSI)**

In the area of stewardship, the CAPACITY Team with JSI as lead on this technical area will focus its efforts on the Country Coordinating Mechanism and Principal Recipients in helping to:

- Facilitate the development of transparency and transparent mechanisms;
- Support the utilization of the overall GFATM CCM & PR mechanism;
- Support the development and utilization of a single M&E mechanism;
- Work strategically to leverage existing resources for further programming;
- Strengthen the role of the NGOs and Civil Society on the CCM; and
- Implement detailed and responsive technical assistance on several areas:
  - ✓ Organizational Management
  - ✓ Human Resources
  - ✓ Granting Process
  - ✓ Financial & Administration
  - ✓ HIV/AIDS Procurement
  - ✓ Program Planning

##### **2. Education & Empowerment: (PSI & IHA)**

In the areas of education and empowerment, PSI will take the lead on the education and prevention component, whereas IHA will take the lead on NGO capacity building to address HIV/AIDS.

Education Component (PSI)

- One of CAPACITY's key areas of prevention with the objective of achieving 60% coverage of high-risk groups at end of five years;
- PSI will continue mapping where high risk populations/activities take place to determine the number of actual 'target groups;''
- Development of Transferable Skills;
- Development of National & Regional Strategies;
- Ensure Coordination & Collaboration;
- Condoms as central part of prevention activities;
- High-Risk Populations for CAPACITY:
  - ✓ Injecting Drug Users
  - ✓ Commercial Sex Workers
  - ✓ High-Risk Youth (Definition in Application)

#### Empowerment Component (IHA)

- Building NGO Capacity
- Alliances Between NGOs
- Advocacy Capacity
- Role/Representation at CCMS

### **3. Expanded Services:**

In the area of expanded services, the CAPACITY Team will focus its efforts on two areas: Voluntary, Counseling & Testing AND HIV/AIDS Care & Support in target oblasts as outlined in the application:

#### Voluntary, Counseling & Testing

- Integration of HIV/AIDS Services into PHC & TB Services;
- Increasing NGO's Ability/Capacity to implement VCT Services;
- Working to generate demand of VCT Services; and
- Introduction of New Technology (Rapid Testing).

#### HIV/AIDS Care & Support

- Addressing HIV/AIDS Primary Care;
- Addressing Opportunistic Infections;
- Addressing Anti-Retroviral Issues; and
- Integrating these three areas into PHC;

#### Side Discussion Issues Related to Expanded Services:

- CAPACITY will train staff to understand this CD4 Laboratory Testing on CD4 machines that have been provided through GDA activities.
- CAPACITY will NOT be buying drugs; drugs will come from the CCMs. USAID and therefore CAPACITY can NOT get into the procurement of drugs and needs to go through the CCM mechanism to do this.
- IHA has also noted the importance of strengthening the social support systems as part of its NGO capacity building work;
- We cannot ignore the issues of co-infection in this part of the world, particularly TB and Hepatitis C; and

- Alcohol is not considered a “drug,” but we cannot ignore alcoholism as part of the culture and need to consider looking into issue of the use of various drugs and existence in people’s bodies.

#### **4. Integration:**

In the area of integration, the CAPACITY Team will work together with ZdravPlus to address integration of HIV/AIDS Services into:

- Primary Health Care Services;
- Health Care Financing Schemes; and
- Overall Health Policy & Regulatory Issues.

#### **V. PARTNER PRESENTATIONS ON RELATED EXPERIENCE**

Significant overlap between organization. Want to approach as a project – see as a team and people from organizations may provide

##### **A. International HIV/AIDS Alliance**

See attached IHA presentation about relevant work in the region, specifically working with the GFTAM in Ukraine.

##### **B. Boston University Presentation**

See attached BU presentation about relevant work in the region, specifically working on pharmacy issues on ZdravPlus Project.

##### **C. Population Services International**

See attached PSI presentation about significantly relevant work in the CAR region, specifically prevention activities and work on the DDRP.

##### **D. Abt Associates**

Over 90% of Abt’s work internationally is implementing USAID programs in agriculture, housing, trade, and environment, in addition to health. Abt also has a substantial domestic portfolio in clinical trials and epidemiological activities. Internationally, Abt is predominantly working on health care policy and financing. In Central Asia, Abt has been leading on health care reform. Abt takes an overall systems approach in its work. In terms of HIV/AIDS, Abt’s practice is growing with a focus on costing and modeling on the impact of HIV/AIDS. Specifically, Abt has developed AIDS Treat Cost Model, which looks at how much treatment cost through a costing project model. In addition, Abt is able to track expenditures for HIV/AIDS based on household data collection. This data is used in trying to secure donor funding for HIV/AIDS.

Abt’s Specific Activities in the Region:

- National Health Assessments in Ukraine
- Small pilot Prevention Project on Chinese border
- ZdravReform to ZdravPlus with hopes for ZdravPlusPlus
- ZdravReform as Financing Project in CAR, Russia, Ukraine
- ZdravReform as a Health Reform Project looking at system
- ZdravPlus has 4 Key Objectives:
  - ✓ Financing & Management (MIS)
  - ✓ Policy & Regulatory Environment

- ✓ Quality and Service Delivery
- ✓ Population Involvement & Empowerment

In ZdravPlus, Abt utilizes a top down and bottom up approach – piloting project at local level while working at policy level at national level with MOH, MOE, and Department of Statistics – utilizing working groups to figure out lessons learned and bring them to the policy level. ZdravPlus has developed a successful partnership with the World Bank in Uzbekistan and Kyrgyzstan to take the lead on reforms at the policy level. Activities in Tajikistan and Turkmenistan are challenging and limited and accordingly, require different approaches. Focus on creating on system change in order to get into the facility level as prerequisite through policy work. Abt put in the proposal a graphic they developed with USAID on Health System vis a vis HIV/AIDS work. They have been told that Zdrav+ is NOT working in HIV/AIDS since high-risk people are not accessing the health care system. That is beginning to change so we will need to address the fact that health care workers are ill-equipped to do this, so CAPACITY needs to work with Zdrav.

Subrata Routh, who currently works on ZdravPlus, will be 50% on CAPACITY and, depending on award, 50% on ZdravPlusPlus to focus on HIV/AIDS financing and linking CAPACITY with ZdravPlusPlus to address integration piece.

#### **E. JSI Research & Training Institute, Inc.**

JSI is well known for its implementation of bilateral and centrally funded assistance projects that focus on HIV/AIDS prevention and treatment, maternal and neonatal health, child health, family planning, commodity security, adolescent health, health management and NGO capacity building. Following are examples of JSI's relevant CAPACITY Project technical and regional expertise:

Eastern Europe and Eurasia Region Bilateral HIV/AIDS Programs. JSI projects in this region have provided PMTCT training at the clinical level and have addressed issues of HIV/AIDS basic education. In the Russia Women's and Infants Health (WIN) Project, JSI has included an integrated PMTCT component into all clinical and program training activities. These materials are now being used by or are available to JSI projects in Ukraine, Georgia, Romania, and the Central Asia Republics. Moreover, in Russia, the WIN Project developed a variety of IEC materials concerning HIV-prevention targeted at families and expectant mothers. As a result JSI project technical officers have been asked in more than one case to participate in several government-level task forces developing policy and new initiatives around the issues of HIV/AIDS and programming for this anticipated epidemic in the region. Additionally, in Romania JSI has implemented an HIV/AIDS/STI awareness campaign targeting Romanian youth through mass media channels including radio and TV programs and high school visits. Finally, in Albania JSI's TASC project developed and instituted provider training to the MOH through STI/HIV/AIDS curricula.

Global HIV/AIDS Programs. In the United States, JSI has 15 years' significant experience providing technical assistance to federally funded programs that support local organizations struggling to serve under-resourced communities and keep pace with the changing epidemic. JSI has strong outreach experience with IDUs, many of whom are diagnosed with HIV, Hep C, and/or mental illness. Through one of these projects JSI and its partner, CAB Health and Recovery Services, Inc., worked with visitors from Ukraine to observe the HIV/Substance Abuse Outreach Program. JSI's AIDS/HIV Model District Program (AIM) in Uganda focuses on the improvement of HIV/AIDS service delivery, including prevention, care and support, at the

district and sub-district levels. AIM also develops IEC materials and strengthens the capacity of NGOs and CBOs to manage plan and provide essential services. Also in Uganda, JSI's MotherCare Project conducted a study to examine the effect of reducing STIs on HIV prevalence.

**Experience in the Central Asian Republics.** JSI has been present in the Central Asian Republics since 1994 serving as a subcontractor first on the ZdravReform and then the ZdravPlus Projects, both implemented by Abt Associates. Through these projects JSI has been working in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan in the areas of reproductive health, integration of HIV/AIDS information, health promotion, and monitoring and evaluation. Due to this partnership with Abt Associates, JSI brings not only solid HIV/AIDS and GFTAM expertise, but also knowledge and understanding of the health care situation in Central Asia.

**Conducting a Design Study on a Price Reporting Mechanism for the Global Fund.** The Board of the Global Fund to Fight AIDS, TB and Malaria awarded a contract to Synergy International Systems to develop a Proposal and Grant Management System (PGMS) which will include a Pricing Reporting Mechanism. JSI was subcontracted to conduct a design study for the pricing mechanism, which will capture prices paid for pharmaceuticals and other health products procured with Global Fund resources, along with other key pieces of information. JSI will be responsible for conducting a cost analysis, providing a list of cost elements that would comprise the price paid, suggesting how elements that influence price but are difficult to categorically quantify should be reported, listing essential data items, and providing a list of medicines that grant recipients may use in reporting on pharmaceutical procurements with GFATM grants.

**Experience Building the Capacity of Country Coordinating Mechanisms (CCM).** JSI assisted the Romanian CCM with the development of its successful application to the Global Fund for funding to strengthen and support its national HIV/AIDS and TB programs. Since the grant was awarded, JSI has provided technical assistance to the Romania Global Fund Principal Recipient for the development of procurement and financial guidelines and Performance Monitoring Plans (PMP) for HIV/AIDS and TB. As part of that effort, JSI assisted in the development of program monitoring indicators and trained sub-recipients in monitoring and evaluation and use of the PMPs as management tools. JSI also assisted sub-recipients in the development of strategic workplans and assessed sub-recipient capacity to carry out their Global Fund scopes of work.

**Creating Public and Private Partnerships.** In Central Asia, the USAID funded ZdravPlus project, implemented by Abt Associates and subcontracted by JSI, established a first joint project "Partnership: Improving the Health of the Capital's Children" equally funded by the US government and a private company in Central Asia – ExxonMobil. This partnership is the first Global Development Alliance in the region.

**The DELIVER Project.** For the past 14 years, JSI has managed the USAID-funded DELIVER Project, which works to ensure the continuous supply of contraceptives including condoms and pharmaceutical products in developing countries. DELIVER has helped many countries achieve significant improvements in the supply chain through a combination of short and long term technical assistance and use of local expertise. DELIVER is substantially involved in drug management related to HIV/AIDS and STIs.

**JSI/World Education Center for HIV/AIDS.** JSI and its sister organization, World Education, Inc. have joined forces to improve the quality of their HIV/AIDS programs by combining the strengths of each institution. The JSI/World Education Center for HIV/AIDS supports individuals, families, communities and countries to develop their own skills and solutions to

mitigate the effects of the epidemic. The Center shares learning across communities and countries and serves as a technical resource for JSI and World Education projects.

**Domestic HIV/AIDS Program. Ryan White, etc. ANDREW??**

## **E. Howard University**

The National Minority AIDS Education and Training Center (NMAETC) is a national collaborative network of clinicians and experts providing capacity building and related support that leads to the improvement of HIV primary care services in minority communities. It is headquartered at Howard University, Washington, and DC and has six sites in minority institutions across the United States. Initially funded in 1999 under the Minority AIDS Initiative, the Center provides services in clinical training, infrastructure management, clinical services delivery, cultural competency and continuous quality improvement. NMAETC and its dedicated staff has the experience in both clinical and infrastructure management to assist JSI in building the capacity of care of HIV/AIDS both internationally and domestically. The Center provides hands on clinical training in HIV disease management with a focus on HIV infected patients through the use of DHHS HIV management guidelines, state of the art management of complicated patients, dental care, cultural competency, and adherence protocols.

## **VI. START-UP OPERATIONAL DISCUSSIONS**

### **A. CAPACITY Staffing**

#### **1. Key Staff (Expatriate) Personnel:**

- Chief of Party: Dr. Lev Khodakevich (Almaty)  
Employment Status: Full-Time as of January 1<sup>st</sup>  
JSI/COP Orientation: January 3<sup>rd</sup>-12<sup>th</sup>  
On Ground Date: January 24<sup>th</sup>
- Deputy Chief of Party: Mr. David Hausner (Almaty)  
Employment Status: Full-Time as of January 24<sup>th</sup>  
JSI/DCOP Orientation: June 2004  
On Ground Date: January 24<sup>th</sup>
- Operations Manager: Ms. Audrey Seger Sprain (Almaty)  
Employment Status: Full-Time as of November 1<sup>st</sup>  
JSI Orientation: Not Applicable  
On Ground Date: January 10<sup>th</sup>
- HIV/AIDS Prevention Specialist: TBD (Almaty)  
Employment Status: Under Recruitment  
PSI Orientation: TBD  
On Ground Date: Targeting for January 24<sup>th</sup>
- HIV/AIDS Financing Specialist: Dr. Subrata Routh (Tashkent)  
Employment Status: 50% on CAPACITY as of January 1<sup>st</sup>  
Abt Orientation: Not Applicable  
On Ground Date: January 24<sup>th</sup>



## 2. Other Long-Term Staff Personnel:

- Monitoring & Evaluation Specialist: TBD
- NGO Capacity Building Specialist: TBD
- Long-Term NGO Consultant: TBD

## 3. Short-Term Technical Assistance:

- Abt: Finance, Policy, & Integration
- BU: Brenda Waning and Warren Kaplan
- HU: NMAETC Technical Expertise
- IHA: NGO Capacity Building & CCMs
- PSI: Prevention & BCC/IEC Activities
- JSI: Broad Mgmt. & CCM Development

## **B. Finance, Administration & Contracts**

### 1. Communications/Point of Contacts

- As is standard with USAID Contracting, the lines of communication amongst partners and to USAID must go through JSI first, not directly to USAID.
- Effective immediately, please direct all technical and management communications/inquires/issues to the CAPACITY Chief of Party, Lev Khodakevich. Please copy Audrey Seger Sprain on all communications until further instructions.
- All day-to-day contacts for Subcontractor Headquarters on administrative, financial, contractual and operations matters should be directed to Matt Habinowski, CAPACITY Project Coordinator at JSI/Boston Headquarters. Matt can re-direct any questions to the appropriate contact as needed.

### 2. Letter Subcontracts and Formal Subcontract Process

- Subcontracting will be handled by Matt Habinowski in the JSI/Boston Office. Subcontractor Scopes of Work (SOWs) will be handled by Lev Khodakevich, Andrew Fullem, and Audrey Seger Sprain.
- Letter Subcontracts have been issued through March 31, 2004 to cover initial period of five-months during start-up phase of project. Subcontractor obligations cover equivalent of 5/12 of first year budget to cover organizations until final SOWs are developed. SOWs will be developed as part of project's initial activities: joint institutional reviews, baseline data collection, and Strategic Planning Meeting in Almaty in February.
- As assignment following the Strategic Planning Meeting in February, each subcontractor will be requested to develop and submit its SOW to JSI for review and discussion. JSI believes that partner SOWs should be developed in a grassroots, collaborative way to quicken the process for agreement and discussion. Once the organizational SOW is agreed-upon, it will be inserted into a formal subcontract. JSI is planning for final subcontracts to be issued no later than April 1, 2005.

- Attached here are the list of standard clauses included in the JSI Cooperative Agreement with USAID that will be flow-down into the all subcontracts. Please note that final subcontracts will include the following key USAID flow-down clauses: Anti Trafficking, Anti Needle Exchange, and Anti- Terrorism.

### 3. In-Country Office Start-Up Status

As Operations Manager for CAPACITY, Audrey will be traveling out for five weeks to the region to begin setting-up operations for CAPACITY. The first priority will be given to establishing our offices in Kazakhstan and Uzbekistan given the significant piece of the budget, with secondary emphasis on Krygyzstan, Turkmenistan, and Tajikistan – in that order. The priorities for Audrey’s trip include, but not be limited to:

- Initial Meetings with USAID in both Almaty and Tashkent;
- Identifying Office Space in both Almaty and Tashkent;
- Beginning JSI’s Registration Process in both KZ and UZ;
- Opening Bank Accounts for CAPACITY in KZ and UZ;
- Meeting with Local Lawyers Regarding Applicable Regulations;
- Meeting with Appropriate Counterparts for CAPACITY;
- Identifying Expatriate Housing Options in Almaty;
- Finalizing CAPACITY Staffing Plan for Head and Field Offices;
- Initiating Recruitment and Hiring of Local Staff;
- Developing Vision for Operations & Structure for CAPACITY; and
- Working with COP on Orientation to JSI, USAID, and CAPACITY.

We are looking forward to a rapid start-up with the assistance of two of our partners, Abt and PSI, who are already up and running in Central Asia. Ideally, CAPACITY will seek to co-locate with either Abt or PSI in atleast one of the countries, excluding Kazakhstan. Discussions regarding co-locating will be undertaken with each organization during this trip.

As the CAPACITY office structure and operations begin to take shape, Audrey will be informing partners and their HQ staff. JSI’s goal is to be completely operational in KZ, UZ, and KY by the February/March Strategic Planning Meeting.

### 4. Standard Operating Procedures

- JSI will be discussing with USAID over the next month the standard operating procedures for the CAPACITY project on various operation matters, including communications, travel notification, etc. The results of these discussion will be shared with all partners during the Strategic Planning meeting in February. In the interim, please defer all questions from HQ to Matt Habinowski or to Audrey Seger Sprain at field level.
- A Local Operations Manual for the CAPACITY Project will be developed over the next few months to generally cover areas of communication, human resource, finance/budgeting, and administrative procedures on the project. The finalized manual will be disseminated and reviewed at the Strategic Planning Meetings in February 2005 and a copy will be provided to each organizational headquarters. One note is that JSI has developed comprehensive HIV/AIDS Workplace Policy, which will be included as part of the CAPACITY Operations Manual and expected to be followed by all staff of all organizations.

## 5. Subcontractor Financial Reporting

- **Budget Line Items:** Each organization should plan to code and report expenditures by the line items used in your organization's final budget. These should be the same line items used in your monthly invoice sent to JSI for reimbursement. JSI will request submission of a quarterly financial report in our standard format to be submitted 30 days after the end of each quarter, which will also track the project line item expenditures.
- **Country-Specific Tracking:** Second, each organization should plan to code and report expenditures by country. Therefore, billing codes should be established that allow your organization to charge its country-specific expenditures accordingly. The quarterly financial report standard format allows for tracking of country-specific expenditures in addition to line item tracking.
- **Administrative Costs:** Finally, each organization should plan to track "Regional/Administrative" costs, meaning costs which are not country-specific, but rather necessary for overall project implementation. This would include all Home Office costs (during start-up and throughout the life of the project) and costs associated with the operation of the CAPACITY HQ in Almaty.
- This translates into each organization tracking expenses by six "tasks" - the five countries of CAR and Regional or Admin. Naturally, the upcoming workplanning meetings will clarify the countries in which each partner will be working, but, for now, please design your coding system to accommodate all five countries. JSI is working on creating a tracking template that we will be asking each of our partners submit to us quarterly.
- Subcontractors need to submit monthly invoices to Matt Habinowski at JSI/Boston. These invoices will be checked for accuracy and submitted to accounting within the week that they are received. Subcontractors will receive payment in 30 days. Any questions about invoices need to be directed to Matt. A sample subcontractor invoice will be provided by email.

## 6. Partners Meeting & Strategic Planning Meeting

JSI typically holds a Strategic Planning Meetings about 4-6 months after project award. The purpose of this type of process and meetings is to conduct a comprehensive visioning exercise, the results of which are a narrative document that will be shared between JSI, its implementing partners, and USAID as our joint agreement on the vision for the project. This document then serves as our guide throughout the life of the project and each year as we prepare our Annual Implementation Plans, we review the Strategic Plan as a way of ensuring we are in line with the agreed-upon vision for the project. We are tentatively planning this to take place in February/March after the initial assessments and baseline data are finalized, but since we see this as a joint activity with USAID, we will be seeking their input on this timeframe.

## 7. Travel Policy

JSI Travel Policies and Procedures generally follow USAID Regulations regarding travel. However, one major difference is that JSI only authorizes economy class travel even when travel time is longer than 14 hours. This policy needs to be followed by all travelers under this

agreement, unless a medical waiver is submitted through JSI to USAID. All travel notification must be requested to USAID through JSI at 2 weeks in advance of your travel to Audrey Seger Sprain. The in-country offices will issue Letters of Invitation to facilitate travelers obtaining their own visas and other necessary travel documents.

## **VII. START-UP TECHNICAL DISCUSSIONS**

### **A. Initial Implementation Plan**

According to the CAPACITY Cooperative Agreement, an Initial Implementation Plan is due within 45 days after award. JSI has had preliminary discussions with USAID/CAR to confirm that this is a draft of content previously submitted in our application and the real implementation plan will be developed as a result of our Strategic Planning Meeting in February/March. A draft of the Initial Implementation Plan has been developed by JSI and needs review and input from all partners. The electronic copy will be sent to each organization. Comments are due by Friday, November 12<sup>th</sup> by noon.

Update since meeting: Initial Implementation Plan was submitted to USAID on November 16<sup>th</sup>. See attached final plan.

### **B. Joint Institutional Reviews**

As outlined in our team's proposal, assessments – renamed “joint institutional reviews” need to be conducted on a variety of levels to assist our team in developing more specific and tailored technical assistance. Given the variety of areas and level CAPACITY will be working, there are a variety of reviews to be conducted. For example, reviews with CCMs, Principal Recipients, NGO Capacity, Clinical Setting, etc. Priority will be given to conducting these assessments first in Kazakhstan, Uzbekistan, and Kyrgyzstan – in that order. The timeframe for these reviews depend largely on conversations with USAID and these institutions. CAPACITY does NOT want to be seen as coming in with a specific plan and timeframe to present to the CCMs PRs, NGOs, etc. We all agree that CAPACITY needs to make sure that stakeholders are involved in a participatory assessment process. Accordingly, it is our full intent that this should be a joint review process and, therefore, the plan and the tools to be used must be developed jointly. This may mean for delays in when reviews are conducted, but it would best serve CAPACITY to on one hand push the timeframe and agenda, but on the other hand ensure we are doing so in a collaborative and productive way.

JSI has developed a draft three-page summary of the objectives and structure of reviews that we see necessary to conduct; these objectives/structure have been pulled directly from our application. We request that each partner provide feedback on the reviews outlined in this document AND develop similar summary for reviews that need to be conducted for your organization's technical piece. At the same time, JSI requests that each organization submit examples of possible tools that could be used for conducting these reviews. Tools can be of any nature – your organization's technical piece or not – basically anything (qualitative or quantitative) that could assist us in conducting various assessment. These tools will be collected for broad dissemination and review to assist individual groups/teams in developing appropriate review tools. Other discussion points on this area:

- Some organizations have already provided us with possible tools, such as IHA's NGO Building Blocks and ARV Site Readiness Tool in Russian for Ukrainian Context.
- JSI is in the process of collecting its tools from GFATM work in Romania and Domestic Ryan White Assessments.

- BU has suggested looking at (although NOT disseminating) the World Bank Corruption Tool as an interesting tool.
- There is a need to look into thinking about how to assess NGO representation and participation on CCMs.
- It would be useful to download the GFATM Assessment Tools from their website. Although it seems these do not seem to take a participatory approach. Still, there is an assessment on drugs, supply chain, financing, etc.

Following the Joint Institutional Reviews, CAPACITY will seek to develop Memorandums of Understandings (MOU) with both the CCMs and the PRs. These MOUs should outline key areas of transparency, such as strategic planning, procurement, financial management, monitoring & evaluation, operations management, granting, etc.

### **Next Steps:**

JSI will send out document electronically for feedback. Feedback should go to Andrew Fullem. Andrew will incorporate feedback in document and then send out document and tools for “round-robin” review by each organization. Finalized draft will be sent onto Lev and Audrey to share with USAID/CAR while they are in Almaty. Feedback received from USAID/CAR and discussions with PRs and CCM Members during this initial trip will help to guide next steps of developing timeframe and assigning people/teams to each assessment.

## **VIII. SUPPLEMENTARY ATTACHMENTS**

1. Final Partners Meeting Agenda
2. CAPACITY Partners Contact List
3. IHA Overview Presentation
4. PSI Overview Presentation
5. BU Overview Presentation
6. Final Implementation Plan
7. Draft Joint Institutional Review Objectives





## CAPACITY PROJECT INITIAL ASSESSMENT PLAN

### ASSESSMENT OBJECTIVES:

1. To identify the partners involved into the response to HIV/AIDS epidemics in the CAR countries from: (A) Governments, (B) National NGOs, (C) National associations, (D) International organizations.
2. To identify the target populations and technical, administrative and geographical areas of each partner in response to the epidemics.
3. To develop a data base on the investments of various funding agencies, national and external, by technical area, geographic areas, target populations and time frames.
4. To identify the needs of various partners in technical assistance, communication and networking from the CAPACITY Project that would provide a basis for developing a detailed technical assistance plan.

### ASSESSMENT AREAS: (Note: Organized By Project Strategy Areas)

#### STRATEGY 1: IMPROVING STEWARDSHIP OF NATIONAL HIV/AIDS PROGRAMS

Country Coordinating Mechanisms (CCMs) and Principle Recipients (PR)

#### STRATEGY 2: EDUCATING AND EMPOWERING SELECT POPULATIONS TO PROTECT THEIR HEALTH

2.1. Work with the high-risk groups

2.2 Strengthen local NGO capacity building mechanisms/Engaging Civil Society for greater representation and advocacy concerning the design and implementation of national responses to the epidemic including GFATM projects

#### STRATEGY 3: IMPROVING THE QUALITY OF HIV/AIDS SERVICES

3.1. Expand options for Voluntary Counseling and Testing

3.2. Increased Access to Antiretroviral Therapy, Care and Support

3.3. Integrate HIV and TB Services

#### STRATEGY 4: IMPROVING RESOURCE-USE TO INTEGRATE HIV/AIDS SERVICES WITH PRIMARY HEALTH CARE AND OTHER HEALTH SERVICES

The activities will be linked to and implemented in cooperation with the USAID and other international partners in the CAR countries



**STRATEGY I: IMPROVING STEWARDSHIP OF NATIONAL HIV/AIDS PROGRAM**

**I.1: Assessment of Capacity & Effectiveness of GFATM Country Coordinating Mechanisms (CCMs) and GFATM Principal Recipients (PRs)**

Strategy I.1 Program Objectives	Assessment Activities	Assessment Participants & Assessment Team	Assessment Tools/Formats	Assessment Outputs	Timeframe & Next Steps
<p>1. Foster an environment of transparency and inclusiveness with the CCMs and PRs</p> <p>2. Assist in the development and implementation to improve management of CCMs and PRs</p> <p>3. Strengthen the ability to measure progress in achieving expected goals.</p>	<p>A CAPACITY Review Team will meet with CCM Members, PRs, Donor Organizations, Stakeholders and Partners in each of the four GFATM countries to examine operating capacity, including the following aspects:</p> <ul style="list-style-type: none"> <li>• Perceived and actual role of the CCM and PR in the national response;</li> <li>• Membership and structure, including assessment of NGO participation and representation and issues of gender and high risk group representation;</li> <li>• Organizational operating procedures for consensus building and process for dissemination of decisions;</li> <li>• Systems review of: (1) finance; (2) program planning; (3) monitoring and evaluation; (4) data management and use;</li> <li>• Operational and management review of systems, such as procurement procedures, tendering procedures, grant selection procedures and staffing;</li> <li>• Partners and counterparts working in the program; and</li> <li>• Communication systems.</li> </ul>	<p><u>Participants</u></p> <ol style="list-style-type: none"> <li>1. CCM Leader</li> <li>2. CCM Members</li> <li>3. PR Leader</li> <li>4. PR Members</li> <li>5. WB Rep.</li> <li>6. DFID Rep.</li> <li>7. CDC Rep.</li> </ol> <p><u>Assessment Team</u></p> <ul style="list-style-type: none"> <li>-COP</li> <li>-DCOP</li> <li>-External Reps.</li> </ul>	<ol style="list-style-type: none"> <li>1. Interview Questionnaire</li> <li>2. Organizational Checklist</li> </ol>	<p>The CAPACITY Review Team will seek to identify ways in which CCMs and PR activities can be strengthened in each of these areas or replicated in other countries. Reports and action plans will be developed based on analysis of interview responses and checklists. The results will be presented back to CCMs and PRs to be used as the basis for developing a proposed detailed technical assistance plan and memorandum of understanding (MOU) between CAPACITY and the CCMs and PRs in order to detail the expected inputs of each of the stakeholders, a timeframe for activities and the outcomes that will be achieved.</p>	<p><u>Timeframe</u></p> <p>2 Weeks Per Country February-March 2005</p> <p><u>Next Steps</u></p> <ul style="list-style-type: none"> <li>-Collect list of CCM Members</li> <li>-Collect list of PR Info</li> <li>-Review GF Apps &amp; Wkplns</li> <li>-Develop List of Interviewers</li> <li>-Develop Tools</li> <li>-Feedback from CCM/PRs</li> </ul>

**STRATEGY II: EDUCATING AND EMPOWERING SELECT POPULATIONS TO PROTECT THEIR HEALTH**

**II.1: Assessment of Opportunities for Working with High-Risk Group/Populations (PSI)**

Strategy II.1 Program Objectives	Assessment Activities	Assessment Participants & Assessment Team	Assessment Tools/Formats	Assessment Outputs	Timeframe & Next Steps
<ol style="list-style-type: none"> <li>1. To assess NGO capabilities and capacity building needs in area of HIV prevention among HRGs.</li> <li>2. To assess gaps/needs in prevention activities among HRGs.</li> </ol>	<ol style="list-style-type: none"> <li>(1) Assess HIV prevention NGOs' capacities in the prevention areas of peer education, outreach, geographic reach, monitoring and evaluation, etc.</li> <li>(2) Map locations of high risk activities in (initially) Almaty and Osh</li> <li>(3) Map prevention work taking place in and around the areas of high risk activity in Almaty and Osh.</li> <li>(4) Quantitative and qualitative research on the barriers to behavior change among IDUs.</li> <li>(5) Dissemination of tracking survey results on knowledge, attitudes and behaviors of at-risk youth</li> </ol>	<p><u>Participants</u> Regional HIV prevention NGOs</p> <p><u>Assessment Team</u> - PSI</p>	<ol style="list-style-type: none"> <li>1. NGO survey</li> <li>2. Mapping software and systems</li> <li>3. Quantitative and qualitative research tools and surveys</li> </ol>	<ol style="list-style-type: none"> <li>1. A plan identifying capacity building needs of NGOs</li> <li>2. Identification of a series of workshops designed to address the capacity building needs of the NGOs</li> <li>3. Data to identify the quality and quantity of prevention work currently taking place among HRGs. For Osh and Almaty, maps showing the overlap between this prevention work and the locations of high risk activities.</li> <li>4. Dissemination workshops on at-risk youth tracking survey planned and underway.</li> </ol>	<p><u>Timeframe</u> February – April 2005</p> <p><u>Next Steps</u></p>

**STRATEGY II: EDUCATING AND EMPOWERING SELECT POPULATIONS TO PROTECT THEIR HEALTH**

**II.2.1: Assessment and selection of an NGO Support Mechanism**

Strategy II.2.1 Program Objectives	Assessment Activities	Assessment Participants & Assessment Team	Assessment Tools/Formats	Assessment Outputs	Timeframe & Next Steps
<p>Objective of strengthening local NGO capacity building mechanisms and engaging civil society for greater representation and advocacy concerning the design and implementation of national responses to the epidemic including GFATM projects, with specific objectives of:</p> <p>1. To improve local capacity to implement effective HIV interventions and services targeted at vulnerable populations.</p> <p>2. Increase civil society engagement and representation in the response to the HIV epidemic.</p>	<p><i>a) Assessment and selection of an NGO Support Mechanism (NSM)</i>                      The aim of the assessment process is to select a locally based NGO, which will act as an NGO Support Mechanism to develop on-ward <b>granting (?)</b> and technical support functions to NGOs and CBOs working on HIV/AIDS at the field level. Their current and potential capacity to provide quality on-ward technical support and <b>granting (?)</b> will be gauged and measured against a set of criteria including the following broad areas:</p> <p><u>HIV/AIDS Technical Capacity/Expertise</u>                      -Commitment to the promotion and participation of people living with HIV/AIDS and other affected communities;                      -Current technical areas of work, including themes, populations, and locations;                      -Strategies and methods of working;                      -On-ward technical support provision; and                      -Future areas of work.</p> <p><u>Organizational Structure &amp; Capacity</u>                      -NGO Organisational Structure;                      -Leadership and Strategic Guidance;                      -Project management Systems;                      -Personnel Management/HR Systems;                      -Financial Management and Systems; and                      -Legal Status.</p>	<p><u>Participants</u>                      National NGOs working in HIV prevention and care.</p> <p><u>Assessment Team</u></p> <p>-IHA                      IHA Associate consultant                      In-country Support Co-ordinator (if we get them by then)</p>	<p>Adapted NGO Support Mechanism selection questionnaires and criteria;</p> <p>Selected tools from the Alliance toolkit ‘Capacity analysis for NGO support organisations’</p>	<p>1. Selected NGO Support Mechanism with the required and potential capacity to provide on-ward granting and technical support to implementing NGOs and CBOs.</p>	<p><u>Timeframe</u>                      February - March 2005</p> <p><u>Next Steps</u></p> <p>1. To analyse the capacity and technical support needs of the selected NSM.</p> <p>2. To develop an agreed workplan and technical support plan together with the selected NSM. .</p>

**STRATEGY II: EDUCATING AND EMPOWERING SELECT POPULATIONS TO PROTECT THEIR HEALTH**

**II.2.2: Assessment of Technical Support & Capacity Building Needs & Gaps in the Provision of HIV/AIDS Technical Support & Capacity Building activities in prevention of HIV transmission, voluntary counseling and testing, and ARV treatment, care and support programs**

Strategy II.2.2 Program Objectives	Assessment Activities	Assessment Participants & Assessment Team	Assessment Tools/Formats	Assessment Outputs	Timeframe & Next Steps
<p>Objective of strengthening local NGO capacity building mechanisms and engaging civil society for greater representation and advocacy concerning the design and implementation of national responses to the epidemic including GFATM projects, with specific objectives:</p> <p>1.To improve local capacity to implement effective HIV interventions and services targeted at vulnerable populations.</p> <p>2. Increase civil society engagement and representation in the response to the HIV epidemic.</p>	<p><u>NGO Institutional Reviews</u> Current NGOs providing technical support in the region will be interviewed to identify their current and future technical support provision activities in the region, to ensure that the proposed NGO program activities will complement those activities.</p> <p>The Alliance, jointly with local civil society stakeholders, will identify programmatic and organizational capacity gaps and needs in prevention of HIV transmission, voluntary counseling and testing, and ARV treatment, care and support programs in order to develop a regional technical support provision plan. The areas to be reviewed include:</p> <p><u>1. Programmatic Needs</u> -Key areas of HIV/AIDS work -Organization’s self-perceived strengths and weaknesses -Technical support and training received (aims, themes, techniques/methods of delivery, timing, quality) -Informational provision and availability (themes, quality) -Gaps in technical support and training</p> <p><u>2. Organizational Needs</u> -Project management systems -Personnel management and systems and human resources -Financial management and systems -Partnerships with other agencies and systems -Organization’s self-perceived strengths</p>	<p><u>Participants</u> Existing technical support providers.</p> <p>NGOs and CBOs NGOs and CBOs working on HIV/AIDS at the field level.</p> <p><u>Assessment Team</u> -NGO Capacity Building Specialist -IHA Associate Consultant -PSI</p>	<p>Literature review of current technical support activities. Selected tools adapted from the Alliance NGO Capacity Analysis toolkit</p>	<p>1. A list of technical support providers and main activities 2. A list of the NGOs, national associations and community based associations, willing to participate in the Project implementation</p> <p>3. An overview of the needs of these organizations in the strengthening their capacities and expansion of their activities</p> <p>4. Agreed workplan including a technical support provision plan</p> <p>2. Basic information on the composition, skills and capacity of these organizations (very detailed and a lot of info to have this for all 5 countries)</p> <p>3.Basic information on their funding sources</p> <p>4. Information on the populations and geographic areas covered with activities by these organizations</p>	<p><u>Timeframe</u> January - March 2005</p> <p><u>Next Steps</u> To report the findings to CCMs, PRs and the international partners in CAR for developing plans for upgrading the operations.  Implementation of regional technical support workshops.</p>

	<p>and weaknesses</p> <ul style="list-style-type: none"> <li>-Areas of organizational support and training received (themes, techniques/methods of delivery, timing, quality)</li> <li>-Gaps in organizational support and training</li> </ul>				
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**STRATEGY II: EDUCATING AND EMPOWERING SELECT POPULATIONS TO PROTECT THEIR HEALTH**

**II.2.3: Assessment of Regional Civil Society Representation & Capacities in prevention of HIV transmission, voluntary counseling and testing, and ARV treatment, care and support programs**

Strategy II.2.3 Program Objectives	Assessment Activities	Assessment Participants & Assessment Team	Assessment Tools/Formats	Assessment Outputs	Timeframe & Next Steps
<p>Objective of strengthening local NGO capacity building mechanisms and engaging civil society for greater representation and advocacy concerning the design and implementation of national responses to the epidemic including GFATM projects, with specific objectives:</p> <ol style="list-style-type: none"> <li>1. To improve local capacity to implement effective HIV interventions and services targeted at vulnerable populations.</li> <li>2. Increase civil society engagement</li> </ol>	<p>CAPACITY will work closely with existing and emerging civil society coalitions and networks in order to define the potential for more consistent representation and the greater role of civil society in the design and implementation of responses to the HIV epidemic at national as well as regional levels, particularly in relation to specific large scale HIV/AIDS prevention initiatives such as the projects supported by the GFATM.</p> <p>The Alliance will aim to raise additional resources to meet identified technical assistance and other support needs and implement specific activities aimed to promote greater participation of civil society in the development, implementation, management, and strategic stewardship of national and regional responses to the epidemic.</p>	<p><u>Participants</u> Civil society coalitions and networks</p> <p>NGOs and CBOs working on the field of HIV/AIDS</p> <p>Co-ordinating and governing bodies</p> <p><u>Assessment Team</u></p> <ul style="list-style-type: none"> <li>-NGO Capacity Building Specialist</li> <li>-IHA Associate consultant</li> </ul>	<p>Literature review of existing co-ordinating bodies at the national and regional level;</p> <p>Selected tools from the Alliance toolkit ‘Capacity analysis for NGO support organisations’</p>	<p>Agreed workplans developed by regional NGO coalitions and networks.</p>	<p><u>Timeframe</u> January - March 2005</p> <p><u>Next Steps</u> To report the findings to CCMs, PRs and the international partners in CAR for developing plans for improving the operations.</p> <p>Implementation of planned activities is supported through other financial support mechanisms.</p>

and representation in the response to the HIV epidemic.					
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**STRATEGY III: IMPROVING THE QUALITY OF HIV/AIDS SERVICES**

**III.1: Assessment of Opportunities to Expand Options for Voluntary, Counseling and Testing (VCT)**

Strategy III.1 Program Objectives	Assessment Activities	Assessment Participants & Assessment Team	Assessment Tools/Formats	Assessment Outputs	Timeframe & Next Steps
<p>1. Strengthen the capacity of the existing VCT services;</p> <p>2. Introduce new testing technologies;</p> <p>3. Establish new VCT services in non-governmental settings;</p> <p>4. Integrate VCT into primary health care settings; and</p> <p>5. Increase demand for VCT, particularly among high-risk groups.</p>	<p>RACs &amp; PHCs Institutional Assessment</p> <ol style="list-style-type: none"> <li>1. Review the existing VCT facilities including trained counselors, HIV testing techniques and HIV laboratory quality control</li> <li>2. Primary Health Center Facility Reviews</li> </ol> <p>In selected oblasts, CAPACITY and local partners will work with AIDS centers and the rayon level of PHC clinics to identify ways to integrate VCT into existing services. Multi-disciplinary teams will work with selected PHCs to:</p> <ul style="list-style-type: none"> <li>• Identify target populations for VCT services</li> <li>• Opportunities for integration of services that meet needs of target groups</li> <li>• Examine Staffing needs</li> <li>• Assess current physical infrastructure</li> <li>• Examine Laboratory capacity</li> <li>• Review VCT policies and procedures</li> <li>• Review existing VCT curriculum</li> <li>• Review supply chain and procurement of test kits and other necessary materials</li> <li>• Identify community-based partners for referral of patients for other services.</li> </ul>	<p><u>Participants</u></p> <ul style="list-style-type: none"> <li>-Republican AIDS Centers</li> <li>-Targeted Primary Health Care Facilities</li> </ul> <p><u>Assessment Team</u></p> <ul style="list-style-type: none"> <li>-CAPACITY staff</li> <li>-VCT CAPACITY specialist</li> <li>- Professionals from AIDS Centers on the laboratory diagnosis and counseling</li> </ul>	<p>-TBD</p>	<p>A report detailing the needs at each PHC and potentials for involving NGOs in this activities will be developed. As part of the report a suggested technical assistance plan will be developed which will detail essential inputs that are needed in order to being VCT services.</p>	<p><u>Timeframe</u> April-May 2005, 1-2 days per a rayon PHC site</p> <p><u>Next Steps</u></p>

**STRATEGY III: IMPROVING THE QUALITY OF HIV/AIDS SERVICES**

**III.2: Assessment of Opportunities to Expand Options Increase Access to Antiretroviral Therapy, Care & Support (ART)**

Strategy III.2 Program Objectives	Assessment Activities	Assessment Participants & Assessment Team	Assessment Tools/Formats	Assessment Outputs	Timeframe & Next Steps
<p>Our approach is to provide sites and programs with a set of criteria to assess a site's readiness to implement ART and to identify key areas that need strengthening prior to or at the same time as ART initiation. Assessments should not be seen as a barrier to sites but rather to offer an opportunity to work towards start-up</p> <ol style="list-style-type: none"> <li>1. Integrate ART into existing PHC services.</li> <li>2. Link PLWHAs with other non-clinical services</li> </ol>	<p><u>Institutional Assessment</u> The assessment will start from the (Republican) AIDS Centers and determine their capacity, workload, patients eligible and served and projected for the coming five years.</p> <ul style="list-style-type: none"> <li>• Level of site leadership to implement ART</li> <li>• Model of care</li> <li>• Treatment protocols exist</li> <li>• HIV services are currently provided</li> <li>• HIV services currently in place</li> <li>• Physical space</li> <li>• Community involvement</li> <li>• Health management information systems</li> <li>• Program management monitoring and evaluation</li> <li>• Staffing</li> <li>• Training and skills development needs</li> <li>• Management, supervision and staff retention plans</li> <li>• Laboratory capability and quality standards</li> <li>• Drug management and supply chain</li> <li>• Pharmacy management</li> <li>• Financial resources</li> </ul>	<p><u>Participants</u> -Republican AIDS Center Facilities</p> <p><u>Assessment Team</u> -CAPACITY staff -ARV treatment Boston University specialist - Professionals from AIDS Centers on ARV treatment</p>	<p>Tailored ART Site Readiness Tool</p>	<p>The assessment will identify gaps at identified sites and lead to development of concrete technical assistance plans that will address those needs. Site specific reports with detailed recommendations for technical assistance needs to enhance site readiness.</p>	<p><u>Timeframe</u> May-June 2005, 2-3 days per rayon PHC site, 2 days per an NGO</p> <p><u>Next Steps</u> -TBD</p>



**STRATEGY III: IMPROVING THE QUALITY OF HIV/AIDS SERVICES**

**III.3: Assessment of Opportunities to Expand Link/Integrate HIV and TB Services**

Strategy III.3 Program Objectives	Assessment Activities	Assessment Participants & Assessment Team	Assessment Tools/Formats	Assessment Outputs	Timeframe & Next Steps
<p>The initial objective of the CAPACITY Project to address the concomitant HIV and TB epidemics in CAR will be to expand case detection opportunities in currently separate vertical programs. JSI will work with local partners to integrate the introduction of simple screening tools and referral mechanisms to ensure that individuals presenting at a variety of related services are assessed for HIV and TB.</p>	<p><u>Institutional Assessments</u> A team of health managers/physicians experienced in both HIV and TB issues will visit selected oblasts for:</p> <ul style="list-style-type: none"> <li>• Study the activities, achievements and obstacles faced by the HOPE Project in developing cooperation of the HIV and TB service providers</li> <li>• Identify the institutions providing the HIV diagnostic services and TB diagnostic and treatment services in geographic areas selected for this activity.</li> <li>• Collect relevant epidemiological data on the two infections in HIV infected populations and among TB patients at present and possibly projections for these indicators for the coming five years</li> <li>• Identify the needs of both services in improvement of cooperation, communications and developing/strengthening referral system between them</li> </ul>	<p><u>Participants</u> -HIV/AIDS Service Providers -TB Service Providers</p> <p><u>Assessment Team</u> -CAPACITY staff -CAPACITY TB specialist - Professionals from AIDS Centers on the opportunistic infections/epidemiology - Professionals from the TB Services providers (TB dispensaries)</p>	<p>-TBD</p>	<p>A report that would provide a basis for developing a technical assistance plan for designing a strategy of cooperation between the services and a protocol for cooperation and referral system.</p>	<p><u>Timeframe</u> May-June 2005, 4 days for the field assessment in one oblast, 1 week for preparation of a country report</p> <p><u>Next Steps</u> -Developing a strategy and a technical assistance plan of cooperation between the services and a protocol for cooperation and referral system.</p>

**STRATEGY IV: IMPROVING RESOURCE-USE TO INTEGRATE HIV/AIDS SERVICES WITH PRIMARY HEALTH CARE AND OTHER HEALTH SERVICES**

**IV.1: Assessment of Opportunities for Integrating HIV/AIDS Services With PHC Services**

Strategy IV.1 Program Objectives	Assessment Activities	Assessment Participants & Assessment Team	Assessment Tools/Formats	Assessment Outputs	Timeframe & Next Steps
<p>The HIV/AIDS strategies and interventions should be integrated into these efforts to strengthen the health system and reform the health service delivery structure—particularly by integrating certain HIV/AIDS services into PHC. Doing so has the double benefit of bringing services closer to the people and thus enhancing utilization, while also avoiding the creation of another costly and inefficient vertical system to address the epidemic.</p>	<p>A multi-professional team will work in the country capitals and visit selected oblasts to:</p> <ul style="list-style-type: none"> <li>• Assess the institutional structure, roles, and relationships related to HIV/AIDS within the Ministries of Health and among other Government sectors, the Global Fund CCMs and Prime Recipients and service providing NGOs.</li> <li>• Assess what this institutions/organizations designed to do and what do they do.</li> <li>• Assess the needs of PHC for training on prevention, VCT, ARV, care and support for PLWHA</li> <li>• Assess the needs for planning and implementation efforts to help the SES reform its institutional structure to improve services related to (1) HIV/AIDS prevention, (2) health promotion in partnership with Centers for Healthy Lifestyles and PHC centers, and (3) disease surveillance and control.</li> <li>• Assess the government budget funds allocated to HIV/AIDS services included in health funding pools at the oblast level.</li> </ul>	<p><u>Participants</u> -TBD</p> <p><u>Assessment Team</u> -TBD</p>	<p>-TBD</p>	<p>A report would provide a basis for designing the strategies on integration of HIV/AIDS services with Primary Health Care and other services.</p>	<p><u>Timeframe</u> Autumn 2005. 3 days assessment at the state capitals level, 4 days for the field assessment in one oblasts, 1 week for preparation of a country report.</p> <p><u>Next Steps</u> -TBD</p>