



**Reaching High Coverage in 7 Prevention Model Sites of Central Asia:  
Implementing an Essential Package of HIV Prevention Services for Vulnerable  
Population in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan**

**TUMAR Project**

**Quarterly Report**

***Reporting Period:***

January 1, 2009- March 31, 2009

***Submitted to:***

Central Asian AIDS Project (CAAP)  
Regional Project Management Unit  
Regional AIDS Fund

***Submitted by:***

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## **LIST OF ABBREVIATIONS:**

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavioral Change Component
DIC	Drop in Centre
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Syndrome
IDU	Injecting Drug Users
JSI	John Snow International
NGO	Non-Government Organization
PMTCT	Preventing Mother-to-Child Transmission
STI	Sexually Transmitted Infections
TP	Trust Point
TWG	Thematic Working Group
USAID	United States Agency for International Development
VCT	Voluntary Counseling & Testing
KZ	Kazakhstan
KG	Kyrgyzstan
TJ	Tajikistan
UZ	Uzbekistan

## CONTENT

### 1 Brief project information

*Organization's name:* **Representative Office of JSI Research & Training Institute, Inc. (JSI)**

*Projects' name:* **TUMAR project**

*Project's start date:* **July, 2007**

*Project's end date:* **July, 2009**

*Projects implementation locations:*

- 1. The town of Aksu, Kazakhstan**
- 2. The city of Almaty, Kazakhstan**
- 3. The city of Osh, Kyrgyzstan**
- 4. The town of Karasuu, Kyrgyzstan**
- 5. The town of Kurgan Tube, Tajikistan**
- 6. The city of Khujant, Tajikistan**
- 7. The town of Urgut, Uzbekistan**

*Country/countries:* **Kazakhstan, Kyrgyzstan, Tajikistan. Uzbekistan**

*Oblast:*

- Kazakhstan – Almaty & Pavlodar Oblasts**
- Kyrgyzstan – Osh Oblast**
- Tajikistan – Khatlon & Sogdt Oblasts**
- Uzbekistan – Samarkand Oblast**

*Reporting period:* **January 1, 2009 – March 31, 2009**

*Total RAF funds allocated to the project:* **\$ 1,647,034**

*Funds disbursement to date:* **\$ 1,408,820**

## **2. Executive Summary**

- TUMAR has continued to successfully implement HIV prevention activities in 7 sites. By March 31<sup>st</sup>, 2009 the project has directly reached 5861 IDUs, 2669 SWs, 141 IDUs/SWs, 175 co-dependents of IDUs and 7 clients of sex workers. During the reported quarter 1098 new clients were contacted. By the end of March 31<sup>st</sup>, 2009 the coverage of vulnerable populations at the sites with at least one intervention has reached 84% and most clients (56%) had 5 and more contacts with the TUMAR project since their enrollment.
- JSI organized a regional TUMAR meeting to sign contracts for the continuation of the project till July, 2009. During this meeting, preliminary results of the project were discussed as well as successes, issues and plans for the future project implementation. Also, a training on NGO's capacity building was organized for coordinators and managers coming from all 7 TUMAR sites.
- JSI organized a regional 4-day seminar for outreach workers. Total 30 outreach workers participated at the training coming from all 7 TUMAR sites (the program and the list of participants are attached).
- Seven guidelines on HIV-related topics were designed and presented at the regional seminar for outreach workers. The guidelines were distributed to all 7 sites (examples of the guidelines are attached). Also, the guidelines are in the process of been translated into local languages for those outreach workers who do not speak Russian.
- JSI has started filming a documentary video about all activities undergoing under TUMAR. The filming will be done at 6 TUMAR sites, excluding Samarkand (UZ). It is expected that by the end of the program the video will be translated on local TV channels in Kazakstan, Kyrgyzstan and Tajikistan.

## **3. Introduction**

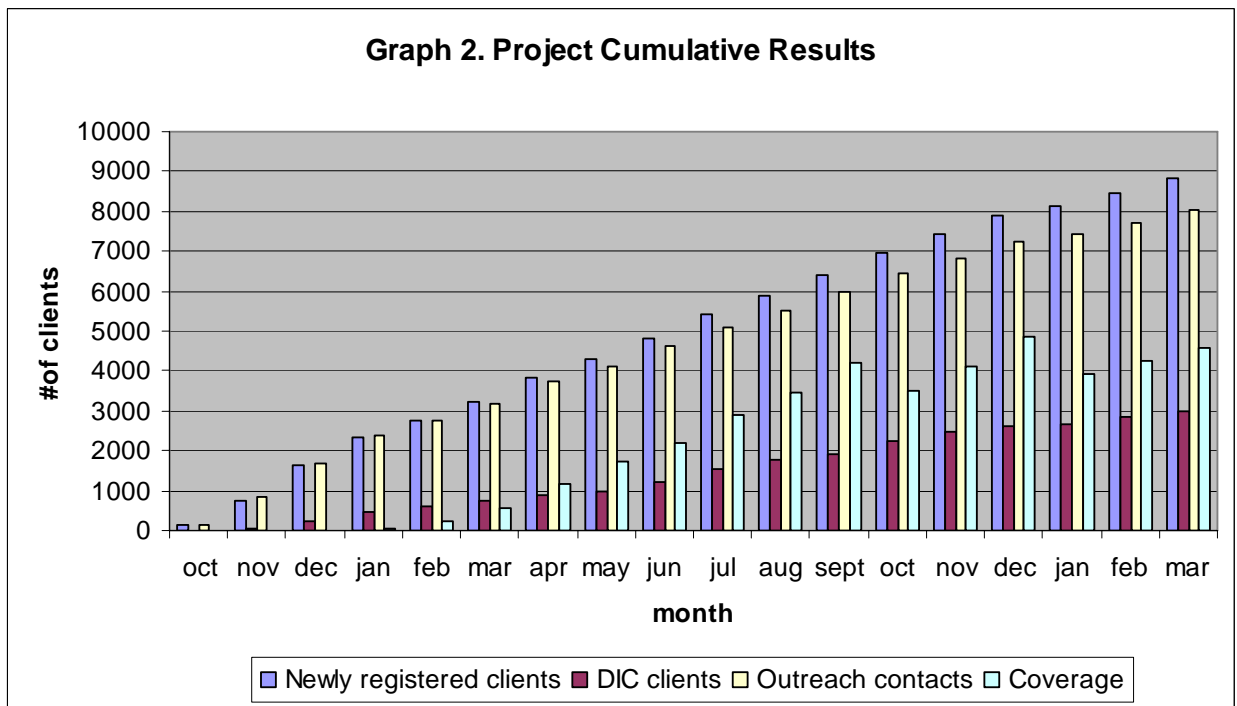
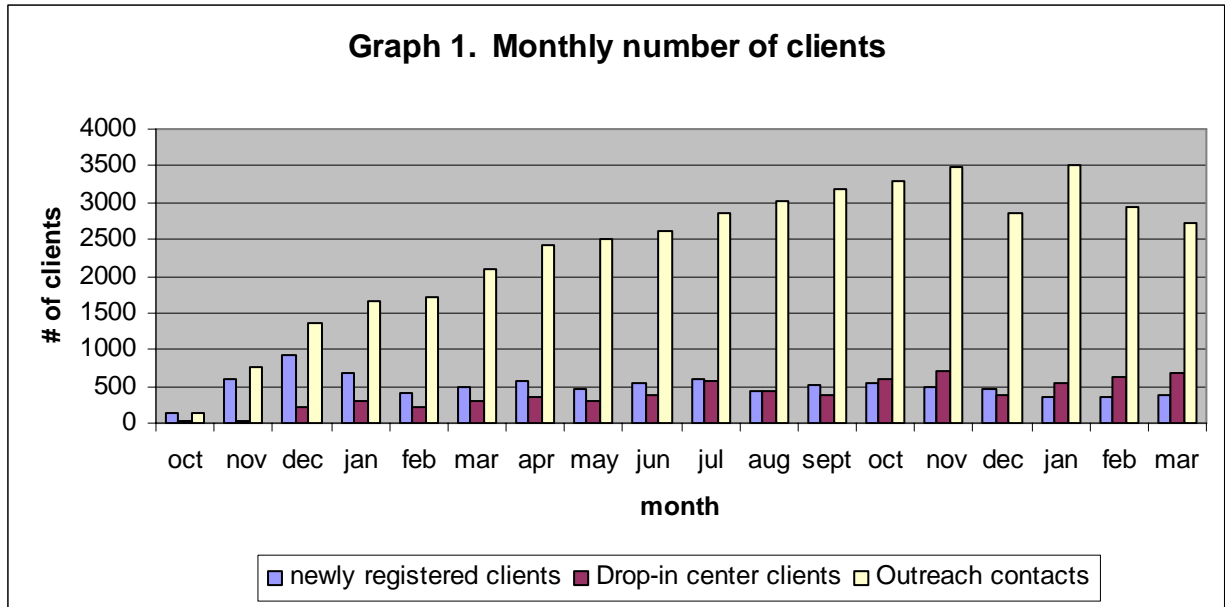
The TUMAR project aims to develop effective mechanisms for coordination of stakeholders on the provision of prevention services to vulnerable populations in prevention model sites, to ensure increased coverage of vulnerable populations with an essential package of prevention services, to prove the efficiency of implementation of prevention activities, and to ensure access to an essential package of HIV prevention services.

As a result of the subproject's implementation, the vulnerable populations at each site will increase their knowledge about HIV/STIs and be better informed about how to prevent transmission. Additionally, there will be a decrease of risky behaviors among target group representatives and a decrease of risk of contamination with HIV infection and STIs overall within each site. The long term subproject impact will be the slowing down of HIV prevalence and decrease of STI incidence in the target group and the expanded capacity of local organizations to address and manage HIV prevention programs at the local level. Most importantly, the results at each site of implementation of the prevention model will be shared with local and national stakeholders as examples for how to achieve high coverage throughout Central Asia and slow HIV transmission, further supporting and strengthening the efforts of national and local mechanisms.

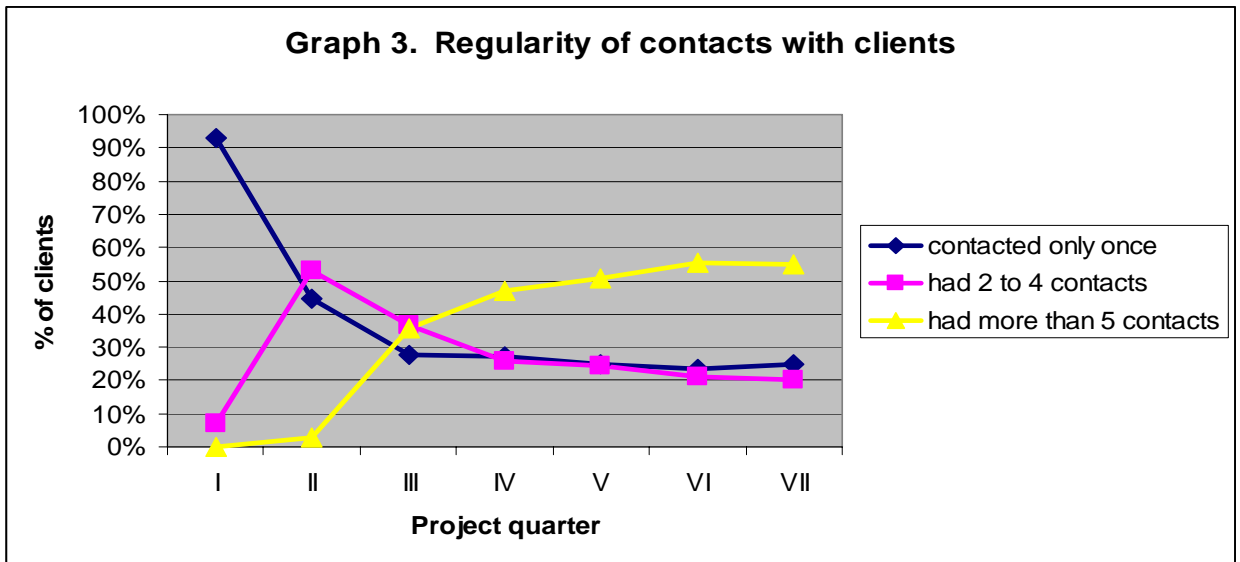
**4. Activities conducted and main results achieved in accordance with set objectives and targets.**

1. By March 31, 2009, the project has directly reached 5861 IDUs, 2669 SWs, 141 IDUs/SWs, 175 co-dependents of IDUs and 7 clients of sex workers. The coverage of vulnerable populations at the sites with at least one intervention has reached 84%.

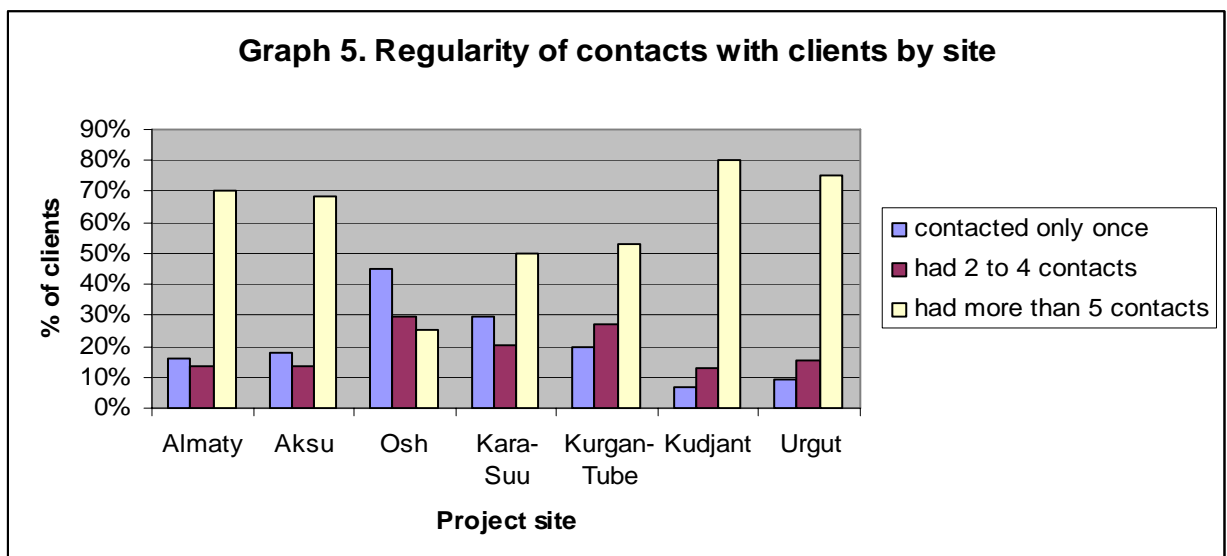
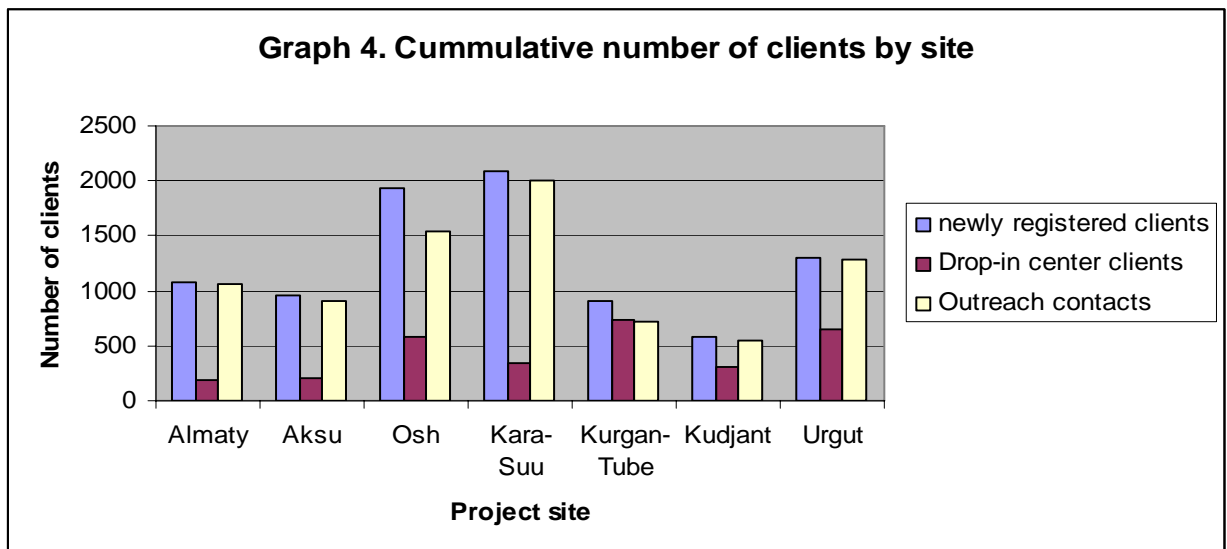
Below are the graphs that show both cumulative and monthly results of progress implementation for the overall project.



Most project sites are successful in keeping regular contact with their clients, and most clients (more than 55%) have 5 and more contacts with the project (see graph 3 below).



Different sites have different number of clients they serve (graph 4). Drop-In center clients represent the most stable group of clients in terms of regularity of their visits and those sites that have higher number of drop-in center clients tend to show better sustainability of their clients (graph 5).



2. During this quarter 1159 clients have used Drop-In Center services, 4816 were contacted through outreach activities and 1098 new clients were contacted. 5140 persons received condoms and 4219 received needles and syringes. (see Annex 1 for more indicators).
3. During this quarter 13 trainings were conducted under TUMAR and 171 people were trained:
  - a. Regional training for outreach workers in Almaty – 30 participants.
  - b. Trainings for law-enforcement personnel conducted in Aksu (KZ) – 20 participants trained.
  - c. 3 trainings for outreach workers conducted in Aksu (KZ) – 17 participants; 3 in Karasuu (KG) – 17 participants; 1 training in Almaty (KZ) – 13 participants and 2 trainings in Samarkand (UZ) – 30 people trained.
  - d. Training on HIV for medical personnel in Aksu (KZ) – 24 people trained.
  - e. Trainings on HIV, stigma and discrimination for general population in Kurgan-Tube (TJ) – 20 participants.
4. From January 1<sup>st</sup> till March 31<sup>st</sup>, 2009, TUMAR staff has conducted 5 meetings with partners, including:
  - a. Three Working Group meetings on implementation of VCT services in Karasuu (KZ);
  - b. Round table meeting in Khudjant (TJ) to inform partners, government organizations including local health department and NGOs about results and progress of the project. The meeting appeared on the local TV station as news.
  - c. Work meeting with law enforcement structures in Almaty (KZ). During this meeting specialists from the Almaty AIDS center and representatives from the city law enforcement bodies discussed the HIV epidemiological situation in Almaty and the work which is being done by the AIDS center.
  - d. Work meeting with partners including city administration, law enforcement structures, local education and health departments, in Aksu (KZ). During the course of this meeting, HIV epidemiological situation, results of TUMAR and its future have been discussed. It was decided to improve the prevention activities among youths through mass media and local schools and colleges and educating young people about HIV and STIs.

**5. Problems/issues faced during the reporting period including any administrative or financial delays and the factors outside the project control.**

*This section should not be too long, and could be described in bullet points. Please provide explanations for any deviance of conducted work and results.*

Detailed analysis of the mid-term results showed that some areas of work can and should be really improved by the end of the project:

- For vast majority of clients outreach workers are the key contact point with the project. Considering relatively high staff turnover among outreach workers and the difficulties that they face trying to conduct educational sessions at the field, most contacts with the clients are limited to condom/syringe distribution and referrals. While more than 70% of clients go through the general HIV session, less than a half of all the clients were involved in educational discussions about testing for HIV. Considering this, JSI has strongly recommended that each implementing site starts a small educational VCT campaign with the aim to reach every client with at least one session on HIV testing by the end of the project.

- Most referrals made by the project are client-driven and made only upon the client's request. However, referral for STI diagnosis and treatment as well as HIV testing should be actively promoted to clients. As of now only 41% of all the sex workers contacted by the projects were referred to STI services and less than 15% were referred to HIV testing. These are very low figures, and during the last regional meeting, JSI has asked its implementing partners to maximize their efforts to ensure that all the clients are referred to HIV testing and all the sex workers are referred to STI services on a regular basis.

## **6. Lessons learnt**

*Please describe the lessons learnt by the project during the reporting time and how those will be used in future (about ½ page)*

- Considering the importance of outreach work and issues raised in the paragraph above it is very important to support the continuous capacity development for the project outreach workers. In order to facilitate outreach work and provide user-friendly, but comprehensive information on various topics, included into the educational component of the project, JSI has developed and distributed 7 outreach guidelines. Those guidelines will be giving to all the existing outreach workers, as well as they will serve as a tool for training of any newly recruited outreach workers.

## **7. Financial issues**

*In this section, please describe and implement any issues problems related to funds disbursement, use of funding, delays in payments etc with figures;*

- TUMAR is still facing a problem with fund disbursement for the site in Uzbekistan. Since no bank transfers were allowed, JSI is sending money with individuals going to Uzbekistan. Even though, the number of people traveling to Uzbekistan and the amount of cash each person is able to take out of Kazakhstan is limited, JSI is managing to cover all of the expenses for the project site in Urgut.

## **8. Plan for the next reporting period.**

*Please provide brief description of activities, and a timetable.*

1. Continue providing outreach and DIC services to sex workers and IDUs;
2. Organize another round of partner meetings to discuss project results;
3. Conduct trainings/seminars for medical workers and law enforcement agencies as well as continue trainings for outreach workers;
4. Continue broadcasting anti-stigma video clip;
5. Developing a documentary film about all activities going under TUMAR and airing the video on local TV stations at TUMAR sites;
6. Translating the TUMAR guidelines into Uzbek language for outreach workers working in Samarkand, Uzbekistan.
7. Conducting end-line survey at all sites.

## Annex 1.

#	Input Indicators	Quantity
<b>1</b>	<b>Number of BCC materials distributed, by type of brochures</b>	<b>15117</b>
1.1	About HIV/AIDS	4486
1.2	Risk assessment & HIV testing	2937
1.3	Sexually transmitted infections	2463
1.4	Use of condoms and safer sex behaviors	981
1.5	Safe work environment (for sex workers)	2007
1.6	Use of drugs and overdose	778
1.7	Overdose	824
1.8	Break the circle	215
1.9	“Award yourself with protection” brochure for clients	426
<b>2</b>	<b>Number of condoms distributed</b>	<b>214050</b>
TUMAR has received USAID-donated condoms from the CAPACITY project in Osh and Khudjant. In other sites, condoms were provided by the GFATM.		
<b>3</b>	<b>Number of syringes/needles distributed</b>	<b>190689</b>
Syringes and needles were provided by the GFATM		
<b>4</b>	<b>Number of spirit napkins distributed</b>	<b>148979</b>
#	Output indicators	Quantity
<b>5</b>	<b>Number of clients newly registered during this quarter</b>	<b>1098</b>
Including: 417 sex workers, 663 IDUs, 7 IDUs/SWs, 11 codependents		
<b>6</b>	<b>Number of people contacted by outreach workers</b>	<b>4816</b>
Including: 972 sex workers, 3695 IDUs, 87 IDUs/SWs, 61 codependents, 1 client of SW		
<b>7</b>	<b>People contacted through the DIC</b>	<b>1159</b>
Including: 314 sex workers, 768 IDUs, 36 IDUs/SWs, 40 codependents, 4 client of SW		
<b>8</b>	<b>Number of people covered</b>	<b>3433</b>
Including: 478 sex workers, 2830 IDUs, 68 IDUs/SWs, 50		
<b>9</b>	<b>Number of referrals made, by type of referrals</b>	
9.1	STIs's diagnosis & treatment	522
9.2	Detoxification	233
9.3	VCT	1299
9.4	PMTCT	38
9.5	Surgical treatment	18
<b>10</b>	<b>Number of people received consultations, by type of specialists</b>	
10.1	Psychologist	255
10.2	Narcologist	349
10.3	STI specialist	363
10.4	Social worker	1491
10.5	Gynecologist	358
<b>15</b>	<b>Number of people received condoms</b>	<b>5140</b>
<b>16</b>	<b>Number of people received syringes/needles</b>	<b>4219</b>
<b>17</b>	<b>Number of people received spirit napkins</b>	<b>2415</b>
<b>18</b>	<b>Number of people received BCC materials, by type of materials</b>	
18.1	About HIV/AIDS	1820
18.2	Risk assessment & HIV testing	1224
18.3	Sexually transmitted infections	1184
18.4	Use of condoms and safer sex behaviors	495
18.5	Safe work environment (for sex workers)	806
18.6	Use of drugs and overdose	467
18.7	Overdose*	452
18.8	Break the circle	157
18.9	“Award yourself with protection” brochure for clients	330
<b>19</b>	<b>Number of people participated in IEC sessions, by type of sessions</b>	
19.1	Session on HIV/AIDS	2140
19.2	Session on STIs	2056
19.3	Session on risk assessment and HIV testing	1351
19.4	Session on condom use and safer sex behaviors	1529
19.5	Session on drug use and overdose	1150