



# Access to Technical Support:

**An assessment of Technical Support to Civil Society Organizations Involved in Global Fund to Fight AIDS, Tuberculosis and Malaria Programs in Armenia, Belarus, Tajikistan**

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for Eastern Europe and Central Asia*

**2009**

*This report was prepared by Dr. Lev Khodakevich for the CSAT Hub of the Eurasian Harm Reduction Network.*

**The Eurasian Harm Reduction Network (EHRN)**, formerly the Central and Eastern European Harm Reduction Network, is a regional network whose mission is to support, develop and advocate for harm reduction approaches in the fields of drug use, HIV, public health and social exclusion by following the principles of humanism, tolerance, partnership and respect for human rights and freedoms. Currently EHRN unites over 300 individuals and organizations from 27 countries in Central and Eastern Europe and Central Asia. For more information see [www.harm-reduction.org](http://www.harm-reduction.org).

**Civil Society Action Team (CSAT)** is a global civil society initiative lead by the International Council of AIDS Service Organizations (ICASO), which aims to coordinate, broker and advocate for technical support to civil society organizations implementing or seeking grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria. CSAT helps civil society organizations with project proposals and implementation – through brokering technical support and coordinating advocacy nationally, regionally and globally. EHRN hosts the CSAT Eastern European and Central Asian Hub. For more information see <http://www.icaso.org/csat.html>, or write to [csat@harm-reduction.org](mailto:csat@harm-reduction.org).

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# ACRONYMS AND ABBREVIATIONS

<b>AFEW</b>	<b>AIDS Foundation East-West</b>
<b>ANAF</b>	<b>Armenian National AIDS Foundation (NGO in Armenia)</b>
<b>APU</b>	<b>AIDS Prevention Union (NGO in Armenia)</b>
<b>ART</b>	<b>Antiretroviral therapy</b>
<b>CAAP</b>	<b>Central Asia Regional AIDS Project</b>
<b>CARHAP</b>	<b>Central-Asian Regional HIV/AIDS Programme</b>
<b>CBO</b>	<b>Community-based organization</b>
<b>CCC</b>	<b>Country Coordination Commission</b>
<b>CCF</b>	<b>Christian Children’s Fund</b>
<b>CCM</b>	<b>Country Coordination Mechanism</b>
<b>CSAT</b>	<b>Civil Society Action Team</b>
<b>CSO</b>	<b>Civil society organization</b>
<b>CSW</b>	<b>Commercial sex worker</b>
<b>DRCHEPH</b>	<b>Department of the Republican Centre of Hygiene, Epidemiology and Public Health (in Belarus)</b>
<b>ECUO</b>	<b>Eastern European and Central Asian Association of</b>
<b>EHRN</b>	<b>Eurasian Harm Reduction Network</b>
<b>FSW</b>	<b>Female sex worker</b>
<b>Global Fund</b>	<b>Global Fund to Fight AIDS, Tuberculosis and Malaria</b>
<b>IDU</b>	<b>Injecting drug user</b>

<b>IEC</b>	<b>Information, education and communication</b>
<b>IOM</b>	<b>International Organization for Migration</b>
<b>LGBT</b>	<b>Lesbian, gay, bisexual and transgender</b>
<b>MSM</b>	<b>Men who have sex with men</b>
<b>M&amp;E</b>	<b>Monitoring and evaluation</b>
<b>NCC</b>	<b>National Coordination Committee</b>
<b>OSI</b>	<b>Open Society Institute</b>
<b>PINK</b>	<b>Public Information and Need for Knowledge</b>
<b>PIU</b>	<b>(Global Fund) Project Implementation Unit</b>
<b>PLHIV</b>	<b>People living with HIV</b>
<b>PRIU</b>	<b>(Global Fund) Principal Recipient Implementation Unit</b>
<b>RCC</b>	<b>(Global Fund) Rolling Continuation Channel</b>
<b>RWRP</b>	<b>Real World Real People (NGO in Armenia)</b>
<b>STI</b>	<b>Sexually transmitted infection</b>
<b>TB</b>	<b>Tuberculosis</b>
<b>TWG</b>	<b>Technical Working Group</b>
<b>UNAIDS</b>	<b>Joint United Nations Programme on HIV/AIDS</b>
<b>UNDP</b>	<b>United Nations Development Programme</b>
<b>UNGASS</b>	<b>United Nations General Assembly Special Session on AIDS</b>
<b>UNODC</b>	<b>United Nations Office on Drugs and Crime</b>
<b>VCT</b>	<b>Voluntary counselling and testing</b>

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# I. EXECUTIVE SUMMARY

In the countries of Eastern Europe and Central Asia, significant progress in scaling up access to HIV prevention, treatment, care and support have been made through programs supported by the Global Fund to Fight AIDS, TB and Malaria. Civil society organizations throughout the world have play an important role in the planning, implementation and evaluation of GFATM programs as CCM members, principal recipients, and sub-recipients. Carefully planned, coordinated and monitored technical assistance can help to maximize the potential benefits of the civil society role though it is often inadequate. This report aims to draw attention to this often neglected though vital issue.

## **1.1. Objectives and Methodology**

From October to December 2008, the Eurasian Harm Reduction Network (EHRN) Civil Society Action Team (CSAT) Eastern European and Central Asian Hub undertook a project to assess of the technical needs of civil society organizations (CSOs) working on HIV/AIDS in three countries of Eastern Europe and Central Asia. The aims of the project were to:

- 1. Assess the quality and extent of technical support provided to CSOs participating in the development and implementation of projects and programmes funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) in selected countries of Eastern Europe and Central Asia;**

2. Develop recommendations for improving access to and the quality of technical support for CSOs; and
3. Develop a simple-to-use instrument for planning and evaluating the quality of technical support, which can be offered in future to local CSOs that have modest levels of knowledge and experience in management.

The Project intended study the needs of and technical resources available to the CSOs and to develop an assessment instrument but not to conduct a comprehensive analysis of the technical support situation.

Instruments were designed for interviews with representatives from four types of organizations: UN agencies, including UNAIDS; Country Coordination Mechanisms (CCM); Global Fund principal recipients; and nongovernmental organizations (NGOs). The UNAIDS Regional Office in Moscow kindly invited its staff in the countries to facilitate the implementation of the Project.

About 15 representatives from all targeted organizations in each country were interviewed by the Consultant in Armenia and Belarus and by the UN and the CAPACITY Project staff in Tajikistan, including eight NGOs in Belarus, six in Armenia and five in Tajikistan. The NGOs interviewed serve several population groups, including: people living with HIV; drug users, injecting drug users (IDUs) and their associates and families; female sex workers and their partners; men who have sex with men (MSM); lesbian, gay, bisexual and transgender people; migrants; street children; and the general population, with slight modifications between the countries.

## **1.2. Background Information**

### ***1.2.1. Short overview of HIV/AIDS epidemics in the countries***

All three countries covered by the assessment have HIV epidemics in the concentrated phase, though of different durations, with IDUs driving

the epidemics. The oldest epidemic is in Belarus, where in 1996 – after several years of reporting single HIV cases annually – several hundred cases were identified in a period of several months during the summer, thus indicating that the epidemic had reached the concentrated phase. The epidemic was driven by drug users sharing instruments and (probably) paraphernalia used mainly for injecting homemade substances prepared from poppy straw. For this reason and because it has the largest population of the three countries (10 million people), Belarus currently has the largest number of registered HIV cases, in the range of 10,000. The development of the epidemic has slowed down in the last two years, probably due to the aggressive response of the government and the national and international community.

The concentrated phase of the epidemics in Armenia and Tajikistan started four or five years later than Belarus. At the beginning of the century the epidemic in Tajikistan was developing at a dramatic rate: the cumulative number of cases registered in 2005 was 50 times higher than in 2000. In the last two years this rate of increase fell to 1.5 to three times the previous number. In Armenia, with 656 HIV cases registered among the citizens of the Republic from 1988 to December 2008, the epidemic is developing relatively slowly. In all three countries the epidemics are still classified as concentrated, although the proportion of heterosexual transmission is still growing – around half of all newly registered cases, and two-thirds in Belarus. The inevitable progression of the epidemics and the increasing proportion of individuals infected through heterosexual transmission calls for further expansion of the response and broader participation by civil society.

### ***1.2.2. Global Fund grants to the countries***

The national AIDS programmes in all three countries were supported technically by the UN agencies and financially by several donors, with the largest investments by the Global Fund. Armenia received the first grant of US\$ 7.2 million from the Second Round and now, with support from a bridging fund, it expects approval of the application submitted for the Rolling Continuation Channel (RCC). In Belarus the

first grant of US\$ 17 million was received in 2004, and the second, from the Eighth Round, was approved recently. Tajikistan has already received and implemented three Global Fund grants – from the First, Fourth and Sixth Rounds – amounting to US\$ 24 million. The country also applied for the Eighth Round. Further details on the Global Fund grants and operations in the countries are available at <http://www.theglobalfund.org/>.

The implementation of the national AIDS programmes has resulted in the highest coverage of the most affected populations, with preventive interventions in Armenia reaching over 60% of IDUs and those in Belarus 41% of IDUs; more modest coverage among the other most affected populations in Armenia (sex workers and MSM and people outside the capital); and poor coverage in Tajikistan (18% of IDUs). The Armenian National AIDS Programme made significant progress in the prevention of HIV transmission, with HIV prevalence among IDUs dropping from 15% in 2002 to 6.8% in 2007, and HIV prevalence among sex workers also falling.

A noteworthy initiative in Belarus aimed to enhance the socio-psychological adaptation of people living with HIV, with 11 support and self-support groups that included drug users, discordant couples and women. During the grant implementation, 404 people regularly attended meetings of support groups and/or became members of self-support groups, promoting a more tolerant attitude within broader society.

In Belarus and Tajikistan, United Nations Development Programme (UNDP) offices were selected as the principal recipients of the Global Fund grants, and in Armenia this role was played by the local branch of World Vision.

The CCMs in all three countries are chaired by high-level officials: in Armenia by the President of the Armenian Red Cross Society, and in Belarus and Tajikistan by the country's Deputy Prime Minister.

The CCMs in all three countries have representatives from CSOs (national NGOs), and their numbers vary from three in Tajikistan to 12 NGOs and other community-based organizations (CBOs) in Armenia. People living with HIV/AIDS are represented in the CCMs in Armenia and Belarus, and in Tajikistan by NGOs which provide services to these populations.

The number and affiliation of the Global Fund sub-grantees varies. In Belarus, of the eight major partners, the sub-recipients from civil society were represented by three NGOs and by the Belarussian Red Cross Society. The total number of grant-implementing participants (sub-recipient and sub-sub-recipients) includes 23 state organizations and 50 NGOs. In Armenia and Tajikistan the number of sub-recipients from civil society is far more modest: nine and eight, respectively.

### **1.3. Summary of the Assessment Results**

#### ***1.3.1. Technical support available and required in the countries***

The UN agencies represented in the countries serve as major providers and/or brokers of technical support, and several national organizations provide additional support. The latter are the national AIDS centres (in Belarus the Department of the Republican Centre of Hygiene, Epidemiology and Public Health (DRCHEPH) leads the programme) and some NGOs, such as the Armenian National AIDS Foundation (ANAF), UNESCO Clubs and AKT in Belarus, and NGOs Guli Surkh and Youth Legal Support Center in Tajikistan. Most of the organizations serving the target populations reported that they need assistance in project administration and financial management. The two organizations in Armenia that are funded from external sources other than the Global Fund have limited access to the training facilities available in the country, and their communication with the Global Fund grant recipients is quite limited.

All three countries appear to have strong internal technical resources in most areas, but with some gaps in antiretroviral

treatment, treatment of opportunistic infections and their complications, case management of HIV/tuberculosis (TB) co-infections, and support for treatment adherence for both HIV and TB.

For instance, in Armenia, ANAF – with support from the Republican AIDS Centre – has built up a Resource Centre to run trainings on: capacity development; prevention of HIV, sexually transmitted infections (STIs) and drug use; medical and legal consultations; promotion of healthy lifestyles; and promotion of safe behaviour. These trainings were designed for a broad range of the target populations, including the general population, people living with HIV, IDUs, female sex workers (FSWs), MSM, the police, army, penitentiary institutions and the health managers of governmental institutions. The work of the Centre also includes the development, production and distribution of information materials, conducting surveys and supporting a telephone hotline.

In Belarus, DRCHEPH initiated seven resource centres for HIV/AIDS information and educational work, building up a roster of technical materials available in the country on broad thematic areas. The NGO UNESCO Clubs gathered expertise from several organizations on a range of topics: UNDP on administrative and managerial support to NGOs, HIV/STI prevention in vulnerable populations, mobilization of financial resources, and monitoring and evaluation (M&E); UNAIDS on intersectoral cooperation and networking, reduction of stigma and discrimination, and a roadmap for terminology; and the Christian Children's Fund (CCF) on administrative and managerial support to NGOs, reduction of stigma and discrimination, HIV/STI prevention among vulnerable populations, and M&E.

In Tajikistan, expertise in most areas of organizational development and HIV-related prevention and care involves UNDP, UNAIDS, the United Nations Office on Drugs and Crime (UNODC) and two international NGOs, AIDS Foundation East-West (AFEW) and the CAPACITY Project. The country is implementing a drug substitution therapy project (a stumbling block for implementation in many

countries of Eastern Europe and Central Asia) even among inmates of penitentiary institutions, with technical support from the EHRN Harm Reduction Knowledge Hub. With technical support from the CAPACITY Project, the country has developed a communication system that provides a unified information space through an interactive website for HIV/AIDS programme stakeholders, facilitates effective coordination of the donors' activities, and prevents duplication of resource distribution and programme activities.

### ***1.3.2. Other issues related to the availability of technical support***

Comparing the expertise available in the country in various technical areas and the list of requests for technical support creates the impression that technical support resources do not meet the needs of the organizations in place, time or volume, basically due to a lack of coordination at the national level. Technical support is not included in the agenda of CCMs in any country; it is provided by the technical working groups, individual organizations and consultants in the country and by organizations from other countries. Periodic assessment of technical support needs is not a usual practice in the countries, and no unified technical support plans exist at the national level. Only in Tajikistan did nearly all NGOs report that they were assessed at the start of the programme; in the other two countries this type of activity was reported to have taken place occasionally. All organizations interviewed in Armenia and Belarus reported that they are well equipped with communication facilities, telephones, mobile phones, fax machines and internet access. In Tajikistan most of the NGOs mentioned that the communication facilities are available to the leaders of the organizations, and the other staff and associates have limited access to them. As indicated in the NGO Forum participants list, in Dushanbe and the Central Region fewer than half of the organizations have e-mail facilities. Information about technical support and financial grants is circulated mainly through electronic means, which automatically reduces access to it for the many organizations that do not have a computer. There is also an impression that the training exercises and the types

and formats of the materials provided are planned and designed by some technical support resource organizations without considering the needs of the groups working directly with target populations,. Likewise, the organizations working with target populations receive support in areas that are not necessarily among their urgent needs.

### ***1.3.3. Obstacles faced by civil society organizations***

One of the leading obstacles to broader participation of civil society in the response to the epidemics is the prohibitively strict criteria for selection of sub-recipients set up by all principal recipients. The conditions required for an application for the Global Fund grant automatically exclude any new organization that has limited experience in programme and financial management and which lacks trained staff and good technical knowledge. Such conditions create the possibility of a monopoly on the receipt of funds by a limited number of groups working in the country, and restrict the growth of young and potentially capable organizations that are not sustainable for a long period of time – not to mention community-based groups which are not yet officially registered.

The other serious obstacle is that, for political or economic reasons, the donors showed low levels of interest and motivation in providing technical support to develop the institutional capacity of the local service organizations. Another related issue is that the Global Fund provides very scant funds for strengthening the capacity of NGOs and community systems, and the donors do not usually finance technical assistance before an organization receives a grant. On top of this, only a limited number of the organizations providing services to target populations have any budget for technical support, and almost none of them included it in their workplans.

In the course of research for this report, it was possible to identify the areas for which technical support was needed. Although it is not the purpose of this assessment to identify the needs of individual

organizations, it is interesting to note that the most common need was for institutional capacity building and fundraising.

The major obstacles to an improvement in technical support were quite uniform. One of them, which was repeatedly reported in Belarus, is the absence of a governmental system of ‘social contracting’ (governmental grants) – a state and municipality system to fund services, including those offered or provided by civil society. The introduction of such a system would improve the stability of NGOs and reduce their dependence on short-term grants that come and go. Another major obstacle, reported in Belarus and Armenia, was the absence of a system of certification of the experts sufficiently qualified to serve as national trainers; their position as trainers was neither formalized nor institutionalized. The trained specialists are working in different organizations and, busy with other major duties, cannot respond to training needs on an ad hoc basis, in the absence of a long-term training plan. There is no single roster of experts from various organizations, which is also an issue for the proper coordination of technical support. And the most urgent and common obstacle is that the assessment of NGOs’ needs is not included as a programmatic component in the activities.

#### **1.4. Recommendations**

In the countries studied it is clear that technical support rarely gets the kind of needs assessment, coordination and long term planning that other vital spheres like administration, financial management and thematic program areas receive. Below a number of recommendations for improving technical assistance are outlined.

##### **Assessment of technical support needs**

- 1.** Establish a system that would allow continuous monitoring of technical support needs:
  - a.** to develop a system of periodic assessment of needs for technical support among the organizations providing services to the population; and

**b.** to include an assessment of technical support in M&E plans as an integral part of any technical support provision.

### **Planning and coordination**

**2.** Based on the periodic assessments, develop unified national plans for technical support provision by and to particular organizations.

**3.** Establish a unified mechanism or a centre for the coordination of efforts of various organizations that can provide access to identification of needs and match them with the technical resources available in the country and external resources that could be made available.

**4.** Establish or nominate a mechanism or centre for ongoing consultations on emerging issues for the organizations providing services to the population.

**5.** Improve the communication system that would allow equally good access for all organizations interested in receiving information on technical support and the plans for its implementation.

### **Prioritization of technical support**

**6.** Identify the priority areas that require technical support, especially those that require involvement of CBOs.

**7.** Invest in capacity building for civil society to enhance its ability to apply for grants as sub-recipients.

### **Funding**

**8.** Motivate international agencies and national institutions to allocate a reasonable proportion of financial resources for technical support within the

projects/programmes they are funding.

**9.** Develop a legal basis and mechanisms (governmental grants) at country level for funding NGOs in the national programme, including delivery of direct HIV/AIDS services and capacity building.

**Quality of technical support**

**10.** Develop a system for the certification of national experts who are well trained and suitable as trainers in the areas of HIV/AIDS and related issues, and build up teams of national trainers and institutionalize their position where possible.

**11.** Hold rosters of available in-country expertise, including certified technical support providers and experts and accredited tools.

## II. REPORT

### 2.1. Introduction

The goal of the Eurasian Harm Reduction Network (EHRN) Civil Society Action Team (CSAT) is to advocate for the provision of technical support to civil society organizations (non-commercial, non-governmental organizations – NGOs) to enable them to have more significant involvement in national and local programmes and projects related to the response to HIV. To achieve this goal, CSAT promotes the best possible involvement of NGOs in planning and implementation of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and tries to ensure access for such organizations to high-quality technical support in the areas required.

To improve its advocacy for the provision of technical support and capacity building of NGOs in planning, identifying and effectively receiving technical support, CSAT carried out an assessment of technical support to civil society organizations (CSOs) participating in the preparation and implementation of projects and programmes funded by Global Fund grants in Eastern Europe and Central Asia.

### 2.2. Objectives of the Assessment

1. To develop an assessment instrument that would produce qualitative and quantitative data on the following.

**a.** Technical support needs of organizations serving populations most vulnerable to HIV epidemics and other NGOs providing assistance and support to ensure access for representatives of vulnerable population groups to universal access to prevention, treatment, care and support in relation to HIV infection.

For the assessment, a broad range of populations was listed initially, including: people living with HIV (PLHIV), injecting drug users (IDUs), commercial sex workers (CSWs), men who have sex with men (MSM), prison inmates, migrants and national minorities (for example, Roma people).

In the course of further consultations, CSAT decided that the assessment would be concentrated on the first two groups of people. The others might be included if the time and conditions were favourable.

**b.** The local and international organizations and agencies which provide technical support.

**c.** The local and international organizations and agencies which provide funds for technical support, and the possibilities of using the current Global Fund grants for technical support and including technical support components in the applications developed for Global Fund grants and other donors.

**d.** The range and quality of the technical support provided. The definition of quality may include the following:

**i.** Accessibility of the information on existing technical support, and the possibility of receiving it;



The protocols included a general section, basic data on the organization, a list of the organizations providing technical support, and technical sections of the following thematic areas:

- 1.** Administrative and managerial support to NGOs;
- 2.** Intersectoral cooperation and networking;
- 3.** Cooperation with governmental organizations;
- 4.** Mobilization of financial resources;
- 5.** Reduction of stigma and discrimination;
- 6.** Prevention of HIV and sexually transmitted infections (STIs) among vulnerable populations;
- 7.** Harm reduction;
- 8.** Voluntary counselling and testing (VCT);
- 9.** Social support to PLHIV;
- 10.** Support to improve adherence to antiretroviral therapy (ART);
- 11.** Support to improve adherence to treatment of HIV/tuberculosis (TB) co-infections; and
- 12.** Other areas.

The Consultant visited two of the three countries planned for the assessment; visits were limited to the country capitals. Prior to the visits the UNAIDS advisers identified the organizations and their representatives to be interviewed and arranged for distribution of the Protocols among them. The completed protocols were discussed at the meetings between the Consultant and the participating organizations, and subsequently updated; and additional information was provided to the Consultant. Due to logistical problems (a lack of seats on the flights to Dushanbe until the end of December) a visit to Tajikistan could not be made. The interviews were carried out on behalf of the Consultant by the staff of the UNAIDS office and the CAPACITY Project Country Office. Electronic versions of the completed protocols are summarized in this report.

## 2.4. Information Collected in the Countries

### 2.4.1. Armenia

Most of the interviews involved individual or group meetings with participants: 14 people from ten organizations. The people involved in the interviews represented UNAIDS, a member of the CCM, the Global Fund principal recipient, four NGOs receiving money from the Global Fund, and two NGOs funded from other external sources (see Table 1).

#### **Short epidemiological review**

As reported by the National AIDS Centre, the concentrated phase of the epidemic started in Armenia sometime in or before 2000, when a significant number of HIV-positive people were identified among IDUs during a sentinel survey. The first HIV case was detected in 1988, and by 1 December 2008, 656 HIV-positive people were registered – 489 males (74.5% of the total) and 167 females (25.5%).

The main modes of HIV transmission are heterosexual contact (48.9%) and injecting drug use (43.9%). There are also registered cases of mother-to-child HIV transmission, as well as transmission through blood transfusions and homosexual practices. AIDS was diagnosed in 284 people, of whom 59 were women and six were children; and 154 deaths have occurred among HIV/AIDS patients since the beginning of the epidemic.

More cases (301) were reported in the capital, Yerevan, than in any other city. According to estimates, about 2,300 people are living with HIV in Armenia. Implementation of the National AIDS Programme supported by the Global Fund has shown impressive results: Armenia has not shown a sharp increase in the number of registered HIV cases, which is peculiar for the concentrated phase of the epidemic (210 cases were reported in 1988–2002, and in the following consecutive years the country registered 29, 49, 75, 66, 109 and 95 cases, respectively, up to October 2008). HIV prevalence among IDUs dropped from 15% in 2002 to 6.8% in 2007, and HIV prevalence among CSWs also fell.

## **The Global Fund grants**

Armenia received a Global Fund grant of US\$ 7.2 million from the Second Round (ARM-202-GO1-H-00) for the period from November 2003 to November 2008. As a result of the implementation of the grant, Armenia was highly ranked by the Global Fund and the country was recommended to apply for a Rolling Continuation Channel (RCC) grant.

A proposal for the RCC, including three areas – prevention, treatment and care, and supportive environment – for six years, was submitted to the Global Fund. Anticipating approval for the RCC request, the Global Fund turned down the proposal for the Eighth Round for the period from 2006 to 2013. The RCC proposal was returned for adjustments and resubmission. It was sent back to the Global Fund in October, and now the country is waiting for a decision. In the meantime, the Global Fund has provided bridging funding for ART and other activities for the period from July 2008 through 28 February 2009, which does not include a provision for technical support. Technical support is included in the RCC proposal and, if approved by the Global Fund, the programme will be initiated in the second half of 2009.

World Vision was selected as the principal recipient of the grant. It has nine sub-recipients, most of which are NGOs. The 37 members of the CCM (called 'the Commission') includes 19 government organizations, represented by various ministries, 12 NGOs and other CBOs, one of which includes PLHIV, and academic and religious/faith-based organizations. The Working Group on HIV/AIDS consists of three representatives from the governmental sector, three from the local non-governmental sector (Armenian Red Cross Society, Armenian National AIDS Foundation (ANAF), and AIDS Prevention Education and Care) and three from international organizations, which participated in the development of proposals and coordinate and support technical assistance to the grant sub-recipients.

**Table 1. Organizations that participated in the assessment**

<b>Organization name</b>	<b>Status/scope</b>	<b>People who participated in the assessment</b>
1 UNAIDS	International/country	Naira Sargsyan, Social Mobilization and Partnership Adviser
2 Republican AIDS Centre	National/country	Samvel Grigoryan, Director, Secretary of CCM; Arshak Papoyan, Chief, Epidemiological Department, Head of CCM Working Group on HIV/ AIDS
3 World Vision, principal recipient of Global Fund grants	International/country	Kamilla Petrosyan, Global Fund PRIU Team Leader; Narine Kostanyan, Officer of the Global Fund Implementation Unit
4 The Armenian National AIDS Foundation (ANAF)	National/ country	Nelli Chalokhyan, Executive Director
5 NGO, Education in the Name of Health (ENH)	National/ Yerevan	Rafael Ohanyan, Project Coordinator; Ruzanna Davtyan, Psychologist
6 Public NGO, Positive People Armenian Network	National/ country	Arutyunyan Anait, President
7 Public Organization, Real World Real People (RWRP)	National/ country	Hovhannes Madoyan, Co-Chair of the Organization
8 AIDS Prevention Union (APU)	National/ country	Aram Manukyan, Chief of the Preventive Programme
9 Public Association, Public Information and Need for Knowledge (PINK)	National/ country	Mimikon Ovsepyan, President
10 We For Civil Equality NGO, Armenia	National/ country	Karen Badalyan, President

**Table 2. Target populations and organizations**

<b>Organization name</b>	<b>Target populations and/or organization</b>	<b>Services provided</b>
1 UNAIDS	International and national organization	Training on full range of technical areas
2 Republican AIDS Centre	All organizations working with HIV/AIDS; the whole country population, including vulnerable groups	Training in administration and management, reduction of stigma and discrimination, HIV prevention in vulnerable populations, harm reduction, VCT, and social support to PLHIV, support to improve adherence to ART and support to improve adherence to treatment of co-infections of HIV/TB
3 World Vision	Nine sub-recipients of Global Fund grants on AIDS	Financial and administrative support to organizations involved in the response to the epidemics, M&E
4 ANAF	All organizations receiving Global Fund grants, some other national institutions, general population, youth, IDUs, FSWs, MSM and PLHIV	Trainings on capacity development, services to vulnerable populations and PLHIV, development, production and distribution of information materials, running surveys and supporting a telephone hotline
5 ENH	MSM (550–600 people)	VCT, preventive means (condoms and lubricants), psychological and legal support, treatment of STIs
6 Positive People	PLHIV (250 people)	Improving quality of life, prevention of stigma and discrimination of the population, prevention of HIV, STI and drug use

7	RWRP	Rural population, PLHIV (260 people)	Advocacy on HIV prevention in the rural population, care, material and psycho-social support to PLHIV, serving as an intermediary between PLHIV and charitable organizations
8	APU	FSWs (1,660 people)	Improvement of legislation on sex work, peer education, information and educational (IEC) materials, counselling on HIV and STI, treatment of STI, and diagnosis and treatment of communicable diseases
9	PINK	MSM (about 70 people), adolescents of both sexes, IDUs, victims of violence, sex workers, and migrants	Information on safe sex, sexual orientation, respect for human rights, and reduction of stigma and discrimination
10	We For Civil Equality	LGBT group (some 10,000 people)	Advocacy for human rights, training for the target population, outreach (provision of educational materials, condoms, lubricants and counselling), socio-psychological support, support to focus and thematic groups, consultations through internet

Most of the organizations directly working with populations have more than one target group (see Table 2). The populations served by the organizations interviewed included the general population, urban and rural people, youth, PLHIV, IDUs and their associates, FSWs, MSM, LGBT, victims of violence, and migrants.

It appears that all population groups are covered by the services of one or more organizations, however the scale and quantitative coverage vary. As the epidemic dictates, most of the activities are concentrated in the city of Yerevan, while some organizations extend

their services to the central and northern provinces of the country. Only one organization (Real World Real People (RWRP)) reported working with the rural population. While about 60% of IDUs and FSWs were reported covered by HIV preventive interventions, only about 425 MSM were covered out of their total estimated population of 13,500. An increase in coverage would require broader involvement of CBOs and expansion of technical support, especially in the areas of planning and management.

**Table 3. Sources of technical expertise and technical areas**

<b>Organization name</b>	<b>Sources of expertise/technical areas</b>
1 UNAIDS	UNDP, UNICEF, OSI and UNAIDS documents and experts –numerous
2 Republican AIDS Centre	UNAIDS, WHO, CCM Technical Working Group, ANAF, international consultants from Belarus and Ukraine – full range
3 World Vision	Capacity Building Resource Centre run by ANAF
4 ANAF	International Consultants from Belarus and Ukraine, staff of the National AIDS Centre and members from some NGOs – all areas related to response to HIV/AIDS epidemics
5 ENH	ANAF, AIDS Centre, APU and international consultants – VCT, HIV prevention, psychological and legal support, treatment of STIs
6 Positive People	National AIDS Centre – social support for PLHIV, care and support for PLHIV, improving quality of life, prevention of stigma and discrimination, prevention of HIV, STIs and drug use
7 RWRP	UNDP – mobilization and networking; ANAF – social support to PLHIV; ECUO – advocacy and gender issues; International Consultant from Belarus – all issues; and five experts from the All Ukrainian PLHIV Network
8 APU	Various national and international resources – HIV prevention in vulnerable people
9 PINK	International resources – not reported
10 We For Civil Equality	Various international resources – human rights, HIV prevention, care and support among sexual minorities

The National AIDS Programme has relatively strong resources for technical support (see Table 3). First, there are the UN agencies, with their staff and consultants, Open Society Institute (OSI), ECUO and the All Ukrainian Network of PLHIV. Second, there is a capable Resource Centre maintained by ANAF, which runs trainings on capacity development; develops, produces and distributes information materials; and designs survey protocols. These trainings and resources are targeted at the general population, youth, PLHIV, IDUs, FSWs, MSM, the police, army, prison inmates and health managers of governmental institutions, and aimed at prevention of HIV, STIs and drug use, medical and legal consultations, and promotion of healthy lifestyles and safe behaviour. This organization is supported by the UN agencies, national experts from the National AIDS Centre and some other NGOs. The International Consultant from Belarus supports and facilitates training in numerous technical areas.

Discussions with the international agencies, the national governmental organizations and NGOs which receive funding from the Global Fund left the impression that there is a spirit of mutual cooperation, including sharing technical assistance. The two organizations that receive financial support from the other external resources also have access to the National AIDS Centre, but they look like outsiders to the Global Fund sub-recipients' 'club'. They are only vaguely aware of the Global Fund investments, of CCM, its patterns of work and membership, and of the technical support facilities, such as ANAF, that are available in the country. There is also the impression that the training exercises and the types and formats of the materials provided are planned and designed by some technical support resource organizations without considering the needs of the groups working directly with target populations. Also, the organizations working with target populations receive support in areas that are not necessarily among their urgent needs.

The needs for technical support of most of the organizations were not assessed regularly. Information on the needs of NGOs to develop

institutional capacity has been collected periodically by the National AIDS Centre, the National AIDS Programme and by an International Consultant during formulation of the annual plans of the Resource Centre for Capacity Development. Members of the public organization RWRP ran a self-assessment brainstorming exercise in 2007 at a workshop, based on their experience of work in the past. No organizations reported having a plan to assess technical support needs or a budget for this activity.

In addition to the lack of planning for technical support, reported by three organizations, the respondents listed the following specific areas that require further support:

- strategic planning;
- mobilization of communities and networking;
- cooperation with governmental institutions;
- fundraising;
- advocacy;
- communication;
- work with mass media;
- improvement of programmes aimed at behaviour change;
- IEC/behaviour change communication (BCC);
- administrative management;
- establishment and work of support and self-support groups;
- reduction of stigma and discrimination;
- public relations; and
- project administration.

The NGOs that are funded by external money outside the Global Fund have the following particular needs for technical support:

- administrative and managerial support;
- intersectoral cooperation and networking;
- cooperation with governmental organizations;
- mobilization of financial resources;
- reduction of stigma and discrimination;
- harm reduction;
- VCT;
- social support to PLHIV; and
- psychological support to vulnerable people, PLHIV and victims of violence.

The CBOs need support in organizational development, resource mobilization and project management. As the number of cases of HIV continues to grow, broader support is required to improve adherence to ART and to treatment of HIV/TB co-infections.

One of the reported obstacles to receiving technical support is a lack of government understanding of the importance of civil society and a neglect of the needs of vulnerable populations, which leads some organizations and experts to refuse to work with these groups.

The consultants' professional skills should be judged by their personal experience in field work and capacity to carry out participatory interactive training, and technical materials should be well adapted to local conditions.

### **Possible ways to improve technical support to civil society organizations**

There is an obvious need to expand prevention and care activities in areas where they are already provided to a small proportion of target populations and to new geographical areas. This cannot be achieved without an improvement in technical support. Identifying technical support needs requires an assessment of the needs

of two groups of organizations: (1) mature and well-developed organizations, with several years of work experience, and (2) CBOs which do not benefit from existing technical support resources and community groups that have not been formalized into any kind of organization and have not yet been registered. The assessment of the second group would require a good communication campaign to enable these kinds of organizations to be identified and invited to participate. This type of assessment would provide a basis for a national plan for technical support. The plan would also outline the requirements for expanding technical support and lead to another plan for increasing technical resources. The programme would benefit if one of the national organizations were to receive additional capacity to coordinate and monitor needs for technical support while implementing the plans.

### **Recommendations**

- 1.** Motivate international agencies to allocate a reasonable proportion of funds for technical support within the projects/programmes they are funding.
- 2.** Identify the CBOs that are willing and able to contribute to the response to HIV/AIDS.
- 3.** Make an assessment of the two groups of organizations.
- 4.** Assign an organization to coordinate, monitor and evaluate technical support.
- 5.** Develop a system of periodic assessment of the needs for technical support of the organizations providing services, and/or (potentially) include such an assessment in the M&E plans of these organizations.
- 6.** Build up a team of national trainers/institutions and include its activities in the plan.

## 2.4.2. Belarus

### Short epidemiological review

According to the summary given in the **Round Eight proposal for a Global Fund grant**, in the last five years registered HIV prevalence in Belarus has been growing steadily – from 55.4 per 100,000 people in 2004 to 90.3 by the end of 2007. Since 2003 heterosexual transmission has become the main mode of HIV transmission, reaching 66.3% in 2007. Women represented 45.5% of all registered HIV cases in 2007, and their share of newly registered HIV cases has been increasing. Effective prevention programmes among MSM and FSW have kept HIV prevalence in these groups low (0.2% and 0.9%, respectively). An increase has been observed in the working population, specifically in the age group of people 30–39 years old (33% of new cases in 2006 compared with 19% in 1999). While the epidemic is still concentrated among IDUs (60% of cumulative cases), the increase in heterosexual transmission is remarkable (from 49.7% of new cases registered in 2004 to 66.3% in 2007 and 72.8% for the five months of 2008).

At the same time, according to the UNAIDS/WHO report (**UNAIDS/08.11E/JC1529E, March 2008**), the HIV epidemic in Belarus may have stabilized, with the annual number of newly reported HIV diagnoses varying only slightly since 2003 (between 713 and 778). Most new HIV infections are being reported in and around the capital, Minsk, and in the provinces of Brest and Vitebsk, where the epidemic is largely concentrated among IDUs. However, increasing numbers of new HIV cases are attributed to unprotected sex (157 in 2001, rising to 464 in 2006), and more women are being affected by HIV than in the past. According to wide-scale HIV testing in 2006, 80% of new HIV cases among women were attributed to unsafe sex (up from about 56% in 2003). Most of the people infected with HIV through sex probably acquired the virus from sexual partners who were infected through drug injection equipment. With HIV prevalence of about 1% found among FSWs, unsafe paid sex appears to be a minor factor in the epidemic.

## **The Global Fund grants**

Belarus received its first Global Fund grant for US\$ 17 million for the prevention and treatment of HIV/AIDS to cover the period from December 2004 to November 2009 (**Annual Report, Grant BLR-304-G01-H, Prevention and Treatment of HIV/AIDS in the Republic of Belarus, Ministry of Health of Belarus, 2007**). At the moment the country is completing the second phase of this grant. The activities aimed at preventing and combating HIV/AIDS have been coordinated and consolidated by the National Inter-departmental Council on Prevention of HIV Infection, which served as a basis for the formation in August 2002 of the CCM for interaction with the Global Fund. The CCM listed six functions, and assessment of the needs of NGOs and provision of technical support to them was not included in this list. Among the nine goals and tasks of the State HIV Prevention Programme that was partially covered by the grant activities, one – No. 9 – was to “Develop Belarus’ human resources and institutional capacity to strengthen the response to HIV”.

The grant is being implemented through a four-tier hierarchy:

- 1.** The principal recipient (UNDP through its Project Implementation Unit – PIU);
- 2.** Four sub-recipients;
- 3.** Around 60 sub-sub-recipients; and
- 4.** Several sub-sub-sub-recipients.

Out of eight major partners, the sub-recipients from civil society were represented by the NGO Positive Movement, the Belarussian Association of UNESCO Clubs, the Republican Public Association (RPA), BELAU, and the combined state/public-owned organization, the Belarussian Red Cross Society, and the other five were various governmental organizations. The total number of grant-implementing participants includes 23 state organizations and 50 NGOs.

In 2007 a number of national staff took part in various training exercises: one grant expert was trained in monitoring the procurement of antiretroviral drugs and two were trained in the area of epidemiological surveillance (at the WHO Educational Centre in Zagreb); and nine PIU employees took part in the Third Regional Conference of Global Fund recipients from the countries of Eastern Europe and Central Asia in Tbilisi. A number of educational events were conducted for PIU employees and sub-recipients on efficient management and monitoring of financial and programmatic activities. All five trainings carried out in the country in 2007 were devoted to financial reporting. A seminar facilitated by leading experts on ART from Lithuania, Ukraine and Denmark held at the end of 2007 was attended by professors and lecturers from all Belarussian medical universities and the Belarus Academy of Postgraduate Studies.

The implementation of the grant produced impressive results. For instance, from 2005 to 2007 coverage of prevention services for IDUs increased from 23% to 41%, the number of syringes distributed among IDUs increased almost four times and condoms ten times. In 2007 alone 81,000 information and educational booklets were produced and provided to IDUs, and 57 people received training at four workshops on organizing efficient work among IDUs. The use of non-sterile injecting equipment by IDUs was reported to have fallen to 7.6%. The coverage of MSM with prevention activities increased by almost three times over the three-year period, and of FSWs by over three times. In 2007, 95% of FSWs reported having access to preventive services, and 76% of the respondents used condoms during last sexual intercourse. The number of prison inmates reached by information and education work increased from 2,000 in 2004 to 39,000 in 2007. By the end of 2007, 884 of 1,182 eligible people were provided with ART.

The NGO Positive Movement, in cooperation with seven other NGOs, worked in eight cities of the country on improving socio-

psychological adaptation of PLHIV, with 11 support and self-support groups which included drug users, discordant couples and women. During the grant implementation, 404 people regularly attended meetings and/or became members of self-support groups, receiving assistance through two hotlines and individual consultations. The self-support group members held roundtables, trainings and seminars to promote a tolerant attitude within broader society. The 'Second National Conference on Medical, Psychological and Social Aspects of Living with HIV' was held in 2007, with the participation of 103 PLHIV from 20 cities of Belarus. The conference provided a communication space for PLHIV from different regions of the country and fostered the beginning of active work in creating new self-support groups. Thanks to the work of self-support groups, an initiative is currently being developed to form a public movement of PLHIV with the aim of advocating for their rights and interests and to take part in prevention programmes. Impressive results were achieved in education in the workplace and among school children and youth, reaching 85% to 98% of pupils and students at various educational institutions.

Seven resource centres for HIV/AIDS information and educational work, initiated by the Department of the Republican Centre of Hygiene, Epidemiology and Public Health (DRCHEPH), started operating in 2007. This has completed the first stage of building a network of resource centers, which now operate in all regional cities and regional centres for hygiene, epidemiology and public health.

At the same time the **Report on the implementation of UNGASS resolution on HIV/AIDS in the Republic of Belarus, January 2006–December 2007, dated 30 January 2008** noted limited dynamics in the activities of NGOs working on the human rights of PLHIV and on advocacy for their rights, as well as a lack of theoretical knowledge and practical experience of volunteers and outreach workers involved in harm reduction among vulnerable populations. One of the ten problems identified during the two years of work was "[l]imited

number of public organizations working in the HIV prevention programmes and volunteers to work with HIV/AIDS. In order to address this issue, the public organizations should be motivated to work among vulnerable populations, HIV prevention programmes should be developed, and the organization should be trained on their implementation.”

The successful implementation of the first grant laid down the basis for acceptance of the proposal for the second, from Round Eight of the Global Fund. The changes in the epidemiological situation and the effectiveness of the response made it necessary to introduce changes in the State HIV Prevention Programme 2006–2010 compared to the previous one. Accordingly, in the application for the Global Fund Eighth Round, three new areas were added, as follows (S. Brutskaya report):

- strengthening work with religious organizations;
- HIV prevention in the workplace; and
- strengthening human resources.

### **Summary and comments on the interviews**

Four international organizations working in Belarus participated in the assessment (see Table 4). Of the ten national organizations, seven work for the whole country, two at the regional level and one at a city level. This is, of course, a small number of organizations to allow a comprehensive assessment of the country needs for technical support and the technical support expertise available to meet those needs. However, it provides an impression of the direction in which to go to enhance support in the provision of technical support.

The organizations directly working with populations usually have more than one target group (see Table 5). The populations served by the organizations interviewed included the general population, including youth; PLHIV; drug users and IDUs, their associates and

families; FSWs and their partners; MSM; and people requiring rehabilitation from drug use.

As reported by UNDP, very strict criteria for selection of sub-recipients were set up by the principal recipient (see the principal recipient's report). The conditions required for an application for the Global Fund grant automatically exclude any new organization with limited experience in programme and financial management, and a lack of trained staff and good technical knowledge. On the other hand, UNDP, as the principal recipient, has a strong argument for demanding these restrictions (as do quite a number of other international donor organizations). They cannot afford to give money to organizations that do not have proven capacity to properly administer and manage the funds. These conditions provide a way of monopolizing the receipt of funds by a limited number of groups working in the country and restrict the growth of young, probably enthusiastic and potentially capable organizations that are not sustainable for a long period of time – not to mention the CBOs which are not yet officially registered. One of the obstacles to increasing the number of players in the National AIDS Programme is that, for political or economic reasons, the donors showed low levels of interest and motivation to provide technical support to develop the institutional capacity of local organizations.

The organizations providing technical support services can be divided into three groups:

- 1.** Those providing mainly technical materials, training, grants and facilitation of networking to other organizations, such as the UN agencies and the Christian Children's Fund (CCF);
- 2.** Those which offer services to various population groups targeted for interventions, such as Mothers against Narcotics, PLHIV Association, Real World, Red Cross and Al'ternativa; and
- 3.** Those which combine both, such as DRCHEPH and the UNESCO Clubs.

Together they serve populations with a comprehensive range of services (see Table 5), and provide technical support in a wide range of areas (see Table 6). Not many organizations reported that their needs for technical support were assessed, and, at best, assessments were made during the initial phases of establishing the organizations. One assessment, the most recent, was made by CSAT in the summer of 2008 (again as reported by some organizations), but it was more a gathering of collective opinion on assessment needs and not an assessment of the needs of individual organizations.

**Table 4. Organizations that participated in the assessment**

<b>Organization name</b>	<b>Status/scope</b>	<b>People who participated in the assessment</b>
1 UNAIDS	International/ country	Eleonora Gvozdeva, UNAIDS Coordinator
2 DRCHEPH	National/ country	Lilia A. Meleshko, Chief of the Department and Programme 'Prevention and Treatment of HIV/AIDS in the Republic of Belarus', member of the CCM
3 Belarussian Public Association (BPA) Positive Movement	National/ country	Anna Lubinskaya, member of the CCM
4 Charitable Public Organization Al'ternativa	National/ Svetlogorsk city	Alexandr M. Khodanovich, Chair of the Organization Council and a member of the CCM
5 Principal recipient of the Global Fund grants	National/ country	Anna Chernyshova, Programme Officer, UNDP; Svetlana Brutsckaya, Project Manager, UNDP Project on AIDS
6 Belarussian Republican Public Association (BRPA) of UNESCO Clubs	International/ country	Dmitrii Subtsel'nyi, General Secretary

7	International Educational Public Association AKT	International/ country	Valeri R. Zhurakovski, Project Manager; Igor Sharyj, member of AKT
8	The Republican Youth Public Association Vstrecha	National/ country	Vladimir Lapitrski, Manager of the Association
9	Representation of the US CCF, Inc. in the Republic of Belarus	International/ country	S. Zinkevich, member of the organization
10	RPA Mothers against Narcotics	National/ country	Liudmila I. Trukhan, member of the Council of the Association
11	Pinsk City Branch of the RPA Mothers against Narcotics	National/ Pinsk Region	Irina A. Luk'yanovich, Chair of the Branch and member of the Council of the Association
12	BPA Belarussian Association of PLHIV	National/ country	Yelena Grigor'eva, Chair of the Council; Vyacheslav Samarin, Deputy Chair
13	The Youth Public Association Real World	National/ country	Yurii V. Butyrin, Chair of the Council of the Programme
14	The Gomel Regional Organization of the Belarussian Red Cross	National/ Gomel	Alla Smolyak, Chair of the Organization

All organizations interviewed reported that they are well equipped with communication facilities, such as telephones, mobile phones, fax machines and internet access.

Comparing the expertise for various technical areas available in the country and the list of requests for technical support creates the impression that the technical support resources do not meet the needs of the organizations in place, time or volume, basically due

to a lack of coordination. The collection of materials in the library of the Department of the Ministry of Health leading the National AIDS Programme (DRCHEPH) is a good example of coordination in one of the areas – building a resource of technical materials available in the country from various sources.

**Table 5. Target populations and organizations**

<b>Organization name</b>	<b>Target populations and/or organization</b>	<b>Services provided</b>
1 UNAIDS	International/ country	Training on a wide range of technical areas
2 DRCHEPH	National/ country	Training on a wide range of technical areas
3 Positive Movement	National/ country	Legal, financial and administrative support to organizations involved in response to the epidemics
4 Al'ternativa	National/ Svetlogorsk city	Medical aid, counselling, change of attitude of the community to the target populations, adaptation after treatment and rehabilitation, HIV prevention
5 Principal recipient of the Global Fund grants	National/ country	Numerous
6 UNESCO Clubs	International/ country	Medical and psychological counselling, testing for HIV and STIs, hotline, provision of disinfectants, condoms and information materials, peer training, re-training in socially demanded professions

7	AKT	International/ country	Broad range of areas
8	Vstrecha	National/ country	Outreach counselling on HIV/AIDS and STIs, psychological counselling, anonymous testing and treatment of STIs, distribution of condoms, lubricants and information materials
9	CCF	International/ country	Trainings and small grants
10	RPA Mothers against Narcotics	National/ country	Prevention of drug use and HIV; aid to drug users and associates with information, syringe exchange, counselling, hotlines, referral for treatment, testing and rehabilitation; psycho-social support to PLHIV through formation of mutual support groups
11	Mothers against Narcotics, Pinsk	National/ Pinsk Region	Counselling, referral to narcologists, AIDS Centre, support to the mutual support groups, training and education on HIV/AIDS and drug use, production of printed and video educational materials, rehabilitation and re-association, harm reduction
12	PLHIV Association	National/ country	Counselling, building groups of mutual support and social events, coordination in meeting social needs, support of legal advisers, training on living with HIV and individual development, advocacy on overcoming stigma and discrimination, informational resources and materials on life with HIV
13	Real World	National/ country	Socio-psychological aid to PLHIV and their families, rehabilitation of drug users, information and counselling

14	Gomel Red Cross	National/ Gomel	Provision of syringes, condoms, disinfectants and hygienic materials, counselling on HIV/AIDS, consultations by a psychologist, anonymous testing for HIV and STIs, and provision of educational materials on HIV/AIDS
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**Table 6. Sources of technical expertise and technical areas**

Organization name		Sources of expertise/technical areas
1	UNAIDS	<ul style="list-style-type: none"> <li>• CCF</li> <li>• International Educational Public Association</li> <li>• the Youth Education Centre Fial'ta</li> <li>• UNESCO Clubs/Numerous</li> </ul>
2	DRCHEPH	<ul style="list-style-type: none"> <li>• CCF: strengthening capacity of NGOs and associations of PLHIV in response to the epidemic</li> <li>• AKT: strengthening capacity of non-commercial organizations</li> <li>• UNAIDS: strategic planning and development of partnerships</li> </ul>
3	Positive Movement	Not reported
4	Al'ternativa	<ul style="list-style-type: none"> <li>• CCF</li> <li>• UN agencies: treatment and rehabilitation, counselling, HIV prevention</li> </ul>
5	Principal recipient of the Global Fund grants	<ul style="list-style-type: none"> <li>• UNICEF</li> <li>• WHO</li> <li>• UNAIDS</li> <li>• independent experts from Russia, Ukraine and Lithuania</li> </ul>

6	UNESCO Clubs	<ul style="list-style-type: none"> <li>• UNDP: administrative and managerial support to NGOs, HIV/STI prevention in vulnerable populations, mobilization of financial resources, monitoring and evaluation</li> <li>• UNAIDS: intersectoral cooperation and networking, reduction of stigma and discrimination, roadmap on terminology</li> <li>• CCF: administrative and managerial support to NGOs, reduction of stigma and discrimination, HIV/STI prevention among vulnerable populations, monitoring and evaluation</li> <li>• expert from Czech Republic: work with FSWs</li> </ul>
7	AKT	Own resources and leasing experts from numerous other organizations: strategic and operational planning, project management and human resource development
8	Vstrecha	• Experts of CCF, Belset AntiSPID and EHRN work: counselling on HIV/AIDS and STIs, psychological counselling, HIV/STI prevention
9	CCF	• Organization's own employees and invited trainers: basics on HIV/AIDS, STIs and drug use as risk factors for HIV/AIDS, life with HIV, care and support to PLHIV, HIV/AIDS counselling and assessment of needs
10	RPA Mothers against Narcotics	• CCF: prevention of drug use and HIV, harm reduction, hotlines, referral for treatment, testing and rehabilitation, psycho-social support to PLHIV, formation of mutual support groups
11	Mothers against Narcotics, Pinsk	• CCF: prevention of drug use and HIV, harm reduction, hotlines, referral for treatment, testing and rehabilitation, psycho-social support to PLHIV, formation of mutual support groups
12	PLHIV Association	Not indicated
13	Real World	• UNAIDS, AKT, Fial'ta: HIV prevention among IDUs, rehabilitation of IDUs and project and administrative development
14	Gomel Red Cross	• UNESCO Clubs, UNDP Association 'Parents for the future of their children', AFEW: HIV prevention, counselling and testing

About one-third of the NGOs working with vulnerable populations had a line in their budget for technical support, ranging from 2.5% to 40% of the whole budget. Several organizations working for the whole country, such as UNAIDS, DRCHEPH, the principal recipient

of the Global Fund grants, UNESCO Clubs and AKT, have significant budgets allocated for technical support.

The areas that require further technical support, as reported by different organizations, include:

- administrative and managerial support to NGOs;
- cooperation with governmental organizations;
- mobilization of financial resources;
- reduction of stigma and discrimination;
- HIV/STI prevention among vulnerable populations;
- harm reduction;
- VCT;
- exchange of experience among the organizations;
- social support to PLHIV;
- prevention of staff ‘burnout’;
- monitoring of the work of regional branches;
- formulation of project proposals;
- improvement of communication;
- training of staff; and
- support to adherence to ART.

### **Obstacles to improving technical support**

At least four organizations mentioned the absence of a mechanism for the implementation of ‘social contracting’ as a serious obstacle to the sustainability of CSOs, protection of rights of PLHIV and lobbying for their rights, and networking. Another related issue is that the Global Fund does not provide funds for strengthening NGO capacity. These two factors have a negative effect on the ability to provide technical support to organizations.

Another major obstacle mentioned by several respondents is the absence of a mechanism for certification of national specialists. While several dozen experts were trained in nearly all technical areas, their skills have not been recognized and no team of national trainers has been established or institutionalized. There is no single roster of experts from various organizations, which is another obstacle to proper coordination of technical support.

The other **obstacles** include:

- a lack of a situation analysis of the needs for technical support (considering the regional characteristics);
- a lack of a unified plan of technical support based on the needs assessment, which could encompass all donor organizations and agencies in the country; also a lack of a conceptual document on fundraising for requesting support for NGOs;
- dissociation and a lack of joint actions by the organizations instead of synergistic actions;
- a lack of government will to strengthen NGO activities and, as a result, weak political will to support NGOs technically;
- high turnover of staff who establish NGOs – 90% of the staff had changed in five years;
- for political and economic reasons, low levels of interest and motivation from donors to provide technical support to develop institutional capacity;
- when providing technical support, the organizations tend to increase the technical capacity of the key figures rather than of ordinary members and volunteers of the organizations;
- difficulties in finding professional experts and involving them in the programme, and being

too overloaded with other activities to be able to accommodate training exercises;

- a lack of support in administrative and managerial support to NGOs;
- a lack of information sharing, especially with foreign agencies;
- government structures do not fully realize the importance of work carried out by the association;
- a lack of funds to implement activities to reduce stigma and discrimination;
- rare opportunities to learn from successful experiences in other countries;
- the Global Fund grant did not provide money for strengthening NGO capacity;
- a lack of information on technical support resources;
- a lack of planning experience; and
- insufficient knowledge on the criteria of granting organizations.

It is worth noting that, while the national-level NGOs highlight more global issues, the local organizations feel that they lack information on technical support resources. One organization mentioned a lack of information on adherence to ART.

Although some respondents said that the issue of technical support is included in the CCM agenda, a local organization (a member of the CCM) indicated that it was not addressed directly. This should be considered and a decision made on whether it is worthwhile to burden the CCM with planning aspects of this additional area or to leave it to the National AIDS Programme, the principal recipient and its sub-recipients. However, if the CCM is involved in the coordination of technical support, it would raise the profile of this important area and make it more visible to stakeholders working in the country.

## **Criteria for evaluating the quality of technical support**

The criteria for evaluating the quality of technical support include:

- implementation of new practices;
- achievement of expected indicators;
- availability of technical materials and a system for providing technical support that meets the identified needs;
- usefulness of the experience in the legislative environment of Belarus;
- innovation;
- degree to which it is scientifically sound;
- proven effectiveness in practice;
- results of technical support or evidence of how the situation changed and the target population benefited from technical support and the professional level of the trainers; and
- of sufficient quantity.

Criteria for evaluating the quality of experts include:

- experience of work with target populations;
- skills to analyse the information required for work with target populations and NGOs;
- experience of work in countries with similar social, political and economic conditions;
- experience of work in specific technical areas;
- experience of work with CSOs;
- appropriate recommendations;
- results of previous technical support provided by the expert; and

- competence, responsibility and attentiveness.

Criteria for assessing technical materials include whether it is:

- suitable for implementation;
- country specific;
- innovative and relevant to the current situation;
- well targeted to the specific characteristics and needs of the target groups;
- practical rather than reflecting somebody's 'philosophy'; and
- well illustrated.

The criteria recommended by the respondents during the interviews may be useful to develop an instrument for the assessment of technical support services provided by various organizations and experts.

### **Possible ways to improve technical support to civil society organizations**

Improving technical support for CBOs and NGOs requires a series of efforts, including mobilization of the political will of the Country Coordination Committee (and the CCM) to pay more attention to the provision of technical support. Another step is to motivate the government to develop a mechanism of support to civil society through social contracting. This would increase the stability of work of NGOs and create sustainability in their efforts in response to the epidemics. A unified centre to coordinate the efforts of various organizations could help to identify needs and match them with the technical resources available in the country and external resources that could be made available. A system (mechanism) of certification for national experts could improve the quality of national experts available to provide technical support.

In turn, proper coordination requires (as was mentioned by several respondents), first, a **situation analysis** of the needs for technical support. Such an analysis may not be a single exercise at the

beginning of work by an organization but should probably be included in the M&E plan to be carried out periodically. Second, based on the assessment results, a **(unified) plan for technical support** should be formulated and included in the individual plans of the organizations providing both grants and technical support. And, third, such a mechanism can only work if the **coordination of such an activity is delegated** by leading programme stakeholders to one of the agencies working at the national level which has recognized capacity in assessment and planning. Advocacy for the provision of technical support should be included in the agenda of this coordinator and of the other leading national and international organizations.

### **Recommendations**

- 1.** Consider including the coordination of technical support in the agenda of the CCM.
- 2.** Advocate among the members of the CCM for the development of a mechanism of social contracting to improve support to CSOs.
- 3.** Delegate the coordination of technical support to one of the agencies working at the national level that has recognized capacity in assessment and planning.
- 4.** Develop a system of periodic assessment of needs for technical support for the organizations providing services, and/or (potentially) include such an assessment in the M&E plans of these organizations.
- 5.** Establish a unified centre to coordinate the efforts of various organizations that can help to identify needs and match them with the technical resources available in the country and external resources that could be made available.
- 6.** Motivate international agencies to allocate a reasonable proportion of funds to technical support within the projects/programmes they are funding.

7. Develop a system for certification of national experts who are well trained and suitable as trainers in the areas of HIV/AIDS and related issues.
8. Build up and institutionalize a team of national trainers.
9. Based on the periodic assessments, develop a unified national plan of technical support to be provided by and to particular organizations.

### 2.4.3. Tajikistan

#### **Short epidemiological review and response to the epidemics**

During recent years the number of new HIV cases has been growing continuously. The country reported 1,049 officially registered HIV cases as of January 2008, which included 339 new cases for 2007 (Tajikistan – 2007. National Report for Tajikistan on Course of Implementation of the UNGASS HIV/AIDS Declaration). HIV cases are registered in 49 of the 58 districts in the country. Of the registered cases, 97.2% are individuals aged from 15 to 49 years, and 1.6% are children under 14 years; 81% of registered HIV cases are among men; and more than 60% of HIV-infected women reported sexual transmission. The first HIV case among pregnant women was registered in 2005, and by January 2008 this number had reached 28.

The key epidemic drivers are injecting drug use, intensive migration of populations, and commercial sex work. HIV transmission through injecting equipment used by IDUs has been reported in 57.9% of registered cases; through unprotected sex in 21.5% of registered cases; through blood transfusion in 1.4% of cases; and through mother-to-child transmission in 0.8% of cases. The results of the epidemiological surveillance showed that HIV prevalence among IDUs increased in one year (from 2005 to 2006) from 16% to 24%, grew significantly among sex workers from 0.7% to 3.7%, and reached 2.2% among migrants. The average national prevalence of HIV among IDUs is approximately 19%, ranging from 7.6% to 30% in different regions.

At the beginning of the century the epidemic in Tajikistan was developing at a dramatic pace: the cumulative number of cases registered in 2005 was 50 times higher than in 2000. In the last two years this rate of increase fell to 1.5 to three times the number, and HIV prevalence based on the official data is currently 15.5 per 100,000 population.

Tajikistan has approximately 30,000 IDUs (UNODC 2002) and 8,000 sex workers (UNAIDS 2003), and the number of labour migrants is constantly growing, reaching 500,000 according to the official data. According to sentinel surveillance, women represent about 12% of the country's IDU population, and injecting drug use among FSWs ranges from 1.5% to 6.6%, putting these women at double risk.

The current national response is reaching only approximately 18% of IDUs, 40% of sex workers and 2.2% of the MSM population. There are several reasons for this low coverage of the most-at-risk populations, but most debilitating is the absence of an enabling environment for HIV prevention interventions. Although the country's HIV legislation promotes tolerance, compassion and respect for human rights, high levels of stigma and discrimination towards PLHIV and their associates prevail among health care workers and society at large. Secondly, HIV prevention interventions are provided mainly by governmental institutions, which can create a barrier to access for members of vulnerable populations. A handful of NGOs with limited financial capacity provide certain prevention services to these populations. Moreover, there is insufficient capacity to provide high-quality service packages to the most vulnerable people by either governmental institutions or NGOs.

### **The Global Fund grants**

Since the Global Fund was set up, Tajikistan has received and implemented three grants – from the First, Fourth and Sixth Rounds.

The First Round grant of US\$ 2.859 million covered support to the Strategic Plan of the national response to the HIV/AIDS epidemics in prevention activities among IDUs, sex workers and youth, and in providing for blood safety in Tajikistan, for the period from 2002 to 2005.

The Fourth Round grant of US\$ 8.129 million covered activities aimed at reducing the burden of HIV/AIDS and malaria in Tajikistan for the period from 2004 to 2009. Under this project, HIV prevention among migrants, street children, youth in rural areas, and prison inmates was initiated, and ART for PLHIV was provided in Tajikistan for the first time.

The Sixth Round grant of US\$ 12.096 million covered support to the national response to scale up HIV/AIDS prevention and care services for the period from 2007 to 2012. It continues to: support HIV prevention among IDUs, sex workers, MSM, youth and uniformed services; strengthen blood safety services; expand VCT services; create a supportive environment and reduce stigma; and strengthen civil society and institutional capacity building and infrastructure.

The Eighth Round proposal was submitted and approved by the Global Fund. The grant is aimed at: reducing high-risk sexual and injecting behaviours among IDUs, sex workers, prison inmates, and MSM; reducing high-risk behaviours among other vulnerable populations including migrant families; eliminating the risk of HIV transmission through blood and blood products; prevention of mother-to-child transmission; improving the quality of life of PLHIV; strengthening the second-generation sentinel surveillance; and creating a supportive environment for a sustainable national response to HIV.

UNDP is serving as the principal recipient of the Global Fund grants. The National Coordination Committee (NCC) is chaired by a Deputy Prime Minister of the Republic and consists of ten members from the government sector, four NGOs (three local and one international), and

three UN and two donor organizations. Three NGOs are represented in the NCC: Guli Surkh, working with PLHIV; RAN, working with IDUs; and the Youth Legal Support Center, working with MSM and CSWs. These NGOs were included in the NCC from the beginning of its work in 2005. No representatives of vulnerable populations are members of the NCC – only the three organizations that serve these people.

The grant recipients were selected according to UNDP's tender procedures. Eight organizations are listed as direct sub-recipients of Global Fund grants; all of them work in harm reduction or in both harm reduction and prevention of HIV (five of them were interviewed during the current assessment). A total of 62 organizations are working on HIV/AIDS in Dushanbe and four regions of the country. A limited number of them are sub-sub-recipients of Global Fund grants, and some others are supported by other external and internal resources. They cover the following programmatic areas: HIV/STI prevention among vulnerable populations, harm reduction, VCT, and social support to PLHIV.

Several NGOs are members of a Partnership Forum and of five Technical Working Groups (TWGs) working on M&E, ART, HIV prevention among most-at-risk populations, IEC, and legislation. One TWG, for the most-at-risk populations, is led by an NGO representative.

There is a tendency at present to increase the number of NGOs with a limited professional background. There is a need to establish a centre that would provide training, certification and coordination of NGOs' activities.

### **Summary and comments on the interviews**

Representatives of eight organizations were interviewed from 21 November 2008 to 4 December 2008, including the UNAIDS Coordinator, three members of the CCM (NCC), two members of the Global Fund principal recipient and ten representatives from five NGOs working at the national level (see Table 7).

**Table 7. Organizations that participated in the assessment**

<b>Organization name</b>	<b>Status/ scope</b>	<b>People who participated in the assessment</b>
1 UNAIDS	International/ Country	Maria Boltaeva, UNAIDS Coordinator in Tajikistan
2 UNDP	International/ Country	Ulugbek Aminov, Deputy Manager, Group for Implementation of Global Fund grants, UNDP; Zebo Djalilova, UNDP Analytic Programme
3 CCM (NCC)	National/ country	A.S. Mirzoyev, Deputy Minister of Health, member of NCC; M.Ruziyev, Director of the Republican Center for Prevention and Control of HIV/ AIDS, member of NCC; Sevar Kamilova, Head of Public Association Guli Surkh, member of NCC
4 Public Association Guli Surkh	National/ country	Parvina Akhmedova, Deputy Director; Rizvon Djurayeva, Senior Social Worker
5 Public Association Mekhruboni	National/ country	Rano Aliyeva, Director; Sheravlie Khoshokov, Deputy Director
6 Public Association SPIN Plus	National/ country	Pulod Djamalov, Executive Director; E. Davlyatov, Project Coordinator
7 Public Association Center Positiv	National/ country	Alichon Soliyev, Director; Gulchekhra Shukurova, Project Coordinator
8 Public Association Youth Legal Support Center	National/ country	A. Kh. Pirova, Director; Lola Bazarova, Senior Social Worker

The NGOs directly working with populations usually have more than one target group (see Table 9). The populations served by the organizations interviewed included PLHIV, their associates, pregnant PLHIV and children born to them, CSW, hepatitis C patients, migrants, street children, and MSM.

The areas of technical support provided by various organizations are summarized in Table 8.

**Table 8. Technical support provided by international organizations (the numbers in the table correspond to those listed in the introduction to this report)**

Organization name	Technical areas
IOM	6
CAPACITY Project	1, 2, 4, 6 and 11
ECUO	9 and gender equality
CAAP	1, 2 and proposal development
AFEW	2, 3, 5, 6, 8, 9 and 11
OSI-Tajikistan	1, 5, 6, 7
CARHAP/DFID	1, 4, 6,
UNAIDS	1, 2, 3, 4, 5, 6 and 9
UNDP	4, 6, 9, 10, 11 and M&E
UNICEF	Personal capacity building and motivating interviewing
UNFPA	Not specified

The organizations that provide technical support in developing project proposals include several sectors of the national administration (ministries of Health, Education (through the Republican AIDS Centre), Justice, Labour and Social Protection, the Agency for Drug Control, the Youth Committee) and national NGOs – Guli Surkh and the Youth Legal Support Center. In addition to the technical support provided by organizations working in the country, it was also provided from abroad, by ECUO PLHIV on social support to PLHIV and gender equality, by Alliance Ukraine on HIV prevention in vulnerable populations and ART adherence, and by Act Central Asia on administrative and managerial support to NGOs and intersectoral cooperation and networking, and by the Harm Reduction Association.

The UNDP Programme Working Group has developed modules, training and educational materials for the recipients of the Global Fund grants on prevention work among high-risk groups (IDUs, MSM, PLHIV and CSWs) and ART. All five NGOs interviewed reported that

they received technical materials developed by IREX/USAID, and all have praised the high quality of well-developed guidelines, with some sections translated into the Tajik language. The high-quality and useful trainings provided by AFEW and the CAPACITY Project were more frequently mentioned by the respondents.

Information on technical support is circulated through personal notifications and through the Global Fund/UNDP and NCC websites ([www.ncc.tj](http://www.ncc.tj)), partners' forums, circulars from the AIDS Centre, TWGs, and the CAPACITY Project Bulletin.

**Table 9. Target populations and organizations**

<b>Organization name</b>	<b>Target populations and/or organization</b>	<b>Services provided</b>
1 UNAIDS	International and national organizations	Training on a wide range of technical areas
2 UNDP	International and national organizations	Coordination of technical support provided by the ministries of Health, Education, Justice, Labour and Social Protection, the Agency for Drug Control, the Youth Committee, national NGOs – Guli Surkh and the Youth Legal Support Center, and international organizations, including: UNFPA, UNODC, UNAIDS, UNICEF, WHO and the Harm Reduction Association
3 CCM	National governmental organizations and NGOs	Indirect technical support through the TWGs on M&E, ART, HIV prevention among most-at-risk populations, IEC, and legislation

4	NGO Guli Surkh	PLHIV, their associates, pregnant PLHIV and children born by them	Information, psycho-social support, referrals for medical issues, provision of alternative nutrition to children
5	NGO Mekhruboni	Sex workers in Dushanbe and regions	Information and prevention services, syndromic treatment of STIs, legal and psycho-social support, referral to medical institutions for diagnosis and treatment, training and provision of IEC materials and condoms
6	NGO SPIN Plus	PLHIV and hepatitis C patients	Protection of rights and interests, improvement of access to medical care, psycho-social, legal and information support, psycho-social re-adaptation, creation of self-support groups for PLHIV, PLHIV-IDUs and IDUs
7	NGO Center Positiv	Migrants and street children	HIV/AIDS prevention, prevention of human trafficking, protection of human rights, prevention of communicable disease, promotion of healthy lifestyles, solving the issues of labour migration
8	NGO Youth Legal Support Center	MSM and CSWs	Prevention, treatment and diagnosis of STIs, provision of information and education on the prevention of HIV, distribution of condoms, lubricants and hygienic means, and legal support

Several efforts to assess technical support needs were made for CBOs for PLHIV, and for NGOs by the NGOs Guli Surkh and the Youth Legal Support Center (self-assessment), and by UNAIDS, jointly with the UN project on advocacy. The assessment was carried out through interviews, and the results are reported on the website [www.aids.tj](http://www.aids.tj). The technical needs of Guli Surkh were assessed through interviews and questionnaires by the CAPACITY Project in 2007 and by AFEW in 2008.

In 2007 and 2008 the principal Global Fund grant recipient conducted an assessment of the needs of rural youth and MSM though

interviews. Assessments of the technical support needs of the Public Association Mekhruboni were carried out by the CAPACITY Project in 2007, by CAAP in 2007–2008 and by the Global Fund in 2008 through questionnaires. The technical support needs of the NGO SPIN Plus were assessed through questionnaires and interviews by the CAPACITY Project in 2007 and by OSI and CARHAP in 2008, those of Center Positiv by the CAPACITY Project through a questionnaire in 2007, and those of the Youth Legal Support Center through questionnaires by AFEW in 2004–2005 and by the CAPACITY Project in 2007.

The assessments indicated that the needs of the CBOs include: establishment of the organizations, their structures, functions and management; advocacy on the role of community organizations in the national response to the epidemics; and capacity building; and resource mobilization. The NGOs' needs include capacity building in programme planning and management, and development of project proposals for better access to donors' funds. Although four of the NGOs have gone through the assessment exercises, practically all of them indicated further needs for assessment. Some respondents mentioned the need for the certification of well-trained people to include their names on a list of available or potential trainers.

Several areas requiring further technical support were listed by the respondents. They include:

- project management;
- outreach work and fundraising, including self-funding of NGOs;
- work with vulnerable populations;
- receiving examples of best practices;
- establishing hotlines for the target populations; and
- learning about prevention of human trafficking, HIV/TB and hepatitis.

More than one organization wanted to know how to handle 'burnout' and to learn English.

One of the problems faced by CBOs was that the donors do not usually provide technical support before an organization receives a grant. And those NGOs who receive grants have limited or no financial resources for technical support, or have limited time to participate in the trainings.

Most of the organizations do not have a budget or workplan for technical support. The exceptions are the Youth Legal Support Center, which has a plan, and Guli Surkh, which allocated some funds from its budget.

As additional actions required to improve technical support, several organizations recommended carrying out periodic needs assessments, developing a plan, and establishing a 'school of NGOs' that can provide continuous support in training. The other recommendations included:

- development of a strategy for the provision of technical support;
- identification of key partners from international organizations that can provide technical support;
- creation of a database on a roster of experts who can provide technical support;
- improved coordination of technical support by assigning an organization responsible for it;
- improving the communication system on potential grants by establishing a central information source on technical support available;
- improving the use of the existing technical support; and
- allocating funds for technical support in NGOs' budgets.

The following additional technical areas were recommended for inclusion in the training programmes:

- administrative and financial management;
- self-financing of NGOs;
- project management;
- institutionalization of the organizations;
- organizational development of NGOs;
- advocacy for protecting the rights of vulnerable populations; and
- adherence to ART, palliative care, and prevention and treatment of complications of opportunistic infections.

The limited participation of NGOs in the implementation of the programmes and their limited capacity as service providers was mentioned as one of the obstacles to scaling up the national response. As reported by the Director of the CAPACITY Project, many organizations in remote areas do not have access to technical assistance due to a lack of communication facilities. Some settlements do not have reliable electricity supply, internet access, phone communication and other resources. Although they are included in the circulation lists of the national agencies involved in the National AIDS Programme, the information on the grants and other issues rarely reaches them in time. In future, efforts should be made to identify such organizations and involve them more widely in the training exercises, and to motivate the NGO umbrella organizations to extend technical support to them.

On the other hand, a low level of motivation (self-motivation) and a lack of initiative shown by NGOs themselves was reported by some respondents.

## **Criteria for evaluating the quality of technical support**

The criteria for evaluating the quality of technical support include:

- accessibility;
- regular provision;
- reflecting the needs of the current period;
- practical applicability; and
- possibility for distance learning.

The criteria for evaluating experts include:

- knowledge of the local situation;
- experience of work in a specific area, using practical examples;
- affiliation with the target population;
- ability to work in the national language (along with Russian);
- appearance;
- proper academic background;
- capacity to present the subject and not impose opinions;
- ability to run interactive work; and
- urgency of the information presented.

The criteria for evaluating technical support materials include:

- simplicity (simple language);
- appropriate formats;
- examples of best practices and illustrations; and
- limited amount of text.

The materials provided should be ready to use, in the form of modules and algorithms, well-illustrated, and in hard copies.

The respondents' reports left the impression that there are strong technical resources for most of the technical areas within the national and international organizations – particularly considering that only a handful of the NGOs are working in HIV/AIDS under the Global Fund grants. The main reasons for limited access to these technical resources are the limited coordination in the provision of technical support and the lack of resources in these organizations' budgets. Without specially allocated funds, these organizations are fully dependant on the offers from the donors and international partners providing them. And the plans of the latter are not necessary built on the needs of the organizations providing services to the target populations. This leads to a situation whereby some of the materials and knowledge provided to the service-delivery organizations are not fully or optimally utilized. At the same time, over 50 NGOs throughout the country have limited access to these resources, which, among other factors, limits their participation in the National AIDS Programme. Many of them also have poor access to means of communication and information on the technical support resources available in the country.

### **Possible ways to improve technical support to civil society organizations<sup>1</sup>**

As technical support is poorly coordinated, this calls for the establishment or nomination of a coordination centre, which would be able to develop an inventory of the available resources and provide advance planning for training activities. The inventory requires the set up of a communication system that is able to monitor the changing requirements of various organizations already involved in the National AIDS Programme and potential partners who are willing to work in the field of HIV/AIDS.

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<sup>1</sup> This system works through an interactive website on HIV/AIDS for communication by stakeholders in a unified information space, to achieve effective coordination of the donors' activities, and prevention of duplication of resources and programme activities. This system was created to be operated by the CCMs and to serve them. In 2008, maintenance of the system was taken over by CAAP, and it was renamed CARISA – Central Asia Regional Information System on AIDS. Further details on it can be found on the website [www.carisa.info](http://www.carisa.info).

One of the possible ways to improve communication is to implement the strategy developed by the CAPACITY Project, along with several international organizations working in the Central Asia region, entitled 'Improvement of Communication between National AIDS Coordinating Mechanism and Partner Organizations'.

The monitoring results could create a basis for the development of a unified national plan of technical support that should include the obligations of both the organizations that serve the populations and the organizations that provide financial and technical support to them. The donors operating in the country should be motivated to support training activities for the organizations that receive grants, as well as the organizations that are willing to work in the National AIDS Programme but do not have sufficient experience in administration, management and programmatic areas. Consideration could be given to establishing a permanently operational training or consultation centre (probably in cooperation with CAAP, which already has plans for establishing regional training centres on various programmatic areas). An alternative to such a centre may be to establish a system of communication with the experts working in the country for immediate ad hoc consultations on emerging technical issues.

### **Recommendations**

- 1.** Consider delegation of the coordination of technical support to one of the organizations working at the national level that has recognized capacity in assessment and planning.
- 2.** Create a roster of the organizations and individuals that can provide technical support.
- 3.** Develop a communication system that would allow operational dissemination of information on technical support needs and resources.
- 4.** Develop a system of periodic assessment of technical support needs for the organizations

providing services, and/or include such an assessment in the M&E plans of these organizations.

- 5.** Establish a system that would allow continuous monitoring of technical support needs.
- 6.** Motivate the donors to support training activities for both the organizations that receive grants and those that do not yet have experience and financial resources.
- 7.** Develop a system for the certification of national experts who are well trained and suitable as trainers in the areas of HIV/AIDS and related issues.