

# **The CAPACITY Project**

## **Central Asian Program on AIDS Control in Vulnerable Populations**

### **Community Mobilization Strategy Paper**

**May 31, 2006**



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## LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
IHAA	International HIV/AIDS Alliance
ARV	Antiretroviral Drugs
CAPACITY	Central Asian Program on AIDS Control and Intervention Targeting Youth and High-Risk Groups
CAR	Central Asian Republics
CCM	Country Coordinating Mechanism
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CSW	Commercial Sex Worker
DFID	Department for International Development
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV/AIDS	Human Immunodeficiency Virus/Auto-Immune Deficiency Syndrome
IDU	Injecting Drug Use
IHAA	International HIV/AIDS Alliance
JSI	JSI Research and Training Institute, Inc.
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSM	Men Who Have Sex with Men
NAPCM	National AIDS Program Coordination Mechanism
NACC	National AIDS Coordination Committee
NCM	National Coordination Mechanism
NGO	Non-Governmental Organization
PHC	Primary Health Care
PLHA	People Living with HIV/AIDS
PR	Principal Recipient (of Global Fund)
PSI	Population Services International
RAC	Republican AIDS Center
SES	Sanitary Epidemiological Services
SO	Strategic Objective
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
RFA	Request for Application
TA	Technical Assistance
TB	Tuberculosis
TG	Thematic Group
TOT	Training of Trainers
TWG	Thematic Working Group
UN	United Nations
UNAIDS	United Nations Program on HIV/AIDS
USAID	US Agency for International Development
VCT	Voluntary Counseling and Testing for HIV
WHO	World Health Organization

## **The CAPACITY Project's Community Mobilization Strategy Paper Working Draft – My 31, 2006**

### **I. Executive Summary**

The HIV epidemics are spreading rapidly across Central Asia in the vulnerable groups of injecting drug users and sex workers. While the epidemics are currently concentrated within these particular groups, the significant increase in transmission in the past few years indicates that Central Asia could reach the generalized stage in the next 5-10 years. To avoid such a devastating development, governments and civil society must mobilize to implement coordinated and targeted interventions immediately. The governments of Central Asia have secured the necessary resources to support a broad-scale effort through the GFATM, the World Bank, DFID and USAID. The challenge that remains is to develop the most appropriate and effective approach for addressing the HIV epidemics in Central Asia, an approach that considers the drivers of the epidemics and the various challenges of implementing in Central Asia.

The USAID-funded CAPACITY Project has a mandate to provide technical assistance to the national and international stakeholders involved in building the broad-scale effort against HIV/AIDS in Central Asia. In doing so, CAPACITY employs two key approaches – Stewardship and 60 Plus. CAPACITY believes that both approaches are essential guides for all stakeholders in their efforts against the HIV epidemic. The Stewardship Approach, based on the Three-Ones Principle, emphasizes the importance of all stakeholders to support one National AIDS Coordinating Mechanism (NACM), to work to strengthen the structure and function of the NACM, and to accept its leadership in the national response against HIV/AIDS. The Stewardship Approach is the bedrock of the CAPACITY Project because of the belief that only through Stewardship (Three Ones) can stakeholders in Central Asia successfully implement and achieve high coverage of vulnerable populations with highly effective interventions – an approach CAPACITY refers to as the 60 Plus.

The 60 Plus Approach, based on the UNAIDS and WHO prevention mandate to achieve 60% or more coverage of vulnerable populations with prevention services to slow HIV transmission, stresses the need for all stakeholders to scale-up their efforts to ensure that the required number of people have been reached with a minimum comprehensive package of preventive services to ensure an adequate reduction in risky behaviors needed for slowing transmission and reducing prevalence. The CAPACITY 60 Plus Approach (outlined in a separate technical working paper) consists of three components: model development to test and determine the necessary components of the minimum comprehensive package of preventive services, community mobilization to implement the package on a broad scale, and resource mobilization to fund the scaled-up implementation.

The purpose of this paper is to outline the key components of community mobilization (and related resource mobilization) necessary for achieving broad-scale coverage of vulnerable populations with a minimum package of preventive services. CAPACITY is proposing this document as a technical working paper to spur discussions and strategy development with the stakeholder community for how to proceed with community mobilization for broader HIV-prevention efforts.

### **II. HIV/AIDS Situation in Central Asia**

In Central Asia, HIV is mainly transmitted through the sharing of needles and syringes and use of infected solutions containing human blood while injecting illicit drugs trafficked through the region as part of the expanding drug trade from Afghanistan through Central Asia to Russia and Europe. Currently there are approximately 350,000-500,000 estimated IDUs in Central Asia. The high number of IDUs combined with the drug trade and limited access to services and assistance, and notably limited access to sterile needles and syringes, contribute to the needles sharing and ultimately the rapid

development of HIV epidemic in the region. According to national statistics, the number of IDUs makes up 70-85% of the total number of registered HIV-infected people. The table shown below highlights the registered and estimated number of PLWHA as of 2005 in Central Asia.

Total Registered Number of PLWHA and Estimated Number of PLHA as of 2005

Country	Total Number	Estimated Number of PLHA
Kazakhstan	5056	15 000
Kyrgyzstan	690	4000
Tajikistan	480	6800 (UNDP, 2005)
Turkmenistan	2	<200
Uzbekistan	7518	No estimation
All countries	13746	

*Source: AIDS Centers in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan in 2005*

The most dynamic HIV epidemic in Central Asia is in Uzbekistan. In 1999, Uzbekistan had 28 registered HIV cases. By 2004, newly registered HIV cases numbered 2,016 and in 2005 an additional 3,000 HIV cases were registered. The total cumulative number of registered HIV-infected people in Uzbekistan is roughly 7,810.<sup>1</sup> Injecting drug use is the leading cause of HIV transmission in Uzbekistan with the epicenter in Tashkent and neighboring regions. Commercial sex trade is the next largest contributor to the epidemic's development, especially where it overlaps and connects with injecting drug use with sex workers who are also IDUs. Results of a 2005 research study conducted by Todd et al) demonstrated that the HIV prevalence rate among female sex workers in Tashkent is 10% and the percent of these women who exchanged sex for drugs was 28%.<sup>2</sup>

In Kazakhstan, the dynamics of the epidemic are similar. HIV is highly concentrated in IDUs and sex workers, while the epidemic is growing among young people involved in these risky behaviors. By the end of 2005, the total number of registered HIV cases was 5,657<sup>3</sup>. This is 4 times higher than the total number of HIV cases registered in Kazakhstan in 2000.<sup>4</sup> More troubling, recent sentinel surveillance indicates that less than half of IDUs are aware of how HIV is transmitted. Accordingly, nearly 60% of IDUs reported using un-sterile injecting equipment and only 53% reported using a condom during their last sexual contact. With syphilis prevalence rates among sex workers at 25%, Kazakhstan needs to significantly increase programs for IDUs, sex workers, and vulnerable youth in both categories. Currently, Kazakhstan does not have a sufficient number of programs aimed at the decrease of HIV spread among IDUs, approximately 151,700 people.

At first glance, HIV prevalence does not have the same dramatic character in Kyrgyzstan and Tajikistan. However, close analysis of the epidemiological and social trends and the precarious situation of neighboring countries indicate greater concern in both countries. Since 2000, Kyrgyzstan averaged 150 new registered HIV cases annually, making the cumulative total of registered cases in Kyrgyzstan 826. In Tajikistan, more than 80% of HIV cases were registered in 2004-2005 mainly as a result of scaled-up testing services. Considering the large number of IDUs in both countries and the tendency in recent years towards greater detection it is likely that official statistics inadequately demonstrate the size of the HIV epidemic in both countries. In fact, according to a 2006 CDC/Global Fund assessment, the estimated number of PLHA in Kyrgyzstan is approximately 4,000<sup>5</sup>. The table shown below reflects the growth rate of registered HIV cases in all of Central Asia from 2004 to 2005.

<sup>1</sup> Uzbekistan Republican AIDS Center, 2005.

<sup>2</sup> Todd et al, 2005.

<sup>3</sup> Kazakhstan Republican AIDS Center 2005

<sup>4</sup> Kazakhstan Republican AIDS Center, 2006.

<sup>5</sup> Results of the sentinel surveillance 2006

**Growth of Registered HIV Cases in Central Asia  
Period: 2004-2005<sup>6</sup>**

COUNTRY	GROWTH RATE
Kazakhstan	1.2x
Kyrgyzstan	1.2x
Tajikistan	1.6x
Turkmenistan	Data unavailable
Uzbekistan	1.4x

The governments and communities of Central Asia are not working together to the full required extent in their efforts to fight HIV/AIDS. The total number of NGOs working at the community level is insufficient to achieve the necessary coverage rates to adequately control transmission of HIV. The current coverage level of IDUs with HIV prevention remains extremely low at roughly 7.6% to 23%. Assessments show that whatever coverage there is, it does not include a minimum comprehensive package of preventive services. Without sufficient coverage of vulnerable populations with known highly effective interventions, the spread of HIV will continue unabated. Moreover, there is an insufficient linkage between prevention services and care and treatment services. On the one hand, it is precisely the HIV-infected who can transmit HIV to others making prevention services for PLHA essential. On the other hand, PLHA are likely to be found during prevention activities where they can be referred to care and treatment, if they are not already enrolled.

In addition there is insufficient experience and participation of NGOs and civil society, including PLHA themselves, in the development and provision of prevention, care and support of PLHA and other vulnerable population groups. The table shown below reflects the current estimated coverage of IDUs with HIV-prevention services in Central Asia by NGOs, international organizations and AIDS centers.

**Estimated Coverage of IDUs with HIV-Prevention Services in Central Asia  
By NGOs and other service-providing organizations as of December 2005**

Indexes	Central Asian Country <sup>7</sup>			
	Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan
Population	15 million	5.2 million	6.1 million	26.1 million
Estimated number of IDUs (% of the country population)	151 700	54 000	38 500 (0,5% UNODC 2002)	80,000 (0.3%)
NGOs working with IDUs	25	25+3 IG	9	7
Number of IDUs covered with Prevention activities	35 326 (one contact) 23 212 (periodic)	7 020 (GF)	4 757 (UNDP 2005)	6,110
Per cent of IDUs covered	23.3% 15.3%	13%	12,4% - 15,5% (UNDP)	7.6%

CAPACITY proposes a minimum comprehensive package of preventive services based on recommendations of UN system. Current levels of coverage with a minimum comprehensive package of preventive services need to be increased significantly to slow down transformation of the concentrated HIV epidemic into the generalized epidemic. Civil society and the broader community in

<sup>6</sup> AIDS centers reporting

<sup>7</sup> Data provided by AIDS centers, except for specified cases

all forms must play a large role in a broad-based, scaled-up response to the epidemic. Correspondingly, a significant increase in the number of NGOs and AIDS-service organizations is necessary. Currently, government organizations and civil society lack experience in implementing joint work. In addition, the previous lack of financial resources bred competition among AIDS Centers and civil society and among the civil society community. To date, NGOs and AIDS Centers have not been engaged in joint work-planning or development of joint funding proposals, which are critical successful collaboration and the long-term success of any HIV-prevention efforts in Central Asia.

In short, during the past few years Central Asia has experienced a rapid increase in the number of registered HIV cases. Actual numbers of HIV-infections is undoubtedly much higher. IDUs account for the vast majority of HIV-infections, but the epidemic is also spreading among sex workers. Though presently HIV prevalence among IDUs is higher than it is among sex workers, the number of sexual contacts with the risk of contracting HIV is much higher than number of episodes of sharing needles. Therefore, the number of people who contract HIV through sexual contacts will eventually exceed the number of people who contract HIV through sharing needles. Greater collaboration including joint planning and proposals between NGO/civil society and government is needed to increase the possibilities of preventing or delaying the spread of HIV to the general population through sexual transmission.

### **III. 60 Plus Approach and Community Mobilization**

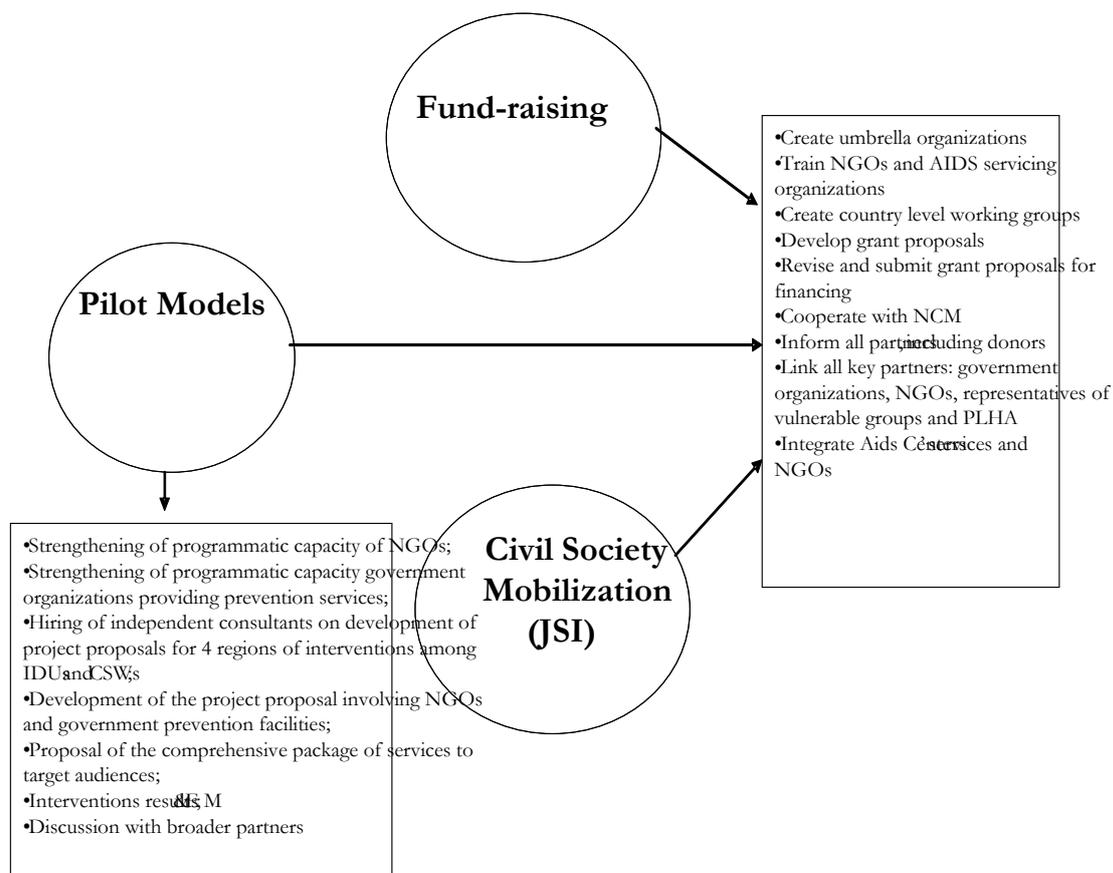
In order to slow HIV transmission in Central Asia, preventive interventions should reach a high level of coverage of vulnerable populations with specific products and services. UNAIDS and WHO recommend a scale up of HIV prevention activities to a minimum coverage of 60%. Achieving 60% coverage or more is a significant challenge; there are many obstacles to overcome and questions to answer in order to begin. Achievement of the high-level coverage requires cooperation of all stakeholders, namely donors, international organizations, governments and local authorities, non-government organizations (NGOs) and civil society, community leaders and representatives of vulnerable groups, such as IDUs, sex workers, PLHA, and vulnerable youth, as well as private sector organizations.

The 60 Plus Approach guides CAPACITY to promote expanded coverage of the vulnerable populations with highly effective interventions to reduce risky behaviors and decrease HIV transmission. There are three main components of the 60 Plus Strategy:

- 1) **Prevention Model Development:** To develop, implement, and test models of prevention among vulnerable populations in order to establish minimum comprehensive packages of preventive services. Successful models will demonstrate a coverage level of at least 60% within limited geographic areas and significant changes in key behavioral and prevalence indicators;
- 2) **Community Mobilization:** To build organizational, institutional, and programmatic capacity among NGOs and civil society, in order to mobilize a broad geographic scale-up of successful models of preventive services;
- 3) **Resource Mobilization:** To mobilize external resources from multiple donors, such as the GFATM, World Bank, DfID, and others to financially support broad geographic scale-up of minimum packages of preventive services targeting at least 60% of vulnerable populations.

Ways to coverage of vulnerable groups are reflected in the below figure:

## WAYS FOR COVERAGE OF RISK GROUPS WITH HIV PREVENTION



### Component One: Prevention Model Development

The CAPACITY Project has as its mandate to support stewardship of national HIV/AIDS programs, development of minimum comprehensive packages of HIV preventive services, and promoting the scale-up of existing and newly proven interventions. Accordingly, CAPACITY intends to develop, implement, and test HIV prevention models in limited geographic areas through NGOs and government organizations among the vulnerable populations. The target populations will include the IDUs, sex workers, vulnerable youth, and PLHA that currently influence the development of the HIV epidemics in Central Asia and who are, to date, insufficiently covered with interventions. Success of models will be determined by the ability to cover at least 60% of the targeted population and significant changes in key behavioral and incidence indicators. CAPACITY will promote successful models among stakeholders, including NGOs, government organizations, and international organizations for broad geographic scale-up, always emphasizing the need to reach at least 60% of target populations. Specifics of the 60 Plus approach are being addressed in a separate Technical Working Paper. The project's preventive models will be based on WHO documents and principles and UN system position on prevention of HIV transmission among IDUs and sex workers. The CAPACITY Project recommends using minimum comprehensive packages of preventive services Project for the models for testing effectiveness of the comprehensive coverage in the framework of the CAPACITY 60 Plus approach, based on the UN guidelines on HIV prevention in vulnerable populations.

## Quantitative characteristics<sup>8</sup> of the minimum comprehensive package of services for vulnerable groups (IDUs and Sex Workers)

1. Facilitate decrease of stigma and discrimination of the vulnerable populations (IDUs and Sex Workers) and PLHA, including education of the population.
  - Meeting with the partners at the beginning and in the middle of the project implementation period in order to promote the project activities, and at the middle and the end of the project implementation to report on the project achievements. Partners include local administration, law-enforcement agencies, venereologists, narcology specialists, local executive bodies, community leaders and religious leaders;
  - Involvement of mass media for information to general population – every three months.
2. The outreach work among the target groups and their environment. One volunteer will provide the following types of services to 40-50 clients during the life of the project:
  - Education of the target population:
    - Basics of HIV/AIDS and training on safer sexual behavior and safe injecting practices - 12 mini sessions per year per each client;
    - Dissemination of the educational materials – once in three months for every client during the life of the Project.
  - Provision of individual protection kits to target groups:
    - Ensuring access of IDUs and Sex Workers to condoms (100 for IDUs and 720 for Sex Workers) during a year;
    - Ensuring access for IDUs to sterile needles and syringes (not less than 200 syringes per year<sup>9</sup>);
    - Using individual injecting equipment (600 spirit napkin per person per year).
3. Access for IDUs and Sex Workers to the following services:
  - Detoxication (100 cases per 1000 IDUs a year) ;
  - Diagnosis and treatment of STIs in Sex Workers and their clients (500 cases per 1000 SWs a year);
  - Diagnosis and treatment of STIs in IDUs and their sexual partners (50 cases per 1000 clients per a year);
  - Surgical treatment of complications caused by injections among IDUs (100 cases per 1000 clients per a year);
  - Prevention of HIV vertical transmission (from mother to child) among female clients – for every reported pregnancy in the target population individuals;
  - Voluntary and anonymous counseling and testing for HIV – on request.

### Component Two: Community Mobilization

In this paper, the term civil society organizations is used to referred to: nongovernmental organizations (NGOs), people living with HIV/AIDS and their groups and networks, AIDS centers, community based organizations (CBOs), and faith based organizations (FBOs). HIV/AIDS service organizations, including NGOs, civil society, and government organizations have enormous operational and technical

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<sup>8</sup> The frequency of events and the numbers of units for individual protection means is based on the experts' opinion and will be adjusted during the implementation of the CAPACITY models.

<sup>9</sup> USAID policy prohibits using its funds to purchase or distribute injection equipment. CAPACITY will cooperate with other partners to advocate for IDUs' access to sterile injecting equipment.

potential. At the same time, there is a lack of coordination and communication among HIV/AIDS service organizations. Strengthening is needed to improve efficiency of technical, managerial, and financial aspects of program implementation. These organizations need mechanisms of communication and opportunities to exchange experience and share methods and best practices for responding to HIV/AIDS. To achieve necessary broad geographic coverage, it will be necessary to involve large numbers of community-based organizations (CBOs) in the implementation of preventive services. Accordingly, CAPACITY has developed a regional community mobilization strategy, which will be described in detail later in this document.

Umbrella NGOs and HIV/AIDS service organizations will serve as basic resources for the provision of HIV prevention and technical assistance to an increasing number of organizations capable of implementing efficient interventions. It will be necessary to improve the quality of services provided by organizations, to link interventions on HIV prevention with care and support of PLHA, and to strengthen organizations' overall capacity. Capacity building will include the strengthening of key areas including the provision of prevention services, fund-raising, and collaboration. Organizations which should participate in capacity building activities include NGOs, CBOs, government organizations, and traditional communities. The CAPACITY community mobilization strategy includes each of these key areas for strengthening.

### **Component Three: Resource Mobilization**

Mobilizing resources is a key component of the 60Plus Strategy because it is necessary to have resources available to support prevention model and community mobilization activities for achieving broader coverage. Therefore, CAPACITY will work directly with NACMs and civil society to develop funding proposals for activities in support of 60Plus. CAPACITY will hold a series of trainings to develop proposal development skills for civil society/community organizations to seek funding from various donors, including GFATM, World Bank and DFID. At the same time, CAPACITY will assist the governments of Central Asia, upon request, in preparing their applications for the 6th Round of the Global Fund. In doing so, CAPACITY will use the 60Plus Strategy as the underlying approach so that all applications submitted (with the technical assistance of CAPACITY) will include coverage as a primary indicator for success of activities. In addition, CAPACITY will advocate for the donor community to make 60Plus a grant requirement for all applicants. CAPACITY knows that it is important that donors are confident that applicants know the evidence based approaches and practices for achieving coverage. Therefore, CAPACITY will share its experience from testing of models with civil society/communities/NACMs as "best practices" to be used in their own implementation or scaling-up of activities. CAPACITY will support proposal development activities of any organization as long as the proposal includes 60Plus approach/indicators.

When providing prevention services to PLHA, NGOs and AIDS servicing organizations exchange experience and knowledge on development of project proposals aimed at fund-raising.

## **IV. Community/Civil Society Mobilization Strategy**

The goal of the CAPACITY community mobilization strategy in the four Central Asian countries -- Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan is to build organizational, institutional, and programmatic capacity among NGOs and civil society, in order to mobilize a broad geographic scale-up of successful models of preventive services among vulnerable populations, specifically IDUs and sex workers. To achieve this goal, CAPACITY proposes the following nine activities:

1. Implement assessment of community organizations' capacity in order to select and motivate appropriate organizations in four countries of Central Asia to participate in CAPACITY's mobilization strategy;

2. Creation of umbrella models to support NGOs and AIDS centers to coordinate Initiative Groups to integrate HIV/AIDS related prevention and scale-up interventions and activities;
3. Develop scale-up strategy jointly with selected NGOs to achieve broad geographic coverage of IDUs and sex workers with minimum comprehensive packages of HIV/STI prevention services through strengthening capacity of existing CBOs and the creation of new CBO networks;
4. Capacity development of NGOs, government AIDS service organizations, and civil society , including PLHA networks;
5. Project proposal and work plan development with selected NGOs and government AIDS service organizations;
6. Fund-raising among donors to support scale-up activities by NGOs and CBOs;
7. Creation of country-level working groups on the 60 Plus Strategy;
8. Monitoring and Evaluation (M&E) of (capacity building???) and scale-up activities; and
9. Scale-up of HIV prevention interventions by the CBOs.

### **Activity One: Assessment and Selection of Community Organizations**

The type of organizations to be involved in the community mobilization should have the following characteristics:

- Organizations working on risk reduction with IDUs, especially those which use IDU peers to work with IDUs;
- Organizations working on HIV/STI prevention among sex workers;
- Organizations which report working on primary HIV/AIDS prevention;
- Organizations which implement activities to improve welfare, education, health, or other social sectors and have experience doing outreach work with the populations they serve;
- Organizations representing vulnerable populations, such as IDUs and sex workers;
- Organizations working with PLHA, or made up of PLHA;

Assessments will be conducted by reviewing existing NGO and civil society databases and data from AIDS service organizations found during the CAPACITY initial NGO assessment conducted in 2005. A list of organizations in sites most vulnerable to HIV will be developed using geographic-based epidemiological data). Assessment of organizational capacity and needed strengthening will be conducted using in-depth discussions and questions regarding work on mobilization and scale-up activities with civil society organizations during meetings to be held in locations determined during review of existing databases. The in-depth discussions and questions will cover three main areas: administrative-financial development; human resources and programmatic/technical development; and capacity for mobilization and training.

One of the objectives of the assessment is to identify organizations that are willing and capable of becoming centers of excellence for civil society mobilization and training. During the assessment, organizations will be classified into three types:

- A. Organizations with experience in providing services to vulnerable populations with willingness to improve their capacity for scaling-up coverage of vulnerable populations;
- B. Organizations currently not involved in HIV/AIDS activities, but that have experience working on population-based programs within other social sectors (e.g. social programs, work with women on reproductive health issues, work with unorganized/street/difficult children);
- C. Experienced organizations willing to become umbrellas and to help new CBOs to develop. Within this category, organizations will be sub-categorized into the following types:
  1. Organizations experienced in HIV/AIDS work and willing to work on community mobilization;
  2. Organizations without experience in HIV/AIDS work, but capable and experienced in community mobilization;

3. Government organizations with experience working with NGOs and development of project proposals.

Special attention should be paid to the organizations' motivations. CAPACITY will use the development plans of prospective umbrella organizations received during the assessment. The motivation component can include, but will not be limited to the following elements:

- Organizations' institutional development;
- Accessibility organizations to international organizations' grants;
- Organizations' image within civil society and in the mass media;
- Possibilities for scaling-up activities and creation of sub-national and national networks;
- Possibilities for participation in broader national and regional events.

Cooperation with government organizations is considered to be an important condition necessary for development and provision of the minimum comprehensive packages of HIV prevention services IDUs and sex workers. Therefore the assessment will determine the accessibility of government sector services (trust posts, friendly clinics and rooms, laboratories, family medicine centers, etc.) in the geographic areas of selected organizations. The private sector may also be a good support for CBOs for scaling-up HIV prevention and therefore will not be ignored.

### **Activity Two: Creation of the Umbrella Organizations**

The umbrella organization model proposes selection of the most active organizations, including government AIDS service organizations to create the single team of umbrellas aimed at civil society capacity strengthening. The umbrella model will strive for improvement of interaction between civil society and government AIDS service organizations, improved integration of AIDS-related services, and scale-up of access to comprehensive and continuous services of the vulnerable population. Creation of umbrellas from appropriate organizations will enable the use of their expertise for the development and implementation of broad geographic scale-up of prevention activities among vulnerable groups and development of project proposals. The umbrella model will also enable improved coordination of financial, technical, and human resources under the 60 Plus Strategy implementation. Specific criteria for selecting umbrella NGOs shall include, but not be limited to:

- Experience (not less than 2 years) in the provision of prevention and/or care and support related services to representatives of vulnerable populations, in particular, to IDUs, PLHA and sex workers;
- Experience in the provision and/or coordination of training programs and other technical support to NGOs and public organizations;
- Capability and interest/willingness to play the role of umbrella organization – i.e. develop skills necessary to provide technical assistance to other NGOs and public organizations;
- Experience in working on population-based programs in other social sectors;
- Interest in experience exchange and promotion of successful models at the regional level; and
- Possibility and/or willingness to implement prevention interventions.

### **Activity Three: Developing Scale-up Strategy**

Strategies for scaling-up coverage will be developed jointly with selected organizations. Details of strategies will be finalized through intensive consultations with organizations and will take into account needs and prospective plans of each organization. At this stage it will be necessary to develop in detail the plan for strengthening the capacity of these organizations, including a training plan for key staff and other human resources (if needed), improvement of administrative-financial and technical management, counseling of organizations on above mentioned issues and provision of support on development of project proposals.

#### **Activity Four: Developing Organizations' Capacity to Implement Models**

Training of NGOs and government AIDS servicing organizations is a critical component of their capacity strengthening and therefore it requires thorough preparation. Trainings will be phased-in. Initially, training will be based on actual issues detected during needs assessment, and are likely to include knowledge of HIV epidemiology, registration, planning, administration, and financial management. The following phases of training will include specific topics such as human resources, funds- and resources-raising for implementing outreach work and a volunteers' network, community motivation, interaction with government agencies and law enforcement services, information dissemination technology, and behavior change strategies among vulnerable groups.

#### **Activity Five: Developing Project Proposals and Work-plans**

Project proposals and work plans of NGOs will be prepared during the development of individual strategies. This stage will overlap with the previous as project proposals and work plans will be developed as part of the trainings. Development of project proposals themselves will be implemented under the working group and will include discussions with target populations according to donors' requirements.

#### **Activity Six: Working with Donors for Fundraising**

CAPACITY plans to provide technical assistance to NGOs and AIDS service organizations in the following areas for fundraising:

- Providing information about donors, granting mechanisms in the region, and grant awarding procedures;
- Training on project proposals development and mechanisms of awarded grants implementation;
- Counseling and provision of technical support and expertise on grants financing issues.

CAPACITY will work with all potential donors to promote projects related to scaling-up coverage of vulnerable groups with HIV/AIDS activities and mobilization of resources required for their implementation. CAPACITY will also select individual projects and appropriate NGOs and government AIDS service organizations for promotion of their involvement in broader projects at the national and regional levels.

#### **Activity Seven: Creation of 60 Plus Strategy Working Groups**

Working groups will be created with participation from NGOs, AIDS service organizations, National AIDS Coordination Mechanisms, Ministry of Health, Ministry of Education, Ministry of Interior, Social Services, and the CAPACITY Project. The purpose of the working groups includes:

- Providing the technical assistance during grant proposals development;
- Integration of prevention activities implemented by NGOs and AIDS service organizations;
- Ensuring linkage between the government structures, civil society organizations, representatives of vulnerable groups and PLHA;
- Application of experience gained during models testing.

The 60 Plus Working Groups will be created at the national and oblast levels. Oblast representatives of ministries will be included in the oblast-level working groups.

## Activity Eight: Monitoring & Evaluation of 60 Plus

M&E activities on the community mobilization and fund-raising aimed at scaling-up coverage of target populations with HIV/AIDS services will be under the responsibility of CAPACITY and donors. It will be necessary to develop information formats and indicators and bring them into line with national reporting standards on HIV prevention. The table shown below reflects the basic implementation and efficiency indicators of fundraising and civil society mobilization:

No.	Implementation Indicators	Sources
1.	Key stakeholders participate in development of the 60 Plus methodology	Project documents
2.	Assessment of NGOs and AIDS servicing organizations capacity in each country	Assessment of NGOs and AIDS servicing organizations capacity
3.	Development of concept document for mobilization of civil society and resources	Project documents
No.	Efficiency Indicators	Sources
1.	Number of people trained on NGOs capacity strengthening	Training reports
2.	Number of organizations receiving technical assistance on project proposals development	Project documents
3.	Number of national/regional trainings implemented for NGOs	Project documents
4.	Number of grant proposals that received financing	Information from organizations

## Activity Nine: Scale-up of HIV-prevention activities

CAPACITY will make every effort to review results received during projects implementation, summarizing lessons learned and dissemination of this information among government agencies, mass media, donors and interested organizations and agencies in individual countries and the Central Asia region. In order to change the competitive character of relations between various NGOs and AIDS service organizations and promote the creation of productive cooperation, the CAPACITY Project will make every effort to encourage joint work (thematic working groups, joint planning, and project proposals development). CAPACITY will facilitate interaction between NGOs and government, with all involved working under the coordination of the NACM.

### V. Expected 60 Plus and Community Mobilization Results

The following results are expected from the successful implementation of the 60 Plus and Community Mobilization Strategies:

- Organizational capacity assessed and umbrella organizations selected;
- National and regional partners are informed on importance of the 60 Plus Strategy implementation among the target population;
- NGOs and AIDS service organizations gain strengthened capacity;
- NGOs and AIDS service organizations developed project proposals;
- Project partners are informed on granting mechanisms in the area of HIV/AIDS;
- Working groups with involvement of NGOs, AIDS service organizations, NACM, relevant ministries, and CAPACITY are created to integrate HIV prevention activities;
- Successful project proposals received financing;
- M&E of the civil society mobilization and fundraising is being implemented;
- 60 Plus strategy activities are reviewed and the successful experience is disseminated among interested organizations;

- Coverage IDUs and sex workers is increased, risky behaviors are reduced, and STI prevalence is reduced, and HIV transmission is slowed.

**Appendices:**

- CAPACITY's Work-plan for Limited-Scale Community and Resource Mobilization
- Draft Agenda for Initial Meeting with NGOs/Community/AIDS Servicing Organizations
- Initial Capacity Questionnaire for NGOs/Community/AIDS Servicing Organizations-
- Table with Funding Mechanisms in Central Asia

### WORK PLAN FOR RESOURCE MOBILIZATION AND CIVIL SOCIETY MOBILIZATION

Activities	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan 07 - Mar 07
Meetings with NGOs AIDS centers in selected regions													
Final selection of NGOs based on results of home tasks and their categorization: development of list of participants for oblast levels													
Strengthening of NGO and HIV centers capacity through training at regional level					<b>Module 1</b>						<b>Module 2&amp;3</b>		
Strengthening of NGOs and HIV centers capacity through training at oblast level						<b>Module 1</b>						<b>Module 2&amp;3</b>	
Development of project proposals										<b>Proposals finalized</b>			
Formulation and work of working group for SC and resource mobilization													
Review of existing funding mechanism in the region													
Submission of project proposals													
Projects implementation													
Review, dissemination of information and lessons learned (April 2007)													

## AGENDA OF THE 1<sup>ST</sup> VISIT-DISCUSSION WITH NGOs

### Goals:

1. Assess NGOs and HIV/AIDS servicing organizations capacity, determine, select and motivate them for the community mobilization.
2. Select candidates for the regional training and training of the selected NGOs at the oblast level.

### **Participants: NGOs and HIV/AIDS servicing organizations**

Meetings will be held in the central regions selected according to epidemiological indications with NGOs selected during review of the community organizations data bases.

Meetings will be implemented in the form of intensive discussions during which organizations willing and capable to expand activities and mobilize the community for scaled up coverage of vulnerable populations with HIV prevention will be determined.

The following activities plan is proposed for implementation of these meetings:

Issues for discussion during the 1<sup>st</sup> meeting:

- Problem introduction  
*Presentation of the epidemiological situation and problems related to the low coverage of target groups – IDUs and cSWs*
- 60 Plus - The concept of HIV prevention and services package for vulnerable population groups  
*Presentation of basic prevention elements, role of the community organization in provision of prevention services and prevention services packages for target groups*
- **Community mobilization and fund-raising (process participants, granting mechanisms and implementation of project proposals)**
- Setting the objective  
*During setting the objective, NGOs will be asked to determine perspectives for their participation in the community mobilization, i.e. their willingness and capability to implement such activities.*
- Motivation of NGOs for scaling up coverage of vulnerable population groups  
*Motivation issues will become the key moment of the meeting, therefore they will be formulated in advance during visits preparation*
- Scaled up coverage strategy discussion
- For the working session major international stakeholders will be invited in order to brief them on the increased coverage of vulnerable populations and on the Community Mobilization Strategy

### Agenda template

9:00 – 9:30	Registration of participants
9:30 – 9:45	Opening of the round table and opening remarks: <ul style="list-style-type: none"> <li>• CAPACITY</li> <li>• Representative of NCM</li> <li>• Global Fund</li> </ul>
9:45 - 10:15	Presentation “The national program and the community role in its implementation” - NCM
10:15 – 10:45	Presentation “Community mobilization strategy, fund-raising and 60+,”

	including obstacles” - CAPACITY
10:45 – 11:00	Presentation: “General trends of fund raising and community mobilization in the country” – CAPACITY
11:00 – 11:30	<i>Break</i>
11:30 – 12:00	Presentation of the work plan on fund raising and community mobilization with the focus on the umbrella structure. Include issues related to forming of the national and oblast level working group and interaction with NGOs and various AIDS servicing organizations (AIDS centers and other services) - CAPACITY
12:00 – 12:30	Discussion, insertion of changes
13:15 – 14:00	<i>Lunch</i>
14:00-14:30	*Questioning of round table participants - CAPACITY
14:30 – 15:30	Conclusions and signing of the resolution on discussion results: 1. Community mobilization and fund-raising strategies aimed at achievement of at least 60% coverage of vulnerable population groups with the comprehensive prevention services package
15:30 – 15:45	**Home task

**\*Questioning of the round table participants:**

Participants fill out the questionnaire and include except the contact information of an NGO, mission, and goals the following:

- Are they ready to work with the project
- Who wants to become a trainer
- Is anyone has training experience (who was trained and how long, what topics they trained on)
- Can they submit training materials as an evidence of their previous training experience
- At the end participants should confirm their intent to work with the Project in written
- Will they be able to recommend other NGOs for work with us (information should be in written).

**\*\*Home task** (should be done “home” and results should be sent to the CAPACITY country office.

*The goal of this home task is to select NGO/Group of NGOs and their grouping for activities implementation aimed at their capacity strengthening on the community mobilization and fund-raising. Main issues of this task include:*

- *Confirm of intention*
- *Determine the coverage – a target group, geography*
- *Confirm/determine needs and possibilities (e.g. assistance on training)*

*Determine other organizations willing to work on HIV prevention*

Participants should be instructed on the home task fulfillment procedure.

Home task goals:

- Receive confirmation from an organization on willingness to participate in the umbrella model development
- Receive information on training experience and development of personnel under the community mobilization. If yes, how many NGOs and employees were trained and on what topics.
- Provide training materials.
- Find out if they have employees on community mobilization responsible for training of trainers.
- Can they recommend other NGOs as potential organizations for training in our workshops (regional, oblast) and why.
- Participants must be informed and motivated to develop the future single oblast project proposal.
- After receiving of home tasks by the country office, this information should be processed to select appropriate candidates that meet developed criteria. Information of selected candidates should be sent to the CAPACITY Regional Office using the template developed by the Regional Office that will contain criteria and evaluation scale.

## QUESTIONNAIRE

### A. Organizational development questions

*Section goal – describe and analyze various aspects of your organization’s activities, including status and structure, its staff and administrative systems and procedures, monitoring and evaluation, financial management and other practical NGO activities aspects, including grant story.*

1. Name
2. Head
3. postal and e-,ail addresses, telephone and fax numbers
4. Registration date (attach copies of the by-laws and registration certificate)
5. Organization’s status
6. Date of actual start of activities (HIV prevention programs)
7. Mission and goal
8. Existence of the written strategic plan
9. Structure and staff (number of paid employees and their terms of reference)
10. Material and technical base
11. Existence of affiliates
12. Membership in networks/Associations
13. Number of social workers, volunteers/outreach workers

### B. Special technical skills and capabilities on HIV/AIDS area

*Section goal – analyze technical capacity of staff on provision of services to vulnerable groups, list of services provided to clients, beneficiaries and project capacities.*

1. Target group
2. Activities and areas of work
3. (Specific events for vulnerable population)
4. Territory of coverage with prevention activities
5. Permanent number of covered vulnerable groups representatives and general coverage.  
(Number of people covered from your target group, estimated number of target group in you area)

6. Information on trainings and trainers. (Existence of own training modules or use of others specialists experience. TOT (experience, qualifications, certificates) and form of information provision (lectures, trainings, presentations, etc.)
7. Participation in training modules for academic or other educational institutions
8. Information on application of training modules (Does each group have its own module?)
9. Information of grants received and sources of financing
10. Sustainability of your project (Briefly outline you future development vision).