



Building HR Capacity to Control HIV in Central Asian Countries

Report on Training Needs Assessment

**The Report is drafted by the Central Asian AIDS Control
Regional Project Management Unit**

TABLE OF CONTENT

EXECUTIVE SUMMARY	3
1. INTRODUCTION.....	5
2. METHODOLOGY:	6
3. ANALYSIS.....	7
3.1. HIV Infection Prevention among the Youth	7
3.2 Harm Reduction Programs.....	12
3.3. Issues related to treatment, care and support to people living with HIV.	14
3.4. HIV prevention among migrants and their families members.....	28
4. The List of Annexes	38

EXECUTIVE SUMMARY

The Central Asian AIDS Control Project financed by the World Bank and the UK Department for International Development which is under implementation for the period from 2005 to 2010 in 4 independent countries in Central Asia has the Subcomponent on building capacity through creation of Regional Training Centers (RTCs) in the following areas:

- Kazakhstan – HIV prevention among the youth;
- Kyrgyzstan – Harm Reduction Programs;
- Tajikistan – HIV prevention among migrants and their family members;
- Uzbekistan – treatment, care and support to people living with HIV.

The members of joint appraisal mission conducted according to the Project initiative in 2006 in association with the international stakeholders and national counterpart organizations concluded that there is extremely high HR training needs on quite wide range of issues related to HIV/AIDS in above mentioned countries. In addition, it was highlighted that in line with efforts of countries other international partners are already providing substantial support to countries in terms of arranging and conducting training on these issues. Thus, there is substantial capacity available in countries which can serve as a framework to establish the above mentioned RTCs.

The Regional Project Management Unit with regard to all fields of training centers activity has managed to establish businesslike partnership relations with American International Health Alliance (AIHA), International Organization on Migration (IOM), Eurasian Harm Reduction Network (EHRN), UNODC, and UNESCO. Moreover, the Project has established partnership relations with public institutions which are officially nominated by countries as base facilities to ensure the operation of the Center.

In order to make harmonized and agreed decisions related to RTCs' development, support and institutionalization the Project has established Regional Technical Working Groups (RTWG), which included the representatives of public, non-governmental and international organizations and it is operating in relevant fields of activity. In the result of joint discussions during the RTWG meetings the draft Concepts on establishment and development of Regional Training Centers were drawn out which subsequently were approved by Regional Project Steering Committee.

In order to ensure appropriate planning of training centers' training component for the period of 2009 and 2010 it is necessary to identify the training needs in all areas of RTC: HIV prevention among the youth, harm reduction programs, preventive activities among migrants and their family members, as well as treatment and care related issues.

There are consolidated training needs assessment data in this report which were presented to the Project in response to requests sent to all stakeholders in relevant countries. The background of areas in each Regional Training Center reflects the current situation and serves as a basis for undertaking further actions in terms of RTC's evolution and development. The needs presented by countries are reviewed and analyzed in this report and conclusions are drawn based on the current situation. Also the report considers the scope of trainings conducted earlier by other donors in the above mentioned countries and how well the country specialists were covered. The Report pays special attention to the issue of identifying the target audience for specific trainings on each field of RTCs activity. The topics of training courses in each RTC were scrutinized in the given report.

The review of true needs of training regional and national trainers as well as training specialists in relevant areas constitute the crucial element to ensure sustainability of RTCs' performance.

The findings of conducted assessment testify to high need for training qualified specialists on different issues related to HIV and AIDS namely through regional experience exchange in CAR region. The situational analysis obviously proves the expediency of creating training centers at regional level.

One of the key objectives to establish and develop Regional Training Centers is to address the issue of institutionalization of implemented training programs. The options of addressing this issue are also included in the present report. The institutionalization framework as viewed by the Project can serve as the vehicle for closest collaboration with counterpart base public institutions

that have official status of educational institutions in countries in question. These are the institutions which have adopted and approved the training courses implemented by the Project which in future will become the mechanism for their further promotion and enable delivering training to target audience including primary level without attracting donor funding.

The next steps of the Project in terms of developing RTCs are reasonably validated which will enable to coordinate efforts of all partners operating in the region in terms of HIV and AIDS related issues when implementing their own training and educational components. Therefore, the authors believe that the present report will contribute to ensuring regional coordination of partners' performance and serve as sustainable framework for planning activities at the regional level.

1. INTRODUCTION

One of the key areas of activity of the Central Asian AIDS Control Project is to build up capacity of professionals who are dealing with issues related to HIV control in the region (Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan).

During the Project design phase the international consultants have proposed to establish Regional Training Center to address all issues related to HIV/AIDS treatment and care which was estimated as \$ 836 760 USD (Dave Burrose and Galina Lee, AIDS Project Management Unit, May 2007). It was also intended to establish branches of Regional Training Center in every Project member country. Their maintenance cost was estimated worth of \$ 1 347 780 USD. On top of the above mentioned amounts, the cost of educational component itself made \$ 1 568 900 USD. The proposed design required political decision which would presume the agreement and consent of countries to create such a Central Asian institute with the total cost of \$ 3 753 440 USD.

However, in March – April 2006 based on findings and results of joint mission of the Project and other international partners (CDC, UNAIDS, Capacity, GAMET/WB, CARHAP) and negotiations with countries the creation of the Regional Training Center and its country branches was recognized as inexpedient (The Joint Mission Report, May 2006¹). The key reasons behind this decision were as follows:

1. There are own education systems in each country with certain licensing requirements to educational institutions performance and the creation of the regional/international Central Asian Training Center would require amending the legislative framework in all countries.
2. There are national educational institutions of pre- and post- graduate training on different profile disciplines actively functioning in each country.
3. There is the intergovernmental agreement on mutual recognition of state standard educational certificates in a number of countries provided they are registered in due order.

All the statements above enables to draw conclusions on expediency of creating Regional Training Centers (RTCs) *on the sites of already existing educational institutions in countries.*

Furthermore, these Centers shall provide trainings at regional and national levels and make sure that they pursue the integrated approach to development and implementation of training materials for specialists and professionals in all Project member countries.

Furthermore, the areas of RTCs activity were identified based on findings of situational analysis in countries:

- Kazakhstan – HIV prevention among the youth;
- Kyrgyzstan – harm reduction programs;
- Tajikistan – HIV prevention among the migrants;
- Uzbekistan – treatment, care and support to people living with HIV.

By midterm phase of Project implementation the Concepts for creation, development and support to four Regional Training Centers (RTCs) in Project member countries were developed which were approved by the Regional Steering Committee as of 12 June 2008.

In the Concepts the RTCs' goals, objectives, operating principles, management structure and its elements were identified, HR policy was defined as well as criteria to select core base institutions to deploy Centers, approaches were identified to select trainers to conduct trainings, the issues related to interaction with partners were addressed, funding scenarios at this stage were specified as well as sustainable institutionalization of Centers in the long run.

The concepts were presented for wider discussion to representatives of public, non-governmental and international organizations dealing with issues related to HIV control in CAR countries.

¹ Joint Mission Report as of May 2006

It is worth highlighting that the Regional Project Management Unit with regard to all areas of training centers' activity has managed to establish businesslike partnership relations with American International Health Alliance (AIHA), International Organization on Migration (IOM), Eurasian Harm Reduction Network (EHRN), UNODC, UNESCO.

The Project performance and its activities are coordinated based on the signed Mutual Cooperation Memorandum or annually updated joint plans of work.

According to the Project initiative there were four Regional Technical Working Groups set up as a vehicle to coordinate and harmonize the issues related to HIV control in Central Asia.

There were integrated efforts made to develop basic regional ToT courses, the national and international experts have reviewed the developed training materials, regional training workshops and round tables were conducted in association with partners on RTC relevant activity areas.

Prior to the end of the Project it is intended to promote the training component development along with implementing activities on RTCs institutionalization according to approved Concepts.

However, in order to ensure appropriate planning of the training component for 2009 and 2010 years it is necessary to identify training needs in the following Project areas: HIV prevention among the youth, harm reduction programs, preventive activities among migrants and their family members, as well as issues related to treatment and care.

2. METHODOLOGY:

The goal of rapid assessment of key areas of HR training on issues related to HIV control was to analyze the current situation in four countries in Central Asia and to identify challenges and training programs needs.

In view of this we have reviewed the existing reports on training needs assessment drafted by international and local experts across the region.

It is worth underlining that despite the fact of a large number of international organizations and projects operating in the region and providing training services in different areas related to HIV/AIDS prevention and treatment we have managed to find only two reports on training needs assessment.

The information of our concern was presented in the mentioned Report «To build regional HR capacity to control HIV/AIDS in Central Asia: capacity, needs and approaches to meet such needs», which was drafted by a group of specialists of APMG Consulting Company in May 2005², and also in the Report of CARHAP / DFID on rapid training needs assessment which was drafted in April 2006³.

There are findings of short-term consultative support in different training areas presented in the APMG report. Unfortunately this information became outdated over time.

The CARHAP Rapid Training Needs Assessment Report includes detailed information on training needs related to harm reduction programs which exist in only one country and namely in the Kyrgyz Republic.

Taking into account quite a short timing set to receive information we have developed questionnaires in three areas of Regional Training Centers: activities among the youth, migrants and their family members as well as issues related to treatment, care and support. The questionnaires are enclosed hereto (Annex 1). As for the Harm Reduction Programs we have relied on the information received from our partners - CARHAP and UNODC.

The questionnaires were filled out by national partners and contain aggregated information available in the country (National AIDS Centers, and state authorities responsible for issues related to population migration).

² APMG Report, May 2005

³ CARHAP/DFID Rapid Assessment Report, April 2006

3. ANALYSIS

3.1. *HIV Infection Prevention among the Youth*

Background

One of the critical reasons behind HIV/AIDS prevalence is the risky behavior practiced among adolescents and the youth which is due to absence or lack of information on safe behavior skills. The parents and teachers in most of cases lack knowledge and skills of communicating with adolescents, i.e. what, how and when communicate with adolescents. In virtue of regional specific features of public mentality the messages about sexuality and using contraceptives are perceived as taboo with regard to youth, in particular, which adversely affects the access to valid information. Whereas young people themselves having no access to information rely on rumors and stereotypes which are common among the peers and mass media.

Taking into account that there is the potential for largest coverage of adolescents and youth in educational institutions it is critical to train professionals of such institutions (pedagogues, psychologists, health workers) on HIV prevention related issues and methodology of dealing with young people to promote safe behavior. In order to achieve this we need to introduce the training course on HIV prevention related issues in post-graduate teacher training institutions in countries on the continuous basis. It is necessary to train sufficient number of regional and national trainers. In this case only the preventive programs focused on the youth will become sustainable at national level in countries.

According to the available information with regard to the training on HV prevention among the youth there are different training manuals and guidelines developed; different trainings are conducted in each country under close collaboration of national and international partners. However, there is no clear coordination of educational and training activities on this area, the issues of institutionalization and certification of developed training courses are not resolved yet, the programs require continuous updating and revisions as well as the training material should be adequately translated into state languages.

The Goal of the Regional Training Center on issues related to HIV prevention among the youth is to build up capacity and train professionals and specialists of post-graduate teacher training institutions as well as professionals of health care system in Project member countries (Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan) to deal with adolescents and the youth on HIV/AIDS prevention issues.

Objectives

- To set up a team of trainers for RTC out of professionals from Project member countries;
- To develop a training module (based on existing programs for the youth);
- To train professionals to deal with the youth and adolescents at regional and national levels.

Counterpart Institutions:

1. National Healthy Life Style Promotion Center (NHLSPC);
2. Republican Qualification Upgrade Institution for Education System Management and Scientific and Pedagogic Staff in the Republic of Kazakhstan (RQUIES);
3. Republican AIDS Prevention and Control Center under the Ministry of Health of Republic of Kazakhstan (National AIDS Center).

In order to assess the needs in development of training materials and training the specialists of post-graduate teacher training institutions the Central Asian AIDS Control Project in association with the education systems of Republic of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan implemented rapid needs assessment. The findings are presented in *Tables 1 and 2*.

Table 1. The findings of the review of HIV prevention programs integrated over the last three years in post-graduate teacher training institutions in Central Asian countries

№	Question	Measurement Unit	Countries				Total in countries
			Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan	
1.	The number of institutions providing post-graduate training for teachers in the country	Absolute number	17	7	6	16	46
2.	The number of teachers engaged in educational activities in post-graduate teacher training institutions in the country	Absolute number	900	302	260	840	2302
3.	The number of trainers in post-graduate teacher training system in the country trained on HIV prevention issues by international organizations over the last three years	Absolute number	50	0	85	280	415
		Percentage	5,5%	0,0%	32,7%	33,3%	20,8%
4.	International organizations which provided support to develop and integrate HIV prevention courses over the last three years	Organizations Titles	UNESCO, МФПС, PSI, CAAP	CAAP, UNESCO, GF	UNICEF, CAAP	UNESCO, UNICEF, UNODOC, UNFPA, CAAP	
5.	The number of training materials developed and integrated in post-graduate teacher training institutions in the country under the support of international organizations	Absolute number	5	2	4	19	30
6.	Whether HIV prevention related issues are included in the attestation qualification tests for education system professionals	Yes/No	No	No	Yes	No	

Table 2. The findings of training needs assessment and needs to develop training materials on HIV prevention in post-graduate teacher training institutions in Central Asian countries

№	Question	Measurement Unit	Countries				Total in countries
			Kazakhstan	Kyrgyzstan	Tajikistan	Uzbekistan	
1.	The number of institutions dealing with post-graduate training of teachers in the country	Absolute number	17	7	6	16	39
2.	The number of teachers engaged in educational activities in post-graduate teacher training institutions in the country	Absolute number	900	302	260	840	2302
3.	How many trainers on HIV prevention related issues should be trained in post-graduate teacher training institutions in the country for sustainable promotion of HIV prevention programs in the educational system*	Absolute number	450	150	128	485	1213
		Percentage	50,0%	49,7%	49,2%	57,7%	52,7%
4.	How many trainers of post-graduate teacher training system should be trained in the country for further training of specialists at national level in your country **	Absolute number	85	25	24	84	218
		Percentage	9,4%	8,2%	9,2%	10,0%	9,5%
5.	Whether experience exchange in HIV prevention programs is required in educational system of Central Asian countries	Yes/No	Yes	Yes	Yes	Yes	
6.	Whether there is a need to develop or upgrade training materials on HIV prevention for professionals working in the educational system	Yes/No	Yes	Yes	Yes	Yes	
7.	Country specific additions, wishes and recommendations	<ul style="list-style-type: none"> • To introduce 2 phase based training of trainers • To provide for the loss of trained trainers due to staff turnover • To tailor the training to national and regional specific context • To implement the training in national languages 					

Note:

- The countries estimated and validated that around 50% of professionals should be trained on HIV prevention

** validations of countries – on the average there is a need to train 2-4 trainers on HIV prevention in each oblast, out of them 50% - in Russian and 50% - in national languages.

The analysis of presented data by countries shows that there are 46 institutions dealing with post-graduate training of teachers in four countries of Central Asia (Kazakhstan-17; Kyrgyzstan-; Tajikistan – 6; Uzbekistan -16).

The total number of teachers engaged in educational activities in these institutions makes 2302 persons (Kazakhstan-900; Kyrgyzstan - 302 ; Tajikistan – 260; Uzbekistan -840).

The HIV prevention programs are integrated in education systems of all countries. However, such trainings are not conducted on a regular basis which is due to lack of sufficient number of trained professionals (especially in oblasts), as well as because of shortage of training materials.

It is worth mentioning, that international organizations such as UNESCO, UNICEF, UNODOC, UNFPA also deliver training programs. Over the last three years there were 415 (20,8%) teachers trained in the countries (Kazakhstan - 50 (5,5%); Kyrgyzstan -0 (0,0%); Tajikistan – 85 (32,7%); Uzbekistan -280 (33,3%). However, due to staff turnover the number of trainer teachers in the education system as of today is a way much less.

The Central Asian AIDS Control Project in 2007 has developed the Manual to train trainers dealing with education system professionals and volunteers of the program on HIV prevention among the youth. There are 12 training modules in the Manual and it is recommended by Regional Technical Working Group as a Manual for trainers.

There were three training workshops conducted under the Regional Training Center in 2008 (one regional – in Almaty, Kazakhstan and two national – in Republics of Tajikistan and Uzbekistan). There was awareness evaluation of specialists- the workshop participants conducted during the trainings. The evaluation was done through testing, anonymously. There were pre- and post- training tests conducted at the training. In the result it was identified that the pre-training awareness rate of specialists made 70% on the average. According to sociological surveys implemented in CA countries during the period from 2004 to 2007, the awareness rate of studying young people varies from 64% to 75%. In the result of which it becomes clear that professionals of education system lack knowledge and skills on HIV prevention issues.

According to assessment data there is a need to train not less than 50 % of trainers in the region (about 1200 persons) in order to ensure sustainable promotion of HIV preventive programs in the system of post-graduate teaching staff training.

Also it is necessary to train the regional team of trainers – about 4-6 persons from each oblast in the country which in total makes approximately 220 - 230 persons (10,0%) (for all member countries). The regional group of trainers will fulfill the following tasks: the further training of trainers at national and regional levels; to develop training courses and their further integration in the education system in each country; to ensure experience exchange among teachers of other countries and integration of new methods.

The implemented assessment showed that countries under the support of international organizations have developed training materials for teachers of schools and colleges, focused primarily on healthy life style basics, but there are not so many of them and not all the materials are in big demand among the teachers. However, it should be noted that there are virtually no training materials focused primarily on HIV infection for teachers of post-graduate training institutions.

Summary:

1. The teacher-trainers in the education system of CA countries lack capacity who do not have knowledge and skills of teaching on issues related to HIV/AIDS prevention;
2. There is a need for experience exchange between the countries both in terms of teaching methodology and approaches to covering this topic. In view of this under the Project there was a pool of regional trainers established out of experienced experts from national educational institutions and international organizations operating in the region (20 persons);
3. It is necessary to train more than 200 teachers of post-graduate education system at the national level in four countries, who as national trainers will be able to ensure sustainable mainstreaming of developed training materials. This category of specialists is the target group under the project activity;
4. 1200 teachers should be trained from post-graduate teacher training institutions who over 5 years (based on existing frequency of teacher retraining) will be capable to communicate messages related to HIV prevention through to every single teacher in schools and secondary education institutions in the region;
5. The above mentioned regional trainers (20 persons) should be trained based on 2 phased approach in order to ensure quality and improve knowledge;
6. It is necessary to improve existing training materials on HIV prevention designed for the system of post-graduate training of teachers;
7. It is critical to pay special attention to translation of training materials into national languages of countries.
8. To ensure institutionalization of developed training materials on issues related to HIV prevention among the youth in post-graduate teacher training institutions.

3.2 Harm Reduction Programs

Background

Owing to the fact that injection drug using continues to be the key driving factor of HIV epidemic in Central Asian countries there is a need to replicate nationwide the efficient programs on HIV prevention among IDUs and drastically increase their coverage by preventive interventions.

Harm reduction programs (HR) in the Central Asian region have been initiated by the end of 90s and currently constitute the critical element of national strategy on HIV prevention among IDUs.

In Uzbekistan similar programs are implemented, primarily, by public Trust Points; in Kyrgyzstan and Tajikistan - by NGOs; in Kazakhstan – quite a successful combination of providing HR programs by NGOs and public Trust Points. Furthermore, there are achievements in each country that could set examples of best practices and basis for experience exchange.

However, available successful national practices do not address many regional specific challenges which could be solved only through regional cooperation, extending communication space and enabling for continuous capacity building of Harm Reduction programs staff (professionals) including training and exchange of experience and information.

The Central Asian region countries have accumulated tremendous experience and substantial expertise in terms of harm reduction. However, in order to extend the range and coverage of delivered services and develop procedures to ensure their sustainability it is necessary to continue building up capacity of national/regional institutions and experts.

This objective will be pursued by the regional harm reduction center which is based in Bishkek, the Kyrgyz Republic. The initiative was proposed by Central Asia AIDS Control Project (CAAP). In 2008 the Concept for creation and promotion of Central Asian Harm Reduction Training and Information Center was developed, discussed with national and international partners⁴ and adopted by countries in Central Asia.

The above mentioned Center was registered as a regional association of legal entities. The Harm Reduction Association “Partnership Network” (Kyrgyzstan), National Narcology Center (Kyrgyzstan), Tajik Harm Reduction Association (Tajikistan) are the founders of the Center. It is intended that the partners from Kazakhstan and Uzbekistan will also join the founders of the Center.

The main objectives and areas of center activity are as follows:

1. To arrange and conduct training courses.
2. To provide expert, consulting and technical support.
3. To collect, adapt and disseminate manuals and guidelines.
4. To manage information resources and the network.
5. To lead research and analytical activity.

The customers of the center can be nongovernmental and public institutions, international organizations, individuals and legal entities, those concerned in HR programs as well as trainers, HR experts.

Harm Reduction Programs Training

The training modules on diverse aspects of harm reduction were elaborated by national experts in collaboration with international organizations (implementing harm reduction projects): Central Asian Regional HIV/AIDS Programs (CARHAP), AIDS Fund East-West (AFEW) and many other projects/programs.

⁴ The Round Table Report , March 2008

The Central Asian AIDS Control Project in 2007 has systematized the training materials available in the region and compiled them into 18 modules which are listed below.

Module 1.	Harm Reduction strategy and philosophy
Module 2.	Syringe Exchange
Module 3.	Substitution Rehab Therapy
Module 4.	Outreach activities
Module 5.	Voluntary counseling and testing
Module 6.	Access to Information. "Peer-to-peer" training
Module 7.	Encouraging interview
Module 8.	Psychological counseling and support
Module 9.	Social support
Module 10.	Legal assistance
Module 11.	Prevention of "burns out" among HR program staff
Module 12.	HR standard service
Module 13.	Harm Reduction in prisons.
Module 14.	Cooperation with specialized health, social authorities/facilities, law enforcement authorities.
Module 15.	Arranging Harm Reduction trainings
Module 16.	Rapid assessment of drug abuse situation
Module 17.	Drugs. Drug abuse. Drug policy.
Module 18.	HIV/AIDS. Basic data

The target groups of Harm Reduction Programs training include:

- Organizers of harm reduction programs;
- Psychological counselors;
- Legal assistance consultants;
- Social workers;
- Psychotherapists;
- Narcologists;
- Outreach workers;
- HR service providers in prisons

Currently, there is the detailed training needs assessment in Kyrgyzstan available in the region conducted by Central Asian HIV/AIDS Program (CARHAP)⁵ in 2006, which demonstrates high demand in harm reduction service providers and need to build up their capacity.

In order to coordinate activities related to harm reduction training, CARHAP and CAAP have agreed to cover different target groups aimed.

In 2007 and 2008 CARHAP has arranged series of training for key personnel of some service providing NGOs.

Central Asian AIDS Control Project (CAAP) in the result of the meeting in 2008 2 regional harm reduction programs advocacy trainings were conducted for health and teaching staff (46 participants from 4 countries).

Summary:

1. In view of wide variety of training modules themes and high rate/ frequency of staff turnover of these organizations the need for ongoing and further training is assessed as extremely high⁶;
2. Taking into account the specific nature of implementing harm reduction programs that is wide range of target groups and lack of detailed information on four countries in Central Asia there is a need to implement training needs assessment engaging international technical assistance under the Central Asian AIDS Control Project (CAAP);

⁵CARHAP/DFID Rapid Assessment Report, April 2006

⁶CARHAP Capacity Building Strategic Paper, April 2007

3. It is intended in 2009 under the Central Asian AIDS Control Project to conduct advocacy trainings at national and regional levels.

3.3. Issues related to treatment, care and support to people living with HIV.

Background

In Declaration to HIV/AIDS control adherence unanimously approved by UN General Assembly in 2001, equitable access to care and treatment were outlined as a fundamental component of comprehensive and efficient global activities to control HIV. Comprehensive activities to control HIV imply integrated approach and include prevention, care and treatment. In September 2005 during the 60-th UN General Assembly Session all UN member-countries approved the goal to ensure as much as possible universal access to ART by 2010. In the period from 2001 to 2005 the number of people having access to ART in countries with low and middle income level has got increased by more than five times and made 1,3 million people. Currently the needs in ART medicines in Central Asia are entirely covered by the Global Fund and partially through public funds (Kazakhstan). However, there are different impediments that hamper the extension of access to treatment; one of them is shortage of human resources to provide comprehensive health services to people living with HIV. Therefore, there is the educational component among goals and objectives of all international organizations and projects including Central Asian AIDS Control Project.

In order to establish RTC on treatment, care and support to people living with HIV (hereinafter the Center) in the Republic of Uzbekistan the Ministry of Health of RU has assigned the Tashkent Doctors Qualification Upgrade Institute as a base facility.⁷ The CAAP has developed the Concept for development and institutionalization⁸ of the Center which was discussed at the meeting of Regional Technical Working Groups in April 2008⁹ and was approved at the meeting of Project Regional Steering Committee in July 2008

The Government of the RUz expressed their full commitment to promote the initiative to establish RTC on treatment, care and support to people living with HIV (hereinafter the Center). The Ministry of Health through the official decree was provided the building to deploy the Center on the site of a special clinic. In addition to funds allocated for building renovation the Government has managed to reach the agreement with the Global Fund to finance the first phase of RTC base development.

Moreover, the draft Order¹⁰ of the MH of RUz is developed to establish RTC T&C on the base of Tashkent Doctors Qualification Upgrade Institute, where they determined a mechanism of its institutionalization in the existing profile of the institution performance. In order to ensure the Center's operation during the first phase it is intended to recruit additionally several specialists (3-4) to carry out organizational functions. Afterwards, when the Center achieves a full-fledged operation these specialists will be included in the staff list of the Center. Furthermore, the trainings will be arranged and conducted by human resources available in Uzbekistan as well as by experts invited from other Central Asian countries. It serves as a ground to define the required scope of donor aid:

- To train regional trainers as highly qualified professionals;
- To develop updated training materials according to WHO protocols;

⁷ The Letter of MH of RUz , 2007

⁸ The Concept to develop RTC on treatment, 2007

⁹ The Report on conducted Round Table, April 2008

¹⁰ Draft Order on creation of RTC on treatment on the site of Tashkent Institute for Doctor Qualification Upgrade

Furthermore, RUz and other Project member - countries shall incur the following commitments:

- To institutionalize the developed training programs in Uzbekistan (TashDQUI) and in other Project member-countries (partner public institutions);
- To ensure the Center sustainability (gradual transition to public funding).

In order to launch a training component under the Center on treatment and care the Project concluded the contract with American International Health Alliance. The Regional Training **Resource** Center for Eurasian countries operates in Ukraine and Russia under the support of AIHA. According to the contract it was intended to provide technical assistance to train regional trainers on the most relevant issues experienced by the Central Asian region.

In order to address the issue on further integration of training programs it was necessary to conduct training needs assessment.

Partner - Organizations:

1. The Ministry of Health of the Republic of Uzbekistan and Ministries of Health of Kazakhstan, the Kyrgyz Republic and Tajikistan;
2. Tashkent Doctors Qualification Upgrade Institute (ТашИУВ);
3. The Scientific and Research Virology Institute under MH of the RUz;
4. The Scientific and Research Pediatrics Institute under MH of the RUz ;
5. National AIDS Center, MH RUz;
6. Regional Training **Resource** Center on issues related to treatment and care in case of HIV/AIDS in Eurasia, Kiev, Ukraine;
7. UNICEF, UNIFEM and other concerned partners (the list is to be continued).

Target Groups:

- Infectiologists, gynecologists, dermatologists, immunologists, general practitioners; laboratory doctors, epidemiologists;
- The managers of health facilities;
- AIDS Center personnel;
- Nursing staff;
- Social workers, psychologists, as well as professionals closely dealing with issues related to treatment, care and support to people living with HIV.

All in all, there were 24969 of HIV positive were registered in 2007 according to official statistical data in countries of Central Asian region. 6 - 12% of HIV positive have access to ARVT in the countries. As of 2007 there were 2440 patients. 5 - 33% out of them are children (total 702).

ART arrangement and provision in the countries:

Kazakhstan – ARVT is provided in all oblast based and city AIDS prevention and control centers in the KZ (22 AIDS centers). The HIV -positive people when getting ARVT are under joint monitoring of local AIDS center staff and a physician of general health care system.

The Kyrgyz Republic – ARVT is provided in three AIDS centers and GUIN healthcare service (Main Department for Execution of Punishment) of the country. It is required to replicate ART in all oblasts provided the appropriate training of staff is in place.

Tajikistan - ARVT was initiated in TJ since February 2006 and provided in 5 dispensary units of the National AIDS center: 1-national, 3-oblast level and 2- in cities.

It is planned to transfer ARVT to all dispensary units in all available and newly established AIDS centers after training the infectiologists employed there. In future it is planned that ARVT will be provided at polyclinics or primary health care facilities followed by training of **КИЗ** physicians. However, the Primary Health Care (PHC) currently is not ready to provide treatment.

Uzbekistan – the primary prescription of ART is provided at 4 national facilities: National AIDS center, the Scientific and Research Institute of Virology, the Scientific and Research Institute of Pediatrics and Perinatal Center in Tashkent city. Follow-up treatment is provided in AIDS centers and **КИЗax** at the patient's place of residence. In 2009 decentralization is planned followed by providing ART in 6 oblasts of the Republic with follow-up extension nationwide.

Training of specialists in the countries in the period 2005-2008

The general training on HIV/AIDS is integrated in the national pre-and-post- graduate health staff training systems in Tajikistan, Uzbekistan and Kyrgyzstan, there are no special training courses including courses on HIV/AIDS. In Kazakhstan, the HIV/AIDS Chair was opened in 2007 under the Institute of postgraduate training of physicians, annually 8 thematic cycles are conducted there for physicians on HIV/AIDS including issues related to ARVT.

However, apart from above-mentioned trainings, over the last three years various international partners provided series of training on wide range of topics. The detailed information is provided in the Annex 2.

The analysis of obtained information show that in Kazakhstan 10 trainings were implemented under funding of Global Fund on protocols of diagnostics and treatment, 127 professionals were trained and 25 multidisciplinary teams on ART in adults were trained during basic courses. Furthermore, 2 trainings were conducted and 12 multidisciplinary teams on ART in children were trained under funding of AIHA.

In Tajikistan 7 trainings on ART in adults were conducted under funding of Global Fund and Soros Foundation (122 physicians and 6 multidisciplinary teams) as well as 3 trainings were funded by UNICEF on PMTC (35 gynecologists) and 2 trainings on HIV/TB co-infection were funded by Capacity (46 physicians).

In Uzbekistan 6 trainings on ART, PMTC and HIV/TB were conducted (1-5 days) under funding of Global Fund (140 doctors, 20 nurses 20 teaching staff) and 1 training on ART was funded by WHO (13 physicians). UNICEF/GF/HOPE provided funding to train PHC physicians on PMTC during the year 2007.

In order to determine the key training areas planned for priority implementation in January 2008 the Central Asia AIDS Control Project held the Round Table in Tashkent with participation of all national and international partners (Regional Technical Working Group) carrying out activities in these areas in the countries.¹¹ At the Round Table that taking into account the training provided by other partners it was decided to implement regionally the training course "ART in adults for multidisciplinary teams" as a top priority. The training course was conducted in 2008 in three phases: basic training, on the job training and advanced. In the result, there were 8 multidisciplinary teams trained as regional master-trainers - 2 in each country. Along with that 12 teachers of medical Higher Educational Institutions dealing with pre-and-post training of doctors were trained according to the same three phased training but with the emphasis on teaching basics. This was the first step towards addressing the issue of institutionalization of updated training materials in the countries.

¹¹The Minutes of the Regional Technical Working Group Meeting, January, 2008

Specialists training needs in the region

The basic objectives of rapid training needs assessment are as follows:

- To determine the priority training areas for 2009.
- To train teams of trainers in each country
- To initiate training of specialists.

The analysis of specialists training needs with regard to issues related to treatment, care and support to people living with HIV in Central Asian countries is presented in the Table 3 below.

Table 3 The analysis of specialists training needs assessment on issues related to treatment, care and support to people living with HIV in Central Asia

	THE REPUBLIC of KAZAKHSTAN	THE KYRGYZ REPUBLIC	THE REPUBLIC of TAJIKISTAN	THE REPUBLIC of UZBEKISTAN
The number of registered HIV Cases (as of 01.01.2008) in the country	Total number: -9378 Children (0 -14) -219 Adults - 9159	Total number: -1358 Children (0 -14)- 58 Adults - 1300	Total number: -1049. Children (0 -14) -17. Adults -1032.	Total number: <u>13184</u> Children (0 -14) <u>650</u> Adults - <u>12534</u>
The number of PLWH having access to ART in the country (as of 01.01.2008)	Total number: 557 Children (0 -14) 99 Adults - 458	Total number as of 01/12/2008 - 148 Children (0 -14) - 58 Adults - 90	Total number: -125. Children (0 -14) - 5. Adults -120.	Total number: <u>1610</u> Children (0 -14) <u>540</u> Adults - <u>1061</u>
The list of organizations providing ART (National AIDS Center, Oblast AIDS centers and others.) <u>Notes:</u> <i>Please, if necessary specify arrangement and provision of ART (is the treatment provided centrally, any plans for decentralization....)</i>	ART is provided in all oblast and city AIDS prevention and control centers in the RK (22 AIDS centers). HIV-positive with access to ARVT is under the joint monitoring of local AIDS center staff and a physician general health care system.	PA «AIDS» Oblast AIDS Center City AIDS Center GUIN Health Service	In February 2006 ARVT provision was initiated in the RT and currently it is implemented in 5 AIDS centers. It is planned to transfer ARVT to the dispensary units of existing and newly opened AIDS Centers (up to 12 centers) with thin in mind it is necessary to train the health staff. Furthermore, it is intended to integrate ART provision in the polyclinics (PHC) under КИЗ , therefore, it is necessary to train the health staff. Currently the personnel lack capacity.	ART was initiated in April 2006. The procedure of ART implementation in the RUz: primary prescription of ARVT is practiced in 4 institutions (National AIDS Center, the Scientific and Research Virology Institute, the Scientific and Research Institute of Pediatrics and Perinatal Center in Tashkent city). Follow-up treatment is provided in AIDS Centers and КИЗ at place of residence. There is a plan to decentralize providing ART in 2009 and make it available in 6 oblasts of the country followed by replication nationwide
Are any ART training programs integrated into existing pre- and-	Chair for HIV/AIDS was established under ASDQUI (АГИУБ) in 2007. Annually 8 thematic cycles are	The trainings on HIV/AIDS related issues are integrated under the Kyrgyz	There are general training courses on HIV/AIDS in the system of pre-and post-graduate	Currently issues related to HIV - infection and providing of ART are partly included in some training

post graduate training programs (list training modules and indicate the institution)	conducted for physicians on HIV/AIDS including ARVT issues. Teaching staff of higher medical institutions need more advanced trainings to be conducted at leading training facilities.	State Medical Institute for Retraining and Qualification Upgrade at the appropriate chairs. The specialists of higher educational institutions need additional ToT at leading training facilities	training of health staff in the RT, there are no special trainings on HIV/AIDS including ARVT. Currently, adequate trainings are developed by higher education system specialists. These higher education institutions' staff also needs to be trained as trainers (ToT).	programs. There are specific HIV and ART issues included in pre-and-post-graduate programs. The staff of higher education institutions need ToT.
Estimated needs to train of trainers and specialists on the following themes:				
Antiretroviral Therapy during pregnancy	Doctors -25 Nurses -25 Social workers -25	Doctors_10____ Nurses__10____ Social workers_10	Doctors - 20, Nurses – 10, Social workers – 10	Doctors 42 Nurses 42 Social workers 42
The trained teams of trainers in future on a regular basis will provide on the job training to relevant specialists in the countries. All specialists involved in these activities on providing care require training.				
Antiretroviral Therapy in injection drug users	Doctors -25 Nurses -25 Social workers -25	Doctors_12____ Nurses__12____ Social workers_12	Doctors - 10 Nurses 10 Social workers 10	Doctors 60 Nurses 60 Social workers 60
Generally, more than 55% of HIV positive people are Injection Drug Users. In some countries there are no trained professionals out of narcologists to provide ART for IDUs, in other countries their number is not sufficient at all. AIDS centers staff also administers ART. It is more reasonable to train 10-15 teams for each country out of infectiologists and narcologists for ongoing on the job training of the staff in terms of ART prescription and management of HIV positive IDUs.				
On-site clinical practice: ART treatment in adults	Doctors -25 Nurses -25 Social workers -25	Doctors_10____ Nurses_____ Social workers_	Doctors 10 Nurses 10 Social workers 10	Doctors 100 Nurses 50 Social workers__
It is reasonable to arrange training for practicing physicians on the sites of the clinics which are providing ART through cycle of mentoring practiced by Russian and Ukraine partners.				
On-site clinical practice: providing ART to adults in	Doctors -25 Nurses -25 Social workers -25	Doctors_5____ Nurses____ Social workers-	Doctors 10 Nurses 10 Social workers 10	Doctors 50 Nurses 50 Social workers_____
Primarily, in prisons ART is prescribed by AIDS centers specialists. The health staff of correctional institutions are in charge with follow-up monitoring. It is necessary to train a doctor, a nurse and a social worker for each prison.				

prisons				
On-site clinical practice: providing ART to children	Doctors_25__ Nurses_25__ Social workers__25	Doctors_10__ Nurses____ Social workers_	Doctors 20 Nurses 20 Social workers 10	Doctors 50 Nurses 50 Social workers 50
	In each country there are children having access to ART (see above). ART for children is prescribed by specialists of dispensary units at the National AIDS Center and AIDS Center infectiologists are in charge with follow-up monitoring on the ground., there is either shortage of pediatricians virtually in all countries or they completely lack capacity on this issue. In view of this it is reasonable to train pediatricians both as members of the multidisciplinary teams and at special basic and advanced training courses for doctors.			
TB/HIV co infection - for chief doctors of TB hospitals	Doctors_10__ Nurses____ Social workers__	Doctors_10__ Nurses____ Social workers_	Doctors____ Nurses____ Social workers__	Doctors____ Nurses____ Social workers__
	Only two countries indicated the need to train managers of relevant facilities.			
Laboratory monitoring of HIV infection and Antiretroviral Therapy	Doctors_25__ Nurses_25__ Social workers_25_	Doctors_10__ Nurses____ Social workers_	Doctors 10 Nurses 10 Social workers 10	Doctors 50 Nurses 50 Social workers_
	Often, the physicians providing ART are not trained to interpret details of laboratory tests, such as CD4, CD8, CD3, the proportion of CD4/CD8, PCR, because this issue was not studied thoroughly during the earlier conducted trainings as of yet. There is quite a high demand to train the health staff, especially, the physicians.			
Nursing care in case of IHIV/AIDS	Doctors__ Nurses_25__ Social workers_25	Doctors____ Nurses_12__ Social workers_	Doctors____ Nurses____25 Social workers____	Doctors____ Nurses 200 Social workers____
	Such training courses were not conducted in countries; all countries recognized the expediency of such trainings. In Kazakhstan – jointly with social workers.			
Initiation of Antiretroviral Therapy (ART) in adults	Doctors_25__ Nurses_25__ Social workers_25_	Doctors_5__ Nurses_5__ Social workers -5	Doctors 6 Nurses 6 Social workers 6	Doctors 100 Nurses 100 Social workers 100
	Two multidisciplinary teams that were trained previously on this issue are not sufficient. It is necessary to train 7-15 teams for each country (according to number of oblasts).			
Initiation of ART in	Doctors_25__	Doctors_5__	Doctors____	Doctors____

adults in prisons	Nurses_25____ Social workers_25_	Nurses_5____ Social workers - 5	Nurses_____ Social workers__	Nurses_____ Social workers
Initiation of Antiretroviral Therapy in children	Doctors_25____ Nurses_25____ Social workers_25_	Doctors_5____ Nurses_5____ Social workers -5	Doctors – 5 . Nurses - 5 Social workers - 5	Doctors - 50 Nurses - 50 Social workers- 50
	As of today, there are no trained pediatricians to initiate ART in children in the country. It is necessary to train 5-15 multidisciplinary teams for ongoing in-service training of pediatricians.			
Management and administration at HIV/AIDS Centers	Doctors 10_	Doctors_8____	Doctors 15	Doctors 14
	As of today, the AIDS Centers' Directors did not have any specialized courses on issues related to management and administration of centers' performance since their inception. There is a need for such training and it would be sensible to arrange it on a regular basis taking into account the staff turnover at these posts.			
Basics of Antiretroviral Therapy in adults	Doctors_25____ Nurses_25____ Social workers_25_	Doctors_____ Nurses_____ Social workers____	Doctors_____ Nurses_____ Social workers____	Doctors_____ Nurses_____ Social workers____
Basics of providing care to HIV positive adults	Doctors_25____ Nurses_25____ Social workers_25	Doctors_____ Nurses_____ Social workers____	Doctors_____ Nurses_____ Social workers____	Doctors 50 Nurses 50 Social workers 50
Basics of providing care and treatment in case of HIV/AIDS	Doctors_25____ Nurses_25____ Social workers_25	Doctors_____ Nurses_____ Social workers____	Doctors_____ Nurses_____ Social workers____	Doctors 50 Nurses 50 Social workers 50
Palliative care in case of HIV/AIDS	Doctors_25____ Nurses_25____ Social workers_25	Doctors_12____ Nurses_12____ Social workers_12	Doctors 15 Nurses 15 Social workers 15	Doctors 200 Nurses 200 Social workers 200
	There were no targeted trainings on providing palliative care for practicing physicians conducted in the country or their number was not sufficient whereas the number of patients who need palliative care got increased. All countries indicated high demand for implementing such			

	training.			
Adherence to ART regiment	Doctors_25____ Nurses_25____ Social workers_25	Doctors_10____ Nurses_10____ Social workers_10	Doctors 10 Nurses 10 Social workers 10	Doctors 50 Nurses 50 Social workers 50
	Two multidisciplinary teams trained by CAAP on this issue are not sufficient. It is necessary to train teams to deal with PLWH who are receiving ART in order to ensure that there is access and adherence to ART nationwide. The countries believe that trained members of such teams could have provided ongoing training for other personnel and specialists on how to deal with PLWH.			
Prevention of HIV transmission from mother to child: counseling and testing	Doctors_25____ Nurses_25____ Social workers_25	Doctors_10____ Nurses_10____ Social workers_	Doctors 10 Nurses 10 Social workers 10	Doctors 50 Nurses 50 Social workers 50
	According to the medical examination procedure in countries, the pregnant women are examined for HIV which should be followed by pre-and-post- test counseling. It is necessary to conduct workshops for obstetricians-gynecologists on counseling of pregnant women as not all obstetricians-gynecologists are trained on counseling skills.			
Prevention of HIV transmission from mother to child and ART treatment in children and pregnant women	Doctors_25____ Nurses_25____ Social workers_25	Doctors____ Nurses____ Social workers_	Doctors 10 Nurses 10 Social workers 10	Doctors 50 Nurses 50 Social workers 50
	HIV -positive pregnant women are registered in each country. The obstetricians-gynecologists of AIDS Centers are in charge with PMTC issues. It is expedient to train gynecologists' teams on HIV prevention among pregnant women as well as to provide ART for newborn infants in maternity clinics.			
Prevention of HIV transmission from mother to child: obstetrics and gynecology issues	Doctors25____ Nurses_25____ Social workers_25	Doctors____ Nurses____ Social workers_	Doctors 10 Nurses 10 Social workers____	Doctors 50 Nurses 50 Social workers 50

Prevention of HIV transmission from mother to child: pediatrics aspects	Doctors_25____ Nurses-25____ Social workers_25	Doctors____ Nurses____ Social workers_	Doctors -10 Nurses - 10 Social workers__	Doctors- 60 Nurses- 60 Social workers- 60
Prevention of HIV transmission from mother to child: a training course for managers	Doctors__10__	Doctors____	Doctors - 20 Senior nurses- 20	Doctors 14
	As of today, Managers of maternity clinics and Directors of Reproductive Health Centers were not trained at preparatory courses or trainings on issues related to management and administration of prevention of HIV transmission from to child in maternity homes. There is a need for such a training and it is expedient to arrange them on a regular basis for managers of these facilities.			
Prevention of HIV transmission from mother to child: general course	Doctors_25____ Nurses__25__ Social workers_25	Doctors____ Nurses____ Social workers_	Doctors____ Nurses____ Social workers____	Doctors____ Nurses____ Social workers____
HIV/TB co infection in injection drug users	Doctors_25____ Nurses__25__ Social workers_25	Doctors__10__ Nurses__10__ Social workers_10	Doctors____ Nurses____ Social workers	Doctors over 200 Nurses____ Social workers____
TB combined with HIV co infection	Doctors_25____ Nurses__25__ Social workers_25	Doctors__10__ Nurses__10__ Social workers_10	Doctors 10 Nurses 10 Social workers 10	Doctors 100 Nurses 100 Social workers____
	It is necessary to train multidisciplinary teams including TB doctors and infectiologists as well as nurses and social workers for ongoing training in the country.			
Advanced study of Antiviral Therapy and treatment of opportunistic infections in adults	Doctors_25____ Nurses__25__ Social workers_25	Doctors__12	Nurses- 5	Doctors 50 Nurses 50 Social workers 50
	There is a need for regular advanced training to explore issues related to ART and treatment of opportunistic infections in adults for further on the job training of physicians. They should become as extension of basic trainings.			
Advanced study of Antiviral Therapy and	Doctors_25____ Nurses__25__	Doctors__12__	Doctors - 5 Nurses - 5	Doctors 50 Nurses 50

treatment of opportunistic infections in children	Social workers_25_		Social workers	Social workers 50
	Also there is a need for advanced regular training to study ART and a treatment of opportunistic infections in children for further on the job training of physicians. It should be the extension of basic training courses.			
Advanced study of Antiretroviral Therapy and treatment of opportunistic infections in adults in prisons	Doctors_25_ Nurses__25_ Social workers_25	Doctors_5_ Nurses__5_ Social workers_5__	Doctors____ Nurses____ Social workers__	Doctors____ Nurses____ Social workers__
Training course for teaching staff "Basics of providing care and treatment to patients with HIV/AIDS"	Doctors__5_	Doctors____	Doctors 10	Doctors 50
	In order to institutionalize in pre-and-post-graduate programs of medical higher educational institutes and secondary educational institutions it is necessary to train at least 5 teachers from various chairs of each higher educational institutes in order to integrate in the curriculum "Basics of providing treatment and care to patients with HIV/AIDS" .			
Training course for teaching staff«Initiation of ART in adults»	Doctors__25_	Doctors____	Doctors 10	Doctors____
	In order to institutionalize in pre-and-post-graduate programs of medical higher educational institutes and secondary educational institutions it is necessary to train at least 5 teachers from various chairs of each higher educational institute in order to integrate this course in the curriculum.			
Other training courses: The Kyrgyz Republic has requested 2 training courses: the monitoring and evaluation training for physicians (8) and the training course for physicians (8) «Planning and Projecting Medicines»				
The institutions which provided the information	National AIDS Prevention And Control Center under MH of the RK	National AIDS Association under MH of the KR	National AIDS Prevention and Control Center in the Republic of Tajikistan	National AIDS Center under MH of the Republic of Uzbekistan
Contact details:	84 Auezova street, Almaty, Kazakhstan Phone/fax: 8 (7272) 793922 E-mail: lpo@rc aids.kz Full name- C.C Ahmetgalieva The Head of the Dispensary Unit	8 Logvinenko street, Bishkek, the Kyrgyz Republic Phone/Fax: +996 312 62-68-97 66-37-32 E-mail:rospid@mail.ru	Dushanbe, Tajikistan Phone/Fax: (+ 992)372 360138, (+ 992)372 919025919 ; (+ 992)372 919028020 - E-mail:mansurdjon @ mail.ru tatyana7707@inbox.ru Mansurjon Jurabekovich	12 Farhadckya street, Tashkent city, Chilanarskyi rayon, the Republic of Uzbekistan Phone/Fax: +140-06-80/81 E-mail: guzalg@mail.ru

	under the National AIDS Center, MH of the RK	N.K. Almerkov	Dodarbekov; Tatyana Petrovna Madjitova.	Guzal Mannapovna Giasova, Manager of National AIDS Center under MH of the RU
--	-------------------------------------------------	---------------	--------------------------------------------	------------------------------------------------------------------------------------

Summary

1. The priority training courses on issues related to treatment, care and support to people living with HIV are identified currently as follows:

- Providing ART to children;
- ART and treatment of opportunistic infections;
- ART during pregnancy;
- ART in adults;
- Palliative care in case of HIV/AIDS;
- HIV/TB co infection

2. In order to ensure effective process of training harmonized with international trainings standards it is prudent to conduct training in 3 phases: basic, mentoring (on the job training) and advanced.

3. For Central Asian RTC it is necessary to train and establish a pool of regional trainers out of the most qualified and certified specialists engaged both in the system of medical education (pre-and-post-graduate), in health facilities as well as in NGOs.

4. Taking account the needs for further ARVT promotion and extension from national level down to oblast and city, it is reasonable to train 2 specialists in all dispensary units of AIDS Centers (approximately 120 specialists) in the region.

5. In order to ensure sustainability of training process and coverage of target professional groups by adequate topics (physicians, nurses of various specialization) it is necessary to conduct ToT for teachers of relevant chairs of postgraduate trainings institutions (Chairs of infectious diseases, TB, obstetrics and gynecology, pediatrics). Approximately 16 trainers for doctors and nurses are needed to integrate the abovementioned themes;

6. The trained trainers (16 per country) will be able to ensure institutionalization of training programs in the countries and therefore enable to cover all relevant professionals over 5 years at the national level;

7. Based on needs presented by countries and coordination of activities with other partners in 2009 CAAP plans to:

- Support conducting of national trainings for specialists on ART in adults using capacity of regional trainers who were trained in 2008 and contribute to its institutionalization in the routine programs of pre-and-post-graduate training of public medical schools;
- Initiate training for regional trainers as members of multidisciplinary teams on training course- ART in children, also conduct three-phased ToT with the fourth study tour to the children clinic in Saint-Petersburg.

3.4. HIV prevention among migrants and their families members

Background

Currently, labor migration in Central Asia is gaining ground due to incremented discrepancy in wages between the southern countries (Tajikistan, Uzbekistan and Kyrgyzstan) and well developing northern countries – the Russian Federation and Kazakhstan, which after the year 2000 became centers of labor immigration. The total size of population in Central Asian AIDS Control Project member-countries (Kazakhstan, the Kyrgyz Republic, Tajikistan and Uzbekistan) according to official statistics data makes more than 55 million.

Russia and Kazakhstan are the primary countries receiving labor migrants from Central Asian countries. The Kyrgyz Republic, Tajikistan and Uzbekistan are exit points that is countries wherefrom people annually keep leaving due to so called labor migration.

Total size of population annually leaving from Central Asian countries due to labor migration makes:

- The Kyrgyz Republic – approximately 400 thousand., according to State Migration and Employment Committee expert estimated data ;
- The Republic of Tajikistan– approximately 635 thousand., according to IOM estimated data inTajikistan
- The Republic of Uzbekistan – 330 thousand according to official data and approximately 1 mln. according to estimated data (WB report, 2007)

Owing to labor migration 97 % of migrants from Tajikistan, 75% of migrants from the Kyrgyz Republic and 60% of migrants from Uzbekistan annually leave from homelands to Russian Federation.

Owing to labor migration 3% of migrants from Tajikistan, 12% of migrants from the Kyrgyz Republic and 26% of migrants from Uzbekistan annually leave from their homelands to Kazakhstan.

The approximate number of migrants from Uzbekistan only in the Southern Kazakhstan makes 200 000 persons according to estimation of public officials and about 1 million according to NGOs (the data of the survey according to IOM request, 2005).

In Kazakhstan there is a legal quota arrangement system for foreign labor force, however, more than 90% of migrants work on the territory of Kazakhstan illegally. According to the data of the Ministry of Labor and Social Protection of the RK around 25 thousand foreign nationals were legally employed in Kazakhstan in 2005 whereas the estimated number of illegal migrants in the country makes 400-450 thousand people (according to the Ministry of Labor of Kazakhstan). Currently the state quotas to employ foreign workforce in Kazakhstan makes 0, 47% of the able bodied population in the country, which makes 40 thousand people. However, this number absolutely doesn't meet the needs of national economy; therefore, the number of illegal labor migrants is increasing and according to various estimates their number varies from 500 thousand to 1 million a year.

It is necessary to highlight that the labor migration statistics data vary considerably depending on the sources. This is due both to shortcomings of recording and managing migration process as well as the essence of labor migration process.

It should be added to abovementioned data that except for external migration in Central Asian countries there is a large scale internal migration of people in quest of better paid jobs: from villages to cities, from degraded regions to regions with rapidly developing economy.

The army of internal labor migrants primarily consist of poor population with low professional skills and poor education, they work on construction sites, markets, looking for odd jobs at private households of rich people, etc.

Often internal labor migrants have the same vulnerable status in terms of both violation of human rights (lack of labor contracts, social protection), and access to health care and other

services. This is due to the fact that health care and social services are linked to places of residence (residence permits). The working conditions of internal migrants slightly differ from working conditions of migrants from neighboring countries.

There are special national organizations in all countries dealing with migrants: the Ministry of Interior (MVD), Migration Police under Mol, Ministry of Foreign Affairs, Ministry of Labor and Social Protection, Ministry of Health, Migration Service under the Ministry of Justice, Border Guards under National Security Committee, Ministry of Education.

Besides, there are special structures established in all countries to deal with migration issues: State Migration and Employment Committee (Kyrgyzstan), Adults Training Institute (Tajikistan), Women Committee of Uzbekistan; Public Youth Movement "Komolot".

Moreover, there are special international organizations in the countries to address migration issues: International Organization on Migration (legal issues, health, human traffic control, remittances, border management, etc.); International Labor Organization (vocational training); OSCE (legal aspects), UNDP, GTZ (vocational training).

The Government of Tajikistan actively supports and promotes the initiative to create Regional Training Center on HIV prevention among migrants. The key national organizations for RTC institutionalization are already identified– the National Healthy Life-Style Formation Center for non-health professionals and the Tajik Health Staff Postgraduate Training Institute under close cooperation with International Organization on Migration.

Training on HIV prevention among migrants and their family members

In the result of exploring this issue it was found out over the last three years the trainings were conducted only in Tajikistan. The Project "Community mobilization to prevent HIV/AIDS among labor migrants and their family members" of International Organization on Migration is under implementation in Tajikistan since May 2005 under financial support of Global Fund. The following activities were implemented over 4 years of the project's implementation:

- Five ToTs for NGOs, 70 persons were trained;
- Two 3-day trainings for volunteers of State Migration Service, 32 volunteers were trained;
- Two 3-day trainings were conducted for representatives of the Ministry of Health and Ministry of Social Labor - 30 persons were covered;
- The lectures and workshops were conducted for 200 airport and railway stations staff through NGOs efforts;
- Since 2006 the NGOs-partners have conducted more than 100 one-day field workshops in 25 target rayons for community leaders, volunteers as well as labor migrants;
- Annually the briefing and introduction workshops are conducted for 250 outreach workers due to whom it is possible to cover by these activities 300 000 of direct beneficiaries - labor migrants and their family member.

In 2007 under CAAP 11 training courses on HIV prevention among migrants were developed for various target groups:

1. The training course for dermatovenerologists on STI/HIV prevention among labor migrants and members of their families ;
2. The training course for GPs and family doctors dealing with labor migrants and their family members on HIV prevention including VCT, ART, laboratory diagnostics.
3. The training course for migrants on issues related to migration and HIV;
4. The training course for labor migrants' wives on issues related to HIV prevention, prevention of HIV transmission from mother to child;
5. The training course for schools and secondary education teaching staff to train students on issues related to migration and HIV;

6. The training course for gynecologists dealing with labor migrants' wives on HIV prevention issues;
7. The training course for journalists to highlight information on HIV prevention among labor migrants and their family members;
8. The training course for community and religious leaders on issues related to migration and HIV. Stigma and Discrimination. The stance of Islam;
9. The training course for the staff of migration agencies on issues related to migration and HIV
10. The training course on legal issues of labor migration, financial implications of HIV, specific features of preventive measures among labor migrants: in the country of origin, in transit and arrived in the country.

In 2008 the project conducted 2 regional ToTs where 43 trainers out of staff of NGOs and health care system were trained and 1 national workshop was conducted for NGOs in Kyrgyzstan.

The consolidated data on training needs in these areas are presented in the Table 4 below.

Table 4. Needs assessment analysis of training on HIV-infection prevention among migrants and their family members

	Republic of Kazakhstan	The Kyrgyz Republic	Republic of Tajikistan	Republic of Uzbekistan
Total number of people annually leaving your country due to labor migration	It is irrelevant	Officially registered data are not available. Estimated number – 400 thousand people. Data source - State Migration and Employment Committee	Estimated number - 635 000 of people Data source- IOM survey in Tajikistan	Officially registered number per year: 330 000 2006 ML&SP of RU. Estimated number- over 1 million people Data source-Living Standard Assessment in RU, World Bank Paper, 2007.
Number of people annually leaving from your country owing to labor migration to neighboring countries and overseas abroad	It is irrelevant	Expert data: to Russia - 300 000 to Kazakhstan - over 50 000 to Tajikistan - no to Uzbekistan - no Other countries-50 000	97% of labor migrants leaving from RT to Russia; approximately 3% -to Kazakhstan Data source :IOM in Tajikistan	Data are not available
Number of people annually arriving in your country owing to labor migration	3% out of total number of labor migrants from RT arriving in Kazakhstan; 12% migrants from KR; 26% migrants from RU	In the Kyrgyz Republic in 2008 a number of foreign labor force made over 10 thousand people	It is irrelevant	It is irrelevant
List of national organizations dealing with migrants	The Ministry of Labor and Social Protection of RK; Migration Police under the Ministries of Interior and Justice of RK; the Ministry of Foreign Affairs; the Ministries of Health and Education, National Security	The Ministry of Foreign Affairs (visas), the Ministry of Interior (registration), State Migration and Employment Committee (dealing with external labor migrants, (dealing with external labor migrants, authorization to employ foreign labor force in	The Ministry of Interior; The Ministry of Health; The Ministry of Labor and Social Protection of TJ; Adults Training Institute The Ministry of Education (through VEI), local public institutions	The Ministry of Labor and Social Protection; Women’s Committee of UZ; Public Youth Movement «Komolot»; The Ministry of Health of UZ;

	Committee (Border Guard).	the KR, refugees, ethnic Kyrgyz nationals returning back to their historic homeland), State Oblast administrations and local self-governments (registration, resolving existing problems)		
Lists of national organizations which provide training for labor migrants <i>Please, specify duration, field of training, documents issued after graduation</i>	Not conducted	Potentially, every citizen can be a labor migrant who is not satisfied by socio-economic living standards. State Agency on Vocational Education provides trainings on professional skills. State Migration and Employment Committee provides consultations on issues related to migration and employment abroad.	Within the programs on vocational education for people leaving from the country to earn money, trainings were conducted on HIV/STIs prevention; these trainings are conducted in several vocational schools, which were designated by the Ministry of Labor and Social Protection, as well as by the Ministry of Education (pilot project).	Data are not available
Lists of international organizations dealing with issues related to labor migrants	International Organization on Migration, International Labor Organization, UN HCR	International Organization on Migration, International Labor Organization, UN HCR	International Organization on Migration OSCE (legal aspects) UNDP GTZ (vocational education) ILO (vocational education)	International labor Organization; UNDP;
Training courses conducted in your country on health protection issues and HIV prevention among labor migrants <i>The number of trained professionals</i>	The first trainings for national professionals on migration issues were provided by CAAP in 2008	The activities on this issue are at inception phase. The KR State Migration and Employment Committee has developed a Plan on State Program implementation on HIV prevention in the KR for 2006-2010 (attached	See detailed information in the text	The first trainings for national specialists on migration issues were provided by CAAP in 2008

		hereto).		
Please, provide information on needs to train specialists in various fields related to issues of HIV prevention among labor migrants	NGOs representatives -16 AIDS Center specialists - 36 (by 2 in 16 oblasts) Physicians -48 Feldsher (doctor's assistant) -36 Teaching staff -16 Transport sector representatives – 16 Migration services representatives- 16 Mass Media representatives -16 Religious organization representatives - 24 Total - approximately 225 people	Training for about 200 people in rayon/city departments of State Migration and Employment Committee	NGOs representatives by 2 from NGOs - 134 AIDS center specialists- 15 Physicians – all family doctors, STI doctors, gynecologists, feldshers at Medical Colleges Teaching staff – the teachers of senior grades and vocational schools Transport sector- by 1person from each transport service, all railway station personnel, all long-distance haulers Migration service – all staff Mass Media representatives - by 1 journalist from each agency Religious leaders from all rayons Community active workers (outreach workers)– in each village-approximately 2000	AIDS center specialists - <u>50</u> Physicians - <u>1000</u> Feldshers - <u>1000</u> Teaching staff - <u>5000</u> Mass media representatives - <u>500</u>
How many trainers need to be trained in order to train each target group of professionals on HIV prevention among labor migrants at national	NGOs representatives – 2 (working with migrants) AIDS center specialists – 8 (3 from National AIDS center , 5 - regional) Migration services representatives_ - 2 Mass media	Migration services representatives: by 1-2 persons from each out of 56 rayon/city departments under State Migration and Employment Committee	NGOs - 20 AIDS centers -15 Physicians - 10 in each oblast, total- 40 Feldshers –10 Teaching staff – 62 Transport sector –10 Migration services – 62	AIDS centers - <u>10</u> Physicians - <u>200</u> Feldshers - <u>200</u> Teaching staff - <u>1000</u>

level	representatives - 1 Total - 13 people		Mass media representatives - 20 Religious organizations - 20 Community active workers (outreach workers) –12 000	
Please, specify what your needs are based on and what estimates do you rely on.	It is necessary to involve all interested agencies and institutions working with migrants or dealing with them in the process of their activity in order to prevent HIV spread among labor migrants.	Potential migrants live in all administrative - territorial entities in the KR, i.e. in all cities and rayons where there are departments under State Migration and Employment Committee. The Committee's staff will brief them on HIV/AIDS prevention along with informing the migrants on employment legalization procedures in the country.	The indicated number is approximate, based on number of labor migrants, number of rayons - 62 jamoats – appr. 320 villages – appr. 2000, as well as according to IOM expertise	Data based on World Bank documents dated 2007 «Living standards assessment in UZ» and activities included in the Strategic program on HIV epidemic control in the Republic of Uzbekistan for 2007-2011
Please, indicate tentative training themes which are of top priority from your perspective and specify the target audience.	1. Labor migration and HIV, general review, prevention and access to treatment. 2 Epidemiological surveillance in labor migrants 4. Legal aspects of labor migration 3. Legal assistance to labor migrants	According to the State Migration and Employment Committee Plan on State program to implement HIV prevention for 2006-2010	The country agreed with themes for training target groups for whom the modules were elaborated within the framework of CAAP	A country supports CAAP initiative on regional training center development in Tajikistan on issues related to migration and HIV and the country agrees with training themes for target groups for whom modules were already elaborated.

<p>Institutions providing information</p> <p>Contact details</p>	<p>National AIDS Prevention and Control Center under MH RK 84 Auezova street, Almaty. Phone/Fax:2-42-29-80 email: info@rcaids.kz, A.V.Elizarieva epid.alla@rcaids.kz L.U. Ganina epid.ganina@rcaids.kz</p> <p>International Organization on Migration in Kazakhstan Maira Shoinbekova, Regional Specialist</p>	<p>The KR State Migration and Employment Committee, 106 Chui Avenue, Bishkek city,</p> <p>Phone/Fax: 66-54-13 E mail: gdzn@intranet.kg Full name- Igor Mihailovich Gromov, Program implementation Adviser on HIV prevention under State Migration and Employment Committee, Head of Strategic Sector and Migration Regulation Programs</p>	<p>National AIDS Prevention and Control Center In Tajikistan</p> <p>International Organization on Migration 36 Telman street Phone/Fax(992 37) 2 24 09 18, 2 21 03 02 rkurbanova@iom.tajnet.com Full name- Ruhshona Kurbonova, Program specialist</p>	<p>National AIDS Center under MH UZ, 12 Farhadskya street, Tashkent city, Chilanzarskyi rayon Phone/Fax: +140-06-80/81 E-mail: guzalg@mail.ru Guzall Mannapovna Giyasova, the Director of the national AIDS center under MH of RU</p>
--------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The analysis of data collected in the countries shows that arrangement of trainings on issues related to labor migration and health protection of labor migrants on the whole as well as HIV prevention among labor migrants and their family members are at the inception stage.

The International Organization on Migration/Tajikistan highlights that the number of specialists and outreach workers trained under the Project «Community mobilization prevent HIV among labor migrants and their family members» are quite insufficient to cover all labor migrants and members of their families in order to change attitude and behavior.

Currently there are not enough resources for regular training in order to upgrade qualification of trainers and outreach workers. And above all – there are no regionally practiced training approaches which are crucial taking account the unique nature character of the topic. Underestimation of migration issues and links between migration and HIV as well as poor awareness on HIV issues lead to stigma of migrants and members of their families, especially, of people living with HIV. There were virtually no trainings conducted in other countries whereas the needs for training of trainers and professionals remain to be extremely high.

The needs assessment of training of professionals of various specialization and trainers on HIV prevention among labor migrants in 4 Central Asian countries is presented in the Table below:

Target Groups	Specialists Training Needs	Needs for training of trainers (ToT)
NGOs representatives	500	50
AIDS Centers specialists, the Ministry of Health and Healthy Life-Style Service representatives	150-180	80
Physicians (family doctors, infectiologists, dermatologists, venereologists, gynecologists, dentists)	Over 1000	40 (postgraduate training institutes)
Feldshers of all rural medical points - approximately 500	500	40 (post graduate training at Medical Colleges)
Senior forms and Vocational education institutions teaching staff	Over 2000	40 (institutes of postgraduate trainings)
Transport sector representatives (railway station staff, long distance haulers, bus drivers)	300	20 regional trainers
Migration services staff	400	20 regional trainers

Mass media representatives - by 1-2 journalists from each agency	Not less than 100	20
Religious organization representatives – rayon religious leaders/regions	Not less than 1000	20
Research institutes and centers' staff	20-30	10
Community active workers (outreach workers) – in each town/village	Not less than 2000	50

Abovementioned estimates are approximate and based on:

- Estimated number of labor migrants in “exit” and “entrance” countries (emigration and immigration)
- Number of administrative oblasts and rayons in each country;
- Experience of organizations operating in this sector.

Summary

1. The labor migration related issues are relevant and will remain so in nearest future for all project member-countries;
 2. Taking account enormous needs of training target groups, commitment of the countries to join the training process at regional level, obviously it is prudent to establish and develop Regional Training Center on migration issues in Tajikistan;
 3. As of today the main target groups were determined to be trained on proposed themes. Also, the ToT needs were defined for relevant audience groups;
 4. The activities on training of trainers out of various target groups will be continued under the Project and pool of the regional trainers is in place;
 5. In 2009 within the framework of the Project the trainings for NGOs representatives will be continued at the national level and ToT out of migration services and transport sector representatives at the national level.
-

4. The List of Annexes

- Annex 1. The Training Needs Assessments Questionnaires on issues related to treatment, care and support to people living with HIV, HIV prevention among youth, migrants and members of their families
- Annex 2. The list of trainings provided on issues related to treatment, care and support to people living with HIV for 2005-2008.