



Sister to Sister

USAID-funded Drug Demand Reduction
Program in Uzbekistan, Tajikistan, and the
Ferghana Valley Region of Kyrgyzstan (DDRP)

DDRP BEST PRACTICE
COLLECTION

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- **“Sister to Sister”**
- Drug Demand Reduction Program
- Unique Identifier Code
- Treatment Readiness for Drug Users
- Drug free Treatment and Rehabilitation for Drug Users
- Drug free Public Social Spaces
- Drug Demand Reduction Education and Referral of Migrants
- Youth Power Centers
- “Break the Cycle”
- Youth Positive Development

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INTRODUCTION AND OVERVIEW

The USAID-funded Drug Demand Reduction Program (DDRP) aims to address social problems among vulnerable populations involved in or at risk of involvement in drug use in Central Asia. DDRP activities in Uzbekistan, Tajikistan and the Ferghana Valley Region of Kyrgyzstan are a response to the dramatic rise in opiate injection in the region.

The term “drug demand reduction” is used to describe policies or programs aimed at reducing the consumer demand for narcotic drugs and psychotropic substances covered by international drug control conventions [1]. The countries covered under this program have experienced significant increases in opiate consumption due to geography and recent socio-political events including the collapse of the Soviet Union and the Afghan conflict. Heroin transiting through these countries has created epidemics of drug use, undermining already fragile economies and threatening to overwhelm health systems with HIV. This has also occurred in other nearby former Soviet republics. DDRP’s mission is to engage all levels of society in reducing demand for heroin and other opiates. The program began in 2002 and will cease in 2007.

The Drug Demand Reduction Program involves a network of leading international organizations active in HIV prevention and drug demand reduction in the region.



■ *The key components of DDRP are:*

- educating target populations on drug-related issues
- promoting healthy lifestyles
- providing access to alternative occupational and leisure activities
- assisting in solving social problems
- supporting the development of pragmatic drug demand-reduction strategies at national and local levels.

This Sister to Sister Model is one of ten developed under DDRP for replication and contribution to HIV and drug demand reduction policy and program development in the Central Asian region.

What is the DDRP Sister to Sister model?

DDRP implemented nine Sister to Sister projects on drug demand reduction in Tajikistan and Uzbekistan. These projects were targeted at both rural and urban vulnerable women. Six sites were visited to capture the experience of these projects as they were implemented and evolved. The lessons learned were distilled to produce this DDRP Model.

"Vulnerable women" includes women who are poor, divorced, widowed, recently released from prison, or whose husbands are heroin-involved (trafficking, circulation, or use) or have migrated in search of work, leaving their families behind. Young women who have moved to the city unaccompanied are also considered vulnerable.

Vulnerable women, particularly those with a low level of education, are at risk for involvement in drug and sex economies, both of which are strongly associated with heroin/opiate use.

■ *The DDRP Sister to Sister Model addresses issues that have exacerbated female poverty and driven ever-increasing numbers of women in Central Asia toward drug-related crime and sex work. These issues include:*

- Male economic migration to Kazakhstan, Russia and beyond, leaving women with pressing needs for income but few choices for earning income;
- Increasingly traditional gender roles and expectations, especially in rural areas, again limiting women's ways of earning income;
- Women's diminished access to education and socialization as well as to employment;
- Economic and social pressures contributing to low self-esteem, poor life skills and depression.

Across Central Asia, local community and religious leaders are increasingly recognizing the negative impact of female poverty on their societies. The DDRP Sister to Sister Model aimed to collaborate with communities to address this poverty and the complex relationship between female poverty and vulnerability to drug use and crime.

Individual projects covered by this Model targeted women from adolescence to middle age. Each of these interventions focused on reducing the economic and emotional vulnerability of women to criminal drug trafficking activities, drug use and sex work. Methods to achieve these results combined drug demand reduction education with a variety of skills training and other activities. There is a referral system for treatment readiness, drug use treatment and rehabilitation programs for women drug users and those who are not themselves drug users but live in families where men use drugs.

BENEFITS OF THE SISTER TO SISTER MODEL

Sister to Sister is an appropriate approach to reach this marginalized population

In some target provinces, there were doubts whether projects could reach women and girls with education and activities, as strict traditional approaches to child-raising and women's roles might prevent their involvement. However, through careful advocacy and explanation with local authorities, and by tailoring skills-building and other activities to fit local conditions, projects were able to reach substantial numbers of women and girls. The project in Istaravshan city, in Sughd province in Tajikistan, initially planned to attract 30 female students to drug demand reduction activities, but double this number were recruited in two groups.

Credible, relevant education and information is the backbone of an effective response to preventing drug use and related harms. Education needs to be credible to the target groups, if messages are to be effective. In the case of DDRP Sister to Sister projects, each project sought to identify issues of importance to women as well as the community leaders of the environments in which they found themselves. The problems created by male economic migration resonated strongly with community leaders and women across the region and provided a credible context for all interventions.

Projects led to greater recognition of women's and girls' vulnerability to drug use and crime

It has been found in many contexts that women are less likely to discuss personal or family drug use, and less likely to seek specific assistance for these issues than men [2]. This leads to a lack of visibility of the problems faced by women and girls related to drug use and crime. Through advocacy and explanation, several projects have raised the visibility of these issues at the local level.

Sister to Sister led to significant benefits for individuals

Profound changes in self esteem, appearance and communication style were noted at a number of projects following relatively short interventions at low cost. One graduate from the first Tadbirkor Ayol project in Samarkand, Uzbekistan, successfully applied for funding for an entrepreneurial interest free loan: with this assistance she purchased commercial cooking equipment and started her own small business. Changing attitudes toward female education and employment were observed in Sheykhak village. Local parents are increasingly responding to pressure from daughters to allow them to complete school, and local families have noted women are able to feed their families and able to help their relatives.

Projects led to further ideas for promoting business and other opportunities

Sister to Sister projects led non governmental organizations (NGOs) and other agencies to identify further business opportunities appropriate to the region. These opportunities ranged from vegetable greenhouses in Samarkand (Uzbekistan) and plans to provide on-site education for vulnerable women at a communal housing project in Khujand (Tajikistan) to a dedicated retail outlet in Dushanbe (Tajikistan). Provision of commercial courses alongside non-commercial courses was seen as offering greater scope of sustainability in Chirchik (Uzbekistan); computing and professional food service courses are two such opportunities. Several projects have resulted in commercial organizations being approached to sponsor further training and new opportunities.

LITERATURE REVIEW

This is a brief literature review covering issues of female vulnerability and drug demand reduction. It is an overview of the theoretical assumptions underpinning the individual projects within the DDRP Sister to Sister Model.

Male migration

Male rural-to-urban and external migration to Russia affects Uzbekistan, Kyrgyzstan and Tajikistan. Males leave behind responsibilities and a significant workload to female-headed households. Labor migration has also contributed to polygamy and divorces. The process has been accelerated by the outflow of the young, less conservative, more educated and mobile segment of the population [3]. Male economic migrants returning from Russia are locally regarded as the source of HIV and drug use. There is some evidence for this from the academic literature, at least in Tajikistan [4].

Resurgence of traditional values

While all three DDRP recipient countries remain secular, gender stereotypes based on tradition have been reinforced by conflict and mass labor migration and social insecurity. Although full gender equality was never achieved during the Soviet period before 1991, Central Asian women considered the right to education and full employment as the norm. With post-Soviet economic collapse, women were the first victims of widespread unemployment.

This was accompanied by increasingly conservative views, particularly in rural Uzbekistan and Tajikistan, that prioritize marriage above education and work [5]. Although the legal age for marriage in Tajikistan is 18 for women, as many as 76 percent of women are already married by age 17. There is evidence that early marriages and polygamy are increasing significantly in Tajikistan. Although polygamy is illegal, an estimated 30,000 women were widowed during the civil war and some of them had no choice but to remarry and become a second wife [6].

In Tajikistan, female-headed households find themselves in particularly difficult circumstances. Women are 56 percent of the registered unemployed and earn on average a monthly salary that is 1.5 times lower than that of men. In agriculture, the dominant sector of Tajikistan's economy, women do much of the hard manual labor for minimal wages that are delayed or not paid at all [7].

Feminization of poverty

The term “feminization of poverty” originated in U.S. debates about single mothers and welfare in the 1970s [8]. More recently this term has been used to describe economic crises and adjustments in Sub-Saharan Africa and Latin America. It has been used to mean that women have a higher incidence of poverty than men, that their poverty is more severe than that of men and that there is a trend to greater poverty among women. It is frequently used to describe the situation of Central Asian women [9].

Trafficking of women

The break up of the Soviet Union created a favorable environment for the recruitment of women and girls to trafficking. Women and children are trafficked for sex work, to convey drugs, for domestic and social servitude and for the removal of organs [10].

The traditionally strong patriarchal nature of Tajik and Uzbek societies renders women even more vulnerable to trafficking than in less conservative settings. In a study of trafficked women from Tajikistan, the following characteristics were most frequently found among trafficked women: single, age 20 to 26, living in either Dushanbe or Khujand, household heads, at least one child, from an ethnic minority, rural origins, and no higher education. In addition, 15 percent of the respondents were addicted to drugs [11].

One of the most important factors rendering women particularly vulnerable to trafficking is their cultural isolation from the outside world, and their perceived role in society which tends to restrict them to being housewives and child bearers. When the expected male support structures fail, they are left on their own. Women may be directly employed as drug traders and couriers. However, the most apparent solution for many women to maintain their living is to transpose their domestic experience to the outside labor market, where traffickers can easily claim a demand for cleaners, maids, babysitters and sex work [12].

Women and HIV

Younger women are at particular risk of HIV infection, both biologically and socially. Women are more vulnerable to HIV because of lesser economic certainty and diminished power to negotiate safe sex. For married women, economic uncertainty and the absence of restraint on male sexual activity

weaken marriage as a protective institution against HIV transmission [13]. HIV thus worsens pre-existing gender inequities.

Women and the drug trade in Central Asia

Rural women are especially likely to enter into the drug trade because of rampant poverty, discrimination and despair. Women have increasingly become the targets of law enforcement, and they comprise a growing proportion of Central Asia's prison population [14]. In Tajikistan, they make up 35 percent of all those convicted for drug related crimes, and in Kyrgyzstan 12.4 percent. Many women convicted of drug crimes in Tajikistan are war widows with multiple children and no legitimate means of earning a living. Social workers have found that even programs aimed at educating this group are often ineffective since the women simply see few options for feeding their families without other employment prospects [15].

Women drug users differ from male users in background, their reasons for using drugs, and their psycho-social needs. Women who are not themselves drug users but who live in families where men use drugs may experience social, health and economic disadvantages including domestic violence. Wives and daughters of male drug users are especially vulnerable in this regard. Women who use drugs are even more likely to be stigmatized by society than men. In each case, empowerment of women through education and vocational training is recommended [16].

INDIVIDUAL PROJECT DESCRIPTIONS

This section provides an overview of each site surveyed during the DDRP Sister to Sister Model development process. Six sites are reviewed:

- NGO “Sadokat”, Istaravshan city, Sughd province, Tajikistan
- Samarkand Business Women Association “Tadbirkor Ayol”, Samarkand, Uzbekistan
- NGO “Nuri Umed”, Dushanbe, Tajikistan
- NGO “Z. Rustamova Center of Women and Children Support”, Khujand, Tajikistan
- NGO “Assol”, Sheykhak village, Varzob district, Tajikistan
- Chirchik Shohsanam, Chirchik, Uzbekistan (previously NGO “Center of Social Adaptation and Reproductive Health”)

NGO “Sadokat”, Istaravshan city, Sughd province, Tajikistan

Istaravshan is a city of 53,000 people (2005) located 80 km south of Khujand, the capital of Sughd province in northern Tajikistan. It is a small, traditional city surrounded by nearby villages. Local risk factors include long-term absences of males as the result of economic migration, combined with an increased reliance on male breadwinners for economic support. In addition, there are frequent media reports of local families involved in the drug trade.

Sadokat was responsible for a DDRP Sister to Sister project that aimed to alleviate female vulnerability by helping local women to secure their economic futures. Additionally, Sadokat used its earlier experience with the United Nations Population Fund (UNFPA) in running seminars for schools, religious organizations and nurse training centers about health issues in Istaravshan and surrounding villages.

Significant assistance was provided by the city administration. This assistance was prompted by the suicide of a young local woman out of economic hardship. Her death also initiated a broader community discussion about the social crisis caused by male economic migration.

When the DDRP project commenced, there was a particular focus on female vulnerability resulting from male economic migration. Parents and community leaders were informed that vulnerable young women could gain some economic independence, develop vocational skills and health education through the project. Sadokat then undertook additional promotional activities, includ-



Golden embroidering class at Sadokat center, Istaravshan, Tajikistan

ing local TV advertising supplemented by word of mouth via personal networks. The combination of these promotional efforts was successful in attracting enrollments.

The Sadokat project started in November 2005. The target group was made of Tajik-speaking young women up to 25 years old from the city and surrounding region. Although the project originally aimed to educate only 30 women, strong demand

meant an additional group of 30 students was enrolled. Two days per week were devoted to practical work and one day to drug demand reduction education and health education. All activities were undertaken between midday and three in the afternoon, agreed as a suitable time with few domestic demands

■ *The following activities were undertaken by Sadokat:*

- The drug demand reduction component consisted of a range of interactive seminars and exercises, including Tajik versions of the Accord/Street Kids International videos “Golden Tooth” and “Karate.” Additional activities included poster production and role-playing.
- The vocational training component of the course produced traditional Tajik handicrafts including wall hangings, slippers and gold embroidered dresses. The initial student materials were provided to clients at no cost. The young women were encouraged to quickly move to generating their own commercial orders with ongoing practical advice from Sadokat. Many women already had sewing machines at home that had been provided by parents and husbands.
- The project acted as an informal drop in center, where project clients could socialize and work on their individual projects outside the hours of formal tuition. In addition, the first hour of each day was devoted to a one hour lunch in an inexpensive local restaurant as a way to improve the young women’s social skills.

Samarkand Business Women Association “Tadbirkor Ayol”, Samarkand, Uzbekistan

Samarkand is one of the largest cities in Uzbekistan and a regional center. This city of 360,000 people (1999) lies close to the Tajik border, and the major

city of its inhabitants are Tajik-speaking. Samarkand was on the Silk Road trade route between China and Europe. It also lies on drug routes from Afghanistan and has high rates of injecting drug use, tourism-driven sex work and HIV infection. The city has a high rate of unemployment and significant external economic migration of males to work in Russia and other countries.



Hothouse planing class at Tadbirkor Ayol, Samarkand, Uzbekistan

The Samarkand Business Women Association, Tadbirkor Ayol, ran a DDRP Sister to Sister project aimed at decreasing female vulnerability through vocational training and health education. Before September 2005, Tadbirkor Ayol was active in providing vocational education for local women. Courses included computer, hairdressing and carpet weaving courses. The Samarkand Business Women Association further

functioned as a source of business advice for local women. However, the directors of the Association had been unaware of the true extent of drug use and risk to local women. In 2005, Tadbirkor Ayol successfully applied for a DDRP Sister to Sister grant.

Tadbirkor Ayol initially approached *maballa* committees for advice about what vocational skills adolescent females might be most interested in developing. These discussions revealed a strong demand for vocational training in pastry-making and traditional culinary arts, to cater for events such as weddings and wakes. Both activities could provide instant income from home without expensive additional equipment. A roundtable project presentation was then organized for *maballa* representatives and parents in September 2005. Following this presentation, Tadbirkor Ayol again approached *maballas* and asked them to identify vulnerable individuals and families in genuine need.

Two courses, in traditional culinary arts and pastry-making, were offered to young women. The culinary arts course required young women to train in restaurants, which some parents initially opposed. Further discussions with parents convinced them of the merits of undertaking restaurant-based education. However, once the project commenced, it was word of mouth that proved most successful in generating very strong demand for enrollment in both courses

■ *Most participants in the Tadbirkor Ayol project were younger than 20, and the oldest was 36. Vocational and drug demand education was conducted two times a week for a total of five hours a week. During the first part of the day, one group would attend health education sessions for two hours and then go on to spend two hours on vocational education. During the second part of the day, the groups would be reversed. Over three months, two groups of 10 women completed the courses. The following activities were offered:*

- Drug demand reduction sessions featured health education, human rights and group counseling sessions with a psychologist. The Accord/Street Kids International interactive videos, “Karate” and “Golden Tooth”, proved to be very popular and had a marked impact on participants.
- Vocational education in culinary arts and pastry-making was provided to two groups. This was supplemented by basic first aid which was seen as offering immediate and long-term benefits to students and their families.

Several specialists were employed as staff on the project. Aside from the director and accountant, there was a part-time lawyer, counselor, narcologist, and psychologist.

NGO “Nuri Umed”, Dushanbe, Tajikistan

Dushanbe is the capital of Tajikistan with a population of 619,400 as of 2004. The city was badly damaged during the Tajik civil war from 1992–1997. Nuri Umed, a non governmental organization, implemented a DDRP Sister to Sister project in Dushanbe. Nuri Umed was located in part of a vocational training high school (PTU) and an adjacent boarding school. Many of the students at the boarding school were orphans from the civil war.

The Director of the Nuri Umed Sister to Sister project was a medical doctor and medical administrator, with significant experience working for Doctors without Borders (MSF) from 1997-2002. The aftereffects of civil war frequently led to client stress, domestic violence, depression and drug use. However, surveys conducted at that time also revealed minimal knowledge about drug use and strong stigmatization of drug users. In 2003, the opportunity arose to pursue an independent project. The project site was selected through research. A range of potential sites were investigated, and a PTU, located in a disadvantaged area with high drug use and in close proximity to three large markets on

the outskirts of Dushanbe, was finally selected. Further research revealed poor literacy levels and a lack of local recreational facilities for young people. Nuri Umed then undertook repairs using their own financial resources, while the NGO Counterpart Consortium provided non-financial assistance in the form of second hand clothing for project clients.

■ A total of 40 female high school age students, including 26 from the PTU and 14 from the boarding school, were enrolled. Each day class consisted of life skills, drug use prevention and vocational education. The following was provided:

- Basic life skills training was required to overcome initial hostility and suspicion from students. This consisted of basic social skills “mini-trainings”, including how to interact with strangers, answer the telephone and basic hygiene.
- Only after a rapport was developed was it possible to introduce drug use prevention. At that time mini-trainings were supplemented by individual psychological counseling with the goal of eventually establishing small group counseling sessions.
- Although sewing was tried initially, baking proved to be much more popular as a vocational activity. Small pies, or *pirozski*, were the first items baked, followed by more complex items.
- Before commencing food production, thorough medical examinations of each student were required to obtain government certificates of good health (*sanknizbki*).
- Nuri Umed collaborated with another NGO, Bonuvoni Navovar, to set up a food stall in a local market. This provided not only an outlet for production but further vocational training in sales. Representatives of that NGO provided further training at Nuri Umed in the production of more complex baked products. Other customers came directly to the Nuri Umed project from local markets to purchase goods.
- Everything was prepared and sold on the same day. Usually two to four different items were baked each weekday, and five to six were prepared



Drug use prevention class at Nuri Umed
Dushanbe, Tajikistan

on Saturdays. Baking on Saturdays started earlier to produce cakes for the large number of market customers on that day.

- The project has evolved to provide business training to Nuri Umed clients. All participants are now given regular reports about project profitability and the development of the business.



Art of cookery class at Nuri Umed, Dushanbe, Tajikistan

NGO “Z. Rustamova Center of Women and Children Support”, Khujand, Tajikistan

Khujand is Tajikistan’s second largest city and the administrative center of Sughd province. This city of 149,000 (2000) is situated on the Syrdarya river at the mouth of the Ferghana Valley. During the Soviet period, Khujand was known as Leninabad and had a large Russian-speaking population of professionals involved in the local mining industry. The DDRP Sister to Sister project in Khujand was conducted by the NGO Z. Rustamova Center of Women and Children Support, which is known locally as Rustamova’s Center. Rustamova’s Center worked to protect vulnerable women through life skills education, provision of healthy alternatives and increasing their awareness of the consequences of drug use.

Rustamova’s Center is located in a disadvantaged area on the outskirts of Khujand city. The area contains a high proportion of rural-to-urban migrants. It is an area with many illiterate and socially unskilled young people. As with many other communities in Central Asia, economic migration of males to Russia is a significant local issue.

The director of Rustamova’s Center is a former Soviet Olympic women’s archery champion and community leader. She is a strong advocate for the role of sports as a mechanism for revitalizing post-civil war Tajik society. Previously, Ms. Rustamova worked on donor projects for orphans as well as children with physical and intellectual disabilities.

■ *The DDRP Sister to Sister project at Rustamova’s Center commenced in December 2005. Three-month long vocational training courses were provided for 15 vulnerable women between the ages of 30-40. The*

educational component served 80 people, including children, in four groups made up of 20 people each. From among the permanent participants of the projects, 20 people received additional training in physical education as a part of a healthy lifestyle program. The following services were provided:

- Drug demand reduction and related education on health issues, with a focus on social impact, was undertaken at the beginning of the course. This was reinforced throughout the course, and referrals to health professionals for further counseling were offered.
- Lack of computer skills was identified as a particular barrier to re-entering the workforce for clients in the target group. Structured vocational computer training was provided once per week. Each session was scheduled for two hours, with an exam assessment at the end of the course.
- Basic business education was also provided to students. A business networking center, immediately adjacent to Rustamova's Center, provided actual opportunities for paid employment for several clients.
- Child care was provided to women during the educational sessions.
- Informal networking was an important component of the course. In addition to the formal classes, clients were invited to attend at any time to improve their computer skills and socialize.

Most members of the staff at Rustamova's Center were volunteers. Final year computer science students provided computer skills development and volunteer trainers provided health and drug demand reduction education.



Practical class at Z. Rustamova Center, Khujand, Tajikistan

NGO “Assol”, Sheykhak village, Varzob district, Tajikistan

Sheykhak village is located approximately 20 km from Dushanbe, in the foothills outside the Tajik capital. The local DDRP Sister to Sister project was implemented by the NGO Assol. Its goal was to strengthen the factors protecting young vulnerable women from involvement with drugs through life

skills education, provision of healthy alternatives to drug use and increasing awareness of the health and social consequences of drug use. In addition, the project provided street business poverty reduction for females using the Accord/Street Kids International model [17].

There are few local economic opportunities in Sheykhak, which has led to a high rate of migration to Russia among males. Further, parents in the village were generally opposed to educating their daughters. As a consequence, the number of instances of women driven to criminal activities out of economic necessity has increased.

Services in Sheykhak village began in 2003 with assistance from another local youth organization, the NGO Aurora. In 2004, Assol obtained DDRP funds and independent registration. However, when the center opened, local parents would not let their children attend. In response, staff organized a roundtable discussion with parents, the mahalla, the school and religious leaders. Following that discussion, Assol was strongly supported by the local community. Although Assol initially advertised in four villages surrounding Sheykhak, word of mouth through existing clients proved to be most effective promotional mechanism.



Courses at Assol education center for teenager girls, Varzob, Tajikistan

Sheykhak is one of five villages from which young women attended the Assol Sister to Sister project. Assol targeted primarily Tajik-speaking young women, from school age to their mid-twenties. At any time, approximately 40 young women attended the Sister to Sister project. Activities and seminars at Assol were conducted for 2 hours per day, at least twice weekly.

■ *Females from 7 to 22 years old attended various groups, depending on their age and interest. These included street business seminars and health education seminars. Separate sessions were run in mornings and afternoons to allow students from either morning or afternoon school timetables to attend. The following activities were conducted at the Assol Sister to Sister project:*

- Drug demand reduction and health education three times per week for two hours.

- Vocational activities were conducted every day in two-hour sessions. These included gold embroidery, Russian- and English-language lessons, and street business programs. Street business training included budgeting skills, marketing, customer service, role playing and the creation of basic business plans. After the business plan passed through a selection committee, a small amount of start-up capital was provided to successful applicants along with ongoing advice.
- Supervised social events and talent quests also encouraged socialization and mixing. Local youth were encouraged to use the facility as a drop in center and ask questions about any part of their lives in a safe environment where staff were not perceived as authority figures.
- Social activities and street business activities were both offered to local young females in the target age range.
- School contacts: local school teachers attended seminars at the project and at other times approached the project on their own initiative. There was no sense of competition between the project staff and local teachers.

Chirchik Shohsanam, Chirchik, Uzbekistan (previously NGO “Center of Social Adaptation and Reproductive Health”)

Chirchik is a city of 145,600 (1999) located 30 km from Tashkent, the capital of Uzbekistan. Chirchik lies in the middle of an intensively cultivated area and has several manufacturing industries. The DDRP Sister to Sister Project was implemented by Chirchik Shohsanam, located in a former kindergarten in a residential neighborhood with a high proportion of unemployed people.

Chirchik Shohsanam has provided drug use prevention and vocational education to vulnerable women in Chirchik and surrounding areas since 2001. Until late 2005, the organization functioned as an NGO known as the Center for Social Adaptation. In late 2005, the Center re-registered as an organization named Chirchik Shohsanam. Target groups included women in correctional facilities, the poor and unemployed, and sex workers. The organization has long-term relationships with a range of donor and government organizations, mahallas, schools and the local branch of the Uzbek Association for Reproductive Health (UARH). Previous vocational activities included culinary courses as well as instruction in hairdressing and embroidery that was delivered in Russian and Uzbek.

■ *Chirchik Shohsanam received DDRP Sister to Sister project funding in 2004. The project involved 32 women between the ages of 16 and 35 in an intensive 20-day course from 9 am to 5 pm each day. Each morning was devoted to vocational education and afternoons were devoted to drug demand reduction:*



Professional cookery class at Chirchik Shokhsanam center, Uzbekistan

- Vocational education included decorative arts, such as sewing, glass bead work and macramé. This was supplemented by more formal business training, including practical information on how to start a business. Links with the local city administration provided further assistance in work placement.
- Drug demand reduction included sessions dedicated to psychology, human rights and health. Chirchik Shohsanam emphasized accurate information provision to compensate for its general unavailability elsewhere in the local area.
- Depression and poor social skills were common among the target group. Informal socialization was therefore integral to both vocational and drug demand reduction components. A post-course socialization club to maintain contact with “graduates” is being planned.

The staff of DDRP Sister to Sister project implemented by Chirchik Shohsanam includes managers, trainers on vocational and business skills, a lawyer, a psychologist and medical specialists.

LESSONS LEARNED

This section of the DDRP Sister-to-Sister Model provides an overview of general recommendations and lessons learned from the reviewed DDRP projects. The information in this section serves two purposes: first, to provide a broad project plan, or protocol for other organizations seeking to implement drug demand reduction projects in Central Asia; and second, to capture the best practices observed during the project process, which might serve as a guide in the region.

Pre-project planning

The following points should be considered in the planning phase for projects targeted at vulnerable females in Central Asia.

The characteristics of the target group should be clearly defined to ensure effective project implementation and monitoring of outcomes. Most DDRP projects chose to focus on adolescent and young adult women, who lived with their families. However, Rustamova's Center in Khujand chose to focus on female heads of households.

A good understanding of the target city is important to reach the target population. Areas of disadvantage, high migrant populations and drug dealing should all be considered. These are likely to be at the edges of cities. Proximity to large markets and transport routes should also be considered as sites of risk.

Involvement and approval from parents, husbands, religious and community leaders is crucial to ensure the acceptance and promotion of projects involving women. Barriers to attending activities outside the home should be considered in the planning phase. Many parents will not permit their daughters to finish school or attend activities outside of the home. This is particularly evident in rural areas of Uzbekistan and Tajikistan.

Poor literacy, social skills and hygiene are common in young people born after 1985. These young people are often referred to as the *children of perestroika*. These issues were amplified by the Tajik civil war and should be considered in the pre-project planning phase, especially for future projects in Tajikistan. The civil war, which lasted from 1992 to 1997, left many orphans and female-headed households as well as significant poverty. Social skills training may therefore be required prior to commencing drug demand reduction



Sewing class at Nuri Umed, Dushanbe, Tajikistan

and vocational education. This was noted at Nuri Umed in Dushanbe.

Poor nutrition among young females is a particular issue in Tajikistan. In Istaravshan, this was addressed by providing lunch in an inexpensive restaurant as the first activity of the day. Culinary projects at other sites were popular, as they required little new equipment and produced instant cash for the household.

Any unsold food items could also be consumed by the household.

Several sites in Uzbekistan started with sewing activities, but they found cooking and baking to be much more popular. In working with food, medical clearances (*Sanknizhki*) are required.

Internet and computer skills are important across Central Asia. These are as valuable in this region as anywhere else in the world.

Male economic migrants returning from Russia are often regarded as the source of HIV and drug use. Stigma and discrimination can extend to an entire family for a long period of time. This may limit the extent of discussion about drug use with potential female clients in the planning phase, and may mean that greater emphasis is needed in the long term on counseling than on education alone.

At several projects in Tajikistan and Uzbekistan, a greater than expected demand for medical consultations was noted. Gynecologists, psychologists and general physicians should routinely be employed on a full- or part-time capacity in the field of drug demand reduction and HIV prevention targeted at young women in the opinion of senior local project staff.

Grant process

Most projects had previous experience with target groups and donor projects. Implementation by an agency with existing projects may overcome administrative and bureaucratic barriers.

Local community leaders and decision makers should be engaged as early as possible to support grant activities. This was particularly evident in the case of Istaravshan, where the suicide of a local young woman due to poverty catalyzed community support.

Project initiation

Roundtables with parents as well local religious and community leaders introduced the project activities to local communities and also served to promote the projects. Word of mouth following project commencement was found to be a particularly effective method of increasing enrollment in courses after earlier seminars and information sessions had been held. Local television was also an effective means of promotion.

The linking of male economic migration to female vulnerability resonated strongly with community leaders across all sites surveyed. For Tad-birkor Ayol in Samarkand, this advocacy was a two-stage process. Initially, a roundtable for parents, local *maballa*, community and religious leaders described the goals of the project. In the second stage, the local *maballa* was approached to identify specific families in need. Care should be taken with tailoring messages: for example, there may be difficulties with parents accepting young women working in restaurants, even as part of a training process.

Support should be sought from other donors, NGOs, commercial sponsors and local authorities for additional training, clothing, equipment, accommodation and transport.

Service delivery

Physical environmental conditions are important. The physical environment in which many of the projects took place was very poor. The cold in winter severely restricted the space available for some activities. Cold and damp conditions limited the ability to leave a computer on-site at one project. This issue was especially noted at several sites in Tajikistan.

Electricity supplies, telephone connections and the Internet may be either intermittent or unavailable. This restricts both the scope of activities an organization can offer as well as monitoring and evaluation activities that rely on a computer. If a project's activities rely on technology, sufficient funds must be provided for Internet, electricity and an adequate number of computers.

Service delivery timing should be researched with the target group. For example, at Sadokat in Istaravshan, drug demand reduction and vocational education sessions were conducted three times per week in the early afternoon, which was regarded as a time with few domestic demands on the adolescent target group.

The language in which services are delivered can assist or hinder effectiveness. Younger and rural women are likely to speak and read Russian poorly. All education and materials should be produced in local languages.

Many young women enrolled in DDRP projects had low self-esteem. Basic social skills training should be seen as building blocks and desirable outcomes of an education process, which culminates in drug demand reduction. This was noted at Sadokat in Istaravshan and Nuri Umed in Tajikistan. The Accord/Street Kids International videos, “Karate” and “Golden Tooth” were regarded as both popular and effective at all sites surveyed. These interactive videos provide drug demand reduction and life skills education. There is a general lack of health information across Central Asia, and the projects provided a rare opportunity to deliver both drug demand reduction and health education to young women.

A range of vocational activities should be offered. Baking and culinary skills were the most popular vocational activities offered. In addition, gold embroidery, sewing and weaving, Russian- and English-language courses were also offered. First aid courses were offered at Tadbirkor Ayol in Samarkand.

Business skills should be provided alongside vocational skills as part of each project. This includes issues such as customer interactions, marketing, budgeting, licensing and taxes.

Programs should be structured in a manner to allow the site to be used as a drop-in center to provide informal socialization opportunities outside formal education hours. Informal socialization was seen as a particularly important mechanism for reinforcing the intervention content at a number of sites. This seemed especially to be the case in smaller cities and rural areas. An appropriate range of recreational activities catering to all ages should be offered. Supervised social events were also offered through these centers, such as for World AIDS Day, International Women’s Day and Navruz.



Public event devoted to International Day Against Drug Abuse and Illicit Drug Trafficking, Tajikistan

Monitoring and evaluation

The DDRP Unique Identifier Code (UIC) was used at all sites surveyed. Initial difficulties were noted, but as the UIC was refined, the perceived com-

pliance burden was reduced for most organizations surveyed. (See the Unique Identifier Code Model in this series.)

The involvement of social research organizations in implementing the UIC can be an opportunity to provide more general advice about project management. This was frequently provided by the organization Panorama in Tajikistan and by Ekspert Fikri in Uzbekistan.

Baseline behavioral surveys of knowledge, attitudes and behavior (KAB) were undertaken on most projects to assess progress on drug demand reduction measures. This should be undertaken on all projects where feasible.

Improvements in behavior, social skills and appearance were noted as a project outcome in several locations. It may be appropriate to include additional behavioral indicators to capture this improvement in self-esteem.

Staff training and capacity building

Staff in each organization received training in the principles associated with drug demand reduction at the commencement of the project. Additional training was provided throughout the project in drug demand reduction principles most relevant to their target group. Staff and volunteer training served a valuable function in facilitating the development of inter-organizational referral networks and information sharing among recipients.

Volunteers were employed in a number of projects. They too received DDRP training. Final year computer science students were recruited at NGO Rustamova's Center in Khujand and were positive about the professional skill development opportunities offered through the project.

Most organizations surveyed received a new computer and Internet access from DDRP.

REPLICATION

NGO “Sadokat”, Istaravshan city, Sughd province, Tajikistan

Strong demand: The Sadokat project initially planned to recruit one group of 30 students. Due to strong demand, two groups were recruited from within Istaravshan and surrounding villages. Staff suggested “10 times as many” could be recruited based on the interest generated.

Local inspiration: Several local business people have been inspired to approach the project with project ideas. These included similar projects with former prisoners and sex workers.

Samarkand Business Women Association “Tadbirkor Ayol”, Samarkand, Uzbekistan

Successful graduate and business-woman: One graduate from the first Tadbirkor Ayol project successfully applied to the Mekhri Nuri Foundation for an entrepreneurial interest-free loan. With this assistance she purchased commercial cooking equipment and started her own small business.

Additional business opportunities: Tadbirkor Ayol recently engaged consultants to identify further business opportunities appropriate to the region. Vegetable greenhouses were identified as one possibility.

Expansion plans include a master class for graduates of the first course to turn them into trainers for future courses as well as approaching commercial sponsors to assist in project sustainability.

NGO “Nuri Umed”, Dushanbe, Tajikistan

Future “mini-trainings” in legal and gender issues and rape prevention were seen as desirable as was further reinforcement of drug demand reduction and HIV prevention.

A dedicated retail outlet to further business experience was seen as a desirable extension to the project in order to ensure sustainability. A World Bank grant was being sought for this at the time of the review.

NGO “Z. Rustamova Center of Women and Children Support”, Khujand, Tajikistan

Sustainability could be improved by training computer literate children to provide support to women seeking education both at the center and outside structured education sessions.

Education at communal housing project: On-site education for vulnerable women at a nearby communal housing project would be desirable. These women are particularly poor and cannot afford bus tickets to visit the DDRP project.

NGO “Assol”, Sheykhak village, Varzob district, Tajikistan

Changing attitudes to female education and employment were observed. Local parents are increasingly responding to pressure from daughters to allow them to complete school. One young woman finished school with Assol encouragement and recently began studying at an Agricultural Institute. Local families have similarly noted that these women are able to feed their families and able to help their relatives.

Local administration: The local mahalla requested future projects focus on provision of vocational skills, family resilience, and services similar to the DDRP Sister to Sister program for young males. Young males were also seen as being at risk but excluded from the only donor project in the district. Villages in the surrounding area have offered free accommodation to facilitate similar projects for females.

Chirchik Shohsanam, Chirchik, Uzbekistan

Provision of commercial courses alongside non-commercial courses was seen as offering a greater scope of sustainability. Computing and professional food service courses are two such options.

GLOSSARY

Drop-in center: A drop-in center is a site that provides drug demand reduction services to a specific target group, such as individuals in at-risk groups, active drug users and sex workers. While some drop-in centers aim to facilitate social contact between clients and professional staff, other centers may offer at-risk individuals services such as food, washing and sleeping facilities. Drop-in centers for drug demand reduction generally aim to provide “low threshold services”. That is, they have very open criteria and allow anyone who wishes to visit the center to do so.

Drug demand reduction: The term “drug demand reduction” is used to describe policies or programs directed toward reducing the consumer demand for narcotic drugs and psychotropic substances covered by the international drug control conventions (the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988). The distribution of these narcotic drugs and psychotropic substances is forbidden by law or limited to medical and pharmaceutical channels [18].

Hokimiyat: District, city or province administration

Mahalla: Traditional Central Asian local neighborhood structure with limited responsibilities for local affairs including family welfare and minor disputes.

Ministry of Internal Affairs: Government department responsible for internal registration of citizens as well as police affairs.

Narcologist: Medical drug and alcohol treatment specialist.

“OVIR”: Branch of the Ministry of Internal Affairs that is responsible for internal registration of citizens.

Province: Administrative sub-division analogous to a province or state. A level of administration is associated with this level of government.

Passport desk: Branch of the Ministry of Internal Affairs that deals with minor issues associated with internal registration.

Pirozhki: small pies

Propiska: Internal registration, noted in passport that provides authorization to live, work and obtain medical services at a particular location.

PTU: Vocational high school, which provides a professional technical education.

Rayon: Administrative sub-division analogous to a county in rural areas, or a municipality in an urban area. A level of administration is associated with this level of government.

Sanknizhka: A “medical passport” which confirms the bearer of the book is in good health and able to work with food preparation.

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