



**QUARTERLY TECHNICAL REPORT**  
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**Fourth Quarterly Report – First Year**  
**1 July 2005 – 30 September 2005**  
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by

**JSI Research & Training Institute, Inc. (JSI)**

**CAPACITY Quarterly Report to USAID**  
**First Year, Fourth Quarter**  
**31 October 2005**

**I. Background and Context:**

During the fourth quarter of the first year of the CAPACITY project, staff among all CAPACITY partners and all CAPACITY country offices worked hard to develop the approaches to be used to implement the 4 strategies. These approaches include stewardship and the three ones principle, 60 Plus, and continuum of care. The first two approaches have made significant headway, with technical papers near completion and early dissemination for comments and feedback already underway. The third approach is currently in the early stages of development, although some implementation in the area of TB and HIV interaction has already begun.

Country offices have begun to establish their foothold in the HIV/AIDS arena. Regular meetings with the National AIDS Program Coordination Mechanisms (NAPCM) and Republican AIDS Centers (RAC) are held with CAPACITY staff to ensure that at every step of the way, CAPACITY is working within the national AIDS program and under their guidance. International stakeholders are beginning to take notice of CAPACITY and to see that we are important players in the HIV/AIDS response in the region. CAPACITY is being sought out by other stakeholders for collaboration, and CAPACITY is equally seeking the collaboration from stakeholders.

Many stakeholders and government counterparts have expressed the desire to engage in joint planning. CAPACITY welcomes this initiative and has taken its own steps to see this happen by developing MOUs with four of the governments in Central Asia. Other stakeholders have approached CAPACITY to suggest multilateral agreements, and movements in this direction are already happening. These initiatives are directly in line with CAPACITY's strategy to strengthen national stewardship, or leadership, for the HIV/AIDS response and to follow the three ones principle. At the same time, CAPACITY's prevention models are well into their development and CAPACITY has undergone preparations for its first ARVT training. Finally, although CAPACITY has not yet begun work in Turkmenistan, for the first time, there is promise of interest from that country in seeing CAPACITY implement there. CAPACITY's Regional Program Director will travel to Turkmenistan during the next quarter to this end.

## II. Programmatic Progress

### A. Strategy 1: Improve Stewardship of National HIV/AIDS Programs

#### A.1. Beneficiary Population(s) / Target Group(s), Coverage, and Activities by Geographic area (this quarter)

Beneficiaries/ Target Groups	Geographic Area(s) of implementation	Activity(ies) with Target Group	Estimated Size of Target Groups (a)	Number of Target Group Covered (male/female/total) (b)			Estimated Coverage Rate of Target Group (b/a)
				M	F	T	
Civil Society Organizations/NGOs working on HIV/AIDS	Kazakhstan	National NGO Consensus Building Meeting with the purpose of selecting NGO liaison specialist for secondment to the NAPCM	57			15	Not applicable since this was meant to be a representation and not complete coverage.
	Kyrgyzstan		58			33	
	Tajikistan		20			18	

#### A.2. Key Activities and Progress Achieved

##### Development of MOU with Country Governments

During last quarter, CAPACITY began the process of developing MOUs with **Tajikistan, Uzbekistan, Kyrgyzstan, and Kazakhstan**. The MOU development continued this quarter. Draft MOUs were prepared for each country, and then presented to government representatives for comments and feedback. Government representatives made their suggestions for modifications, and CAPACITY modified the documents. Then, in each country, CAPACITY presented the draft MOU to the international stakeholder community for feedback and comments. The purpose for sharing the MOU with international stakeholders was twofold. First, CAPACITY has from the beginning taken the view of being very open and transparent with all of its partners. CAPACITY wished to maintain this manner of working with the MOU, even though it is a bilateral agreement. Second, in accordance with the first strategy, one of the objectives of CAPACITY is to garner the support of all stakeholders for the NAPCM and the national AIDS programs in each country. This is clearly specified in the MOU. CAPACITY hopes that by soliciting stakeholder comments and feedback, and ultimately support for our MOU with the governments, this objective will move toward being fulfilled. Following the receipt of feedback and comments, and widespread support from international stakeholders, the MOUs were again modified slightly. MOU signings were then scheduled for each of the countries.

### **Signing of MOU with Government of Uzbekistan**

The first MOU signing took place during this quarter in **Uzbekistan**. The MOU was signed between CAPACITY and the Ministry of Health. MOU signing ceremonies for **Tajikistan, Kazakhstan, and Kyrgyzstan** are scheduled for early in the next quarter. (At the time of writing this, the MOU has already been signed in Kyrgyzstan).

### **Discussions about Tripartite and Multilateral Agreements among International Stakeholders**

Following the signing of the MOU in **Uzbekistan**, WHO approached the CAPACITY country director and expressed interest in developing a tripartite MOU among the MoH, CAPACITY, and WHO. This was seen as a very positive step and beginning of a process of joint planning and collaboration in support of the NAPCM. Upon discussions of this development with other international stakeholders, the idea of a multilateral MOU came up and is now being pursued by CAPACITY. CAPACITY does not wish to push other stakeholders into such agreements, but clearly sees these suggestions as grand support of its first strategy.

Other CAPACITY country offices have taken this idea and begun to discuss in their countries. During discussions with UNAIDS in **Kazakhstan**, the UNAIDS representative mentioned that the new HIV/AIDS strategic plan is currently under development by the RAC. He suggested that it would be better to have all of the stakeholders sign the new strategic plan showing their agreement, support, and willingness to work within this plan. CAPACITY agrees with this idea and will work in this direction with stakeholders as the strategic plan goes into finalization.

### **Development and Support of the NAPCM Concept**

CAPACITY's approach to strategy 1 has been called "Stewardship and the Three Ones Principle." Simply stated, this means that CAPACITY will work in support of the National AIDS Program Coordination Mechanism (NAPCM). The NAPCM is the government leadership for the single national AIDS program and should be composed of an overarching, multi-sectoral coordination body and a managing body. The former takes slightly different forms in each country. The latter is basically the Republican AIDS Center (RAC) in three countries, and a special AIDS Unit of the Vice-Prime Minister's office in Kyrgyzstan. The coordination body is responsible for and meets periodically for policy discussions and decisions. The managing body is responsible for the day-to-day implementation of the national AIDS program, and coordination of all national and international stakeholders involved in the response to the AIDS epidemic.

CAPACITY will work to strengthen the NAPCM from two directions. The first is by providing technical support to improve the structure and function of the NAPCM. To do this, CAPACITY will second up to three staff to the NAPCM in the technical areas of monitoring and evaluation, communications, and NGO relations. The role of these staff will be to work on strengthening the function of the NAPCM in the above-mentioned technical areas. The second direction is by working with national and international stakeholders to work within the national AIDS program and under the coordination of the NAPCM.

### **Stewardship and “Three Ones Principle” Technical Paper**

CAPACITY country offices, the seconded specialists, and the CAPACITY regional team have been and will continue to work to advocate among stakeholders to fully adapt this approach. The first step in this process has been to develop a technical paper describing a methodology for supporting the stewardship, or leadership and the “Three Ones Principle.” A second draft of this paper is completed and is undergoing some revisions and edits. The paper will then be shared among stakeholders to solicit feedback and comments to be incorporated into the paper. CAPACITY will share the paper during the next quarter to promote transparency and participation among all stakeholders, and as a method of advocacy for garnering support. To date, CAPACITY has received general support for this approach from stakeholders. Some stakeholders, especially UNAIDS, have made some suggestions on how to improve the approach, which CAPACITY is currently incorporating.

### **Development of the CAPACITY Secondment Plan**

As mentioned above, CAPACITY will second three technical specialists to the NAPCM. In preparation for this, CAPACITY developed a staff secondment plan. This plan spells out how the specialists will be recruited and selected, what their purpose will be, what are their terms of reference, and a longer-term sustainability plan. The terms of reference was developed in collaboration with the NAPCM, and the selection process will include representatives from the NAPCM. In short, the secondment plan specifies the methodology to be used by CAPACITY to support the NAPCM in the three technical areas of monitoring and evaluation, communications, and NGO/civil society relations.

### **Recruitment of Specialists for Secondment to NAPCM**

Two of the specialist positions, the M&E specialist and the Communication specialist were advertised in local newspapers. Multiple applications were received in **Tajikistan, Kyrgyzstan, and Uzbekistan** (the secondment of specialists in Kazakhstan is still being negotiated with the director of the RAC). Candidates were short-listed and were given/are being given a written assignment to complete. Following the review of these assignments, a few candidates will be selected for face-to-face interviews with the selection committee. The committee will include country and regional CAPACITY representatives and a representative from the NAPCM. At the end of the fourth quarter, the selection process is ongoing in the three countries and will be finalized in the first quarter of the second year of the project.

The recruitment and selection of the NGO liaison specialist will follow a different process, which is described below.

### **Strengthening linkage between NGOs/CBOs/NGO networks and NAPCM**

A one day meeting was held in **Kazakhstan, Tajikistan, and Kyrgyzstan** (the latter two actually happened during the first week of October, which is the beginning of the next quarter) with representatives from Civil Society Organizations (CSO) and NGOs that are working on HIV/AIDS. (See the table in A1. for numbers of NGOs represented at the meetings). The purpose of the meeting was to introduce the CSO/NGO community to a process for improving relations and communication between them and the NAPCM. CAPACITY will hire NGO liaison specialists for secondment to the NAPCM of each country. During this meeting, CSO/NGO representatives proposed 3-5 candidates from amongst themselves to be applicants for the NGO liaison specialist. These candidates will undergo a review process by a team made up of representatives from the NGO community, the NAPCM, and CAPACITY before a final candidate is selected in each country. The idea behind this process is that the NGO liaison specialist will need to be able to work well as a CAPACITY employee to represent the NGO community within the NAPCM, to improve communications between NGOs and the NAPCM, and to bring NGOs into the planning and implementation of the overall national AIDS programs. Review of candidates is currently ongoing in the three above-mentioned countries. (Due to current difficulties of working with NGOs in **Uzbekistan**, CAPACITY was not able to hold this meeting there. Instead of hiring an NGO liaison specialist, CAPACITY will hire a Community liaison specialist in Uzbekistan).

### **PIU grants management workshop**

At the request, first from the Global Fund Project Implementation Unit (PIU) in Uzbekistan, and later from the other CAR countries, CAPACITY organized a workshop on grants management. Two regional consultants were hired – one from Kazakhstan and one from Kyrgyzstan – to produce a model paper on appropriate grants management. Representatives from the PIUs in **Tajikistan, Kyrgyzstan, Kazakhstan, and Uzbekistan**, plus a representative from **Turkmenistan** came to Almaty to attend the CAPACITY sponsored workshop on grant management. The purpose of the workshop was to enable participants from each country to work together to revise and modify the model paper. Over the course of four days, the participants worked in small groups on the various sections of the paper, which as a result underwent major revisions. The consultants produced a final draft of the document and it has been sent to the Global Fund Portfolio Manager for comments and feedback.

### **Desk Review for Assessment of National M&E Plans**

CAPACITY has begun the initial stages of country assessments on the national M&E plans for the national AIDS programs. To this end, national M&E indicators and plans have been received from **Uzbekistan** and **Tajikistan** and are undergoing review. Existing reports of various organizations, including World Bank, UNAIDS, and Global Fund on the issues of M&E in the CAR are being analyzed. Initial visits for further assessments are being planned for Uzbekistan, Kyrgyzstan, and Tajikistan. During the next quarter, the assessments will be continued, and recommendations for improvement will be developed. These assessment results and recommendations will serve as the basis for the work to be implemented by the seconded M&E specialists.

In **Kyrgyzstan**, CAPACITY is collaborating with the World Bank, DFID, UNAIDS and AIDS Unit to organize a meeting of all M&E Specialists from various international organizations and to create an M&E working group. The agenda, list of participants, and other details of the meeting are currently being developed. The meeting will be held in the next quarter. Similar meetings may be planned in the other countries in the region.

### **CAPACITY Monthly Bulletin**

CAPACITY continued to issue the Monthly Bulletin from the regional office for every month in the fourth quarter. The Monthly Bulletin serves the purpose of informing a wide range of stakeholders throughout the CAR on CAPACITY's activities and progress in the region.

### **Support for the Development of the National AIDS Strategic Plan in Kryrgyzstan**

At the request of the AIDS Unit in Kyrgyzstan, CAPACITY hired a consultant to assist with the development of the National AIDS Strategic Plan. Her work on the strategic plan will commence during the next quarter.

### **Database of Civil Society Organizations and Activities:**

During this quarter, contact details in the Civil Society/NGO database continued to be updated and a CAR NGO electronic mailing list was established.

## B. Strategy 2: Educating and Empowering Vulnerable Populations

### B.1. Beneficiary Population(s) / Target Group(s), Coverage, and Activities by Geographic area (this quarter)

Beneficiaries/ Target Groups	Geographic Area(s) of implementation	Activity(ies) with Target Group	Estimated Size of Target Groups (a)	Number of Target Group Covered (male/female/total/cumulative total) (b)				Estimated Coverage Rate of Target Group (b/a)
				M	F	T	Cum.	
Injection Drug Users	Narcological Centers in Almaty Oblast 1, <b>Kazakhstan</b>	Combined Interpersonal Communication (IPC) & Social Marketing of health protection services	6,156 (Registered IDUs in Narcological Centers)	221		221 (directly reached)  (221*3= 663 estimated total reached)	256 (256*3=768)	4% directly reached  (12% estimated directly plus indirectly reached)  (It is assumed for IDU models that 1/3 of IDUs gather information and resources for the remaining 2/3s of IDUs. Therefore, total coverage is increased over direct coverage by a factor of 3)
	Microdistricts in Khujand, <b>Tajikistan</b>		400 (Estimation from local NGO DINA on IDUs located in Microdistricts 31, 32, 33, 27, &28 where PSI's intervention is located)	43	12	55 (directly reached)  (55*3= 165 estimated total reached)	108 (108*3=324)	27% directly reached  (81% estimated directly plus indirectly reached)

	Microdistricts in Dushanbe, <b>Tajikistan</b>		800 Registered IDUs in Republican Narcological Center	55	1	56 (directly reached)  (56*3=168) estimated total reached)	99 (99*3=297)	12% directly reached,  (37% estimated directly plus indirectly reached)
Sex Workers	Street-based SW Tochka Clusters in Almaty City, <b>Kazakhstan</b>	Combined Interpersonal Communication (IPC) & Social Marketing of health protection services	3,000 SWs Rapid Assessment		225	225	1,025	34% coverage to date
	Chilanzar District, Tashkent, <b>Uzbekistan</b>		1,500		835	835	835	56% coverage to date
	Khujand, <b>Tajikistan</b>		unknown	1	341	342	432	n/a
	Dushanbe, <b>Tajikistan</b>		unknown	1	91	92	196	n/a
	Chilanzar, Tashkent, <b>Uzbekistan</b>	Outreach mini sessions, Trainings	750		452	452	452	60%
	Mirzo Ulugbek, Tashkent, <b>Uzbekistan</b>	Outreach mini sessions	300		160	160	160	53%
	Unus Abad, <b>Uzbekistan</b>		250		130	130	130	52%
	Khamza, Tashkent, <b>Uzbekistan</b>		170		63	63	63	37%
Vulnerable Youth	Almaty City, Jetyysisk/Almalinsky /Turksibeki districts <b>Kazakhstan</b>	Combined Interpersonal Communication (IPC) & Social Marketing of health protection services	91,716 – statistical data	5,192		5,192	7,010	8%
	Khujand, <b>Tajikistan</b>		75,000	2,721	3,665	6,386	9,480	13%
	Dushanbe, <b>Tajikistan</b>		128,000	6,343		6,343	8,789	7%

	Tashkent, <b>Uzbekistan</b>		unknown	422		422		n/a
	Bishkek Len district, <b>Kyrgyzstan</b>		36,983	1,289		1,289	3,010	8%
	Chilanzar rayon, Tashkent, <b>Uzbekistan</b>	Peer education on ABC; Edutainment events, outreach	1300	467	358	825	825	63%
	Unuas Abad, Tashkent, <b>Uzbekistan</b>	Peer education; Advocacy with police	950	314	234	548	548	58%
	Recreation zones of Tashkent, <b>Uzbekistan</b>	Peer education (Summer beach program), Condom distribution, outreach	700	196	370	566	566	81%

## B.2. Key Activities and Progress Achieved

### Interventions with Injection Drug Users

In Tashkent, **Uzbekistan**, CAPACITY began preparations for a comprehensive HIV prevention model for IDUs. CAPACITY inputs are designed to complement and further progress and coverage already being achieved by governmental and non-governmental stakeholders with this target population. CAPACITY plans to train and use outreach workers to provide education, counseling, and motivation for behavior change among IDUs. At the same time, CAPACITY will work with pharmacies to improve their willingness and ability to participate in the comprehensive HIV prevention program, and to link IDUs with pharmacies where they can access needed health care products. To date, much of the planning (M&E protocols, mapping, budgets, work plan, etc.) for this model has been completed. Additionally, CAPACITY has continued to negotiate with various government counterparts, including the Republican AIDS Center, the Ministry of Health, the Ministry of Justice, city and district police departments, Ministry of Internal Affairs, and the pharmacy network in Chilanzar district, located in Tashkent, Uzbekistan. Round table discussions with drug store owners have begun to elicit their support for the model. Training manuals for drug store owners are in development. Training of trainers has begun among outreach workers in collaboration with World Vision. Finally, the monitoring system for the model, which utilizes a database tool, is in place and outreach coordinators are being trained in its use.

In **Kazakhstan**, educational sessions were conducted for IDUs in the Almaty Narcological Center of Medical and Social corrections, the private rehabilitation center “Center for Brain Analysis” (Voskresenie), and the City AIDS Center. In West Kazakhstan, outreach workers at local NGO

“Initiative” – an organization trained by Capacity – conducted educational sessions with 221 IDUs on HIV awareness and personal risk perception.

In **Tajikistan**, 36 IDUs were successfully referred to voluntarily counseling and testing (VCT) for HIV diagnosis following trainings and mini-trainings conducted by outreach workers. A total of 25 educational sessions were conducted to train 60 IDUs, while 71 IDUs were reached through mini-sessions conducted during field visits. Thus, a total of 111 IDUs were trained and reached through field interventions.

### **Interventions with Sex Workers**

In **Uzbekistan**, 805 sex workers were reached during 513 peer sessions and 114 sex workers were reached during 4 larger events in Tashkent. During these activities, 618 brochures and 481 condoms were distributed among sex workers. During this quarter, a total of 835 SWs were reached through CAPACITY educational activities.

In **Kazakhstan**, 688 peer educational sessions were held which reached 225 sex workers in Almaty. Education sessions are provided using a variety of themes, including “HIV/AIDS”, “STIs”, “Communication Skills”, and “Responsible Behavior.” During educational sessions and outreach, 1,442 educational brochures and 11,394 condoms were distributed among sex workers.

In **Tajikistan**, 45 sex workers were successfully referred to VCT for HIV diagnosis and 23 to STI diagnosis following educational sessions. During this quarter, 116 educational sessions were conducted reaching 434 sex workers in Khujand. During these activities, 408 brochures and 114 condoms were distributed among sex workers. Four larger educational events were also held reaching 114 sex workers. In total this quarter, CAPACITY reached 548 sex workers this quarter.

### **Interventions with Vulnerable Youth**

In **Uzbekistan**, 585 peer sessions were held reaching 1,376 vulnerable youth in Tashkent. Nine larger educational events were held covering 566 vulnerable youth in Tashkent. During these activities, CAPACITY distributed 4,570 brochures and 1,716 condoms.

Using peer education, CAPACITY conducted a summer program in **Uzbekistan** to reach vulnerable youth at various places where they gather. Peer educators went to beaches and recreational areas to conduct contests, trivia quizzes, and other games that reinforced messages about abstinence, being faithful, and correct and consistent use of condoms (ABC) and educated vulnerable youth about HIV/AIDS, what behaviors put them at risk, and to provide them with tools and empowerment to protect themselves from infection. 496 vulnerable youth participated in this program.

CAPACITY collaborated with the International Non-governmental Charity Foundation (Soglom Avlod Uchun) and UNESCO in **Uzbekistan** to provide a series of educational sessions for 96 vulnerable youth in the summer camp, “Shodlik.” This HIV/AIDS training reached vulnerable youth from Tashkent and other regions in Uzbekistan as well as youth refugees from Afghanistan who temporarily live in Uzbekistan. At another summer event for vulnerable youth, 20 peer educators underwent a training of trainers (TOT) course.

In **Kazakhstan**, 2,485 vulnerable youth were reached during 592 peer sessions in Almaty. 5,707 vulnerable youth were covered during 27 larger educational events in Almaty. CAPACITY distributed 1,674 educational brochures and 2,217 condoms among vulnerable youth this quarter.

In **Tajikistan**, 731 peer sessions were conducted reaching 2,140 vulnerable youth in Khujand. Nineteen larger educational events were held covering 2,874 vulnerable youth in Khujand. During these activities, CAPACITY distributed 5,332 brochures and 558 condoms.

In **Kyrgyzstan**, 1,211 vulnerable youth were reached during 345 peer sessions in Bishkek. Four larger educational events were held covering 78 vulnerable youth. CAPACITY distributed 335 educational brochures and 34 condoms among vulnerable youth.

### **Global Fund Monitoring Visit in Kazakhstan**

At the specific request of the Director of the Kazakh Republican AIDS Center, which is Principal Recipient for the GFATM grant in **Kazakhstan**, CAPACITY’s Regional NGO Capacity Building Coordinator joined an expert working group to visit and monitor the activities of a selection of current GFATM sub-grantees during the end of August until mid-September. Site visits were conducted to 8 NGOs and 4 Regional AIDS Centers receiving GFATM sub-grants in 3 oblasts of **Kazakhstan** and 2 cities – Astana and Almaty. During the three weeks, CAPACITY worked in collaboration with the Republican AIDS Center to assess the infrastructure of organizations receiving GFATM sub-grants, monitor program implementation and the use of HIV prevention commodities, assess programmatic and financial reporting systems, human resource management, and partnership building and coordination. CAPACITY’s Regional NGO Capacity Building Coordinator participated in the preparation of a report with recommendations to the Republican AIDS Center.

### **Increasing access to Condoms through Social Marketing:**

Condom social marketing is an important supplemental activity for CAPACITY’s prevention models. CAPACITY applies the ABC approach (Abstinence, Be faithful, use Condoms), as appropriate, in its comprehensive prevention models. Through IPC, peer education, and other behavior change interventions, CAPACITY strives to increase safe behaviors and decrease behaviors that are risky for HIV transmission.

Among individuals who choose to engage in sex outside of monogamous relationships, CAPACITY promotes demand for condom use, and meets that demand by increasing availability condoms, primarily through social marketing. Examples of social marketing activities include:

See tables below for condom sales and distribution figures in four countries in Central Asia.

### Condom Social Marketing among Injection Drug Users and Vulnerable Youth

Country	Form of Distribution	First Quarter Sales	Second Quarter Sales	Third Quarter Sales	Fourth Quarter sales	Year to Date Total	Current Quarter Growth ( <i>compared to previous</i> )
<b>Kazakhstan</b>	Wholesale pharmacies/FMCG		238,680	269,097	319,851	827,628	+19%
	Intl partners/NGOs						
	Samples/free distribution: sales promotion		40	219		259	
	Samples/free distribution: education (events)		11,773	83,387		95,160	
	<b>Sub-Total</b>		<b>250,493</b>	<b>352,703</b>	<b>319,851</b>	<b>923,047</b>	<b>-9%</b>
<b>Uzbekistan</b>	Wholesale pharmacies/FMCG		134,640	213,750	193,800	542,190	-9%
	Intl partners/NGOs				12,000	12,000	
	Samples/free distribution: sales promotion		27		2,100	2,127	
	Samples/free distribution: education (events)		18,348	954	3,825	23,127	+301%
	<b>Sub-Total</b>		<b>153,015</b>	<b>214,704</b>	<b>211,725</b>	<b>579,444</b>	<b>-1%</b>
<b>Tajikistan</b>	Wholesale pharmacies/FMCG		57,540	77,361	72,390	207,291	-6%
	Intl partners/NGOs						
	Samples/free distribution: sales promotion						
	Samples/free distribution: education (events)		918	1,413	885	3,216	-37%
	<b>Sub-Total</b>		<b>58,458</b>	<b>78,774</b>	<b>73,275</b>	<b>210,507</b>	<b>-7%</b>
<b>Kyrgyzstan</b>	Wholesale pharmacies/FMCG		46,650	45,000	144,300	235,950	+221%
	Intl partners/NGOs			450		450	-100%
	Samples/free distribution: sales promotion		150			150	
	Samples/free distribution: education (events)		675	300	600	1,575	+100%
	<b>Sub-Total</b>		<b>47,475</b>	<b>45,750</b>	<b>144,900</b>	<b>238,125</b>	<b>+217%</b>
<b>Grand Total</b>			<b>509,441</b>	<b>691,931</b>	<b>749,751</b>	<b>1,951,123</b>	<b>+8%</b>

**Condom Social Marketing among Sex Workers and clients of Sex Workers in HIV Hot Zones**

<b>Country</b>	<b>Form of Distribution</b>	<b>First Quarter Sales</b>	<b>Second Quarter Sales</b>	<b>Third Quarter Sales</b>	<b>Fourth quarter sales</b>	<b>Year to Date Total</b>	<b>Current Quarter Growth (compared to previous)</b>
<b>Kazakhstan</b>	Hot Zones Sales (direct sales)		33,957	48,576	101,889	184,422	+110%
	NGOs working with sex workers				2,000	2,000	
	Samples/free distribution: sales promotion						
	Samples/free distribution: education events						
	<b>Sub-Total</b>		<b>33,957</b>	<b>48,576</b>	<b>103,889</b>	<b>186,422</b>	<b>+114%</b>
<b>Uzbekistan</b>	Hot Zones Sales (direct sales)		49,182	42,230	48,197	139,609	+14%
	NGOs working with sex workers				12,000	12,000	
	Samples/free distribution: sales promotion						
	Samples/free distribution: education events				3,825	3,825	
	<b>Sub-Total</b>		<b>49,182</b>	<b>42,230</b>	<b>64,022</b>	<b>155,434</b>	<b>+52%</b>
<b>Tajikistan</b>	Hot Zones Sales (direct sales)		42,255	20,487	33,840	96,582	+65%
	NGOs working with sex workers				1,200	1,200	
	Samples/free distribution: sales promotion				4,590	4,590	
	Samples/free distribution: education events				858	858	
	<b>Sub-Total</b>		<b>42,255</b>	<b>20,487</b>	<b>40,488</b>	<b>103,230</b>	<b>+98%</b>
<b>Kyrgyzstan</b>	Hot Zones Sales (direct sales)		79,047	69,912	56,814	205,773	-19%
	NGOs working with sex workers						
	Samples/free distribution: sales promotion						
	Samples/free distribution: education events						
	<b>Sub-Total</b>		<b>79,047</b>	<b>69,912</b>	<b>56,814</b>	<b>205,773</b>	<b>-19%</b>
<b>Grand Total</b>			<b>204,441</b>	<b>181,205</b>	<b>265,213</b>	<b>650,859</b>	<b>+46%</b>

**Technical paper on the 60 Plus approach:**

The technical paper on the 60 Plus approach was drafted this quarter and has been disseminated among the CAPACITY team. The paper is yet to be revised, but discussions about the contents of the paper have already begun with stakeholders. The process of engaging stakeholders in the development/revision of the 60 Plus approach is essential to its success. If other stakeholders are involved in its design, the probability of participation in the scale up phase will be higher.

**Regional 60 Plus Coordinator**

At the close of the fourth quarter, CAPACITY hired a new staff member to work for at least 6 months as the regional 60 Plus Coordinator. The role of this person will be to work with government counterparts and stakeholders to prepare proposals for the 6<sup>th</sup> round of the Global Fund for increased prevention activities aimed at reaching higher than 60% coverage of target populations. Essentially, this is the beginning of CAPACITY’s attempt to leverage funding to scale up successful high coverage models.

**C. Strategy 3: Improve the Quality of HIV/AIDS Services**

**C.1. Beneficiary Population(s) / Target Group(s), Coverage, and Activities by Geographic area**

Beneficiaries/ Target Groups	Geographic Area of implementation	Activities with Target Group	Estimated Size of Target Groups (a)	Number of Target Group Covered (male/female/total) (b)			Estimated Coverage Rate of Target Group (b/a)
				M	F	T	
TB and HIV Specialists	Tajikistan	Training on treatment of dual HIV and TB infections for the purpose of creating national trainers	n/a	14	11	25	n/a
	Uzbekistan		n/a			24	n/a

## **C.2. Key Activities and Progress Achieved**

### **TB/HIV activities**

Beginning in **Uzbekistan** and following in **Tajikistan** and later **Kyrgyzstan**, CAPACITY initiated the interaction of TB and HIV services. In all three countries, first an orientation meeting was held with all government counterparts and stakeholders that potentially have an interest in this interaction of services. The meeting introduced CAPACITY, explained the epidemiology of AIDS and TB in the countries and region, and introduced the idea of forming a technical working group on the interaction of TB and HIV services. By the end of the orientation meeting, the TWG was formed. Over the next week, the TWG met to develop and adapt protocols for treatment of dual infections. A CAPACITY consultant and expert on this subject facilitated the meetings. The final products from the TWG initial meetings were draft protocols and orders for the submission for approval from the MoHs in each country, topics to be included in the training curriculum for TB/HIV specialists, and lists of participants for the trainings.

The next step was the training of specialists, which took place in **Uzbekistan** and **Tajikistan** during this quarter, and is scheduled for **Kyrgyzstan** for next quarter. The training lasted 5 days and covered treatment of patients with dual HIV and TB infections. More than 20 specialists were trained in each country, while a few of the trainees from Uzbekistan joined the training in Tajikistan for refresher training.

In **Kazakhstan**, CAPACITY joined the TWG for TB/HIV and discussed with several stakeholders the possibility of collaborating on a model of TB/HIV interaction. During this quarter, activities on this subject in Kazakhstan have been mostly around discussions and brainstorming.

### **Preparing for ARVT Training**

Preparations were well underway for a first ARVT training in **Uzbekistan**. At the request of the RAC in Uzbekistan, CAPACITY arranged for a consultant/expert from the Knowledge Hub in Ukraine to facilitate a training of health care providers on ARVT. Initially the RAC wanted this training to take place as soon as possible. However, after discussions and negotiations between CAPACITY and the RAC, the latter has agreed to take a more systematic approach to this training. Since ARVs, with support from Global Fund, will only be coming to Uzbekistan in December, it was agreed that the training should take place as close to their arrival as possible. Thus, the training has been postponed until late October. In addition, what was originally a 10 consecutive day training has now been redesigned into two 5 day trainings. The first is the aforementioned in preparation of the arrivals of ARVs. The second will be more in-depth and will take place next quarter after implementation of treatment with ARVs has been ongoing for a few months.

### **Development of Training Materials for ARV Program Management**

The creation of training materials to educate health workers and government officials with skills to assure a consistent supply of affordable, quality medicines to treat AIDS and AIDS-related illnesses continued this quarter. These materials will be completed in modular form. Current modules under development include: Introduction to ARV program management; Selection and quality of ARVs; Procurement and pricing of ARVs; Quantification of ARVs; Monitoring and Evaluating ARV programs. A complete literature search has been conducted and the results compiled into a bibliography. Information from literature and interviews with ARV program managers has been used to create teaching materials. These materials could be delivered in single modules or combined to provide a multiple day, all-inclusive course.

### **Development of Data Collection Instrument to Conduct Rapid Assessment for the Provision of Medicines for AIDS and AIDS-Related Illnesses**

The development of a data collection instrument to assess issues in the provision of medicines to treat AIDS and AIDS-related illnesses continued this quarter. This instrument will address major program areas, including: Product Selection, Forecasting & Procurement, Distribution, Inventory Management, Pipeline Monitoring, Organization & Staffing, Budgeting, Supervision, Rational Drug Use (Prescribing Practices, Dispensing Practices, Patient Use of Medicines), and Evaluation. The assessment will reveal areas of strengths and concerns in countries' abilities to provide medicines.

### **Comparative Analysis of ARV Prices among Global Fund Participants**

The analysis of ARV prices continued this quarter. Manufacturers, distributors, and retailers purposefully keep the prices of medicines secret. It has, historically, been very difficult to know if prices obtained in the procurement process for a given medication are "fair market" prices. The Global Fund requires that all country recipients report prices paid for ARVs. This and other useful information is readily available on the Global Fund web site. This pricing analysis attempts to compare the prices paid for ARVs among similar countries to gauge how "fair" are the prices paid by Central Asian countries. The Global Fund has promised to share additional useful data for this analysis that is not readily available on the web site. It is expected that this analysis could possibly provide countries with the basis for negotiating further price reductions in future ARV procurements. To date, a data set has been created using data from Global Fund and MSH medicine prices. Preliminary descriptive analyses have been conducted. Kyrgyzstan is the only Central Asian country that reported prices to the Global Fund to date. Kazakhstan has yet to report their prices.

## **D. Strategy 4: Improve Resource-Use to Integrate HIV/AIDS Services**

### **D.1. Beneficiary Population(s) / Target Group(s), Coverage, and Activities by Geographic area**

N/A this quarter.

### **D.2. Key Activities and Progress Achieved**

#### **Combining the Results of the Patient Flow Analysis with the Rapid Pharmaceutical Sector Assessment (“Drug Flow”) to Identify Gaps in Services and Optimize Continuum of Care**

This will be done at a later date after the assessments have been conducted. Work conducted during this quarter involved discussions about how to structure the patient flow, fund flow, and drug flow assessments such that they can be effectively combined.

#### **Preparation for Patient and Fund Flow Analyses**

Of critical interest to improving resource use and efficiency through the integration of HIV/AIDS services with PHC and other health services is to properly understand the existing institutional structures, roles and relationships among the key actors providing HIV/AIDS and related services (functionalities); financing mechanisms of the relevant service systems; and movement of the patients across the various health delivery systems in seeking HIV/AIDS and related services such as TB, STI diagnosis and treatment (patient flow). It is expected that these assessments of the above-mentioned issues will provide important information on formulating appropriate integration strategies and their implementation approaches. To prepare for these assessments, an introductory trip was made to Karaganda Oblast in Kazakhstan and draft assessment protocols were developed and circulated for review and comments. The assessments are planned to begin during the next quarter.

## **E. Cross-cutting CAPACITY activity and events**

### **Regional Year Two Work Plan**

Early in this quarter, CAPACITY presented its Year 2 work plan to USAID. After review, the work plan received formal approval from USAID.

### **Regional CAPACITY Meeting in Almaty**

All CAPACITY Country Directors and Program Coordinators, along with all regional staff participated in a regional CAPACITY meeting held in Almaty. The main purpose of the meeting was to develop country work plans and discuss the directions of the CAPACITY project.

### **Draft Country Year Two Work Plans**

During this quarter, CAPACITY country offices developed draft work plans, based on the USAID-approved Year 2 regional work plan. The plans were designed together with CAPACITY Partners and major stakeholders. The work plans were sent to the regional CAPACITY office for review and feedback has been sent back to the country offices. Finalization of the country work plans will take place early in the next quarter.

### **Monitoring and Evaluation Plan**

During this quarter, the CAPACITY Regional Monitoring and Evaluation Plan with indicators has been finalized. As a tracking tool, the CAPACITY Project Database to track all project's activities, publications, and trainings was being developed. In addition, standardized forms

### **III. Sub-Awards to local NGOs**

<b>SUMMARY of sub-awards</b>				
<b># of Sub-contractors/grantees This Quarter</b>			<b>Total Funds to Sub-contracts/grants This Quarter</b>	
0			0	
<b>DETAILS of sub-awards</b>				
<b>Sub-contractor/ grantee</b>	<b>Duration of sub- contract/ grant</b>	<b>Budget This Quarter</b>	<b>Main Activity</b>	<b>Geographic Area</b>
N/A this quarter				

#### **IV. Management and Administration**

##### **A. Human Resources Development, Staff Changes, Consultancies**

###### **Year 1, 4<sup>th</sup> Quarter:**

**During this quarter, several staff (operational and program) joined the project's staff across the region, including:**

- UZ Program Assistant joined on July 1<sup>st</sup>
- Regional Finance Manager joined on July 11<sup>th</sup>
- Regional NGO Capacity Building Coordinator joined on July 11<sup>th</sup>
- Regional Monitoring & Evaluation Coordinator joined on July 11<sup>th</sup>
- TJ Program Coordinator joined on July 25<sup>th</sup>
- KG Program Coordinator joined on August 1<sup>st</sup>
- Regional Office Accountant joined on August 22<sup>nd</sup>
- TJ Finance and Administration Manager joined on August 22<sup>nd</sup>
- TJ Country Director joined on September 1<sup>st</sup>
- KG Administrative Assistant joined on September 12<sup>th</sup>

**During this quarter, the following international and regional consultancies have assisted the project's development:**

- Maria Nemchinova of JSI's Russia office provided training to CAPACITY's Regional Finance Manager from July 19-22 on JSI's financial accounting software package (QuickBooks) and basic financial systems.
- Andra Sawyer & Afua Ofosu-Barko of JSI's Washington and Boston offices respectively provided training to CAPACITY's Regional Finance Manager and Regional Operations Director from August 8-19 on JSI's field accounts processing system, a unique financial system designed especially for the JSI/CAPACITY regional project office in Almaty.
- Maria Nemchinova & Slava Vashulenko of JSI's Russia and Ukraine offices respectively provided training to CAPACITY's Regional Finance & Administration Team Members from Kazakh, Kyrgyz, Tajik and Uzbek offices on JSI's financial accounting software package, QuickBooks from 13-16 September.

**During this quarter, the following staff and human resource development activities and trainings were implemented:**

- QuickBooks (QB) Training for CAPACITY Regional Finance Manager (19-22 July 2005)
- Field Accounts Processing System Training for CAPACITY RFM/ROD (8-19 August 2005)
- Finance & Administration Training for Regional Finance & Administration Team (7-12 September 2005)
- QB Training for CAPACITY Finance & Administration Managers from KZ, KG, TJ and UZ (13-16 September 2005)
- Regional Country Director's Year II Work-planning Review/Quarterly Team Meeting (20-23 September 2005)

**Anticipated Year 2, 1<sup>st</sup> Quarter:**

**During the upcoming quarter, the following human resource development/staff changes/trainings are planned:**

- Regional Communications Coordinator, Elena Kozyreva will join on October 10<sup>th</sup>.
- Kazakhstan Country Director will be recruited to join in upcoming quarter.
- Program Assistant for KZ/Regional office will be recruited to join in upcoming quarter.
- Assistant NGO Coordinator will be recruited to join in the upcoming quarter.
- On-the-job training will be provided for Finance & Administration Managers in KG, TJ and UZ.
- Seconded Staff for KZ, KG, TJ and UZ to National AIDS Program Coordination Mechanism.

**B. International Travel**

**Year 1, 4th Quarter**

**July 2005**

- Maria Nemchinova from Moscow to Almaty to provide training for Regional Finance Manager on Quick Books.

**August 2005**

- Andra Sawyer from Washington, DC and Afua Ofosu-Barko from Boston to Almaty to provide training for Regional Finance Manager and Regional Operations Director on the field accounts processing system.

**September 2005**

- Maria Nemchinova from Moscow and Slava Vashulenko from Kiev to Almaty to provide training on Finance and Administration for the finance and administration team.
- Marty Bell and Rob Gray from Almaty to Phuket, Thailand for annual Asia regional meeting.

October 2005

- Arman Dairov from Tashkent to Bangkok for research training.

### **Anticipated Year 2, 1<sup>st</sup> Quarter**

- Yvegeniya Lutsenko from Kiev, Ukraine to Bishkek, Kyrgyzstan to participate Kyrgyzstan's National HIV/AIDS Program Strategic Planning Activity (24 Sept – 11 Nov 2005).
- Audrey Seger Sprain from Almaty, Kazakhstan to USA for approved R&R travel (12-31 October 2005) and Annual Financial Audit (1-5 November 2005).
- Alexandr Telnov Odessa from Ukraine to Tashkent, Uzbekistan for ARVT training in Uzbekistan (23-28 October 2005).
- Brenda Waning from Boston, MA to Kazakhstan, Kyrgyzstan, and Tajikistan, to conduct drug flow analyses (25 Oct – 16 Nov 2005).
- David Hausner from Almaty, Kazakhstan to USA for approved R&R travel (21 Oct – 8 Nov 2005).
- Audrey Seger Sprain from Boston, MA, USA to Entebbe, Uganda for JSI International Annual Finance & Administration Meeting (6-11 November 2005).
- Lev Khodakevich from Almaty, Kazakhstan to Moscow, Russia for approved R&R travel (TBD – December 2005).

### **C. Procurement**

During this quarter, some limited office and computer equipment was purchased to support the project's program activities; the majority of this equipment was purchased for the TJ and KG CAPACITY offices. During next quarter, some additional, but limited office and computer equipment will be purchased to support seconded staff, who will be located at the NAPCM in each of the countries of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. Such equipment will be procured and logged according to JSI and USAID regulations regarding non-expendable property.

### **V. Summary of anticipated activities for Next Quarter**

#### **Strategy 1:**

- Presentation of Stewardship Technical Paper to Stakeholders (in cooperation with NAPCM)
  - Discuss MOU with stakeholders, finalize and sign MoU with National Partner in remaining countries
  - Present secondment plan outlining CAPACITY/NAPCM Cooperation
  - Finalize TORs, select and recruit CAPACITY Staff to Support NAPCM, provide technical and communication equipment to seconded staff
- October 2005

- Hold regular meetings with NAPCM members, including RAC
- Study M&E Development/Implementation at the National Level in collaboration with regional M&E specialist
- Assist in conducting Meeting with all stakeholders on National System of M&E.
- Develop Reports & Recommendations for strengthening M&E Systems
- Hold one-day meeting with community of AIDS-servicing NGOs
- Dissemination of NGOs Assessment Results
- Establishment of National Database of Civil Society Organizations
- World AIDS Day activities
- To develop Integrative working plan with DFID and WB

### **Strategy 2:**

- Advocate 60+ approach to other stakeholders
- Gathering available information on population estimates, coverage, available resources in collaboration with the 60+ Coordinator
- Initial visits of the 60+ Coordinator to Tajikistan, including team composition planning and collection of the information on the target population and potential implementing agencies
- Introduce 60+ Technical Paper to Stakeholders;
- Start negotiations with RAC, MOH, Pharmaceutical committee, Police and pharmacies on beginning implementation of comprehensive HIV prevention among IDUs.
- Begin implementation of new CAPACITY prevention models.
- To open CAPACITY Youth Power Center in Bishkek and Almaty in high risk zones where most vulnerable youth live

### **Strategy 3:**

- Negotiate with the Stakeholders on the Issue of VCT Improvement
- Review Existing Opportunities and Constrains for VCT
- Develop Technical Paper with Recommendations on VCT
- Provide TA in developing VCT Manual;
- Continue to conduct trainings for specialists in TB/HIV interaction
- Sign Order on Model implementation on HIV/TB Services Interaction;
- Begin to implement Models for TB/HIV interaction
- Conduct HIV/TB Seminar on M&E of pilot regions for National Monitoring Group;
- Provide Orientation Meeting with health managers on Interaction of HIV/TB Services;

- One-day Seminar on M&E for M&E specialists & Training for Monitoring Group (with participation of Regional M&E and HIV/TB Coordinators, TB/HIV Consultant)
- Conduct Orientation Meeting and 5-day ARVT Training for medical specialists who will provide ARVT
- Drug Flow analyses will be conducted.

**Strategy 4:**

- Introductory Trip to countries to Study HIV/AIDS-relevant Service Delivery Systems
- Finalize plans for the assessments (functionality, financing and patient-flow) for the HIV/AIDS-relevant Service Delivery Systems, with Needed Adaptations in the Protocols
- Finalize protocols for the assessments of functional specification, financing and patient flow in the HIV/AIDS-relevant service systems.
- Begin assessments on fund and patient flow.