

QUARTERLY TECHNICAL REPORT
USAID Cooperative Agreement No.:
176-A-00-04-00014-00



First Quarter Report – Second Year
1 October 2005 – 31 December 2005
Submitted 31 January 2005

by

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**CAPACITY Quarterly Report to USAID
Second Year, First Quarter
31 January 2005**

I. Introduction:

During this quarter, MoUs between CAPACITY and the governments of Kyrgyzstan and Tajikistan were signed. This makes three countries in the region, including Uzbekistan, with which CAPACITY has a formal agreement. Negotiations continue with the government of Kazakhstan for the MoU signing and CAPACITY remains hopeful that the signing will take place in the next quarter. Signs are looking good for the possibility of CAPACITY working in Turkmenistan. The next quarter may be the beginning of efforts there.

CAPACITY has moved ahead with making plans and preparations for the arrival of two consultants in the next quarter to design prevention models for the 60 Plus strategy. These models should be the cornerstone of CAPACITY's prevention efforts in four countries. The terms of reference have been defined and the consultants from Ukraine have been located. Probable site selection has been discussed, researched, and chosen. Consultants will come early in the next quarter.

CAPACITY has continued to pursue collaboration with stakeholders. During this quarter, collaboration discussions have taken place with AFEW and Project HOPE for joint work on VCT and TB/HIV. With the World Bank, CAPACITY has had more broad discussions about strategies for responding to the HIV/AIDS epidemic, and for developing joint work plans. Areas of possible collaboration with the World Bank include NGO capacity building, M&E, and HIV prevention.

II. Programmatic Progress

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

A.1. Regional

CAPACITY Monthly Bulletin

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

A.2. Kazakhstan

MoU Negotiations

The MoU for Kazakhstan has been drafted and is currently with the MoH for final consideration. It is planned that the MoU will be signed for Kazakhstan during the next quarter.

Seconded Staff

- **NGO Liaison Officer:** A first round of candidates was evaluated without successfully finding someone for this position. A second round will be initiated in the next quarter.
- **Communications Specialist:** The recruitment process was implemented and candidates for the final interview are short listed.
- **Monitoring and Evaluation Specialist:** The recruitment process was implemented and completed with the selection of the M&E Specialist – Ekaterina Bumburidi. Hiring is pending the signing of the MoU with Kazakhstan.

A.3. Kyrgyzstan

MoU Signed

On October 10, 2005, the Vice Prime Minister of the Kyrgyz Republic signed a MoU with CAPACITY. The event was covered by the news media and signifies a great working relationship between the Kyrgyz government and CAPACITY.

Seconded Staff

- **NGO Liaison Officer:** The recruitment process was implemented and completed with the hiring of the NGO Liaison Officer – Bonivur Ishemkurlov.
- **Communications Specialist:** The recruitment process was implemented and completed with the hiring of the Communications Specialist – Svetlana Titova.
- **Monitoring and Evaluation Specialist:** The recruitment process was implemented and completed with the hiring of the M&E Specialist – Janna Baiyzbekova. Work has begun on developing National M&E guidelines.

Monitoring and Evaluation Working Group Created

Monitoring and Evaluation Working Group was created with representatives from the World Bank, DfID, GFATM, UNDP, UNAIDS and CAPACITY. The national AIDS Unit has requested a joint M&E training to build capacity among the M&E expert group. The working group underwent preparations for this training during this quarter and the training is planned for the coming quarter.

Evaluation of HIV Program among Sex Workers

The Kyrgyzstan government underwent an evaluation of their HIV/AIDS prevention program. CAPACITY participated with an expert consultant to assess program efforts among sex workers. The assessment took place in Bishkek and Osh. Following the assessment, a briefing was held. A few of the key findings include:

- In spite of some outreach peer education that has taken place, there continues to be very low knowledge about HIV/AIDS among sex workers.
- Sex workers' access to existing health care services is very low.
- Condom availability for sex workers is insufficient.
- Interventions are needed with the police to change actions against sex workers, which inhibit their ability to protect themselves from HIV infection.
- More NGOs are needed to work with sex workers.

Support to Development of 3rd National HIV/AIDS Program

CAPACITY program staff and seconded staff participated in the development of the 3rd National HIV/AIDS Program.

A.4. Tajikistan

MoU Signed

The MoU signing was preceded by intensive negotiations with the MoH and RAC on the MoU text and format. In order to ensure transparency and involvement of stakeholders the draft MoU was discussed with UN HIV/AIDS Thematic Group members. The MoU was signed by Nusratullo Faizulloev, Minister of Health, Deputy Chairman of the National Coordination Committee on prevention and fight against HIV/AIDS, TB and Malaria in the Republic of Tajikistan and Dr. Lev Khodakevich, CAPACITY Regional Project Director.

Seconded Staff

- **NGO Liaison Officer:** The recruitment process was implemented and completed with the hiring of the NGO Liaison Officer – Zulfiya Tilovea.
- **Communications Specialist:** The recruitment process was implemented and completed with the hiring of the Communications Specialist – Svjatoslav Etimad.
- **Monitoring and Evaluation Specialist:** The recruitment process was implemented and completed with the hiring of the M&E Specialist – Vera Saidova. The specialist will begin working in the coming quarter.

Meeting on Monitoring and Evaluation of National HIV/AIDS Program

CAPACITY together with Republican AIDS Center conducted a meeting of key partners (UNAIDS, USAID, UNDP GF GIU) on collaboration to support the national M&E system. Partners stressed that support was needed for collecting baseline data for national indicators and ensuring the smooth function of data collection mechanisms for the national M&E system. M&E Specialist seconded by CAPACITY will provide assistance to RAC on these issues.

A.5. Turkmenistan

Initiation Attempts

The CAPACITY Chief of Party traveled to Ashgabat to initiate discussions with UNAIDS, the UN Theme Group, and the Ministry of Health about possible areas of assistance to be provided in Turkmenistan by CAPACITY. STI training looks like a promising possibility, with other areas of work also possible. A letter of intent was sent by CAPACITY to the MoH and CAPACITY is awaiting a reply.

A.6. Uzbekistan

Strengthening NACM

The CAPACITY Project was invited to participate in regular CCM Management Group and RAC meetings. During this reporting period, CAPACITY took active part in two CCM Management Group meetings, allowing for the coordination of CAPACITY activities with Global Fund and other partners more efficiently.

Seconded Staff

- **NGO Liaison Officer:** The position of Community Liaison Officer has been advertised. Recruitment is planned for the next quarter.
- **Communications Specialist:** The recruitment process was implemented and completed with the hiring of the Communications Specialist – Akmal Makhmatov.
- **Monitoring and Evaluation Specialist:** The recruitment process was implemented and completed with the hiring of the M&E Specialist – Timur Gilmanov. Work has begun on developing national M&E guidelines.

National M&E System

The CAPACITY Project actively participated in two meetings dedicated to reviewing the national M&E System on a program level, during which M&E indicators were developed, discussed, and finalized.

On November 25, 2005, The CAPACITY Project assisted the GFATM PIU and UNAIDS in conducting a meeting with all stakeholders. The main goal of that meeting was to revise the Strategic Program for responding to the HIV/AIDS Epidemic in the Republic of Uzbekistan for 2003-2006. Program level indicators were also discussed.

B. Strategy 2: Educating and Empowering Vulnerable Populations

B.1. Regional

Civil Society Mobilization Strategy

A draft framework for CAPACITY's Civil Society Mobilization Strategy was developed. The draft framework outlines the following process:

- Assessment of civil society organizations in each country of Central Asia, with the aim to divide them into three categories:
 - **Category A:** Experienced NGOs providing services to vulnerable population groups who wish to strengthen their capacities to increase coverage of their target groups;
 - **Category B:** NGOs not specialised in the field of HIV/AIDS, but with experience of working on social issues, women's issues, reproductive health, and with young people.
 - **Category C:** Experienced NGOs who are interested in becoming "umbrella" organizations – i.e. supporting the development of expanded service delivery within new NGOs, CBOs, and initiative groups.
- Development of brief questionnaires for each of the 3 categories of NGO with the aim to

further assess: institutional capacities, level and types of service provision, funding history, geographic areas covered, and coverage of vulnerable populations with services.

- Identify barriers and challenges to increased coverage of vulnerable population groups with prevention services;
- Encourage the involvement of NGOs in the development and implementation of the CAPACITY scale-up strategy;
- Provide appropriate technical support to the three categories of NGO to strengthen their capacities to increase coverage of vulnerable population groups;
- Provide technical support to NGOs to develop project proposals aimed at effective HIV prevention work with vulnerable population groups;
- Strengthen partnership and collaboration with other international donor programmes in the region in order to leverage funding for these proposals;
- Develop the concept of a minimum and comprehensive package of services for vulnerable population groups.

Regional Civil Society Mobilization Meeting

The framework for the Civil Society Mobilization Strategy will be further developed at the CAPACITY regional civil society mobilization meeting early next quarter. Preparations for the meeting were made during this quarter.

Operational Development/Institutional Development (OD/ID) Training Modules

Criteria were developed for determining which organizations are able to participate in OD/ID training workshops:

- NGOs should have solid experience in the provision of HIV/AIDS prevention and/or care and support services to the most vulnerable communities, especially injecting drug users and sex workers;
- NGOs should have the potential and interest to take on the role of an “umbrella” organization – i.e. developing skills to provide onward technical support to other NGOs and community-based organizations;
- NGOs should undertake to share lessons learned and promote good practice at the regional level.

Comprehensive Model Development

Protocols with M&E Surveys for IDU and Sex Worker interventions were written and are being finalized. Terms of Reference for the HIV Prevention Specialist Consultants were developed and CVs were collected.

Condoms

3,684,384 condoms were imported to Kazakhstan from Germany for packaging and for further distribution to Kyrgyzstan, Uzbekistan and Tajikistan.

B.2. Kazakhstan

Participation in Stakeholder meetings and Collaboration

CAPACITY continued to build collaboration in Kazakhstan this quarter. Staff participated in several meetings and forums, including the NGO Forum and the meeting of the National Association of Organizations who Work in the HIV/AIDS and drug addiction field. CAPACITY staff also met with staff from UNICEF to discuss possible collaboration in southern Kazakhstan, and met with the Epidemiology and Surveillance Department of the RAC to advocate for 60 Plus activities.

Interventions with Injection Drug Users (IDU)

Ilichevski District, Pavlodar City: Pavlodar was selected as a site for a government-based comprehensive prevention model (working with the Oblast AIDS Center) targeting IDUs. A site portfolio was developed in preparation of the HIV Prevention Consultants' visit during the next quarter.

Trainings: Two TOT with 37 participants were conducted for outreach workers (current or ex-IDUs) from the NGOs Victoria and Turan and the Oblast AIDS Center.

Mini-sessions: 60 mini sessions were conducted with participation of 70 IDUs.

Collaboration with Local Partners: Involvement of local government and NGO partners is very important for the success of all CAPACITY models. As such, round tables and meetings were held to discuss collaboration, partnership, and monitoring of data through a uniformed database system utilizing a common unique identification code (UIC) were held with NGOs Viktoriya, Turan, Osvobozhdenie, and Anti-AIDS, as well as specific discussions with the Director of NGO Viktoriya about the comprehensive prevention packages for IDUs based on Motivational Interviewing principles and readiness of Viktoriya to support CAPACITY's prevention activities.

Interventions with Sex Workers

Almaty (Salina, Sephulina and Auesova Streets): The target sex worker population at this site totals 3,000, and to date, 1,989 sex workers have been contacted for a coverage rate of 66%. During the present quarter, 493 sex workers were contacted during 15 trainings and 369 mini-educational sessions. 2,240 hours of Sex Work mini-sessions (covering the themes of HIV/AIDS, STIs, Communication Skills, Responsible Behavior, and Condom Use) were held. 9,498 free *Favorite* condoms and 3,808 brochures ("HIV/AIDS", "STI's". "Condom Is My Protection", "Access Your Own Risk") were distributed.

Two Trainings of Trainers were held for new potential outreach workers with 9 participants. 2 new trainers were chosen to join the Outreach team. There are now a total of 8 outreach workers targeting sex workers in Almaty on the Saina, Seihullina, Auesova and Tsum (new) streets and districts.

On World AIDS Day, 3 edutainment events with 64 participants were conducted under the slogan "Stop AIDS – Keep Your Promise" at Saina, Auezova and Seifullina Streets focusing on HIV/AIDS/STI prevention and condom use.

Interventions with Vulnerable Youth

CAPACITY Youth Power Center (YPC) (Almaty)

Peer Education: 436 (164 male, 272 female) vulnerable youth participated in 45 minutes CAPACITY YPC peer education sessions located in Almaty, Jetysuiski district that informed them about the HIV/AIDS/STIs issues, personal risk assessment, means of protection and condom use, linkage between HIV/AIDS and injecting drug use, and the availability of referral systems to free VCT, STI treatment, social services, and alternative activities (see below). 10 peer educators conducted these sessions. Average pre- and post-test scores for peer education sessions conducted during this quarter are 67% and 85% respectively.

TOTs; 2 TOTs were provided for 32 participants.

Mini-sessions: 108 mini-sessions were conducted for 149 participants.

Alternate Activities: 193 vulnerable youth participated in more than 11 different types of alternative activities (sport clubs, language classes, tourism club, womens club, dance club, music club, etc.) provided by the YPC.

Peer Outreach: 128 vulnerable youth were contacted in non-traditional sites (streets, parks, discos, etc) through the CYPC Program in Kazakhstan to inform them about HIV/AIDS issues, personal risk assessment, means of protection and condom use, and availability of treatment, social services and alternative activities.

Youth Friendly Counseling: Two counselors (gynecologist and psychologist) provided counseling/psychological services to 20 (3 male, 17 female) vulnerable youth in CYPC to help them cope with a broad range of health-related problems.

Collaboration with Local Partners: The CAPACITY YPC is being implemented as a model to demonstrate the potential effectiveness toward HIV prevention. As such, it is important that local partners are involved from beginning to end so that at the end of the model period, there is potential for scaling-up. To this end, various meetings to discuss the model, collaboration, and partnership were held with the Head of the Department of Health of Almaty City, the Head of the Municipality Fund of Youth Affairs, the Director of the Republican AIDS Center, and the NGOs Peer to Peer, and Youth against AIDS.

Non-YPC Activities focused on Vulnerable Youth

Almaty City: Almalinski, Jetysuiski, Turksibski districts: The target vulnerable youth population at these site totals 91,716 (City Statistics State Board on quantity of youth at age 15-24). These sites were proposed by Republican AIDS Center based on HIV prevalence rates, drug availability, and social and economic environment. The Current targets are set to at least 60% coverage, or 55,029 vulnerable youth. During the current quarter, 3,448 vulnerable youth were covered with various activities described briefly below.

- **Mini sessions:** 455 peer sessions (9,566 hours) with 2,769 newly contacted vulnerable youth.
- **Events:** 23 events covering 679 youth at risk in Almaty. Volunteers and trainers conducted street activities near the youth center. Other events at the center included World Aids Day, Volunteer's Day, and New Years Day. For all of these events, volunteers developed scenarios with games, competitions, and prizes.

- In October and November, several actions were conducted together with the State Foundation of Youth Politics of Almaty. At the actions, volunteers held mini-sessions, distributed “personal risk assessment” questionnaires, and gave away brochures and condoms.
- **Condoms and brochures:** 2,323 educational brochures and 2,050 condoms were distributed among vulnerable youth.

World AIDS Day Events

In December, large actions were organized devoted to World AIDS Day in some schools (#35, 144, 205, 14, and 53) and some colleges (Turan, Satek #5, Medical College, and the Dormitories of the Agriculture and Pedagogical Colleges of Almaty). For these events, the “Safety Route” had been developed (which covered such topics as HIV/AIDS/STIs, ability to determine condom quality, condom as a means of protection from HIV/STIs, personal risk assessment (theater of risk), drug use (reasons and consequences of engaging in drug use).

Partner’s Trainings

Together with UNESCO and the National Center for Healthy Lifestyle, TOT for the students of the 9th and 10th grade was held at the Pedagogical College, December 7-8, 2005.

Database

Unique Identifier Code (UIC) database was installed and established in the National Center for Healthy Lifestyle, and the NGOs Peer-to-Peer (Almaty), Youth for Healthy Lifestyle (Pavlodar), SAU Urpak (Karaganda), Zhambyl Zhastary (Taraz). All organizations will provide their monthly reports on coverage of target group using this unified database.

Increasing Access to Condoms through Social Marketing

- During the quarter, 25,586 gross condoms were imported from Germany.
- PSI Kazakhstan applied to MOH on import licensing of coming export of condoms to Uzbekistan (6,000 gross), Tajikistan (3,000 gross).
- Eleven lots of new condoms were certified.
- 458,190 condoms were sold and 13,253 condoms were freely distributed during various events and educational activities.
- PSI Kazakhstan signed contract with FMCG company located in North Kazakhstan for further establishment of distribution center on North and Central parts of Kazakhstan.
- PSI Sales Team provided 28,000 units of condoms to Almaty Oblast AIDS Center.
- 90,204 condoms were sold as direct Hot Zone Sales targeting sex workers.

B.3. Kyrgyzstan

Interventions with Sex Workers

Osh: Osh was selected as a site for a government-based comprehensive prevention model targeting sex workers. A site portfolio was developed in preparation of the HIV Prevention Consultants’ visit during the next quarter.

Interventions with Vulnerable Youth

5,205 vulnerable youth were contacted this quarter through mini-sessions and outreach. Two TOTs for 23 participants in Kara Balta were conducted, and the CAPACITY UIC Database was installed in the NGO Youth of the Nation which will start reporting coverage from the next quarter.

Increasing Access to Condoms through Social Marketing

8,850 units of condoms were distributed in Kyrgyzstan and 40,764 condoms were sold as direct Hot Zone Sales through this quarter. The low number is due a stock-out situation in Kyrgyzstan. Reasons for the stock-out situation are connected with the recent political situation in Kyrgyzstan and the absence of a clear tax exemption system for international organizations operating there. The situation is still unclear CAPACITY continues to search for possibilities of restocking condoms to improve sales.

B.4. Tajikistan

Advocacy for 60 Plus

CAPACITY held meetings with RAC, UNDP, GF GIU, UNAIDS, DFID, OSI, GF sub-recipients, Tajik Association of Harm Reduction, NGO of PLWHA Guli Surkh. Resulting from the meeting was:

- an understanding on the importance of scaling up coverage of key vulnerable groups including IDUs and sex workers, with comprehensive, minimum packages of prevention services;
- a general acceptance of the 60 Plus strategy by all stakeholders and a willingness to share information and participate in the process of preparation, development, and implementation of interventions; and
- a recommendation to include the 60 Plus Strategy into the new National Strategic Plan for HIV/AIDS.

Interventions with Injection Drug Users (IDU)

86 IDUs were contacted in Dushanbe, 26 IDUs contacted in Khojand.

TOT: One Training of Trainers conducted with 24 participants from NGOs Volunteer, Nur and Mehr, all of whom are working with IDU's in Khorog.

Mini-Sessions: 29 mini-sessions were conducted by Outreach Workers in Khojand, Dushanbe, and Khorog.

Trainings: 28 Trainings were conducted with 161 IDU participants (in Khojand, Khorog, and Dushanbe). Modules covered included: Principles and Methods of Motivational Interviewing, Obstacles and Overdose Issues.

Interventions with Sex Workers

Khojand, Tajikistan: Khojand was selected as a site for a NGO-based comprehensive

prevention model (working with NGO DINA) targeting sex workers. A site portfolio was developed in preparation of the HIV Prevention Consultants visit during the next quarter.

Mini-Sessions: 36 peer educational sessions were held with 135 sex workers in Khojand and 69 sex workers in Dushanbe. The total number of hours spent by youth in mini-sessions this quarter were 810 in Khojand and 474 in Dushanbe.

World AIDS Day: 2 edutainment events with 47 participants were conducted in devotion to December 1 – World AIDS Day under the slogan “Stop AIDS – Keep Your Promise” in Khojand and Dushanbe.

Finally, a total of 644 brochures and 898 condoms were distributed to sex workers during the quarter.

Interventions with Vulnerable Youth

Dushanbe: 2,851 vulnerable youth were contacted during the quarter. Major activities included:

- **Mini-Sessions:** 390 mini-sessions were conducted for a total of 7,208 hours, with 1,470 participants.
- **Edutainment Events:** 24 events were conducted with 1,381 participants.
- 2,636 brochures and 200 condoms were distributed.

Khojand: 8,206 vulnerable youth were contacted during the quarter. Major activities included:

- **Mini-Sessions:** 445 mini-sessions were conducted for a total of 7,380 hours, with 1,450 participants.
- **Edutainment Events:** 14 events were conducted with 6,756 participants.
- 6,191 brochures and 270 condoms were distributed.

Database

Unique Identifier Code Databases were installed in NGOs Volunteer, Nur, and Mehr.

Increasing Access to Condoms through Social Marketing

155,100 condoms were disseminated during October-December 2005. Of this number 17,670 condoms were distributed as part of free distribution for promotional and educational events.

The Ministry of Health (MoH) in Tajikistan is required to control the distribution of Favorite condoms. To negotiate that problem, CAPACITY/PSI sales department organized a series of round tables and meetings with the Ministry of Duty and Taxes and the MoH. As a result sales were rehabilitated in Dushanbe and southern regions of Tajikistan.

In addition, procedures were started this quarter to obtain the official permission of the MoH for dissemination of Favorite condoms to retail outlets located in “hot spots” of Dushanbe, Khojand and Khorog where target groups are concentrated. During this quarter, 38,405 condoms were sold as direct Hot Zone Sales.

B.5. Uzbekistan

Mahalla Approach

A series of meetings were provided with mahalla leaders in Tashkent City and Oblast in order to discuss possible ways of involving mahallas in work on HIV/AIDS prevention among vulnerable groups. Meetings with NGOs working with vulnerable groups and trust points were organized. During these meetings, the possibility of cooperation with mahallas, trust points and NGOs was discussed. Based on information gathered during the meetings, the National Expert Group started to develop a concept paper on targeting vulnerable groups through mahallas under the 60 Plus Strategy. This idea was also supported by CAPACITY partners, including GFATM, RAC, and others.

CAPACITY visited a trust point supported by World Vision International in order to learn about their outreach workers, the target groups they work with, their technical capacity, and other issues, which will be useful for cooperation in a future Mahalla Model of implementation.

Thematic Working Group on HIV/AIDS and IDUs

The CAPACITY Project participated in the First Initiation Meeting of Thematic Working Group (TWG) on HIV/AIDS prevention, care, and treatment among IDUs under the Expanded UN TG on HIV/AIDS in Uzbekistan. Around 40 representatives of governmental organizations, NGOs, and international organizations working on HIV/AIDS among IDU, including DfID, the Global Fund PIU, UNAIDS, and others. At the meeting, it was decided to maintain a TWG for technical experts on HIV/AIDS and IDU to meet at least once each month to share information and experiences, develop shared understanding of existing problems and facilitate agreed-upon solutions.

Interventions with Injection Drug Users (IDU)

Tashkent: Tashkent was selected as a site for a comprehensive prevention model targeting IDUs. A site portfolio was developed in preparation of the HIV Prevention Consultants' visit during the next quarter.

Interventions with Sex Workers

Chilinzar District, Tashkent: There are 1,500 sex workers being targeted in Chilinzar District, Tashkent. Activities conducted this quarter include:

- **Mini-Sessions:** 1,206 mini-sessions were conducted in apartments, in cafes and on the streets reaching 1,282 Sex Workers. These mini-sessions totaled 543 hours. There were also 24 mini-sessions conducted with regular sex worker's clients in places convenient to them (e.g. café, street).
- Outreach-workers distributed more than 3,256 brochures in Russian and Uzbek languages, and 1,158 condom samples.
- **Trainings:** 6 mini-trainings were conducted in the private clinic Favorite and in Café Shuhrat for 49 regular sex worker's clients on topics including HIV/AIDS/STI prevention, condom use, and safer sexual behavior.

- **Edutainment Events:** 25 events were held with 78 sex worker participants.
- **Medical Treatment Referrals:** A medical treatment referral campaign among sex workers, called Health with FAVORITE, started in during this quarter. 20 sex workers received examination and treatment by a physician-gynecologist.

Interventions with Vulnerable Youth

Six Districts of Tashkent: Within the six targeted districts of Tashkent, there are 283,878 targeted vulnerable youth. During this quarter, there were 5,576 participants in CAPACITY activities. Activities this quarter include:

- **Edutainment Events:** 20 events were held covering 1,570 participants in schools, colleges, lyceums, and institutes.
- 1,088 condoms and 7,644 brochures were distributed.
- **Peer Education Mini-Sessions:** 1,966 educational sessions were conducted by 12 peer educators on the topics of HIV/AIDS, STI, condom use, safe behavior, critical situations involving heroin and injecting drug use, group pressure for using drugs. Participants of these sessions totaled 4,006, and included 15-16 year old inmates of the psychological rehabilitation center, Mehr Tayanchi, and students of schools, colleges, and lyceums, and institutes in Tashkent City.
- **World AIDS Day events:** Starting from November 28 till December 22, CAPACITY worked in collaboration with local NGOs National Health Center and Rural Women Support Center, the Mahalla Fund, Tashkent City and Tashkent Oblast AIDS centers, local government, and other partners to conduct a series of events dedicated to World AIDS Day. Overall, 22 events including HIV/AIDS prevention education sessions were held in schools, lyceums, colleges and mahallas of Tashkent City and Tashkent Oblast. More than 1800 youth representatives and 100 mahalla activists from 16 different mahallas actively participated in these events.

Increasing Access to Condoms through Social Marketing

During this quarter, 143,844 Favorite condoms were disseminated. 60,486 condoms were sold as direct Hot Zone Sales.

Fund “Ibn Sino” International Conference “Grand Heritage and Health of Nation” in Bukhara

The CAPACITY Project participated in the International Conference “Grand Heritage and Health of Nation” in Bukhara. The conference received wide participation from multiple countries, including those in Central Asia, India, Iran, and others, and from multiple international organizations and governments. CAPACITY had the opportunity to lead a roundtable on HIV/AIDS and Drug Use Prevention. During the roundtable, the Conference resolution on HIV/AIDS, which corresponds to the CAPACITY Strategies to a great degree, was developed and approved by all participants.

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

C.1. Regional

Drug Flow Analysis Data Collection Instrument Development

As countries begin ARVT rollout, the initial challenges in ARV management appear to be in the area of selection, procurement, and pricing. For this reason, a data collection instrument is being designed to assess national decisions around selection of ARV medicines, including use of generic ARVs and dosage forms, procurement mechanisms for ARVs, ARV prices, and quantification methods. This questionnaire will be distributed and results will be reviewed and collated during the coming quarter.

Voluntary Counseling and Testing

CAPACITY began to formulate plans for improving quality of VCT services. Discussions have begun within the regional office as well as with other stakeholders, especially AFEW. There seems to be an interest on the part of AFEW to take a lead in this area since they have already been involved in the training of counselors for VCT. Systematic linking of these trained counselors with existing laboratory services for diagnostic testing is needed. These discussions and planning will continue during the next quarter with CAPACITY hiring a regional consultant on VCT.

C.2. Kazakhstan

TB and HIV Services Interaction

CAPACITY participated in the newly formed TB/HIV working group in Kazakhstan. Discussions were also held with Project HOPE and AFEW about possible collaboration in this area.

Discussions on ARVT

CAPACITY has had early discussions with the RAC on ARVT in Kazakhstan. Staff also participated in a workshop and round table on adherence issues and ARVT.

C.3. Kyrgyzstan

ARV Initiation and Adherence

While ARVT medical services have been successfully established in Kyrgyzstan, patient uptake of ARVT program has been alarmingly low. Of the 49 documented AIDS patients that qualify for ARVT in Kyrgyzstan, 32% (19 patients) have chosen to refuse ARVT and the adherence among those being treated is variable. This response rate is typical in IDU populations globally and can be expected in neighboring countries as they begin to roll out ARVT services. As such, in order to optimize efficiency of treatment programs, there needs to be interventions and programs to improve patient willingness to initiate and maintain ARVT. A small research protocol is being developed for rapid assessment to identify barriers to ARVT initiation and adherence in Kyrgyzstan. It is expected that the assessment tool can be used in other settings and will provide some insight into programmatic and policy

changes to promote ARVT adherence. The field work is expected to be conducted during upcoming quarters.

Promoting Linkage of HIV/AIDS and TB services

Orientation Meeting with Health Managers: An orientation meeting was held for health managers in TB/HIV model implementation area of Chui Oblast. During the meeting, discussions included mechanism of collaboration between TB and HIV/AIDS services, information on specifics of TB infection in HIV-infected patients, and information on combining ARV treatment and anti-TB treatment in HIV-positive patients with TB. More than 40 health managers from Chui Oblast participated in the orientation.

Creation of National Team of Trainers: Twenty six (26) health care specialists were trained on the specifics of TB-infection in HIV-infected patients including diagnosis, clinical manifestations, and case management. Participants gained expertise and practical skills of combining ARV treatment and anti-TB treatment in HIV-positive patients with TB. By the end of the training, a core team of 11 national trainers was created for onward training of specialists for the management of patients with dual HIV/TB-infection.

Monitoring and Evaluation of TB/HIV Interaction: More than 40 specialists from Chui Oblast participated in a seminar on monitoring and evaluation. Topics covered included general information on the M&E system, M&E indicators, registration forms, and assessment procedures. An M&E team of 5 specialists was selected to monitor the TB/HIV interaction model implementation.

Refresher Training for National Trainers: Onward training of 25 medical specialists from the model site in Chui Oblast was conducted. Nine (9) of the core national trainers participated as co-trainers. The purpose of the training was two-fold. It was a refresher training for the 9 core trainers, and training on management of dual-infected patients for the medical specialists so they can begin the implementation of the model. The next onward training, planned for the next quarter, will use 6 of the 9 core trainers, who will conduct the training on their own.

Collaboration with Other Stakeholders: Meetings were held with Project HOPE, WHO, the MoH, the director of the AIDS Unit, CitiHope Project, and MSF to discuss issues of cost sharing and collaboration in the TB/HIV model implementation.

C.4. Tajikistan

Interaction of HIV/TB services

MoH Prikaz: The Minister of Health issued Prikaz #572 “On strengthening measures for combating dual HIV/TB infection in the Republic of Tajikistan,” approving the package of documents prepared and adapted by the Thematic Working Group on HIV/TB Interaction with CAPACITY support. Thus approval for implementation of HIV/TB model in Tajikistan is obtained.

Monitoring and Evaluation of TB/HIV Interaction: Monitoring and evaluation of the TB/HIV interaction model is needed to ensure timely adjustment of the model and measurement of its success. A training on M&E was held to familiarize 26 TB, HIV and

medical statistics specialists and health care managers with general information about the M&E system, to present developed M&E indicators, to discuss and improve proposed registration forms, to develop M&E schedule and work plan, to discuss and finalize assessment procedures, and to establish a 6 person monitoring team.

Refresher training for the National Trainers: A national core team of trainers (6 persons) was selected from among 25 national trainers trained by CAPACITY for conducting independent cascade trainings for local medical specialists in the HIV/TB interaction model site (Dushanbe). The core team underwent refresher training, and co-trained Kyrgyz national trainers in Bishkek, Kyrgyzstan to improve the quality of their training skills and refresh their knowledge on HIV/TB interaction issues.

Onward Training of Medical Specialists: The first training of the series of 3-day trainings on detection and treatment of patients with dual HIV/TB infection was conducted by the national trainers. 39 medical specialists from HIV, TB, and Primary Health Care services from the model site (Dushanbe) participated. The training covered:

- specific and general knowledge about TB infection in HIV-infected patients, including clinical manifestations, proper methods of detection, differential diagnosis and verification;
- practical skills of combining ARV treatment and anti-TB treatment in HIV-positive patients with TB;
- guidelines linking HIV/AIDS services and TB services for management of patients with dual infections.

Another 61 medical specialists are scheduled for this 3-day training in the next quarter.

Involvement of NGOs in HIV/TB Interaction Model: CAPACITY Regional Team visited the NGO Guli Surkh, and NGO of people living with HIV/AIDS (PLWHA). During the visit, 10 PLWHA were interviewed, examined and consulted on HIV/AIDS and related opportunistic infections including TB. HIV professional from the Republican AIDS Center received on-site training on diagnostics of TB and other opportunistic infections in HIV-positive patients. CAPACITY was requested to arrange similar on-site training for the national trainers.

C.5. Uzbekistan

Interaction of AIDS/TB Services

Orientation Meetings with Health Managers: CAPACITY conducted two orientation meetings for health managers in Tashkent and Tashkent Region in preparation for the TB/HIV model implementation.

Onward Training for Medical Specialists: With technical assistance and supervision from CAPACITY, 6 three-day trainings for medical specialists from model sites (Tashkent City and Tashkent Oblast) on detection and treatment of patients with dual HIV/TB infections were conducted by the CAPACITY-trained national trainers. The Training agenda was developed by the team of national trainers. The first training served as a refresher training for 8 additional national trainers. Overall, the trainings have covered 142 specialists from both AIDS and TB Services. In the next quarter, trainings will be held for another 60 medical specialists.

M&E on Model Implementation: Successful implementation of the AIDS/TB Interaction Models will be impossible without a well established system of registration, monitoring, and evaluation of the activity results. Management personnel and M&E specialists from TB and HIV hospitals from the pilot regions were invited to participate in M&E trainings. TB and HIV specialists were trained in clinical management of dual infections, but they did not have tools to register and monitor their patients and treatment outcomes. Dual infections had not been registered and no forms and registers had existed in the country. During these trainings, a list of indicators was developed for the HIV/TB collaborative activities. Annexes to registration forms for both TB and AIDS services were finalized and submitted to MoH for consideration and the reporting mechanism was developed. The Annexes to registration forms were approved by MoH together with the list of National M&E Team members.

Since the Models on Interaction of AIDS/TB Services have already started work in the model sites, National M&E Team traveled around medical institutions of Tashkent City and Tashkent Oblast with the purpose of gathering information (using the M&E forms) and conducting interviews with health care specialists and patients regarding model implementation. Overall, 35 physicians and 39 patients have been interviewed in 19 medical facilities. The results of the initial evaluation of Model Implementation will be analyzed and discussed at TWG Meeting on during the next quarter.

ARV Therapy (ARVT)

The CAPACITY project received a request from the Republican AIDS Center (RAC) and GFATM PIU to conduct an orientation meeting and a two-step training on effective ARV treatment using global best practices. On October 24, 2005, the Orientation meeting for health managers took place. The purpose of this meeting was to orient health managers from all regions of Uzbekistan on ARVT related issues and current and planned activities on providing ART in the country.

Following the Orientation meeting, a five-day training on Major Aspects of Providing ARVT began, during which 36 medical specialists were trained. In order to make the training most effective, CAPACITY hired a consultant from Ukraine and three trainers from Kazakhstan. All of them have great experience in various aspects of providing ARVT in their countries, which they willingly shared with training participants. The Orientation meeting and training were organized in collaboration with the AED/START Project.

Besides the main training, a separate one-day training on ARVT with additional 11 participants (nurses from medical institutions where ARVT will be provided) was conducted by the Main Nurse from the AIDS Center in Kazakhstan. She has great experience in providing ARVT to more than 200 HIV-infected patients. She provided this training, which turned out to be extremely useful and productive for the participants. The nurses gained general theoretical knowledge on ARVT and received all necessary handouts and presentations, and successfully passed the post-test. This activity was very important since the role of nurses is significant in providing quality ARVT to AIDS patients.

As soon as ARV drugs are available in Uzbekistan, ARVT starts, and the medical specialists trained during ARVT training have some initial experience, it is planned to provide further ARVT training based on questions and queries that arise during the first months of providing ART.

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

D.1. Kazakhstan

Patient and Fund Flow Analysis

Protocols for assessments of existing functionalities, financing and patient flow in HIV/AIDS-relevant service systems (i.e. TB, STI) were finalized through pre-testing, and translated into Russian. RAC in Kazakhstan and Karaganda Oblast Health Department officially approved Karaganda as the site/oblast for the assessments. The sampling frame, implementation plan, and study team for the Karaganda assessments were finalized and the assessments were initiated.

D.2. Tajikistan

Introduction to Integration of HIV/AIDS Services

An introductory investigation was made in Tajikistan to study the HIV/AIDS-relevant service delivery systems. Meetings were held with officials at the MoH, Republican AIDS Center, and various HIV/AIDS-relevant services (e.g. TB, STI, Narcology, and SES). Officials and managers of these services were briefed on the CAPACITY strategies for possible linkage of relevant services (e.g. HIV/AIDS-TB) and integration of HIV/AIDS services with PHC and other health services. There was widespread recognition of the need for better linkage of the HIV/AIDS services with TB, STI, reproductive health, and the gradual integration of HIV/AIDS services with PHC and other general health services – to the extent feasible and possible. They expressed intentions to strengthen collaboration with the CAPACITY project and endorsed CAPACITY's future plans to conduct functionality, funding, and patient-flow analyses of the HIV/AIDS and relevant service systems, and base the future activities on integration of HIV/AIDS services with PHC and other health systems on the corresponding findings.