



HIV Prevention and Care Among Populations at Risk in the Russian Federation (HPC)

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Final Performance Report

August 25, 2006 – September 30, 2010

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Primary Grantee: The International Research & Exchanges Board (IREX)

Implementing Partner: The Foundation for Development and Support of Preventive Programs SANAM (SANAM)

Program Sites: St. Petersburg, Orenburg Region, Moscow Region

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I.**ACRONYMS**

AIDS	Acquired Immunodeficiency Syndrome
CSW	Commercial sex workers
GFATM	The Global Fund to Fight AIDS, Tuberculosis, and Malaria
IDU	Intravenous drug user
IREX	International Research and Exchanges Board
HIV	Human Immunodeficiency Virus
HPC	HIV Prevention and Care among Populations at Risk in the Russian Federation
MARPs	Most at-risk populations
M&E	Monitoring and evaluation
MSM	Men who have sex with men
NGO	Nongovernmental organization
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PSI	Population Services International, which operates as the Center for Social Information and Development Foundation in Russia
Rospotrebnadzor	Federal Agency on Supervision in the Sphere of Consumer Rights and Human Welfare of the Russian Federation
SANAM	Foundation for Development and Support of Preventive Programs SANAM
STI	Sexually transmitted infection(s)
Tochka	The "Point" where CSW gather
ToT	Training of Trainers
USAID	United States Agency for International Development

This report details the activities, results, and challenges of the HIV Prevention and Care Among Populations at Risk in the Russian Federation (HPC) program, funded by the United States Agency for International Development (USAID) from August 25, 2006, to September 30, 2010. International Research and Exchanges Board (IREX) and its implementing partner, the Foundation for Development and Support of Preventive Programs SANAM, made significant progress toward preventing the spread of HIV infection among targeted groups that practice high-risk behavior in St. Petersburg, and Orenburg and Moscow regions. HPC program results demonstrate outcomes of the program's information-sharing and technical assistance programs, which constituted an effective model of providing medical and social services to target groups. Major accomplishments include:

- Over 30,000 CSWs and MSMs contacted by outreach workers on issues related to HIV/AIDS prevention through behavior change in Moscow region.
- Over 100 peer leaders from HPC target populations received training and now independently facilitate peer-to-peer learning and discussions among the target group people in Moscow and Orenburg regions.
- Over 4,000 CSWs and MSMs of Moscow region received HIV/STIs-related assistance, including testing and counseling and STI treatment where needed.
- Over 100 pregnant CSWs of Moscow region received counseling and testing on vertical HIV transmission and learned about their tests results.
- The specialized approach of working with vulnerable groups utilized by SANAM Foundation jointly with SANAM Clinic in Moscow became a model replicated in St. Petersburg and Orenburg regions. Provision of direct socio-medical services for CSW and MSM in its Moscow clinic helped SANAM gain valuable practical experience, which laid the foundation for training of regional specialists.
- SANAM presented valuable epidemic control data – gathered through their clinical with CSW and MSM clients in Moscow region – to the Federal Agency on Supervision in the Sphere of Consumer Rights and Human Welfare of the Russian Federation for “Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators: 2010 Reporting.”
- Over 20 trainings and master-classes conducted for health, social welfare and NGO representatives in St. Petersburg and in Orenburg and Moscow regions.
- Over 300 specialists of governmental and municipal medical and social protection agencies received training on reducing HIV stigma and discrimination, on counseling and testing the target group in accordance with national and international standards, and on effective interaction between organizations (social, medical, NGOs) on HIV prevention projects that target MARPS.
- Trained medical workers work in over 70 service agencies, providing counseling and HIV testing in accordance with national and international standards.
- Over 60 specialists in target regions received training in ToTs on counseling and testing in accordance with national and international standards.
- Over 1,000 specialists of 190 service agencies in target regions were trained by trainers prepared by SANAM.
- Over 40 specialists from 30 organizations in program target regions received training in counseling in strategic information (includes M&E and surveillance).

HPC improved the quality and professionalism of interaction between members of vulnerable groups and service providers such as NGOs, STI clinics, AIDS clinics, and governmental/municipal medical and social protection agencies, as well as developed more effective cooperation between various agencies and between governmental and nongovernmental sectors.

III. PROGRAM CONCEPT

One hundred HIV-infected people are identified every day in Russia, and the actual number of the HIV-infected Russian citizens is estimated at 800,000 or 1,100,000 people. By 2006, the reported HIV incidence rate was 625.8 per 100,000 in St. Petersburg and 645.8 per 100,000 in Orenburg. Based on these rates, the two cities were included in a list of five Russian regions with the highest HIV incidence rates. New HIV cases among women in St. Petersburg and Orenburg regions had been transmitted primarily through sexual contact, and among men, primarily through sharing intravenous drug needles. Such behavior continued to threaten the regions' population. As is the case throughout Russia, the groups most affected by HIV include intravenous drug users, commercial sex workers, the prison population, and men who have sex with men.

Since 2006, IREX has been implementing the HIV Prevention and Care among Populations at Risk in the Russian Federation (HPC) program in partnership with the local NGO, SANAM Foundation, to increase clinic usage and health check-ups among commercial sex workers (CSW) and men who have sex with men (MSM). HPC also trained health professionals to deliver medical and social services that raise awareness concerning high-risk HIV behaviors and promote effective and innovative teaching methods aimed at the targeted groups and the professionals who serve them in the St. Petersburg, and Orenburg and Moscow regions.

After a successful first program year, the program received a one-year renewal in 2007, followed by a two-year renewal to extend the program through September 2010.¹ In 2008-2010 the technical assistance for HIV prevention activities focused on the Eastern Zone of Orenburg region, where the morbidity rate is two times higher than the average for the region. People living with HIV/AIDS (PLWHA) constitute an estimated 1.5 to 2.0 percent of the total population in the cities of Orsk, Novotroitsk and Guy.

In Moscow, SANAM's Clinic provided comprehensive targeted assistance to target populations, including the following primary services: HIV prevention through counseling and information sharing, pre- and post-test consultation on HIV, psychological counseling, clinical diagnosis and testing of STIs and HIV, treatment and preventive techniques.

Building on its strengthened organizational and financial capacity as well as HPC programmatic successes, SANAM Foundation secured funded opportunities to use its expertise in projects targeted at CSWs and MSMs, including the following: "Prevention of HIV/STI among Men who Have Sex with Men (MSM) in Moscow and Sochi" project with the Center for Social Information and Development Foundation (PSI); "HIV, STI, and Hepatitis B and C Prevention among CSWs" as part of the 2009 priority national project for healthcare on comprehensive medical preventive activities among population groups at risk for HIV; and the project "High Risk Men: Identity, Health Risks, and HIV/AIDS" with NGO AIDSinfoshare and Johns Hopkins Bloomberg School of Public Health. Another positive outcome of these collaborative projects was seen in that partner organizations from Moscow referred their CSW and MSM clients to the SANAM Clinic.

SANAM also received funding for HIV prevention work in Moscow from the municipal organization "Deti Ulic" ("Street Children") as well as the Commission on Youth of the Eastern and North-Eastern Regions of Moscow City, conducting HIV prevention programs promoting healthy lifestyles in schools.

¹ In addition to extending and expanding HPC program activities, the two-year renewal (2008-2010) also added an Environmental Mitigation Measures Section.

Objective I: Technical Assistance for HIV Prevention in Orenburg Region and St. Petersburg

- 1) Develop partnerships with NGOs and health facilities providing outreach and ... for assessment, partnerships, info-sharing, etc.
- 2) Provide technical assistance to develop low-threshold, client-friendly health services (through TOTs, master classes, training, etc.)

Engaging NGOs and health facilities in St. Petersburg, Orenburg Region and Moscow Region, activities under this objective were designed with the following aims:

- to develop partnerships with and among NGOs and health facilities that provide outreach and medical services to most at-risk populations (MARPs)
- to provide these organizations and institutions with the targeted technical assistance needed to develop low-threshold, client-friendly health services, supported by enhanced collaboration across sectors serving MARPs

The major areas of activity from 2006 to 2010 included the following:

1. Working meetings with representatives of governmental and nongovernmental organizations interested in cooperation and interaction for creating a new system of HIV prevention for high-risk groups and/or optimizing the effectiveness of existing systems.
2. Training of specialists who went on to design and conduct their own training courses on provision of pre- and post-test counseling for HIV.
3. Training of specialists of governmental and municipal medical and social protection agencies on reducing HIV stigma and discrimination, on counseling and testing individuals in target groups in accordance with national and international standards, and on effective interaction between organizations (social, medical, NGOs) on HIV prevention projects that target MARPs.
4. Strategic Planning Seminars in counseling in strategic information (including M&E and surveillance) for local NGOs, administrations, and governmental/municipal agencies.

Working meetings

Work in every program target region began with a series of working meetings to identify the organizations from the nongovernmental and governmental sectors to be further integrated into an information-sharing partnership for implementing a new system of HIV prevention for high-risk groups and/or optimizing the effectiveness of existing systems.



Discussions with representatives of the NGO "Alternativa" on plans for training healthcare and social services professionals in Orsk (February 2009)

SANAM shared information with the partner organizations about its project objectives, tasks and methods in HIV prevention among target groups in Moscow and other regions. In these meetings, SANAM proposed potential opportunities for cooperation in partner activities that intersect with those of SANAM.

The cooperation of local partners was critical to the collection and analysis of information about the needs of the target groups (CSWs and MSMs) in the regions, to develop more effective communications between the various organizations – governmental and non-governmental – and the target populations, and to determine the needs of these service providers in terms of training and optimal delivery of HIV and STI prevention services.

Having identified needs during aforementioned meetings – along with a joint needs assessment – SANAM designed the following activities: (1) training of trainers who would design and conduct their own training courses on provision of pre- and post-test counseling for HIV, (2) training of specialists on best practices for service delivery in HIV/AIDS and STI prevention programs, and (3) counseling in strategic information (includes M&E and surveillance).

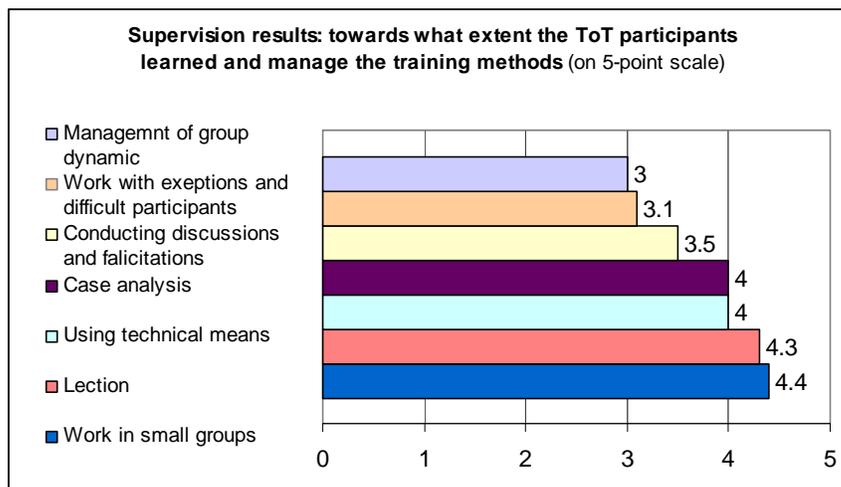
The major task of the working visits involved raising awareness and creating interest among the heads of governmental/municipal medical organizations (AIDS centers, STI clinics, TB clinics, drug treatment clinics, therapeutic departments) and social protection agencies in order to attract them to participate in the program.

Training of Trainers (TOT), Supervision, and Master Classes to Create a Training System

In 2007 SANAM developed and conducted targeted Training of Trainers programs to prepare specialists-trainers to train their colleges in skills necessary to provide quality pre- and post-test counseling in HIV infection and prevention. TOT curriculum focused on conducting adult education courses using innovative and interactive communicative methods that will educate the healthcare and social services workforce on critical issues necessary for the provision of quality pre- and post-test counseling for HIV.

<p>Description of TOT on Counseling Skills Development: General Skills of Communication between the Doctor and Patient Practicing Infection-Unsafe Behavior in St. Petersburg and Orenburg regions</p>
<p>Goal of training: Trainees should learn how to plan, organize and conduct a seminar Skills of Counseling and Communication in the Doctor-Patient System</p>
<p>Objectives of training:</p> <ol style="list-style-type: none"> 1. Learn the principles of teaching an adult audience; 2. Learn and choose the appropriate methods for developing and/or conducting a teaching program; 3. Learn methods of conducting an interactive session for an adult audience; 4. Test the skills of conducting interactive sessions in the role of lecturer, clinical trainer and group facilitator; 5. Test the skills of team interaction in a trainer group; 6. Demonstrate understanding of the group development progress; 7. Learn and demonstrate the skills of counseling that are required for conducting a seminar successfully; 8. Learn and choose methods for conducting a training Skills of Counseling and Communication in the Doctor-Patient System
<p>Planned results: After the training the trainees will be able: To develop, finalize, modify and conduct workshops on the following topics: Pre-test and post-test counseling STI counseling Behavioral counseling</p>
<p>Profile of trainees: Venereologists, Gynecologists, Infection disease specialists, General practitioners</p>
<p>Components of the training program:</p> <ul style="list-style-type: none"> • Training as a system of education • Training as a system of education • Traditional and active systems of education • Principles of teaching an adult audience • Roles and positions of a trainer in the process of preparation and conducting sessions • How to organize communication in a group • Group progress evaluation tool • Communication between medical worker and patient • Success factors in behavior-changing • How to handle resistance and objections • Self-diagnosis and video diagnosis; adjusting the communication style

Following completion of the TOT course, participants designed and conducted their own training courses on provision of pre- and post-test counseling for HIV under the supervision of SANAM staff members, who provided feedback and suggestions to bolster these new trainers' capabilities to conduct such courses. More than 300 people received training by trainers as part of supervisions and master classes.



In 2007 in total 63 specialists were trained on ToTs from St. Petersburg and Orenburg regions; they further conducted training sessions for medical specialists on the topic "Aspects of HIV prevention consulting for patients who engage in high-risk behavior". During the next years (2007-2009) these trainers trained more than 700 specialists from 140 healthcare organizations

of Saint Petersburg and 270 specialists from 50 organizations of Orenburg Oblast. In March 2009 the trainers who were trained earlier trained another 18 trainers on counseling for all districts of Saint Petersburg.

Using the Experience of Receiving Trainings to Improve Clinical Environment and Enhance Access to Client-Friendly Medico-Social Services for At-Risk Groups

The working visits by SANAM specialists to Orenburg region, and meetings and interaction with the heads of medical organizations (AIDS centers, STI clinics, TB clinics, drug treatment clinics, therapeutic departments, female counseling centers, etc.) strengthened interest in developing interaction with other governmental and nongovernmental organizations working in preventive sector and joint training of specialists from these organizations in order to increase the availability of client-friendly medico-social services for at-risk groups. The experience in itself of receiving training fostered more professional, client-friendly services, as stigma and apprehension (in working with target groups) decreased among medico-social professionals, and improved relationships led to enhanced cross-sector and inter-organizational relationships and increased referrals.

A great need in training was detected not only for doctors on the quality of HIV-related counseling for at-risk groups, but for governmental and NGO staff on HIV-related stigma and discrimination reduction, HIV-related institutional capacity building and effective interaction between organizations for projects targeting MARPS on HIV prevention.

Local organizations wanted all these topics to be included in the training program, resulting in dissemination of various aspects and methods of work with vulnerable groups to a greater number of specialists.

Methodology of Work



Starting from November 2007 SANAM conducted a series of training sessions on “Socio-Psychological Aspects of Work with Groups ‘At-Risk’ “ for the specialists from Orenburg and cities from the Eastern Zone of Orenburg R(Orsk, Novotroitsk, Guy). As a rule those were two-day on-site training sessions with the participants officially delegated by the heads of their respective organizations.

The training schedule and selection of participants was done in collaboration with STI treatment clinics and AIDS centers of Orenburg, Orsk and Novotroitsk, NGOs ‘Alternativa’ (Orsk), ‘Novaya Jizn’, ‘Megapolis’ and ‘Ravnovesie’ (Orenburg).

The training objectives included the following:

- Assess the stigma and discrimination against at-risk groups and people living with HIV;
- Analyze effective and ineffective models of communication. Develop effective communication skills;
- Introduce specifics of counseling members of at risk groups (CSWs, MSM);
- Evaluate the negative impacts of emotional burnout and develop ways to prevent it;
- Develop criteria for effective interdepartmental cooperation.



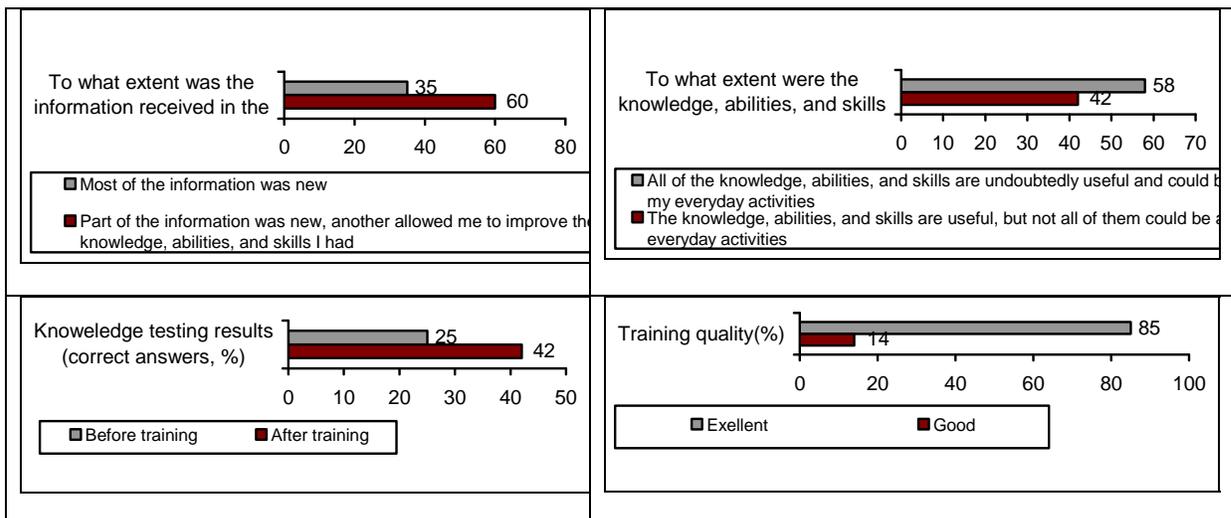
Participants of the training on “Socio-Psychological Aspects of Work with Groups at-Risk,” Orenburg Region Metro,“. (Orenburg Region, March 2009)

The standard program of training was divided into two stages. The first stage focused on the interaction between doctor (counselor) and at-risk groups – counseling, psychological features of at-risk groups, stigma and discrimination and emotional burn-out syndrome. The second stage focused on inter-sector interaction within the framework of HIV/AIDS prevention.

Themes of the training on Psycho-Social Aspects of Working with At-Risk Groups	
1.	Assessment of stigma and discrimination against at-risk groups and people living with HIV <ul style="list-style-type: none"> • Definition of stigma. Causes and consequences of some population groups’ stigmatization; • Myths about HIV/AIDS; • Psycho-social aspects of HIV infection.
2.	Analysis of effective and ineffective models of communication. Development of effective communication skills <ul style="list-style-type: none"> • Effective and ineffective models of communication; • Verbal and nonverbal communication. Models of effective communication.
3.	Introduction to counseling members of at risk groups (CSWs, MSM) <ul style="list-style-type: none"> • Counseling as a main method of HIV prevention. Goals, tasks. Structure. Skills; • Important professional qualities of counselors. “Difficult patients” and tolerance; • Psycho-social features of “counselor-patient” interaction with at-risk groups’ representatives; • Main psychological problems and behavior features of at-risk groups.
4.	Evaluation of the negative impact of emotional burnout and development of ways to prevent it <ul style="list-style-type: none"> • Counseling and burnout prevention.
5.	Development of criteria for effective interdepartmental cooperation <ul style="list-style-type: none"> • HIV prevention in at-risk groups. Strategies and interdepartmental cooperation. • Case Management. Medical and social support to patients of at-risk groups. Challenges and opportunities.

All training participants received informational materials on the following subjects: stigma and discrimination, psycho-social aspects of living with HIV, strategies for managing stigma, counseling, effective and ineffective models of communication, verbal and nonverbal communication, psychological problems and behavioral features of at-risk groups, prevention of emotional burnout, case management, and providing medical and social support to patients of at-risk groups.

Consolidated assessment results of training for specialists conducted in Orenburg Oblast in 2008-2010 testify its importance and high quality.



Comments from Participants:

From Process Evaluation Results, April-May 2008

Physicians in particular valued training sessions on pre- and post-test counseling, aspects of communication with the target groups:

- before the training, the idea of what a doctor should do when he or she has to tell a person about a positive result, was confusing. Here everything was "laid out on the table»,
- before, you simply sent the patient for testing. Now there have appeared more opportunities to answer their questions,
- the rules for behavior, how to initiate discussions with the target groups to help them, are now clear, how to draw them in.

Social workers believe it was very important that training workshops are conducted with their counterparts in the medical professions. This provides the opportunity:

- to see and discuss different points of view on the same problems – *dialogue of professions,*
- to convince medical professionals of the importance of the work done by NGOs – *they've started to look at us differently, because it turned out that we know a lot. They understood that without NGOs there would be no connection to the client, I had the opportunity to show my work, even though I am just a peer counselor it's not as meaningless as it may seem,*
- to identify potential/future partners – *you can immediately see the people who aren't indifferent to the problem. It's apparent who you can work with, and who you can't,*
- to establish personal contacts – *now I know which of the doctors I can turn to without worry,*
- to learn to work together – *we established a connection, during the training of trainers we became one team, it was a real example of inter-disciplinary cooperation, and we are still one team to this day.*

In total 297 specialists took part in the training sessions on work with groups at-risk; out of them 64% were medical workers, 22% were workers in the sphere of social protection of population, and 14% were NGO representatives (including peer-to-peer counselors from the target groups). In Novotroitsk the training sessions for the specialists were actively attended by city administration representatives.

We of course understand many aspects of proper communication, on the assumption of gaining experience and by intuition... But the system that is shown, presented and tested in training games personally gave me new knowledge and skills. I recognize that I have been in leadership positions for a long time and that it is also sometimes complicated to properly develop communication.

Vladimir Trofimov
Deputy Head of Novotroitsk Public Health Department

Technical Support for Strategic Information, HIV-related Institutional Capacity Building

An important component of work in the regions is providing counseling and technical assistance to governmental organizations and NGOs in the development of low-threshold service for groups at-risk and development of complex model of HIV prevention. Technical assistance to local organizations is provided through conduction of training sessions, round tables, strategic planning sessions and on-site counseling.

In St. Petersburg, Orenburg, Orsk and Novotroitsk, SANAM specialists met with organizations providing services to vulnerable groups in order to develop a system of low-threshold medical services for CSWs in Orenburg modeled on the SANAM Clinic in Moscow. At these meetings SANAM Foundation specialists (STI treatment specialists, psychologists and outreach workers) shared their experience on preventative work with the CSW and MSM populations. The consultation covered access to target groups, HIV prevention through STI diagnostics and treatment, provision of a maximum number of diagnostics and treatment services on the basis of low-threshold clinic, behavioral counseling, monitoring and evaluation of project work (tools, data tracking), sentinel surveillance, data analysis.

SANAM conducted strategic planning sessions for a number of NGOs in which participants developed monitoring and evaluation issues as well as approaches to organizational development, determined/specified organization's mission, directions of work, list of available services, and target groups, and conducted situation analysis.

Local NGOs that Received Technical Assistance from SANAM (2006-2010)		
St. Petersburg	Orenburg	Eastern Zone of Orenburg region
<i>Gumanitarnoe deystvie</i> (Humanitarian Action) <i>Stellit</i>	<i>Megapolis</i> (Megalopolis) <i>Ravnovesie</i> (Equilibrium) <i>Pozitivnaya iniciativa</i> (Positive Initiative) <i>Novaya Jizn'</i> (New Life) <i>Byuro po voprosam narkomanii</i> (Bureau on Drug-related Issues)	<i>Alternativa</i> (Alternative) <i>Roditeli protiv narkotikov</i> (Parents against Drugs) <i>Raduga</i> (Rainbow)

As the program progressed, the technical assistance provided to NGOs was complemented by the work with those governmental organizations that formally requested technical assistance in implementation of national and regional prevention programs.



In 2009-2010 SANAM specialists conducted important sessions on strategic planning in order to develop municipal programs on HIV/AIDS prevention in the cities of Novotroitsk and Orsk.

I took part in the session with a great pleasure. Despite that I lack specialized medical knowledge on HIV/AIDS problem, this meeting helped me to understand deeply the key issues related to the prevention of these diseases... The tasks before the city administration when compiling and implementing municipal programs – coordination and funding – are very complicated and the fact that we could build up the major program objectives and tasks during this session will help us to effectively solve financial issues.

Mr. Roman Gafarov
First Deputy Head of Administration of Orsk

Objective II: HIV Prevention at SANAM Clinic in Moscow

The aim of the HIV Prevention at SANAM Clinic in Moscow objective was to expand SANAM's outreach activities and clinical services in Moscow region to include those most at risk for HIV-infection.

SANAM's Clinic provided targeted comprehensive assistance – including HIV prevention through counseling and information sharing, clinical diagnosis and testing of STIs and HIV, treatment and preventive techniques – to the target populations of men who have sex with men (MSM) and female commercial sex workers (CSWs).

SANAM implemented its holistic efforts to prevent HIV among female CSWs and MSMs in the clinic through:

- Reaching out to CSWs where they worked and to MSMs in areas where they congregated, as well as through cooperation with MSM outreach programs that are currently operating in Moscow;
- Diagnosing HIV and STIs;
- Preventing HIV through treating STIs among target populations;
- Offering pre- and post-test counseling on HIV and STIs, emphasizing risk-reduction and vertical transmission;
- Spreading information on HIV prevention;
- Peer-to-peer leaning.

Outreach

During the reporting period, SANAM Clinic conducted its outreach to commercial sex workers in Moscow and on the highways near Moscow, encouraging them to visit the clinic where they receive HIV/STI testing, pre- and post-test consultation on HIV/AIDS, as well as psychological counseling when appropriate. SANAM's outreach workers acquaint CSWs with the principles and procedures of the clinic's work in detail.

Outreach activities included:

- Educating and informing representatives of the target groups on issues of prevention of HIV and STIs in an accessible manner;
- Distributing materials on harm reduction and risk reduction (with brochures, condoms, etc.);
- Attracting representatives of the target group to the clinic;
- Motivating those practicing high risk behaviors to better preserve their health;
- Interviewing members of the target group;
- Studying the social norms and beliefs connected with the specifics of high-risk behavior.

The most visited outreach sites included North-West Moscow (Khimiki), the outskirts of the Garden Ring road, Leninski prospekt, Leningradski prospect, Kursk Railway Station and Varshavskoe, Yaroslavskoe and Ryazanskoe highways.



An outreach worker at a "tochka". June, 2010.

On a regular basis, SANAM's team conducted outreach three times a week between 7:00 and 10:00 pm.

In the contact account form outreach workers recorded: type of contact (primary, repeated), CSW type of work (constant, periodical, seasonable etc.), conversation subject (SANAM Clinic, HIV, STI, safe sex, contraception, hygiene, etc.), type of distributed materials (invitation cards, booklet, condom, lubricant, etc.). The contacts were subsequently entered into electronic database Eplnfo.

Outreach workers distributed approximately 28,000 invitation cards to the clinic, and held a number of conversations individually or in small groups with CSWs. The conversations focused on risky behavior and preventing HIV/STIs and; condom use; unwanted pregnancies, opportunities for regular sexual partners to receive check ups at the clinic; opportunities for receiving psychological assistance at the clinic; and the increased risk of HIV/STI infection when drinking alcohol or another psychoactive substances.

During their interactions with target populations, the outreach workers identified the most active female clients, with whom they then conducted additional individual or group peer-to-peer learning training, enabling them to facilitate discussion and information sharing with peers. These young women further disseminated the invitation cards among their peers at “points”, motivated them to visit the clinic and shared information about reducing risk.

The majority of outreach work with MSM was conducted as part of joint MSM-projects by outreach teams from partner organizations (PSI, Spidinfosvyaz'). Outreach workers and volunteers from local SANAM's partner organizations – Yasen and Pozitivnaya Oblast (Positive Sphere) – distributed Clinic invitation cards. In total approximately 2,000 invitation cards to the clinic were distributed among MSM.

Clinical Work: Low-Threshold Clinic for Risk Groups in Moscow

SANAM's clinical counseling and testing programs seek to:

- Improve counseling, emphasizing HIV prevention and promotion of healthy decision-making among the target population;
- Integrate psychological and medical counseling to address a range of issues faced by the target population;
- Increase the target population's awareness of HIV's dangers and their ability to assess risk factors;
- Improve trust and understanding in between the target population and health care professionals;
- Increase access to low-threshold medical services.

SANAM Clinic (as well as the SANAM Foundation) is the successor of the Russian NGO "Association for STI prevention "SANAM" which has operated since 1989 and dealt with high risk populations since 1997. SANAM Clinic collaborates with other Russian, foreign and international partners organizations both the governmental and nongovernmental ones, such as USAID, CDC, WHO, URC, IREX and others.

The Clinic's Address: 2 Raushskiy per., 1, bld.5



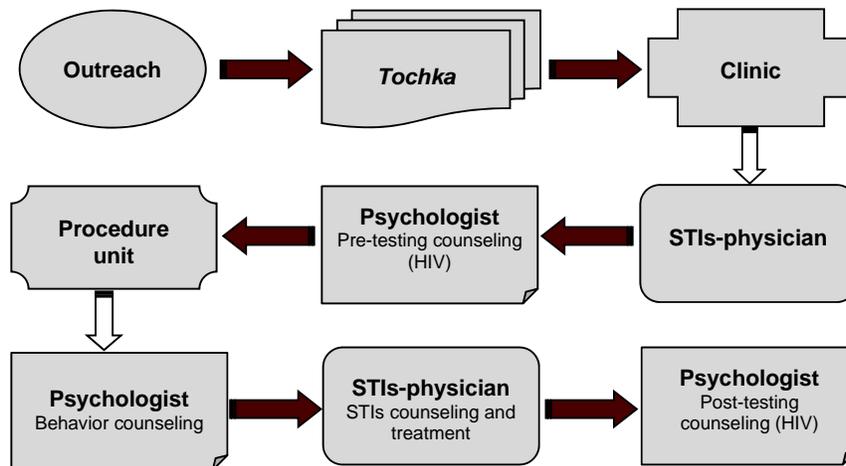
With its highly qualified and professional staff, the clinic provides consultation services five times a week. STI testing (for HIV/syphilis, gonorrhea, bacterial vaginosis, etc.) is administered on the day the client comes to the clinic, and a diagnosis is made and treatment prescribed if clinical and laboratorial indications are found. At all stages of a CSW's contact with the SANAM team, when meeting with outreach workers, doctors, psychologists, nurses, she is given consultations on reducing the risk of infection and on risky behaviors.

Within the framework of the HPC project, treatment and diagnostics, as well as informational and educational activities, were conducted in accordance with manuals and developed protocols.

Each client visit was documented in accordance with project requirements. All clients were registered and gave their medical history during the consultations. The information was in turn

entered into the electronic database for further processing. In addition, contact information for centers providing psycho-social services were given to clients.

Interaction scheme: through outreach work by SANAM's professional team and peer-consultants on Moscow street, to attract clients to the clinic, conducting clinical-diagnostic testing for HIV/AIDS, pre- and post testing counseling for HIV infection, delivering treatment for symptoms and psychological counseling on modification of unsafe behaviors and reducing risk.



A doctor-counselor had individual conversations with MARPs on issues dealing with the spread of STIs and HIV/AIDS, treatment, and prevention. A doctor-counselor conducted individual sessions with CSWs on unwanted pregnancy, modern methods of contraception, including intrauterine loops, woman condoms, drugs, emergency drugs, and complications of different methods of contraception.

During post-test counseling, the following issues were discussed: the test results, the clients' feelings, the necessity of changing risky behavior including practicing safe sex, the necessity of visiting an AIDS Center and being regularly tested. All clients received additional information about HIV during the session

A physician and psychologist provided counseling to all clients on the risk of infection and discussed risky sexual behaviors that increase the likelihood of contracting HIV. During the sessions, the physicians stressed the necessity of regular (once every three months) STI testing because these infections greatly increase the risk of contracting HIV.

In total, 3,468 **CSWs** practicing risky behavior visited the clinic. The types of visits by patients were as follows: 41% initial visits (visiting the clinic for the first time); 59% follow up visits.

The mean age of the women in the study was 22.3 years, and ranged from 14 to 39 years old. The majority of women were highly educated: 10% had college or higher education. 2% of female CSWs had less than a secondary school education.

39% of the women were non-Russian citizens, predominantly from the near abroad former Soviet Countries (i.e. Ukraine, Moldova, Belarus, and the Kyrgyz Republic). The average duration of respondents' involvement in the commercial sex business was 1.5 year. Respondents' age of initiation into commercial sex work ranged from 12 to 35 years. 5.3 % of female CSWs initiated commercial sex at age 16 years or earlier, 27.5 % - at age 17-18 years, 52.4% - at 19-24 years and 14.8 % at age 25 and above.

Incidence of major STIs and HIV among female CSWs visiting SANAM clinic, Moscow, Sep 2006 – Aug 2010 (n=3468)

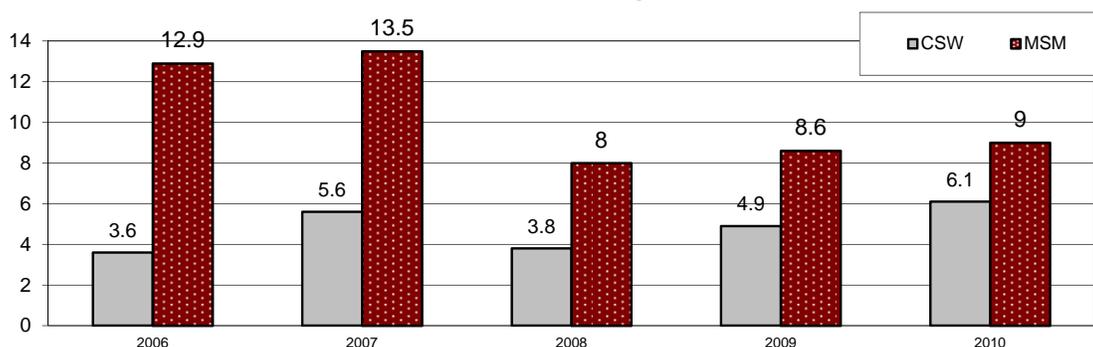
STI	%
Syphilis	10.6
HIV-infection	3.6
N.Gonorrhoea	2.9
Tr.vaginalis	4.3
Bacterial vaginosis	51.4
Candidacies	23.3

alcohol use by client and/or by female CSW. 22% of CSWs acknowledged episodes of the physical violence and 21% reported that they were victims of sexual coercion.

105 CSWs were pregnant (2-10 months). All of them were referred to a gynecologist for an ultrasound and further consultation on their options. All of the pregnant women tested negative for HIV and each received a detailed consultation on risky sexual behavior and vertical transmission of HIV from mother to child.

The analysis of the behavior of female CSWs showed that on average women had 30.8 clients per month. 86% reported condom use with last client, 54 % had permanent partner, of whom 63.7% didn't use condom during the last sexual encounter with permanent partner. Over 3% of CSWs used intravenous drugs and 23% reported use of non-injected illicit drugs mainly cannabis type (marijuana, hashish). 62% of incidences of sexual intercourse with last client were followed by

HIV Incidence Among Clients of SANAM Clinic, Moscow Sep 2006 – Aug 2010



A total of 773 **MSM** visited the clinic and received standards checkups. The types of visits by patients were as follows: 58% initial visits (visiting the clinic for the first time); 42 % follow up visits. Mean age ranged from 15 to 52 years old. 63% of respondents were highly educated. Over 23% were engaged in sex for money. The age in which they began their involvement in commercial sex activities ranged from 14 to 32 years, with 32% beginning at ages 14-16.

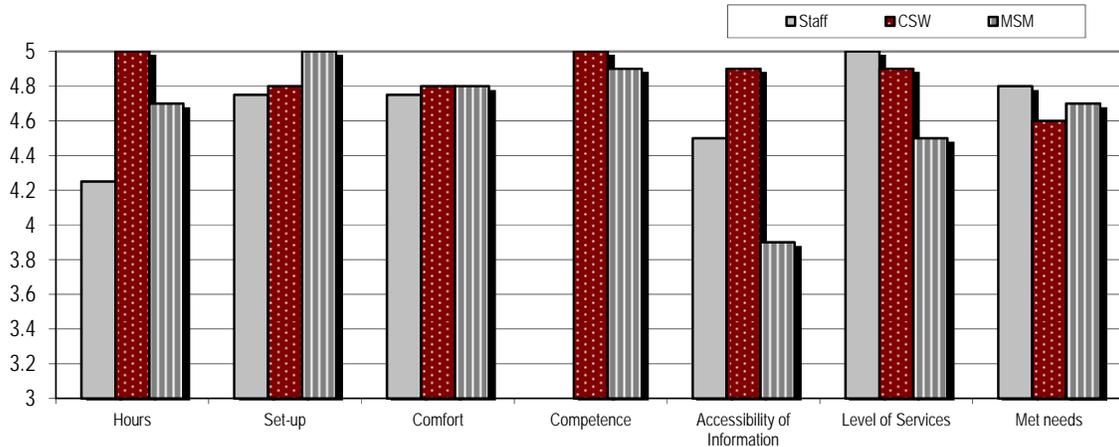
Incidence of major STIs and HIV among MSM attending SANAM clinic, Moscow, Sep 2006 – Aug 2010 (n=773)

STI	%
Syphilis	9.8
HIV-infection	8.4
N.Gonorrhoea	11.2
Genital warts	6.9

increase the risk of dangerous sexual behavior, drinking alcohol, and drug use leading to removal of bans and losing control over the situation.

35% MSM combine drinking alcohol with sex; 10% MSM are occasional drug users. Among the psychological factors considerably influencing both sexual behavior and health of MSM in general are: homophobia, including internal one – negative attitude towards his own homosexuality, depression, feeling of loneliness, fear to meet people, fear to be negated and misunderstood, feeling of guilt before the family because he didn't live up to his expectations, etc. All these factors

Evaluation of SANAM Clinic's Work (2008)



Advantages of the Clinic (based on the results of interviews with CSW and MSM, 2008):

- well intentioned/tolerant attitude of the personal
- professionalism of the specialists
- anonymity/confidentiality

I determined my level of risk with the doctor, who advised me how to avoid it, how to be safer. Everything was friendly, unobtrusive, specific. This was my first time getting this kind of consultation. (MSM, 29 y.o.)

The Psychologist always helps, advises how to act in different situations. I can communicate with her freely and not hide anything. (CSW, 19 y.o., regular client)

The Clinic also served as a space for training CSW and MSM clients who agreed to become peer-to-peer counselors. The session took the form of a mini-training for 3-8 people or individual discussions with on-staff psychologists. The topics of SANAM's training of peer counselors included:

- basic knowledge of HIV/AIDS/STDS – as a basis for safer sexual behavior;
- development of communication skills;
- development of leadership skills and increase self-confidence.

Peer-to-peer counselors in the regions were trained on similar program. As a rule they were volunteers with local NGOs and took part in the working meetings and trainings for specialists. Altogether 86 peer-to-peer counselors were trained in Moscow and the regions.

SANAM's low-threshold clinic, over the course of several years, has conducted monitoring and evaluation of the spread of HIV/STDs, behavioral risks of infection, and behavioral changes among risk groups (CSW, MSMs) in Moscow.

With data on behavior and other risks, SANAM observed a direct correspondence between factors such as violence to CSWs and their HIV status. Thus, response, the clinic began giving special attention, in its consultative work with the CSW population, on issues of prevention of violence, in their work and with their regular partners.

The work of the clinic in Moscow in combination with its collection and analysis of data gathered by its outreach team on the sites where CSWs work, as well as from the consultants at the clinic, provided the material for the development of new methods of working.

The clinic's experience of cooperation between specialists of different disciplines (outreach work, doctors, psychologists, social workers), as well as its work with the representatives of the targeted risk groups, formed the basis for the practical knowledge and corresponding practical skills and used subsequently to conduct training sessions in other regions, including Orenburg and Orenburg region for adoption and replication.

Objective III: Strengthening the Organizational and Financial Capacity of the SANAM Foundation

Activities in several directions helped to strengthen potential for sustainability of the project and SANAM's ongoing activities.

Collaboration with International Organizations

SANAM's sustainable development was strengthened through its work with the Center for Social Information and Development Foundation (PSI) to implement a project on the prevention of HIV/STI among MSM in Moscow and Sochi (January 01, 2009 - June, 2010).

Main Achievements of the Project Include:

- Increased MSM access to NGO and governmental medical and social services in Moscow and Sochi
- Improved counseling, emphasizing HIV prevention and promotion of healthy decision-making among MSM;
- Increased the target population's awareness of HIV's dangers and their ability to assess risk factors;
- Improved trust and understanding in between the target population and health care professionals in Moscow and Sochi

Project Contributions to HPC Implementation:

- Conducting trainings with the heads of therapeutic establishments, doctors and other medical personnel made it possible to overcome the problems and barriers associated with understanding and cooperating with the target population, and to correctly set up therapeutic and preventative work with the MSM populations.
- Development of communication skills and specific knowledge in the HIV/STD sector and safer sexual behavior in the course of trainings for the outreach team (PSI and SANAM) and MSMs helped remove internal barriers to communication in contact between themselves, as well as between MSMs and the outreach teams, and health care providers.

In July 2010, SANAM, in partnership with Johns Hopkins Bloomberg School of Public Health and Spidinfosvyaz', began the clinical part of the project "High Risk Men: Identity, Health Risks, and HIV/AIDS" (2010-2013). The objective of this epidemiological and behavioral research involves studying the dissemination and determining factors of sexual identity and orientation; behavioral risks of HIV/STI and stigma among gays, bisexuals, and MSM in Moscow, Russia (with research respondents aged 18 years or older). The MSM respondents for the research will be contacted in Moscow and areas near Moscow.

Advancement of Prevention Models with Governmental Funds

In 2009 SANAM implemented project on "HIV, STI, and Hepatitis B and C Prevention among CSWs" in Moscow region as part of the 2009 priority national project for healthcare on comprehensive medical preventive activities among population groups at risk for HIV.

In 2008-2010 SANAM received funding for preventive activities in Moscow from the municipal organization "*Deti Ulic*" ("Street Children") as well as the Commission on Youth of the Eastern and North-Eastern Regions of Moscow City, conducting HIV prevention programs promoting healthy lifestyles in schools.

Collaboration with Local Partner Organizations

Partner organizations in Moscow such as '*Kolodets*' (Water Well), '*Yasen*' (Ash-tree), and '*Pozitivnaya Oblast*' (Positive Sphere) referred their CSW and MSM clients to the SANAM Clinic.

SANAM's cooperation with NGO in the target regions developed important relationships that fostered opportunities for preparing and conducting working meetings, trainings and seminars on strategic planning for local specialists.

HPC Program Final Roundtable

Over 30 partners, donors, friends and staff of SANAM gathered in Moscow for participation in the roundtable dedicated to the presentation of the main achievements under USAID-funded HIV Prevention and Care among Populations at Risk in the Russian Federation (HPC) Program, including presentation of SANAM's manuals on low-threshold services.

Professionals from governmental, nongovernmental and international organizations including Federal Service for Surveillance of Consumer Rights Protection and Human Well-Being of the Russian Federation, Federal Public Health Institute, USAID, IREX, URS, PSI, Orenburg region governmental medical structures took part in the conference conducted by SANAM in June 2010.



Cheryl Kamin (USAID/Russia) at the roundtable conducted by SANAM in June, 2010.

Real help for real people from vulnerable groups, training programs for regional and municipal specialists and NGOs, consultations on strategic planning, gathering of statistics about the spread of STIs, HIV infection among at-most-risk populations – all of it make SANAM unique and very needed organization.

Marina Kirichenko,
The principle specialist of Federal Service
for Surveillance of Consumer Rights Protection and Human Well-Being of the Russian Federation

V. MONITORING AND EVALUATION

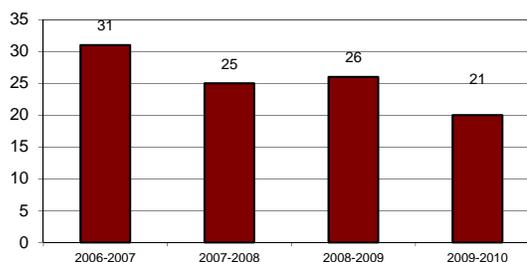
PEPFAR indicators on Prevention and Health System Strengthening became the basis for the project's monitoring and evaluation system.

Indicators for objective: *Technical Assistance for HIV Prevention in St. Petersburg and Orenburg regions*

Number of service agencies, providing counseling and HIV testing in accordance with national and international standards in Moscow, St. Petersburg and Orenburg regions

SANAM trained specialists from an annual average of 25 service agencies in counseling and testing in accordance with national and international standards, were covered. During four years of HPC project implementation specialists from 70 service agencies received appropriate skills. In 2008-2010 in Orenburg region the coverage of organizations involved in the training process widened from specialized service providers (AIDS Centers, dispensaries) to non-specialized ones (municipal polyclinics, hospitals, female counseling centers).

Number of service agencies, providing counseling and HIV testing in accordance with national and international standards in Moscow, St. Petersburg and Orenburg regions

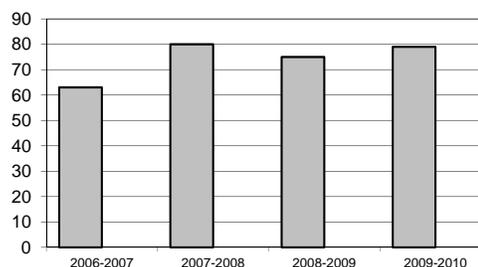


Number of people trained:

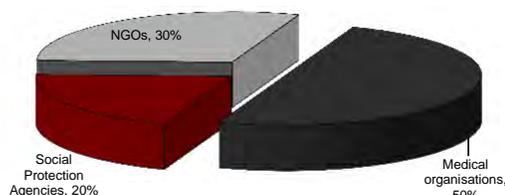
- in counseling and testing in accordance with national and international standards;
- in HIV-related institutional capacity building in Orenburg region;
- in HIV-related stigma and discrimination reduction in Orenburg region;
- on effective interaction between organizations (social, medical, NGOs) for projects targeting MARPS on HIV prevention in Orenburg region.

Trainings in 2006-2007 and 2007-2008 first of all focused on counseling and testing in accordance with national and international standards. The structure of training of trainers in Saint Petersburg and Orenburg region included supervisions and master-classes, where specialists trained by SANAM demonstrated their skills. In these trainings 292 specialists were indirectly trained in counseling and testing in accordance with national and international standards. Starting from 2008 topics related to HIV-related institutional capacity building, stigma and discrimination reduction, effective interaction between organizations (social, medical, NGOs) for projects targeting MARPS on HIV prevention, were included into the training programs for the specialists from Orenburg region. Per request of local partners (NGO, medical institutions, and social protection agencies) in Orenburg region the program of each training included all themes (indicators).

Number of trained people



Types of Training Participants (n=297)



Among the training participants were heads and specialists from medical organizations (doctors, nurses), governmental and municipal social protection agencies (psychologists, social workers), NGOs (psychologists, outreach workers, peer-to-peer counselors).

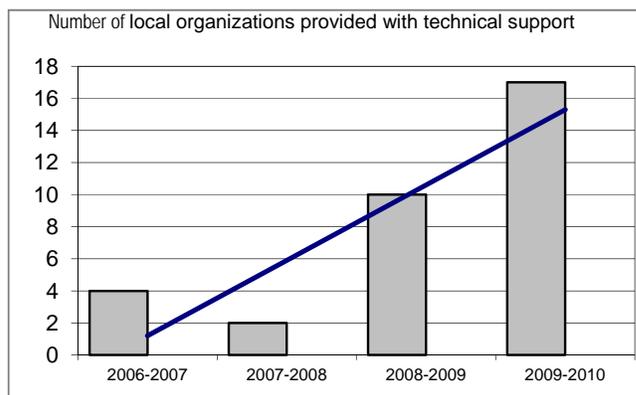
Number of local organizations provided with technical support for HIV-related institutional capacity building in St. Petersburg, Orenburg regions

Number of local organizations provided with technical support for strategic information (monitoring and evaluation/supervision) in St. Petersburg, Orenburg regions

Number of people trained in counseling in strategic information (includes M&E and surveillance) in St. Petersburg, Orenburg regions

In total during four years of HPC project, technical assistance for HIV-related institutional capacity building and strategic information was provided to 31 local organizations, out of them 35% are NGOs and 65% - governmental organizations.

Since 2008 the number of local organizations receiving technical assistance rose significantly owing to in-depth activities in the Eastern Zone of Orenburg region and succeeded by requests from governmental organizations and city administrations to conduct strategic planning sessions for heads and leading specialists. 42 representatives from governmental and non-governmental organizations participated in the activities related to the technical support in counseling on strategic information (includes M&E and surveillance) provided by SANAM.



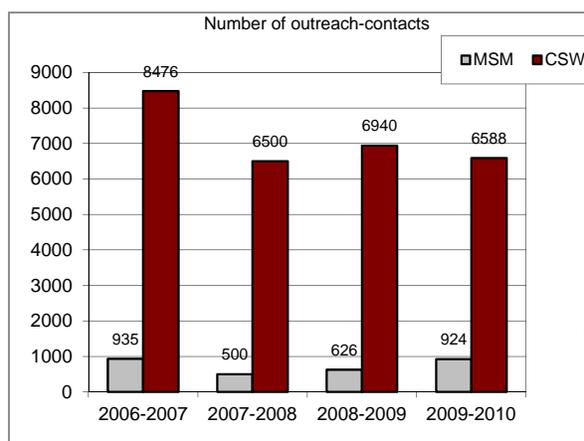
Data Collection

Data for the indicators for objective **Technical Assistance for HIV Prevention in St. Petersburg and Orenburg regions** were collected by means of compiling the lists of events' participants including place of work, position and contact information. This allows compiling personal lists and lists of regional organizations, whose representatives received training or technical support. At trainings besides compiling the lists of participants, SANAM conducted researches on events evaluation and knowledge dynamics. The lists as well as reports were included in training reports which were consolidated in the quarterly project progress reports.

Indicators for objective: HIV Prevention at the SANAM Clinic in Moscow

Number of people contacted by outreach workers on issues related to HIV/AIDS prevention through behavior change, except for cases of abstinence and adherence in Moscow region

The project staff did maximum number of outreach-contacts with CSW in 2006-2007 when there was "blossom" of organized street sex-business in Moscow: "points" were situated in the capital's center along all big avenues as well as suburban highways. Access to the "points" was free and many outreach workers had long-term agreements with bosses of the "points" the later allowing them to have conversations with CSWs in the field. Starting from the mid 2007 specially formed police forces started removal of "points" in Moscow; as a result some street CSWs continued working in saunas and rented apartments, another part of them shifted together with "points" out of the city borders. This development made them hard to reach because of the distance to be covered, dependence on auto-transport, regular police raids, fear and decreased interest from the part of bosses of the "points" in cooperation with the

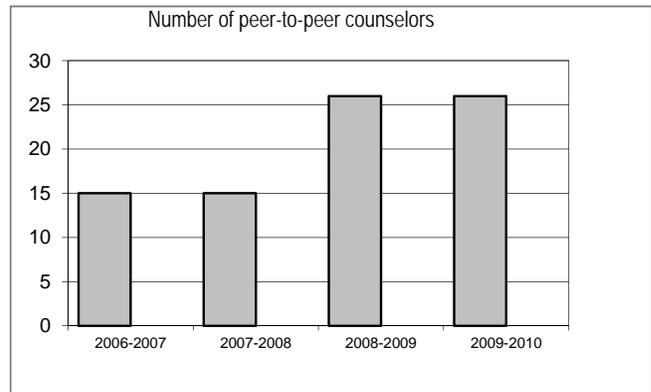


project. All this led to the reduction of outreach contacts in the forthcoming project years and as a consequence - decrease in CSWs inflow to the clinic.

Since 2008 owing to stable cooperation with partner organizations on service development, research projects were able to reach gradual growth in number of contacts with this target group.

Number of people trained to keep work on HIV/AIDS prevention through behavior change, except for cases of abstinence and adherence in Moscow, St. Petersburg, Orenburg regions

Maximum progress in target groups' attraction for work with peer-to-peer counselors was reached among MSM who demonstrated interest in dissemination of information on preventive activities of HPC project among their mates. During last two years CSWs often were attracted to peer-to-peer counseling by individual recruiting by outreach workers at "points" or during visits to the SANAM clinic.



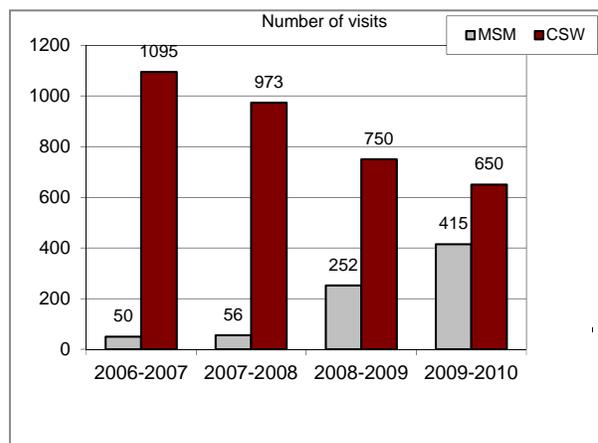
Training of peer-to-peer counselors in Orenburg region was done with a help of local NGOs: its staff was sent for participation in trainings.

Number of people, received counseling and HIV testing and learned about their tests results irrespective of sex in Moscow region

Number of pregnant women, received counseling and testing on vertical HIV transmission and learned about their tests results in Moscow region

Since autumn 2008 there was a reduction in the number of CSWs visiting clinic. The main reason for this is the fact that many female clients shifted from Moscow to areas near the capital and it became difficult for them to reach the clinic in the center of the city.

Also the number of girls who work seasonably and go back to their native cities off-season increased. The number of pregnant female clients who visited the clinic for the first time (unlike those who visited the clinic more than once) is quite stable. The reason for this is high level of sexual and physical violence, unprotected sex with constant sexual partners and husbands.



General reduction in the number of CSW visits to the clinic was compensated by the increased activities among MSM and their visits to the clinic.

Data Collection

Outreach workers fixed the information on outreach contacts at "points" in the account forms and moved it to the electronic data base (Eplnfo). Some contacts made by volunteers from partner organizations and peer-to-peer counselors were recorded by means of counting the number of invitation cards disseminated among the target groups mainly among MSM.

Within the quarter the lists of peer-to-peer counselors were formed out of the detailed lists of people trained on trainings or personal on-sight trainings conducted by outreach worker or psychologist. Training of peer-to-peer counselors in Orenburg region was done as part of the general training of specialists.

Doctors appropriately recorded data (and entered it into the electronic database Eplnfo) on clients of the clinic who received counseling and HIV testing and learned about their tests results irrespective of sex, and on pregnant women who received counseling and testing on vertical HIV transmission.

Summary Table of PEPFAR Indicators for HPC						
	PEPFAR INDICATORS	September 2006- August 2007	September 2007- August 2008	September 2008- August 2009	September 2009- August 2010	Total
5.2.	Number of people contacted by outreach workers on issues related to HIV/AIDS prevention through behavior change, except for cases of abstinence and adherence in Moscow region	Women: 8,476 Men: 935 Total: 9,411	Women: 6,500 Men: 500 Total: 7,000 Not direct 3,000	Women: 6,940 Men: 626 Total: 7,566	Women: 6,588 Men: 924 Total: 7,512	Women: 28,504 Men: 2,985 Total: 31,489 Not direct 3,000
5.3.	Number of people trained to keep work on HIV/AIDS prevention through behavior change, except for cases of abstinence and adherence in Moscow, St.-Petersburg, Orenburg regions	15	15	26	30	86
1.2	Number of pregnant women, received counseling and testing on vertical HIV transmission and learned about their tests results in Moscow region	31	25	26	22	105
9.1.	Number of service agencies, providing counseling and HIV testing in accordance with national and international standards in Moscow, , St.-Petersburg and Orenburg regions	31	28	20	21	103
9.2.	Number of people, received counseling and HIV testing and learned about their tests results irrespective of sex in Moscow region	Women: 1095 Men: 50 Total 1145	Women: 973 Men: 56 Total: 1029	Women: 750 Men: 252 Total: 1002	Women: 650 Men: 415 Total: 1065	Women: 3468 Men: 773+ Total: 4241
9.3.	Number of people trained in counseling and testing in accordance with national and international standards*	63 not direct 292	80	75	79	297 not direct 292
13.1	Number of local organizations provided with technical support for strategic information (monitoring and evaluation/supervision) in , St.-Petersburg, Orenburg regions	4	2	10	17	31
13.2	Number of people trained in counseling in strategic information (includes M&E and surveillance) in St.-Petersburg, Orenburg regions	4	2	17	19	42
14.2	Number of local organizations provided with technical support for HIV-related intutional capacity building in Orenburg regions			10	17	25
14.4	Number of people trained in HIV-related institutional capacity building in Orenburg region*			75	79	154
14.5	Number of people trained in HIV-related stigma and discrimination reduction in Orenburg region*			75	79	154
	Number of people trained on effective interaction between organizations (social, medical, NGOs) for projects targeting MARPS on HIV prevention in Orenburg region*			75	79	154

* Per request of local partners (NGO, medical institutions, and social protection agencies) in Orenburg region the program of each training included all indicators 9.3, 14.4, 14.5, as well as "effective cooperation between the organizations (social, medical and nongovernmental organizations) on HIV prevention projects among the most vulnerable groups at-risk."

VI. MANAGEMENT/COMMUNICATIONS

IREX, as the primary grantee, worked to ensure that HPC activities were conducted in a complementary and synchronized way to enhance and amplify the overall results of the program. IREX/Russia cooperated closely with SANAM as well as with IREX headquarters. The management structure was designed to facilitate prompt and efficient program implementation as well as to maximize visibility of program results.

Formal coordination mechanisms included monthly management/program meetings between IREX and SANAM; and quarterly program and financial reports. Over the course of the program, IREX staff provided ongoing consultation to SANAM Foundation in financial and programmatic reporting procedures, and worked closely with SANAM on developing a long term strategy for the ongoing sustainability of the SANAM foundation beyond the life of the HPC project. The following is a summary of a strategic development strategy SANAM developed in consultation with IREX:

Goals	Targets	Period	Financing
Replication of practical experience of Fund "SANAM" on preventive maintenance of HIV/HEPATITIS/STI among vulnerable groups.	Realization of regional projects	2010-2012	Is required (There is a preliminary agreement with FMBA about work in territory of the closed cities with financing from local budgets)
Research activity	Research projects Support of design work Monitoring and evaluation	2010-2012	Research projects relating to MSM (together with John Hopkins's University) Is required Is required
Development and introduction of model of medico-social service constructed on the basis of preventive medicine.	Development and publishing of methodical materials Development of training programs Carrying out advisory and training actions	2010-2011	Is available Is available Is required
Development of a system of medico-social support of patients from vulnerable groups of the population.	Development and publishing of methodical materials Development of training programs Realization of regional projects	2010-2012	Is available Is available Is required

IREX worked closely with SANAM Foundation management to ensure greater compliance with USAID Rules and Regulations, addressing the findings of USAID's 2006 pre-award assessment. Conflicts of interest and other violations had arisen previously because of a complicated arrangement between the SANAM Association, SANAM Clinic, and SANAM Foundation. These have now been resolved through the SANAM Foundation's re-registration and relocation into separate quarters from the SANAM Clinic. The Foundation was registered in November, 2007 and engages exclusively in non-commercial activities. The separation of location, re-registration of the Foundation and re-licensing of the clinic enabled a more transparent separation between the management and accounting of the two entities. The Foundation has opened a ruble bank account dedicated to project funds at the Russian Development Bank (RDB). The Foundation has significantly improved its cost controls policies and procedures, and is continuing to refine them with guidance from IREX. It has brought its employment policies and contracts in greater compliance with the law, and IREX has provided recommendations for improving the organization's labor contract, equipment procurements, and completing financial reports.

With IREX's guidance, SANAM Foundation created and adopted policies and procedures that were lacking in its original documents and were noted in the USAID financial management pre-award assessment. IREX and SANAM Foundation put new policies into place to address procurement, travel and hiring policies, staff performance evaluations, accounting procedures and controls, and allocations/billing of employee time. Also, SANAM Foundation produced and adopted a personnel handbook. IREX assisted SANAM to develop an updated management chart. Please refer to Attachment 4.

IREX assisted SANAM to develop strategic marketing materials and methods, including templates for an HPC newsletter and success stories to improve program and donor visibility, as well as to share achievements with partners and the public. As part of this development of SANAM's public relations strategies for increased visibility, SANAM also created a new logo:



In addition to the clinic's planned work, SANAM conducted an environmental assessment to ensure environmental compliance in accordance with the timetable. The Environmental Mitigating Measures Plan focuses on the monitoring of and adherence to protocols related to the proper handling, storage, use and disposal of medical equipment, medical supplies, pharmaceuticals, controlled substances and packaging materials.

Environmental Mitigating Measures Timetable

Event	Timeframe	Responsible Person
Collection of medical waste	Everyday	V.Krylova
Removal of medical waste (according to accumulation in the container)	At the request of Ecoservis (approximately once every two weeks)	T.Bondarenko, V.Krylova
Picking-up and recycling of everyday waste	Everyday	V.Krylova
Checking of disinfection and sterilization procedures	Once a quarter	Moscow city Disinfection Center, T.Bondarenko
Preventive pest control measures	Once a quarter	Moscow City Pest Control Center, T.Bondarenko
Sterilization of medical instruments	Twice a week	V.Krylova
Checking of discharge and procurement of disposable medical equipment	Twice a month	T.Bondarenko, V.Krylova, A.Andreeva

While mitigating the environmental impact of the clinic's work, SANAM was guided by the following standard documents:

1. Federal Law 52-FZ dated 30.03.99 on "Sanitary Epidemiological Welfare of the Population";
2. Sanitary rules SP1.1.2193-07 "Organization and Exercise of Production Control over Observance of Sanitary Rules and Implementation of Sanitary and Anti-epidemiological (Preventive) Activities";
3. Sanitary rules and regulations (SRR) 2.08.02-89-95 "Public Buildings and Premises; Manual on Designing Healthcare Establishments";
4. SRR 2.1.3.1375-03 "Hygienic Requirements for Arrangement, Equipment and Operation of Hospitals, Maternity Hospitals and Other Medical Facilities";
5. SRR 2.2.1/2.1.1.1278-03 "Hygienic Requirements to Natural, Artificial and Combined Lighting of Residential and Public Buildings";
6. SRR 2.2.4.548-96 "Hygienic Requirements for Microclimate of Workplaces";
7. SRR 2.2.0.555-96 "Hygienic Provisions for Conditions of Work for Women";
8. P 2.2.2006-05 "Manual on Hygienic Evaluation of Factors of Workspace and Work-Process; Criteria and Classification of Working Conditions";
9. P 3.5.1904-04 "Manual on Appliance of Ultrasonic Bactericidal Measurement for Disinfection of Air in the Premises";
10. SRR 2.1.7.728-99 "Rules of Collection, Storage and Removal of Waste of Medical Buildings";
11. Order of the Ministry of Health and Medical Industry of Russia No. 90 dated 14.03.96 on "Procedure for Conducting Preliminary and Periodical Medical Checkups for Workers and Medical Regulations on Permits for Occupation";
12. Order of the Ministry of Healthcare and Social Development of Russia No. 83 dated 16.08.04 on "Approval of List of Harmful and/or Dangerous Production Factors and Works, Requiring Preliminary and Periodical Medical Checkups and Procedures of these Checkups";
13. Resolution of the Government of Moscow No. 1228 dated 28.12.99 on "Compulsory Preventative Checkups and Hygienic Attestation";
14. Methodological directives on disinfection, pre-sterilization cleaning and sterilization of goods intended for medical use;
15. MosMP 2.1.3.007-04 "Organization of Sanitary and Epidemiological Supervision over Inter-Hospital Infections of Medical Personnel in Moscow: Preventative Measures."

VII. RECOMMENDATIONS

1. In connection with increase in HIV/STI incident rate among at-risk groups' representatives (HIV by 1.2 percent, syphilis by 0.4 percent) it is necessary to continue working on widening network of coverage the CSW and MSM by preventive activities, as well as HIV/STI diagnostics and treatment. Work with at-risk groups – CSW and MSM – showed that these groups are heterogeneous by their social and educational levels and behavioral features. It is necessary to continue paying more detailed attention to individual counseling on behavior change for less risky one towards HIV/STI. An important component for success of this activity is proper building of partner relations in the region and partner inter-project interaction. More detailed information is available in the [attachment 2](#).
2. It is necessary to continue the development of methodological recommendations on the following directions:
 - Counseling of at-risk groups by medical specialists and social workers;
 - Organization of inter-sector communication for lowering the threshold for access to preventive assistance and services on STI diagnostics and treatment and HIV diagnostics;
 - Medico-social support to patients from vulnerable groups both having HIV positive and negative statuses;
 - Motivational information sharing with NGO representatives, service providers and prevention departments' staff within healthcare and social protection agencies;
 - Training programs on methods and features of communication with at-risk groups in accordance with modern behavior features of CSW and MSM and training of medical staff, social workers and psychologists. More detailed information is available in the [attachment 3](#).
3. The work experience of friendly service provider in Moscow (SANAM's Clinic on Raushskaya) on motivation to referral to medical doctor; organization of in-clinic management; specialists' training in effective communication technologies; and interaction with medical specialists and outreach workers could be translated and replicated in other regions as one of successful programs working with at-risk groups.
4. SANAM Foundation's experience based on properly built access system, counseling of medical specialists, psychologists, social surveys and interviews, testifies the necessity in collection of information and record of heterogeneity of target groups when forming the approaches to preventive activities. First of all, all of the above is applied to MSM subgroup whose sexual practices, identification and lifestyle may considerably vary. Gender approach should be actively introduced in preventive activities with CSWs thus increasing the sensitivity of specialists towards issues of gender inequality as a source of sexual exploitation.

In general, the vulnerability of CSW and MSM groups should be viewed as universal risk practices and innovative approaches, created in the course of work with vulnerable groups, and disseminated over the general population.

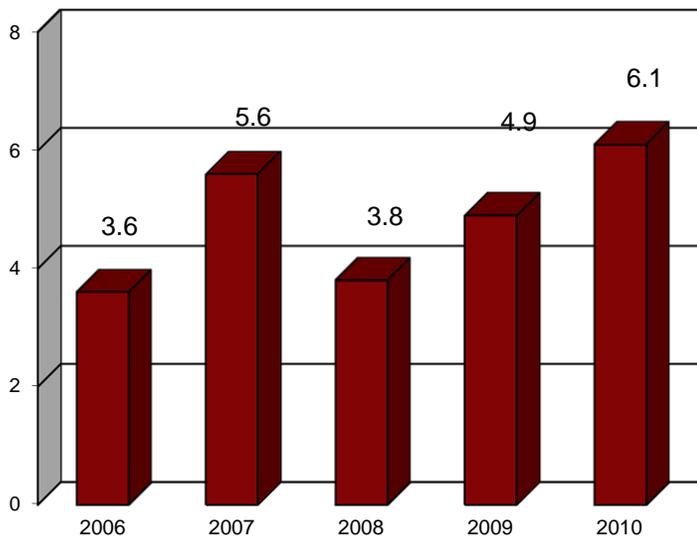
VIII. ATTACHMENTS

Attachment 1. HPC Data Collection

Number of people, received counseling and HIV testing in Moscow

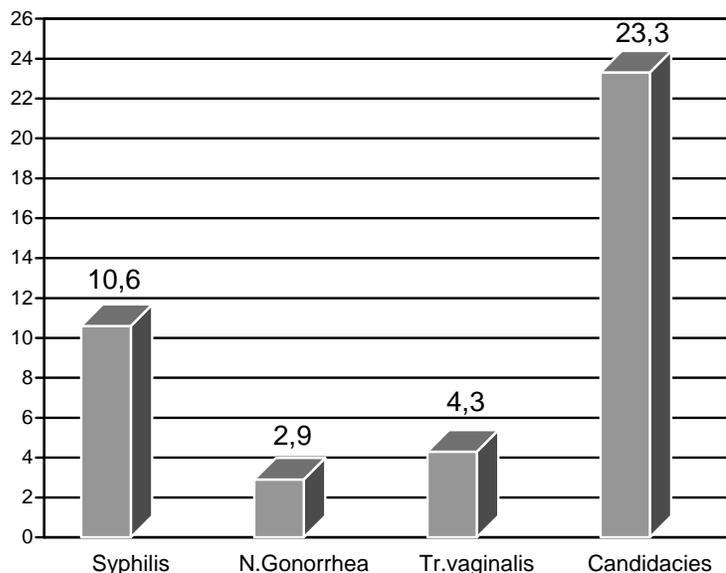
September 2006- August 2007	September 2007- August 2008	September 2008- August 2009	September 2009- August 2010	Total
Women: 1095 Men: 50 Total: 1145	Women: 973 Men: 56 Total: 1029	Women: 750 Men: 252 Total: 1002	Women: 650 Men: 415 Total: 1065	Women: 3468 Men: 773 Total: 4241

HIV incidence (%) among female CSWs visiting SANAM clinic 2006-2010

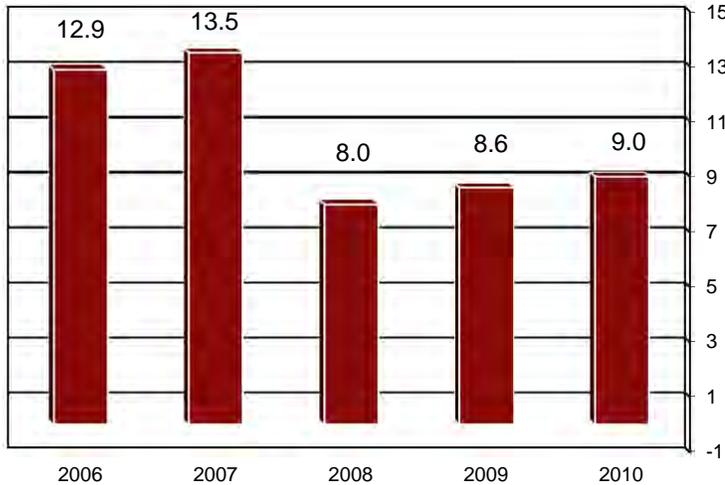


The increase in HIV dissemination rate among female CSWs in the course of the last five years is confirmed and is symmetrical to the increase of sexual transmission of HIV as in Russia in general, so in Moscow region in particular (according to official data more than 65 percent of new HIV cases are sexually transmitted ones).

Incidence of major STIs (%) among female CSWs visiting SANAM clinic, Moscow, Sep 2006 – Aug 2010 (n=3468).



HIV incidence (%) among MSM visiting SANAM clinic 2006-2010

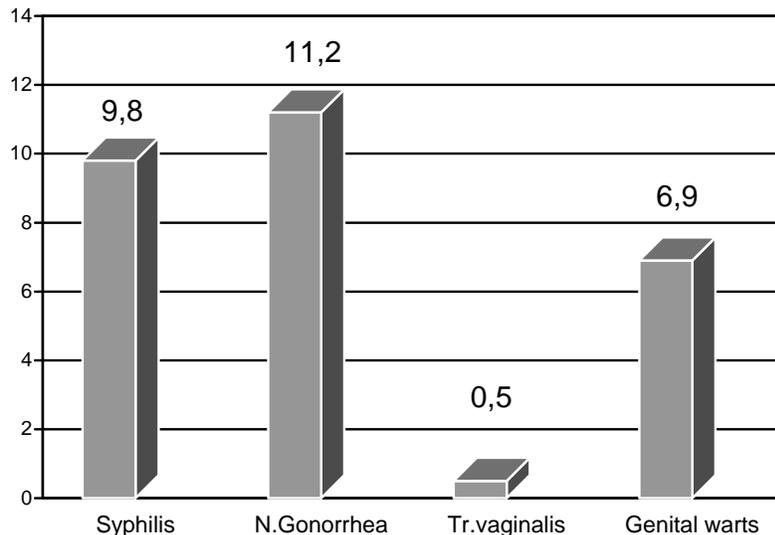


Decrease in the HIV dissemination rate among MSM who were examined in the SANAM Clinic are conditioned by several factors. In the initial years, for work with this group at-risk the Clinic attracted mostly males from “cruising places”. They were young fellows often non-residents and not only seeking new sexual partners here, but mostly were

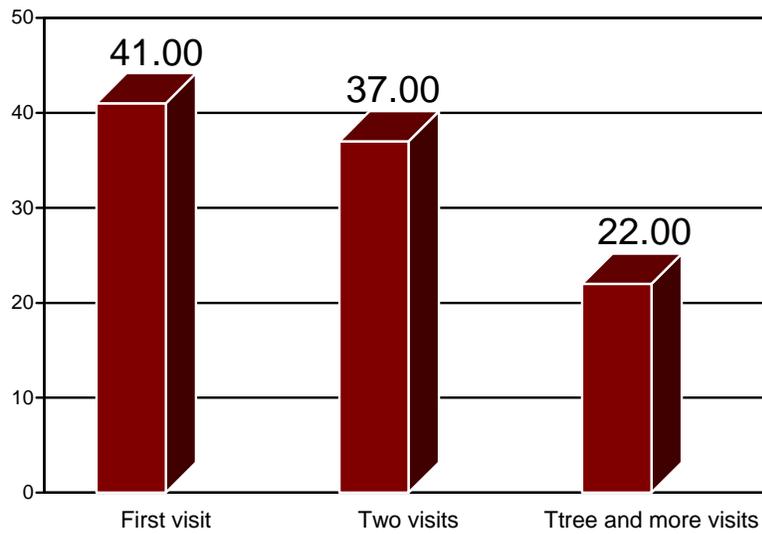
commercial sex workers. This group was distinguished for high risk behavior: low percentage of condom use, frequent drinking alcohol, substance use, large amounts and constant change of partners.

Since 2008 the network of MSM who are aware of the project widened; more MSM from clubs as well as those who come to know about the Clinic via Internet (including through LaSky project) started visiting the Clinic. The word-of-mouth was also actively working as well as peer-to-peer counselors. MSM from different social layers of society started visiting the Clinic. This group representatives’ awareness level increased owing to the outreach team and peer-to-peer counselors work. Yet they had no complaints at the moment of the visit, some MSM also came to the Clinic because they understood their risks towards HIV/STI and wanted to be sure they do not have these infections. Change in the Clinic’s clients’ contingent caused the decrease in the numbers of HIV detection cases.

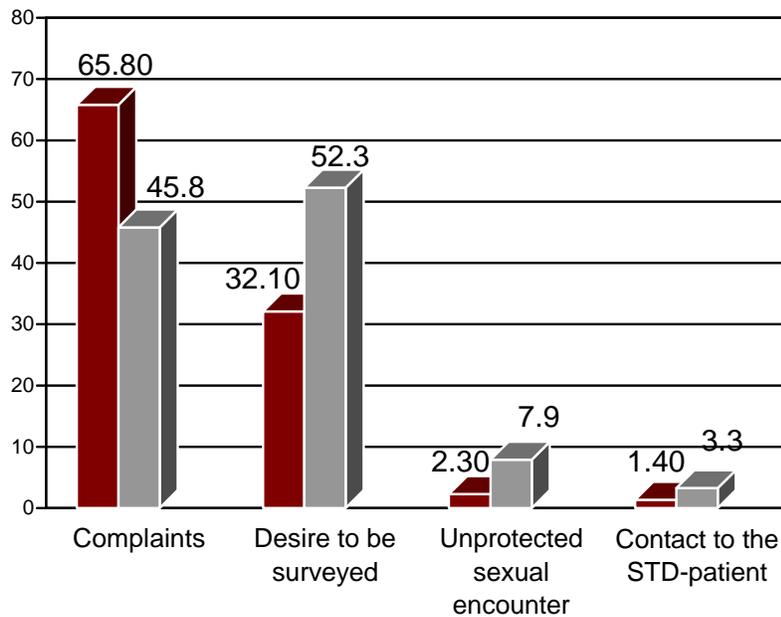
Incidence of major STIs (%) among MSM attending SANAM clinic, Moscow, Sep 2006 – Aug 2010 (n=773)



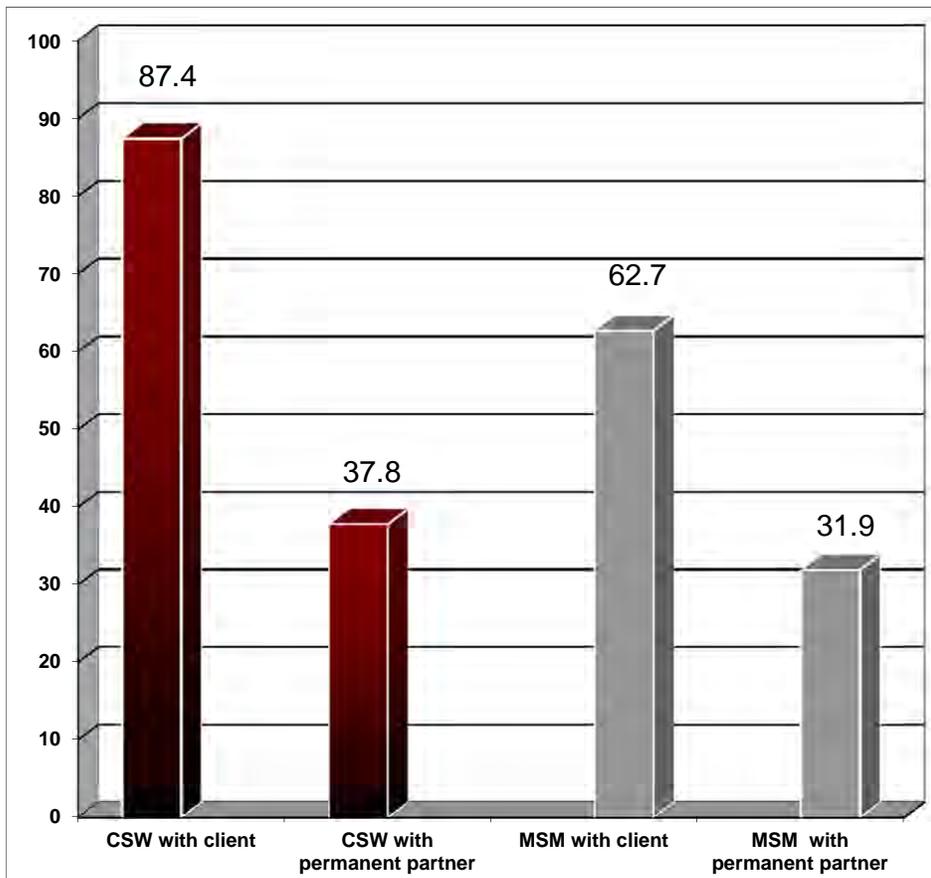
**Quantity of first and repeat visits (%) of women-CSW to SANAM clinic
Moscow, Sep 2006 – Aug 2010 (n=3468).**



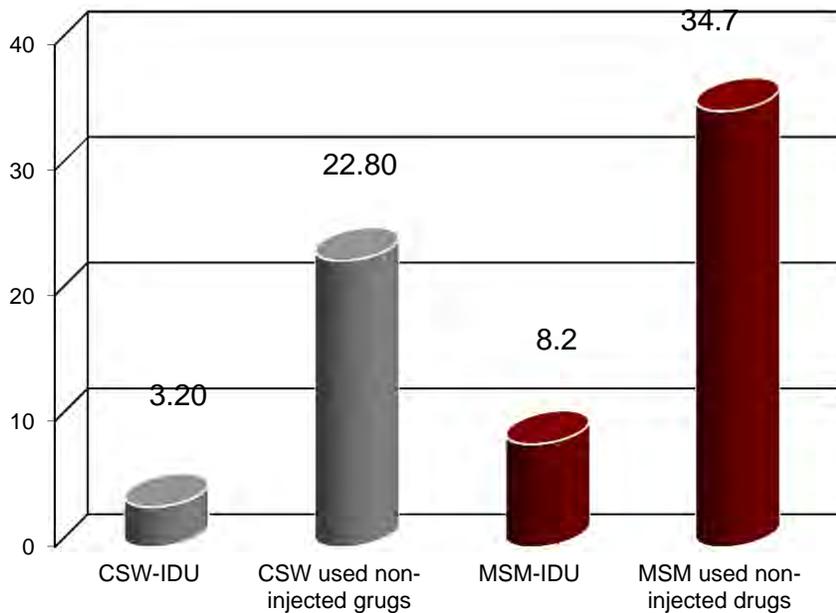
**Distribution of women-CSW by reason of visiting SANAM clinic at first and repeat visits
Moscow, Sep 2006 – Aug 2010 (n=3468).**



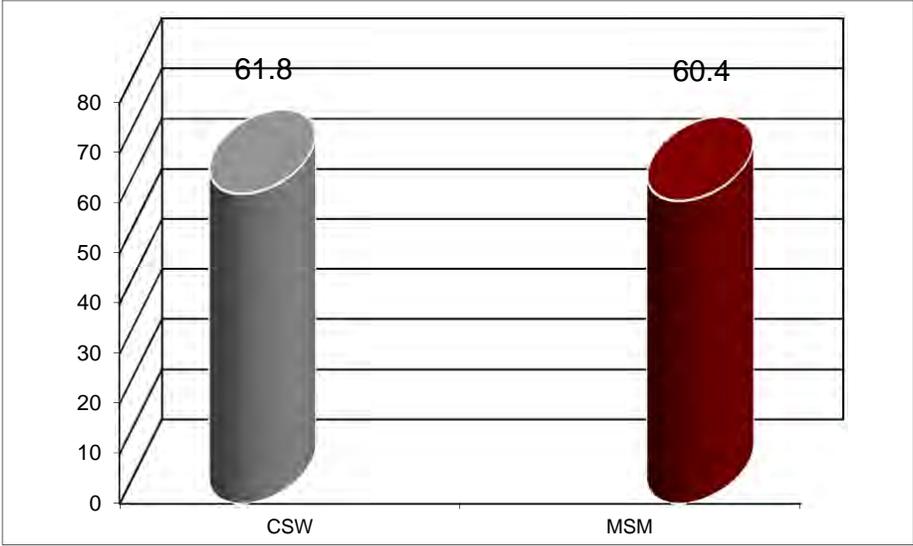
**CSW- women and MSM (%) reported condom use during the last sexual encounter with client (casual partner) and permanent partner
Sep 2006 – Aug 2010 (n=3468, n=773).**



**Women-CSW and MSM (%) reported use of intravenous drugs and non-injected illicit drugs during the last month
Sep 2006 – Aug 2010 (n=3468, n=773).**



**Women-CSW and MSM (%) reported alcohol use during last intercourse
Sep 2006 – Aug 2010 (n=3468, n=773).**



**Women-CSW (%) reported physical violence and sexual coercion during the last month
Sep 2006 – Aug 2010 (n=3468).**



Attachment 2. Recommendations on Building Partner Relationships in the Region

The significant component of the project's success is building proper partner relationships in the region.

Methodologically the activities will be implemented as follows:

- I. Evaluation visit to the region before commencing of the next project year.

Purposes of the visit:

1. Meeting with senior management of healthcare and social protection agencies;
2. Meeting with NGOs working in the sphere of AIDS services in the area;
3. Presentation of training technologies that could be provided by the Foundation in the area;
4. Presentation of counseling services;
5. Getting information for the final result of training of specialists from governmental organizations and NGOs;
6. Analysis of data received and overlapping of the Foundation capabilities and the needs of the region;
7. Follow-up revision of training programs and approval with management bodies and NGOs.

Thus, we begin our work in the region having preliminary plan and, which is the most important, narrative portion of the events approved. Such approach provides understanding by regional administration of joint purposes and objectives and forms reasonable expectations from the work accomplished. For example, all project activities in the cities of Orsk and Novotroitsk were approved on the level of deputy heads of municipalities on social issues. They oversee the activities of healthcare and social protection agencies.

I. Changing primary prevention system in the area

At the time when project activities started the main prevention activities in the region were implemented by AIDS centers and NGOs. We consider it to be quite convenient organization of work for a regional center. Nevertheless, the project activities of the majority of organizations lack an important chain of primary prevention on the part of STI clinic. Considering that persons with risky sexual behavior first of all go preeminently to STI clinic for diagnostics and STI treatment. Thus, training of STI clinic specialists on work with HIV-infected people becomes an important component of preventive programs. STI clinic management understands well the need in additional training for their staff and sends them to the trainings conducted by the Foundation. Mr. V. P. Karyamnov, Medical Superintendant from the Orenburg Oblast STI clinic confirmed that the doctors lack "doctor-patient" communication skills, as well as knowledge on HIV prevention. Additional training on voluntary counseling and testing, stigma and discrimination, socio-psychological features of groups at-risk were positively perceived by management and specialists.

Attraction of STI clinic specialists to the training programs is important because these clinics receive funding to purchase drugs for PLWA treatment as part of federal target programs. STI clinics do not have direct access to this target group. Thus, the trainings not only solve the problem of lack of skills for intercourse with marginal target groups, but promote the development of inter-sector interaction, in particular joint work with NGOs.

The situation in regional municipalities is slightly different. AIDS centers and STI clinics are governmental healthcare organizations, i.e. come under subordination to regional and not local healthcare agency. Thus, administrations of small towns have limited managerial influence on them. Among the pluses of the small towns are less formalized relationships with municipal healthcare organizations including female counseling centers and policlinics under the city hospitals, social protection agencies and local NGOs.

As a result of project activities a complex model of prevention is being built in the cities of Orsk and Novotroitsk. The primary point for reference could be AIDS centers, city STI clinic, policlinic (therapist), female counseling center, center for social adaptation, center for social support to

families and children and NGOs. Herewith, AIDS centers should be relieved from major prevention activities; instead they should conduct methodological and training activities. This prevention activities model was supported not only on municipal level, but also by Rospotrebnadzor at the Foundation presentation in the meeting of partner organizations of USAID and head of department on supervision over HIV-infection and hepatitis within Rospotrebnadzor in June 2009. Moreover, municipal administrations are ready to use newly opened Health Centers for prevention of socially important infectious diseases and include them in the prevention activities model being build in the regions.

II. Inter-project partner collaboration

The third important component is knowledge of project objectives and activities of partner organizations. First of all, close collaboration with URC and PSI helped to supplement their work with our components and from the other side remove from the training programs the topics which were already covered. This provided an opportunity not to duplicate information, thus increasing the level of material perception. Also, understanding the essence of collaborative approach by URS and interaction system of PSI and NGOs, we included results of on-going and sustainable projects in planning of our activities. Thus, administration of municipalities understood clearly what tasks we have in the region and how we can supplement the existing activities.

1. At present there is a tendency of growth in HIV/STI incidence rate among groups at-risk. That is why it is important to continue activities in order to broaden coverage of CSW and MSM by prevention activities, as well as HIV/STI diagnostics and treatment.
2. Work with groups at-risk – CSW and MSM – showed that these groups are dissimilar in their social and educational levels and behavioral features. It is vital to pay more close attention to such aspects of work as individual counseling on changing behavior for less risky one towards HIV/STI. It is necessary to continue developing of methodological recommendations in accordance with contemporary behavioral features of CSW and MSM and conducting training of medical personnel, social workers and psychologists in methods and interaction features with groups at-risk.
3. The experience of medico-social center SANAM clinic in Moscow could be translated and replicated in other regions as a model of successful work with groups at-risk.

Attachment 3. Recommendations on Training Process Building

Depending on the objectives of training and category of workers to be trained, the content of training programs and modules will significantly vary. Four major groups of tasks to be solved at the training and directly influencing its content can be highlighted:

- Provision of information and knowledge that are important for successful professional activities;
- Development of skills for work with information;
- Development of skills for interpersonal communication and attitudinal change;
- Development of abilities to make decisions and problem analysis.

Skills for interpersonal communication are vital to the workers for successful interaction with other people in working and casual situations.

Key skills for interpersonal communication are establishment of psychological contact, listening, persuasion, understanding the feelings of other people, solving conflicts, etc. Training in these skills is intended not only to ease understanding of other people's behavior, moreover, it should help the trainees to work out such a behavior, personal actions or reactions that could increase the effectiveness of communication. Training in interpersonal communication involves practice and feedback, as well as anticipates maximum support on use of practical training materials such as discussions, role and imitation games. Training with video-recording as one of a feedback tools is considered to be especially successful.

RESUME

When compiling and finalizing the content of any training program (for trainings on formation of trainer competencies or VCT (voluntary counseling and testing) counselors), it is always necessary to take into consideration professional experience and qualification of participants; thus an important condition for compiling groups of participants is to understand the importance of their homogeneous composition. This envisages absence of considerable distinctions among the participants in the level of professional qualification, experience, scope of work, as well as substantial difference in age.

Such approach helps to make training more interesting and more useful for the participants. There is a substantial difference in informational components for medical specialists, social workers and psychologists, whose activity is not directly connected with pre- and post-test HIV counseling.

It is well-known that training participants expect to be taught how to make an action included in the working context at their working place in order to get a result. If, instead of this they will be offered general model or general approach which should ideally lead them to the expected results – means demotivation of participants for the training process. It will happen because neither actions, nor contest and results are clear for the participants, i.e. they do not have a clear picture on how skills for pre- and post-test HIV counseling (or conducting training sessions) will be used in their work, if they are not medical workers or this function is not in their scope of work.

That is why selection of training participants is an important component vital for the effectiveness of training process.

The experience shows that features of adult participants are strongly connected with demand in meaning. In the context of the training there are two clearly visible major spheres where this demand arises:

- *Demand in solving practical professional tasks; and*
- *Demand in personal and professional development.*

The antimony of training results is in long-term performance determined by the factors lying beyond immediate work of the trainer, i.e. beyond the training itself. The proficiency of organizers and trainers is in the ability to step out the framework of training and help to support training results

inside the organization. This antimony can be explained: the main “consumers” of training are not its participants, but organizations providing medical services.

In the long-term perspective the training results will have the meaning in terms of organization. Herewith, participation of administration in preparation for the training and support to its results after the session is over should not be underestimated. That is why the success of training depends not only on selection of material and trainers’ qualification, but also on the level of administration’s interest in the training.

By other words, in order for training participants to be able to use training results in their professional activity, the administration of medical organizations should be ready to exert efforts to support the training and strengthen its “consequences” at the working places, as well as necessarily take into account such factors as motivational component, labor management and environment in the organization.

The most important aspect of the effectiveness of training sessions is participation of management (administration). Thus, the trainings conducted by SANAM were attended deputy superintendants from AIDS centers and STI clinics, deputy heads from healthcare and social protection departments of the cities of Orsk and Novotroitsk.

The second important motivational component is the level of significance of training for its participants – medical and social workers in the context of their professional competence development.

Management (administration) could render the following support for the training:

- *Inclusion of trainings for medical personnel in the work plan of the organization;*
- *Timely notification about the training its participants and their direct supervisors;*
- *To the extent possible participation in opening and closing sessions of the training program;*
- *Review and discussion of training results;*
- *Monitoring the activities’ effectiveness and behavior change among training participants at their working places.*

As when compiling and finalizing the content of training program, it is always necessary to take into consideration professional experience and qualification of participants; thus an important condition for compiling groups of participants special attention should be paid to absence of considerable distinctions among the participants in the level of professional qualification, experience, scope of work, as well as substantial difference in age. Such approach helps to make training more interesting and more useful for the participants.

There is a substantial difference in informational components for medical specialists, social workers and psychologists, whose activity is not directly connected with pre- and post-test counseling on HIV.

As the experience shows in order for training participants to be able to use training results in their professional activity, it is essential to promote the creation of necessary conditions at the working places and necessarily take into account such factors as motivational component, labor management and environment in the organization.

Transfer of acquired knowledge and skills to the working place

New knowledge and skills received at the training session should be somehow “rooted” in the working place. But if new experience is not needed, new knowledge, orientations and skills are lost very quickly. All new knowledge should be given support, otherwise it will be forgotten.

It is essential to create such conditions that will stimulate the usage of new knowledge and skills or make staff to use them. One should be aware that creation of such conditions is complicated task demanding demolition of old stereotypes of work and possibly the whole management system.

CONCLUSION

Major factors influencing quality of fixation of newly received knowledge and skills:

- Provision of participants with necessary feedback;
- Using capabilities for fixation of the training results;
- Provision of conditions for practical fixation of knowledge and skills received at the working place;
- Provision of necessary motivation level of participants for the training and usage of new knowledge and skills in their work;
- Creation of conditions for transfer of received knowledge, skills and behavior models to the working situations.

Seminars allow controlling the level of participants' understanding of the material given to them. With this purpose they are asked questions or given practical exercises. Seminar is a counseling form of training helping the trainees to understand what they did not understand at the lecture or from reading books.

Active methods of training include behavioral modeling. This is comparatively new method of training in skills of interpersonal communication and attitudinal change. It teaches concrete skills and attitudes connected with professional activities through the following steps:

1. Presentation of sample (role model) of professional behavior suggested to become familiar with;
2. Practice of training in simulated behavior;
3. Provision of feedback and fixation.

The following training materials and events listed below could facilitate application of training results to professional activities:

- Reference guides and manuals on how to solve different problems which can be used by participants in order to refresh memory after coming back to their working places;
- Training curricula on using skills, which list the main steps in this process;
- Analysis of professional barriers, emerging when using skills;
- Role games focusing on methods of overcoming difficult situations at work.

Evaluation of training courses' results

Training performance criteria: Kirkpatrick model:

Reaction: to what extent the participants liked the training;

Understanding: what facts, methods, techniques of work were understood and training results;

Behavior: how the participants' behavior and actions in the working environment changed in the result of the training;

Result: what are tangible results of the training for the organization, changes in quantity of voluntary HIV testing and treatment readiness of HIV-positive patients.

As it is assumed that some participants face the difficulties while integrating counseling into the system of medical services on pre- and post-test counseling on HIV, the following conclusion can be made: as far as these problems are left unsolved (on general organizational level) there could be doubts in importance of counseling that could have negative impact on effectiveness of the on-going training course.

Obstacles while introducing counseling could not be overcome quickly because they often demand changes in individual attitude and fundamental structural changes in the system of services provision.

Nevertheless, usually many seminar participants achieve some small success thus proving positive potential impact of counseling. This seminar and all courses on counseling should pay major attention to positive experience, as well as to creative but at the same time realistic approaches to overcoming difficulties.

Attachment 4. HPC Presentations

2007
<ul style="list-style-type: none">• T. Bondarenko. Review of International Systems of STI Epidemiological Surveillance. Presentation. 7th Academic and Research Conference on “Contemporary Aspects of Preventive Medicine on Regional Level: Successes, Problems, Solutions”. Orenburg. November 2007.
2008
<ul style="list-style-type: none">• T. Bondarenko. Features of Building Effective Interaction between Lasky Project Participants and Representatives of Medical Service. Roundtable. PSI, 8 April, 2008.• T. Bondarenko. Organization and Work Results of STI/HIV Prevention among Groups at High Risk in Moscow. Roundtable. Orenburg. Orenburg State Medical Academy, 25th March, 2008.
2009
<ul style="list-style-type: none">• I. Gorshkova. Empirical Research of Vulnerable Groups as Part of Medico-Social Work: Revisited Choice of Qualitative Methods. Lomonosov Readings, Institute for Retraining and Advanced Training of Lecturers of Humanitarian and Social Sciences within the Moscow State University named after M.V. Lomonosov. April 2009.• S. Dubovsky. HIV Prevention among Groups at High Risk. Working meeting on the results of the USAID-funded projects on HIV prevention among vulnerable population groups. Foundation “Center for Social Development and Information” (PSI), 5th June, 2009.• I. Gorshkova. Experience of qualitative Research among Groups Vulnerable towards HIV: What Method Is More Successful? V Nationwide Scientific Conference “Sorokinskie Readings”. Moscow State University, Sociological Department, 2nd December, 2009.
2010
<ul style="list-style-type: none">• I. Gorshkova. Capabilities and Limitations of Testing Gingival Liquid: Behavioral Aspects of Vulnerable Groups. Meeting on HIV/AIDS related issues among employees of healthcare system in Federal Medico-Biological Agency, the city of Protvino, 20th May, 2010.

Attachment 5. HPC IEC Materials (Publications)

2007
Guidelines
<ul style="list-style-type: none"> T. Bondarenko. STI including HIV among MSM. Problems and Solutions. <i>Digest No. 3. Publisher: Regional Public Organization "SPID Infosvyaz" as part of the project on "Reference Center for Work with MSM: Prevention, Treatment and Social Support" with financial support from "Russian Healthcare Foundation". Moscow 2007. 56 pages.</i>
Abstracts
<ul style="list-style-type: none"> T. Bondarenko, A. Gracheva. Review of International Systems of STI Epidemiological Surveillance. <i>7th Academic and Research Conference on "Contemporary Aspects of Preventive Medicine on Regional Level: Successes, Problems, Solutions". Orenburg. November 2007.</i> S. Dubovsky, T. Bondarenko, D. Schurov. Second Generation HIV/STI Epidemiological Surveillance. International Experience and Current Situation in Russia. <i>7th Academic and Research Conference on "Contemporary Aspects of Preventive Medicine on Regional Level: Successes, Problems, Solutions". Orenburg. November 2007.</i>
2008
Abstracts
<ul style="list-style-type: none"> T. Bondarenko, A. Gracheva, S. Dubovsky. Results of Sentinel Surveillance among Female Commercial Sex Workers in Moscow Region. <i>Second Conference on HIV/AIDS Related Issues in Eastern Europe and Central Asia. Moscow, 3-5 May 2008. Collection of Abstracts. Page 51.</i>
2009
Guidelines
<ul style="list-style-type: none"> T. Bondarenko. "Women Health", 2009. <i>The brochure issued as part of the project on "Migrants' Health in Moscow" by French NGO "Medecins du Monde".</i> T. Bondarenko, N. Vartapetova, A. Karpushkina, V. Kisina, A. Ankirskaya, and others. Sexually Transmitted Infections. <i>Guidelines for STI doctors, obstetricians, gynecologists, urologists, infection disease doctors, pediatricians, family doctors and healthcare managers. Institute of Family Health, Moscow, 2009. 171 pages.</i>
Articles
<ul style="list-style-type: none"> I. Gorshkova. Medical Services for Vulnerable Groups: Expectations of MSMs and CSWs in Moscow and Orenburg Region (Russia). <i>9th Conference of the European Sociological Association, Lisbon, 2-5 September, 2009.</i>
Abstracts
<ul style="list-style-type: none"> I. Gorshkova, N. Shok. Moscow Adolescents' Knowledge about HIV Prevention: Survey Results 2009. <i>Collection of Abstracts. III Conference on HIV/AIDS Related Issues in Eastern Europe and Central Asia. Volume 1. Moscow, 27-30 October, 2009. Pages 242-243.</i> S. Dubovsky, A. Andreeva, T. Bondarenko, I. Gorshkova. Short-term Interactive Training Programs for Training and Retraining of Specialists: Evaluation of 54 Trainings. <i>Collection of Abstracts. III Conference on HIV/AIDS Related Issues in Eastern Europe and Central Asia. Volume 1. Moscow, 27-30 October, 2009. Pages 105-106.</i> T. Bondarenko, I. Gorshkova, S. Dubovsky. Second Generation Epidemiological Surveillance on HIV/STI among CSWs of Moscow and Localities near Moscow. <i>Collection of Abstracts. III Conference on HIV/AIDS Related Issues in Eastern Europe and Central Asia. Volume 1. Moscow, 27-30 October, 2009. Pages 149-150.</i> I. Gorshkova, T. Bondarenko. Gendering Violence in the Context of HIV in Russia. <i>International Conference on Gendering Violence Interventions in Contemporary Research. Uppsala, Sweden, 2-4 December, 2009.</i>
2010
Guidelines
<ul style="list-style-type: none"> Collection of Recommendations on Work with Persons Vulnerable towards HIV and STI. Moscow, 2010. S. Dubovsky, T. Bondarenko, A. Andreeva. Socio-Psychological and Medical Aspects of Work with MSM on HIV/STI Prevention. <i>Guidelines. Moscow, 2010. 115 pages.</i>
Articles
<ul style="list-style-type: none"> I. Gorshkova. Empirical Research of Vulnerable Groups as Part of Medico-Social Work: Revisited Choice of Qualitative Methods. <i>Russian National Identity in XXI Century and Global Problems of Global Development, Lomonosov Readings, April 2009. Collection of abstracts. Moscow, "Alfa-M", 2010, pages 197-200.</i>
Abstracts
<ul style="list-style-type: none"> I. Gorshkova, N. Shok. Moscow Adolescents' Knowledge about HIV Prevention: Gender Analysis. <i>XVIII International Conference on AIDS Issues. 18-23 July 2010, Vienna, Austria.</i>

Attachment 6. SANAM's Management Chart

