

NGOs & AIDS

RESPONDING TO THE EXPANDING EPIDEMIC

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FOREWORD

The expanding pandemic of AIDS requires a multisectoral response through effective partnerships between the Government, the private sector and non-governmental organizations. The role of NGOs, particularly those operating at community levels is unique and must be enhanced. However, experience shows that the technical and management capacity of many NGOs with respect to HIV/AIDS is to some extent limited. This document is an attempt to strengthen this capacity.

It is hoped that this publication will assist NGOs in their response to the AIDS pandemic. We solicit comments from the readers to make future editions of the document more useful to NGOs in their work.



Dr Uton Muchtar Rafei
Regional Director

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1. INTRODUCTION

Acquired Immuno-deficiency Syndrome (AIDS) was first recognized as a disease among homosexual males in USA in 1981. By the time the virus that causes AIDS — the human immuno-deficiency virus (HIV) — was isolated in 1983, the infection had spread across the world. According to current estimates, by mid-1996 HIV had infected a cumulative total of 28 million people, including 1.5 million children. Nearly 5 million of these individuals are from Asia.

As the AIDS pandemic continues to spread throughout South-East Asia, various organizations are becoming involved in the prevention and care of HIV/AIDS. Non-governmental organizations (NGOs) have a special role to play in this effort. Their community-based action can help strengthen the national AIDS response. While maintaining their autonomy, specific interest and areas of work, NGOs and national AIDS programmes (NAPs) share common aims and objectives in AIDS prevention and control.

Experience however shows that while the number of NGOs working on AIDS-related issues has increased quite appreciably over the years, the technical and managerial capacity of many NGOs needs strengthening. Moreover, AIDS being a complex issue, it may be important for NGOs to have a better understanding of the issues, so that they could respond more effectively.

2. WHY NGOS ARE IMPORTANT FOR A NATIONAL RESPONSE TO THE AIDS EPIDEMIC

Many population groups such as commercial sex workers, those who indulge in unprotected sex and with multiple partners, injecting drug users (IDUs) and sexually transmitted disease (STD)

patients, are at high risk of contracting HIV/AIDS. The sexual partners of these individuals are also especially vulnerable. These marginalized high risk groups are more accessible to NGOs than to government programmes. The role of NGOs is vital because:

- ◆ they are people-oriented, and are better acquainted with and more sensitive to the needs and concerns of those affected by HIV/AIDS;
- ◆ the close interpersonal interaction which NGOs have with people in the communities they work in is extremely useful for implementing the behavioural interventions necessary for HIV/AIDS prevention;
- ◆ NGOs often work in areas and regions not covered by government programmes;
- ◆ NGOs are not under the same political constraints as government programmes are. They therefore have greater flexibility and the capacity to accommodate changing programmes and public needs and can innovate and implement new initiatives without major hindrances;
- ◆ NGOs can be more efficient and effective in the use of resources and can provide support directly to people and communities.

Above all, NGOs have an important collaborative role in the planning, implementation and evaluation of the National AIDS Programme. Their activities fully reflect the national and regional priorities of the national programme which focuses on the modes of spread, the predominant risk groups involved and the rates of spread in different population groups and geographic areas.

This document aims to help NGOs to:

- ◆ become conversant with the strategies for HIV/AIDS prevention and control, as well as with the impact the epidemic could have if it continues its unabated spread;

- ◆ know the risk factors and understand priority interventions needed for prevention of HIV transmission and the care of people with HIV/AIDS and their families;
- ◆ identify specific roles that they could play in the national response to the epidemic;
- ◆ develop mechanisms for collaboration, build alliances and promote information exchanges with other NGOs, National AIDS Programme Managers and international organizations.
- ◆ draft proposals for funding of specific projects.

3. UNDERSTANDING THE REGIONAL HIV/AIDS SITUATION

Though most countries in the South-East Asia Region (SEAR) of the World Health Organization have so far reported relatively small numbers of AIDS cases, the rate of spread since the late 1980s has been awesome. The virus is now spreading not only among people with high risk behaviour but also in the general population.

The total number of AIDS cases has steadily increased, particularly during the 1990s. By 1 January 1997, the SEAR countries had reported more than 49 000 AIDS cases to WHO. Given the long latency period of the virus, the problems of under-recognition and under-reporting in the countries, this figure can be entirely misleading. By the year 2000, according to estimates, there will be nearly 10 million HIV infections in the region and the number of full-blown AIDS cases may reach the two million mark.

India and Thailand currently account for more than 95% of the cases reported from the region. Table 1 shows the number of cases as reported and the estimated number of HIV infections in different countries in South-East Asia.

**Table 1: AIDS and HIV Infections in SEAR Countries
as of 1 January 1997**

Country	Reported AIDS Cases	Estimated HIV Infections
Bangladesh	7	< 20 000
Bhutan	0	75
DPR Korea	0	< 100
India	2996	2 500 000
Indonesia	110	95 000
Maldives	3	60
Myanmar	1349	350 000
Nepal	53	5 000
Sri Lanka	68	6 000
Thailand	44 471	800 000
Total	49 057	> 3 750 000

HIV Infections

The rates of prevalence of HIV in Asia vary geographically and by population subgroups. In certain parts of Thailand, India and Myanmar, HIV seroprevalence has reached levels of 40% to 60% among commercial sex workers and injecting drug users. Also, other population groups such as STD patients, truck drivers and professional blood donors have shown rapid increases in HIV infections in most countries of the region. Even those SEAR countries which currently have low rates of prevalence of HIV are likely to present scenarios similar to those in Thailand and Myanmar, because risk behaviours such as injecting drug use (IDU), unprotected sex with multiple partners, along with high rates of untreated STDs - which promotes the spread of HIV - are

widespread in the region. By 1995, HIV infection rates among pregnant women had increased to 2.5% in Bombay, India; 8% in Chiang Mai, and 3% to 7% in parts of Myanmar.

Epidemiological Factors

Certain important epidemiological aspects of the AIDS pandemic which have been noticed in Asia should be considered while planning any HIV/AIDS prevention activity. HIV infections are not uniformly distributed in any population. They disproportionately affect individuals with high risk behaviours and practices and their partners. The major risk behaviours and practices associated with HIV transmission are (see Table 2):

- ◆ Unprotected sexual intercourse with multiple partners, between males and females, and between two males;
- ◆ Sharing and re-use of inadequately sterilized needles and syringes by IDUs or within the health care settings, and transfusion of HIV infected blood or blood products;
- ◆ Additionally, HIV is transmitted perinatally. From an infected mother to an infant or fetus, the transmission can occur in the post-partum as well as perinatal period.

HIV infections are introduced into different geographical areas and populations at different times. For example, in Bangkok, the infection which spread rapidly among the IDUs in 1988 later passed through to other high risk behaviour and subsequently to the general population. A similar pattern is being repeated in parts of India and Myanmar and is also likely to occur in other South-East Asian countries. The latency period - that is, the time between becoming infected with HIV and the onset of AIDS - is unusually long, about eight to ten years. Once an individual develops AIDS, the survival time appears to be less than two years.

Table 2: HIV contributed through different routes of transmission

Route of transmission	% of all HIV infections
Sexual intercourse	85-90
Blood Transfusion	3-5
Injecting drug use	3-5
Medical equipment and needles	0-1
Perinatal	2-5

Since sexual transmission accounts for around 85 to 90% of HIV infections in Asia, it is important to concentrate efforts and resources of the prevention programme on promoting safe sexual behaviour among individuals with high risk behaviour and in the general population.

Present evidence suggests that appropriately targeted interventions initiated early enough in the epidemic and sustained over time can delay the progress of the AIDS pandemic.

4. AIDS CONTROL STRATEGIES AND THE ROLE OF NGOS

The global AIDS control strategy as endorsed by the World Health Assembly has proposed the following measures to meet the challenge of the AIDS pandemic:

1. Provide adequate and equitable health care to the growing numbers of HIV infected people falling ill;
2. Treat other STDs, as these increase people's biological vulnerability to HIV infection;

3. Reduce women's social vulnerability to HIV infection by improving their health, education, legal status and economic prospects;
4. Begin immediate planning in anticipation of the pandemic's socio-economic impact;
5. Enhance efforts to overcome stigmatization and discrimination.

There are three main objectives of the strategy:

1. to prevent infection with HIV;
2. to reduce the personal and social impact
3. to mobilize and unify national and international efforts against AIDS

NGOs have an important role to play in meeting many of these objectives.

4.1 PREVENTION OF SEXUAL TRANSMISSION

Education and Communication for Behaviour Change

Prevention of HIV infection requires making behavioural changes related to very personal and intimate practices, and bringing about these changes requires eliciting people's confidence and empathy. Awareness-generating activities alone are rarely enough to make people at risk take safety measures. Raising awareness is merely the first step; audiences must be motivated to examine their own risks and behaviours and to identify options of safe behaviours. They must also have the necessary skills to negotiate and feel capable of adopting these behaviours. Social, cultural, political and economic factors all influence risk behaviours, as they do also the ability of individuals to bring about changes.

While mass media and information campaigns can raise awareness, an ongoing, focused, interpersonal approach is needed to effect behaviour change. The role of NGOs in

implementing interventions targeted at individuals with risk behaviour is, therefore, particularly relevant. Targeted interventions are those activities that are carefully designed to meet the needs and to fit with the characteristics of particular population groups. They are important in reaching marginalized groups such as IDUs, sex-workers, migrant workers and street youth. Peer education has been found to be a particularly effective approach including in Asia. **In order to ensure behaviour change, support services in the form of condoms, STD treatment services should be made available and accessible.**

However, many approaches which have worked in other parts of the world may not necessarily be applicable in the countries of South-East Asia. There are many social, economic and cultural issues that have to be considered. For example, prostitution is illegal in many countries, and yet it flourishes in the redlight areas or less formally among disadvantaged populations. Promotion of condoms is another sensitive issue in many countries in the region. Community-based organizations (CBOs) can often do a better job than others in resolving such issues.

STD Treatment Services

Provision of STD treatment services is an important component of AIDS prevention. Recent research has established the interactions between STDs and HIV. Besides being transmitted through the same sexual behaviours, infection with an STD greatly increases the risk of HIV transmission. **It has also been clearly demonstrated that provision of STD treatment services at community level and educational programmes, which promote the use of such services, can reduce HIV transmission substantially (up to 40%).**

Condoms

As condoms are the most cost-effective means of prevention of HIV transmission, promoting condom use, while simultaneously

ensuring easy access to good quality and affordable condoms, is important. NGOs can help by promoting condoms and/or ensuring condom availability by adopting social marketing techniques or by linking up with ongoing condom social marketing programmes.

4.2 PREVENTION OF TRANSMISSION THROUGH BLOOD AND BLOOD PRODUCTS

Reduction of blood-borne HIV transmission involves strengthening the blood transfusion services and ensuring that all blood samples and commercial blood products used in medical settings are tested for HIV. **NGOs can reduce national dependence on commercial blood by popularizing the concept of volunteering to donate blood, carrying out effective blood donation campaigns and educating audiences about the importance of blood donation and the use of safe blood.**

Injecting drug use is a major mode of HIV infection in Asia. In this context, harm reduction approaches are crucial. **Harm reduction includes promoting a range of choices from not sharing needles to techniques for cleaning needles.** Some programmes provide bleach for cleaning or sterilizing needles. Also important are efforts to prevent injecting drug use and promotion of safer sexual behaviour among the drug users.

4.3 PROVIDING CARE AND SOCIAL SUPPORT IN HOMES, COMMUNITY AND HEALTH-CARE SETTINGS

AIDS is a chronic disease and the patients living with AIDS may have to move back and forth between hospital and home. In developing countries more of the care takes place within the communities and at home.

NGOs are able to relate to individuals and families, provide counselling to reduce the social and psychological impact of AIDS, and help family members and communities

who are involved in the care of patients by improving access to medical services.

NGOs can act as advocates for provision of or access to care for people with HIV/AIDS similar to that available for people not infected with HIV. In this regard, referral mechanism to ensure continuum of care from the institutional level to community and home levels must be established through consultations among care providers and the health services.

Good basic care can be provided at home or by the community health workers if they have appropriate training and support and access to higher level referral services. Those caring for the sick in the hospital settings also need skills and knowledge to deal with all the problems and demands of assisting people with HIV/AIDS. NGOs can carry out educational activities focused on the development of positive attitudes and assist in the provision of home care by mobilizing community groups. They could, if possible, ensure that besides health and medical care, the daily needs of the sick could also be met.

As important as skills and knowledge are the workers' own attitudes, which will affect quality and access to services. Community workers and families providing care also need support and counselling by community-based organizations can help reduce the stress on people with AIDS, their families and the community. Effective counselling programmes can also assist families in making decisions and plans for dealing with terminal illness.

**4.4 ADVOCACY AND COUNTERING DISCRIMINATION
AGAINST PERSONS WITH HIV/AIDS**

Much work still remains to be done to change the hostile social climate that challenges those living with HIV and AIDS. Ignorance accentuates the discrimination, as most people wrongly believe that if certain population groups and infected people are isolated, the disease can be kept at bay. **NGOs and community-based**

organizations can help to dispel such prejudices and misconceptions and to take up human rights issues on behalf of those who are discriminated against.

Policies such as those banning the entry or restricting the travel of HIV-infected people need to be opposed through the international mobilization of NGOs, governments, businesses and groups of people infected with HIV. **NGOs can advocate policies against mandatory and routine HIV testing, particularly at work and in health care settings.**

4.5 BUILDING ALLIANCES, SHARING EXPERIENCES

By building alliances with organizations and leaders, **NGOs can create awareness about the social and economic impact of AIDS on communities and countries. NGOs working in the area of AIDS can find common ground with other NGOs, and private sector and other institutions, and persuade them to undertake HIV-related initiatives.** Sharing technical, organizational and management skills can greatly strengthen those NGOs that have had little experience in the field of HIV/STD prevention and care. A greater level of communication among NGOs themselves and between NGOs and other actors would be mutually beneficial.

It is important that NGOs involved in AIDS prevention activities evaluate their specific strengths, interests and resources when selecting the interventions they plan to use. Seldom do NGOs in South-East Asia work exclusively on AIDS; most have added on AIDS/HIV prevention and care activities to their ongoing programmes or projects. It may not be possible for NGOs to provide for all components of priority interventions, or to reach out to all the risk groups. It is advisable that each NGO takes up one or two specific components or sub-components of the programme activities, leaving other components to be addressed through collaboration and development of referral networks.

5. WHO POLICY AND SUPPORT TO NGOS

WHO's collaboration with NGOs on AIDS is based on the World Health Assembly resolution WHA 42.34 - "Non-governmental Organizations and the Global AIDS Strategy" - adopted by its member states in 1989. The resolution calls for governments, NGOs and the WHO Secretariat to work together by complementing each other's strengths and activities. From the very beginning, WHO's global programme on AIDS promoted NGO involvement in the planning and review of the national AIDS programmes. WHO had also recommended that at least 15% of the funds it provides should be made available to NGOs for AIDS activities. Additionally, WHO has had regular consultations with global and regional NGOs and had promoted their participation in the various steering committees and technical working groups. In collaborating with NGOs, WHO was guided by the following principles:

1. a commitment to create supportive environments globally and nationally for the contribution of NGOs;
2. recognition of the need to establish consultative mechanisms with NGOs as a prerequisite to partnership building;
3. recognition of the need to facilitate the government-NGO interface at both national and provincial levels in order to decentralize national AIDS programmes;
4. recognition of the contribution of NGOs to the national response, particularly in decision-making fora, policy development, planning, evaluation and in providing precise feedback, and
5. recognition of the need for mechanisms which will facilitate democratic representation of NGOs at decision-making fora at national and international levels.

6. WHO GUIDELINES FOR NATIONAL AIDS PROGRAMMES

In 1994, WHO developed guidelines for National AIDS Programmes (NAPs) regarding the important role played by and support needs of NGOs. This document underlines WHO support to the process of capacity building in NGOs and community groups.

Besides providing technical and material support to NGOs, WHO has stressed on the need to increase access to information by contacting various networks and interface organizations, by identifying intermediary organizations which can serve as support centres and be centres for providing technical assistance to other NGOs and community-based groups. National AIDS programmes should facilitate information exchange through setting up consortia, providing regular meetings and briefings, and by disseminating pertinent documents and research findings.

NGO representation in planning and policy development is necessary. This can be ensured by including them in national committees, planning teams and in review and evaluation of programmes. Most importantly, we should try our best to increase access by NGOs to technical and financial support through training programmes, sharing of technical resources and liaison with the international donor agencies.

7. COLLABORATION WITH AND SUPPORT FROM NATIONAL AIDS PROGRAMMES AND OTHER SECTORS

NGOs with limited resources can expand their activities through collaborative working relationships, particularly through the National AIDS Programmes. In most SEAR countries, the National AIDS Programmes realize the potential of NGO participation in

the battle against AIDS. However, developing effective working partnerships is sometimes hampered owing to management and administrative problems.

To facilitate coordination activities, NGOs should seek out more opportunities to present their concerns to the National AIDS Programmes and other agencies. The problems arising out of differences in goals, interests and objectives of the different organizations can best be resolved through frank discussions, both formally and informally, between all those involved.

The collaboration between NAPs and NGOs should work under the following broad areas of understanding.

National AIDS Programmes should:

1. take responsibility for building a multisectoral response involving various partners, including NGOs, and accommodating differing views and approaches;
2. ensure that all those concerned with AIDS work are considered equal partners;
3. accept that the organizations involved may work with different mandates and styles, and attempt to minimize the politics involved while encouraging consensus in decision making;
4. ensure that the process of collaboration is open and participatory, and build relationships among partners to form jointly-accepted goals and strategies, and
5. provide technical and material support to and share resources with NGOs so that they can work effectively to support the overall national response to HIV/AIDS.

And NGOs should:

1. participate actively in developing and implementing common programme objectives and priorities to strengthen national efforts;

2. accept and incorporate the national objectives and priorities into their work;
3. maintain consultations and exchange information with the communities that they represent;
4. support communities in identifying important issues, plan and implement activities, and communicate these to the NAPs, and
5. use resources according to national policies and strategies.

8. MECHANISMS AND STRUCTURES OF COLLABORATION

The mechanisms of collaboration and coordination have to be country-specific, since goals and targets will be defined by the needs of the country programmes and the institutional and human resources available. The models of collaboration in the different countries will also depend on the varying structures of government and of NGOs. In general, the following mechanisms may be used in building and maintaining a multisectoral alliance.

8.1 NATIONAL AIDS COMMITTEES

A national level committee under the leadership of a minister or a senior policy planner with a high level of authority may be an ideal structure or umbrella to draw multisectoral participation. If adequately flexible, it can help enhance the initiatives and activities of all partners involved.

Committees should have representation from all major sectors both private and public, meet regularly and serve as a forum for free and frank discussion about programme policies and activities. Sub-Committees or Working Groups may be formed to coordinate specific issues and activities. The representation of NGOs should reflect the extent of their involvement in the national programme.

It is important that NGOs working in the programme areas as well as those with special technical capabilities are represented on the committee.

The responsibilities of National AIDS Committees include:

1. Setting overall policy framework and goals for the programme;
2. Involving representatives of all sectors concerned in the country AIDS programme;
3. Acting as a democratic forum to sort out differences on policies and plans and to achieve a consensus, and
4. Resolving conflicts between political, public and technical authorities.

(An NGO representation is also essential in the separate sub-committees, as relevant).

8.2 NGO COORDINATING GROUPS AND NETWORKING

Various mechanisms such as -NGO networks, coordinating groups, and consortia are important for a collaborative process. The tasks of such groups may include:

1. Ensuring NGO representation and input into regional and national level committees and management teams;
2. Facilitating coordination among members;
3. Advocating NGO participation in policy development and AIDS programme planning and implementation;
4. Strengthening the administrative and technical capacities of the partner NGOs, and
5. Facilitating exchange of information and sharing of experiences and resources among NGOs.

8.3 NGO FORA AND UMBRELLA ORGANIZATIONS

NGOs working on HIV/AIDS or related activities may want to establish a representative forum to harmonize their activities with the government and private sector. The forum could comprise a group of people from selected NGOs. Representation could also take place through a nodal agency or umbrella organization. Such an organization can act as the NGOs' representative to the government on management and administrative issues.

It is important that NGOs, NAPs and private and public sector organizations involved in the programme resolve major policy and operational conflicts in advance so that all activities in the country are in accordance with national policies and strategies. An effective coordination among the NGOs, NAPs and other agencies can also contribute towards strengthening the technical, management and administrative skills of the smaller NGOs. NGOs often find bureaucratic procedures extremely cumbersome and are apprehensive of their involvement in projects needing intensive technical and administrative resources. An NGO umbrella agency may be able to take on the responsibility of helping NGOs with proposal writing, dealing with administrative matters and establishing monitoring systems. It may also provide programme support such as funding and financial management, and technical assistance in other areas.

The proposed terms of reference of the umbrella organization are given in Annex 1.

8.4 INFORMATION EXCHANGE

For NGOs wanting to get involved in AIDS activities, the first step is to find out about other NGOs working in the area, establish contact with them and learn about their ongoing projects. NGO collaborative mechanisms such as fora, networks or umbrella organizations can facilitate informal and formal information exchange. Efforts should be made to supplement the existing

programmes according to local needs and available resources. For example, there may be many NGOs working in the red-light areas, and they may all be working exclusively to promote the use of condoms among the sex workers, ignoring other issues such as education of clients of sex workers, ensuring condom supply, STD treatment, and so on, that may directly help sex workers deal with problems regarding AIDS.

NGOs which have been working in the field of AIDS and are familiar with the issues related to it can, through information exchange, help other NGOs which are not yet involved, or not motivated to get involved in the AIDS programme. Organizational meetings can also serve as opportunities for various NGOs to:

- ◆ identify common goals and areas of expertise;
- ◆ sort out differences and resolve work-related problems
- ◆ find ways to interlink activities for the best use of their resources;
- ◆ decide who can do what best and how different NGOs can combine their resources.

8.5 TECHNICAL RESOURCE MATERIALS AND SUPPORT

There are many foundations, NGOs and other private organizations working in the field of AIDS/HIV. Some of them, with international links, provide funding for various projects. Organizations such as the Asia Pacific Council of AIDS Service Organizations (APCASO), the *Global Network of People Living with AIDS* (GNP+), and the International HIV/AIDS Alliance are support groups and information sharing networks that can provide assistance and guidance to NGOs.

The addresses of these organizations are given below:

APCASO
Yayasan Citra Usadha Indonesia
Jalan Belimbing Gang Y No. 4
Denpasar, Bali 80231
Indonesia
Tel:(62-361) 222-620
Fax: (62-361) 229-487
E-mail: ycui@denpasar.wasantara.net.id
Contact Person: Dr Tuti Parwati Merati, Chair

APN+ (The Asian Network of People Living with HIV/AIDS -
the regional subgroup of GNP+)
62B Race Course Road
Singapore 218568
Coordinator: Paul Toh
Tel:65-295-1153
Fax: 65-295-5567
E-mail: paultoh@pacific.neg.sg

International HIV/AIDS Alliance
Barratt House
341 Oxford Street
London W1R 3BH, U.K.
Tel: 44-171-491-2000
Fax: 44-171-491-2001
E-mail: 100302.3011@compuserve.com

WHO and UNAIDS regularly produce and update information on various aspects of HIV/AIDS policies and programmes. The Directory of European Funders of HIV/AIDS Projects in Developing Countries is also a useful resource. It may be obtained by writing to UK NGO AIDS Consortium for the Third World, Fenner Brockway House, 37/39 Great Guildford Street, London SE1 OES, United Kingdom. Fax: 44-71-401-2124, Tel: 44-71-401-8231, E-mail: ukaidcon@gn.apc.org, Price: Pounds 10.00 (Europe), Pounds 12.50 (Australia, Canada and USA), free to developing countries. The WHO South-East Asia Regional

Office regularly produces AIDS-related documents and publications, many of these can be of use to NGOs in their work. A list of WHO SEARO AIDS publications is given in Annex 2.

9. RESOURCE MOBILIZATION AND NGO ACTIVITIES

Funding often depends entirely on how well a project proposal has been written. However, many NGOs do not have the expertise for writing good project proposals and this severely hinders their fund-raising capacity. Such limitations may preclude the involvement particularly of smaller NGOs in activities for which they may otherwise be best equipped.

Most national programmes and other bilateral and multilateral agencies have standard guidelines for funding AIDS-related projects. These guidelines should be disseminated by NAPs to NGOs in the country. NGOs can seek guidelines either from the National AIDS Programme or funding agencies.

For a project proposal format and outline see Annex 3.

Annex 1

TERMS OF REFERENCE FOR AN UMBRELLA ORGANIZATION

One of the main purposes of an umbrella organization is to establish and improve the mechanisms available for NGO representation within National AIDS Programme planning and implementation. To foster such a partnership, it is important that the organization has credibility with both the government and the non-governmental sector and also has the capability and basic infrastructure to help NGOs with research and programme planning and implementation.

The organization should:

1. Prioritize programme strategies and highlight areas where NGOs can be involved within the framework of the national programme;
2. Maintain contact with various NGO networks, NGO intermediary organizations and other groups at the national and regional/state levels;
3. Familiarize itself with the strengths and weaknesses of the national NGOs working in areas of health and development, and assist them to select programme activities best suited to their interests and capabilities;
4. Mobilize NGOs not yet involved in AIDS activities to develop capacity and expertise in specific programme areas of their interests;
5. Identify NGOs that can act as regional resource groups;
6. Work closely with the NGOs directly, or with resource groups, to assist them in developing, planning, implementing, monitoring and evaluating their programmes;
7. Take up with the government the problems that NGOs face and work to minimize the bureaucratic delays in funding and administrative matters;
8. Enhance communication between the various NGOs by organizing regular meetings, workshops and seminars;
9. Coordinate with international, national and local donor organizations, and assist them to establish linkages with NGOs;
10. Make known the work of NGOs to government and other organizations and international bodies.

Annex 2

SEARO PUBLICATIONS ON AIDS

1. **Understanding and Living with AIDS**, SEARO 1992, 64 pages, gratis.

This document is a SEARO adaptation of "Living with AIDS in the Community", written and produced in 1991 in Uganda by the AIDS Control Programme, MOH and the AIDS Support Organization, UNICEF and WHO, and revised by GPA and UNICEF in 1992.

This book helps readers understand how HIV is spread and what people can do to avoid becoming infected. It provides practical information for health and health-related workers and all those involved and interested in understanding AIDS and helping people to live with AIDS in the community.

2. **HIV Testing Policies and Guidelines**, SEARO 1994, 16 pages, gratis.

This is reprinted from a paper entitled 'HIV Testing Policies - An Overview' published in the Indian Journal of Medical Research, Vol.97, November 1993, pp.209-222 by Jai P Narain, S Pattanayak and N K Shah.

The issues discussed relate to the purpose and appropriateness of HIV testing in the overall context of National AIDS Control Programmes as well as in other settings. In addition, it includes questions and answers on the issue of mandatory testing.

3. **AIDS Prevention: what maternal and child health (MCH/FP) service providers need to know**, Regional Health Paper, SEARO, No 23, 1992, 43 pages, Rs 60.

This publication is a guide for MCH/FP service providers, and is suitable for adaptation for national use or use by different grades of MCH/FP service providers. By implementing the recommendations given in the booklet, MCH/FP service providers can help in reducing the impact of HIV pandemic.

4. **Carrying Out HIV Sentinel Surveillance - A Guide for Programme Managers**, WHO SEARO, April 1994, SEA/AIDS/68, 14 pages, gratis.

Surveillance is an important tool for characterizing the nature and magnitude of an epidemic. HIV surveillance studies are needed to monitor the trends of HIV infection in various population groups - including those considered to be at 'higher' or 'lower risk'. Such data are essential for advocacy as well as planning purposes. This document describes the steps to be taken in establishing an HIV sentinel surveillance system and the use of data so obtained for programme purposes.

5. **AIDS in South-East Asia: no time for complacency**, WHO SEARO, 1992, 95 pages, gratis.

This book discusses the history of the AIDS pandemic, routes of transmission, prevention of HIV and managing HIV/AIDS. It also provides an update on vaccine and drug development, and the final chapter contains questions and answers about AIDS. The book is useful for people who are directly or indirectly involved in AIDS control programmes and also for advocacy and educational purposes, as it deals with major issues in a concise and popular manner.

6. **HIV/AIDS Care at the Institutional, Community and Home Level**, WHO SEARO, 1993, SEA/AIDS 65, 24 pages.

This is the report of a WHO regional workshop on HIV/AIDS continuum of care at the institutional, community and home level, held in Bangkok from 29 March - 2 April 1993. Given the varying and increasing needs created by the AIDS pandemic, and the limited resources, this document underlines the need for integrating AIDS care into primary health care services, and the establishment of linkages between hospitals, health centres and communities to provide appropriate and cost-effective care to people with HIV/AIDS.

7. **An Orientation to HIV/AIDS Counselling - A Guide for Trainers**, WHO SEARO, 1994, 125 pages, gratis.

This training guide is divided into seven modules which deal with: basic information on STD/HIV; HIV counselling: its nature and purpose; values and attitudes of a good counsellor; effective counselling techniques; sexuality and sensitive issues; pre- and post-testing counselling, and problem-solving counselling. Adaptation could be undertaken in individual countries to meet the local and

culture specific counselling needs of people affected by HIV infection and AIDS as well as their families.

8. **HIV/AIDS in South-East Asia, IXth Meeting of National AIDS Programme Managers**, New Delhi, 8-12 November 1993, WHO SEARO, 1994.

National AIDS Programme Managers, having gained considerable experience in fighting the HIV pandemic, meet every year to share their experiences. This report covers the topics discussed by Programme Managers in 1993 and particularly highlights aspects such as effective interventions for HIV/AIDS prevention and care in the countries of South-East Asia.

9. **Information, Education and Communication: A Guide for AIDS Programme Managers**, WHO SEARO, 1995, SEA/AIDS/9, 38 pages gratis.

When planned well, within the context of an overall HIV/AIDS prevention and control programme, information, education and communication (IEC) can be a very effective intervention to bring about appropriate changes in behaviour, especially among populations with high-risk behaviour. IEC is also important for advocacy, to motivate policy and decision-makers to create environments conducive to behavioural changes, and to provide the needed services such as condoms, counselling and treatment of sexually transmitted diseases.

This guide has been developed through a regional consultation of HIV/AIDS communications and presents a framework for IEC within a prevention and control programme for HIV/AIDS. It describes the steps in HIV/AIDS IEC planning and implementation. Although directed primarily to programme managers of national AIDS control programmes, the guide is also useful for non-governmental organizations and other groups implementing HIV/AIDS IEC activities.

10. **Handbook on AIDS Home Care**, WHO SEARO, 1995, SEA/AIDS/87, 304 pages, gratis.

This publication is an adaptation of a WHO headquarters document (AIDS Home Care Handbook). The Asian version was developed following a consultation held in New Delhi and was field tested in four countries: India, Thailand, Indonesia and Myanmar. The handbook provides very useful information on care of patients with HIV/AIDS in the community and at home. The aim is to enable health care workers to help individuals, families and communities to manage

AIDS-related problems and build confidence in their ability to provide safe and compassionate AIDS care at home. Besides health care workers, the handbook is immensely useful to NGOs and people living with HIV/AIDS.

11. **Condom Social Marketing for AIDS/STD Prevention**, WHO SEARO, 1995, SEA/AIIDS/84, 18 pages, gratis.

This is a report of an intercountry workshop held in Kathmandu, Nepal, from 22-25 November 1994. The document contains basic information on the importance of and experience related to condom social marketing in South-East Asia and describes strategies for further strengthening it.

12. **AIDS in South-East Asia: A Pictorial Summary**. This is a package of 16 posters on HIV/AIDS prevention and Care, suitable for display at meetings and at training sessions.

The above publications can be obtained from:

Regional Adviser, STD/AIDS Programme
WHO Regional Office for South-East Asia
WHO House, Indraprastha Estate, Mahatma Gandhi Road
New Delhi 110 002, INDIA
(Fax 91-11-331-8607, Tel. 331-7804 to 331-7823;
E-mail: narain@who.ernet.in)

Annex 3

FORMAT FOR A PROJECT PROPOSAL

If no guidelines for funding AIDS-related projects exist, NGOs or the nodal agency/NGO representative, in consultation with the national authorities and other funding agencies, should develop specific guidelines for writing project proposals and their appraisal process.

Project proposals require a clear and precise statement of objectives and elaboration of the strategies and activities through which these will be accomplished. Specific budget requirements needed for various activities, and components such as material supplies, manpower, etc, must also be worked out and included in the proposal.

The following guidelines are intended to assist NGOs - especially smaller NGOs which have little or no access to technical expertise in preparing comprehensive project proposals. The format can be adapted according to national and local requirements of funding agencies that may require additional information.

The essential sections of a project proposal are:

1. Project summary
2. Background
3. Objectives
4. Strategies and activities and how these will be carried out
5. Sustainability
6. Project management
7. Monitoring and evaluation
8. Workplan
9. Budget requirements

1. Project Summary

This is the most important part of the proposal because funding agencies may not often have the time to read the whole proposal and base their impressions on a careful review of the summary. The summary should be comprehensive and give precise and brief information about each of the *proposal's components*. This section should be written last.

2. Background

This section should establish the credibility of the NGO. It should provide a brief history of the proposing NGO, including information on its achievements, track record of its financial management, previous or current access to the proposed target group, and so on.

This section should also include a statement of the problem to be addressed and a justification or rationale for selection of the project target population and area. The information given here should relate directly to the strategies outlined in the later section. If a new project is to be initiated or selected, and activities are to be added to the existing projects in health or other areas, these should be clearly explained.

3. Objectives

The general objective or goal and the specific objectives should be stated clearly. The general objective or goal is a broad statement of what is to be achieved overall, for example, reduction of HIV transmission. On the other hand, the specific objectives indicate the measurable outcomes that the project will achieve, and which will contribute towards the goal. These, for example, could be to increase the safe injection practices among IDUs, organize a self-help group among prostitutes, or increase the demand for condoms among a particular population. The specific objectives should be *realistic, quantifiable and feasible depending on the expertise and resources available to the project*. These objectives provide a basis for monitoring and evaluating the project.

4. Strategies and Activities

A strategy is a broad approach to achieving the goal. For example, the major strategies to reduce HIV transmission include reduction of sexual transmission and reduction of blood borne transmission. To implement any strategy, a variety of activities with specific outcomes are needed. For example, activities to reduce sexual transmission of HIV may include provision of STD treatment services to high risk groups, increasing awareness about STDs and their treatment, distribution of condoms at the STD clinics, educational campaigns about the risk of transmission among specific populations, and so on. The proposal should also include details on how the activities will be carried out and who will do them, as well as the specific indicators that will be used to monitor the progress of activities.

5. Sustainability

Evidence supporting the likelihood and levels of community involvement should be mentioned. Greater levels of community involvement will contribute to sustainability of activities beyond the original grant period. This section should also explain the capacity of the NGO for mobilization of other resources, both financial and material.

6. Project Management

Project management includes the organizational, administrative, financial and technical aspects of its implementation. These should be described in detail, giving an organizational diagram, responsibilities for each of the activities, reporting levels, and responsibilities for monitoring activities according to the set time-frame. The terms of reference for the persons/staff involved in the project should be included in this section.

7. Monitoring and Evaluation

Monitoring involves collection and analysis of information about the implementation of the specific project activities. It is a continuous process to assess how successfully the activities have been carried out. Determinants or outputs for monitoring different activities and how the

relevant information will be collected during the project's duration should be specified.

Evaluation that measures the outcomes of the project activities based on the specific objectives must be outlined. Evaluation is usually done at the end of the project period and at mid-term. State clearly what each of these activities will entail.

8. Workplan

This should be prepared in a table format, showing the time-frame for each project phase and each activity. It is important to specify against each activity when it will be done, who will be responsible and what indicators will be used to measure output.

9. Budget

This is a detailed description of the costs of the project. The following format may be helpful:

1. List each strategy and the activities associated with it.
2. List the materials and equipment required for each activity.
3. List operating costs under appropriate heads such as personnel, communication, transport, etc.

Contributions made by the NGOs themselves, such as manpower, equipment or buildings, should be stated explicitly. It is a good idea to keep such expenses to the minimum; most of the money should go to activities aimed at the target groups and which produce measurable outputs.

The budget should cover the whole project period year-wise. Costs should be calculated as unit costs, based on the number of units and total cost for each activity. The distinction between capital costs and recurrent expenses should also be clearly indicated.

**RESPONDING TO THE EXPANDING EPIDEMIC
WHAT NGOs CAN DO**

- *Raise awareness in individuals, groups and communities on HIV/AIDS prevention and care*
- *Implement targetted intervention programmes for behaviour change in people at risk of getting infected with HIV*
- *Provide and facilitate access to health services including STD services especially for marginalized population groups*
- *Promote the distribution and use of condoms*
- *Promote voluntary blood donation*
- *Carry out advocacy programmes to protect human rights and counter discrimination against people with HIV/AIDS*
- *Provide care and support including counselling services to those at risk and those infected and affected by HIV/AIDS*
- *Collaborate and network with concerned groups and organizations both government and non-government in the fight against AIDS*
- *Mobilize resources for AIDS prevention and care*
- *Participate in socio-behavioural qualitative research studies related to HIV/AIDS*