



**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:

October 1, 2008- December 31, 2008

Submitted to:

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

Submitted by:

Representative Office of JSI Research & Training Institute, Inc. (JSI)
54 Lugasny Street, Cottage #1
Almaty, Kazakhstan 050051

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

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: **1 October, 2008 – 31 December, 2008**

Total RAF funds allocated to the project: **\$ 1,283,762**

Funds disbursement to date: **\$ 1,177,473.35**

2. Executive Summary

- TUMAR has continued to successfully implement HIV prevention activities in 7 sites. By December 31st, 2008 the project has directly reached 5192 IDUs, 2245 SWs, 134 IDUs/SWs, 165 co-dependents of IDUs and 7 clients of sex workers. During this quarter 1455 new clients were contacted. By the end of December 31st, 2008 the coverage of vulnerable populations at the sites with at least one intervention has reached 74% and the coverage with regular contacts has reached 46%. Most clients (56%) had 5 and more contacts with TUMAR since their enrollment.
- During this quarter JSI and MedSocInform has conducted internal and external monitoring visits to 5 TUMAR model sites (Karasuu, Osh, Urgut, Kurgan Tube & Khujant). Implementation of the project activities at each of the sites was considered adequate and no serious deviation from the project implementation plan was reported.
- All the TUMAR sites actively participated in the events devoted to the World AIDS Day. TUMAR activists took part in campaigns and made speeches to bring public attention to the HIV problem.
- TUMAR video on stigma & discrimination has been aired on local TV stations during November –December.
- TUMAR T-shirts & mugs with HIV-prevention messages were distributed to all the most active clients and outreach workers.
- Seven guidelines on HIV-related topics were developed for outreach workers and tested during focus group discussions in the frame of the TUMAR project.
- December was the last official month of TUMAR implementation at the sites, with the regional project to be closed at the end of January 2009. JSI and partners have applied for an extension of the project until the end of August 2009. While waiting for extension, JSI has extended sub-agreements with site implementing partners to enable uninterrupted implementation of HIV prevention in January.

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.

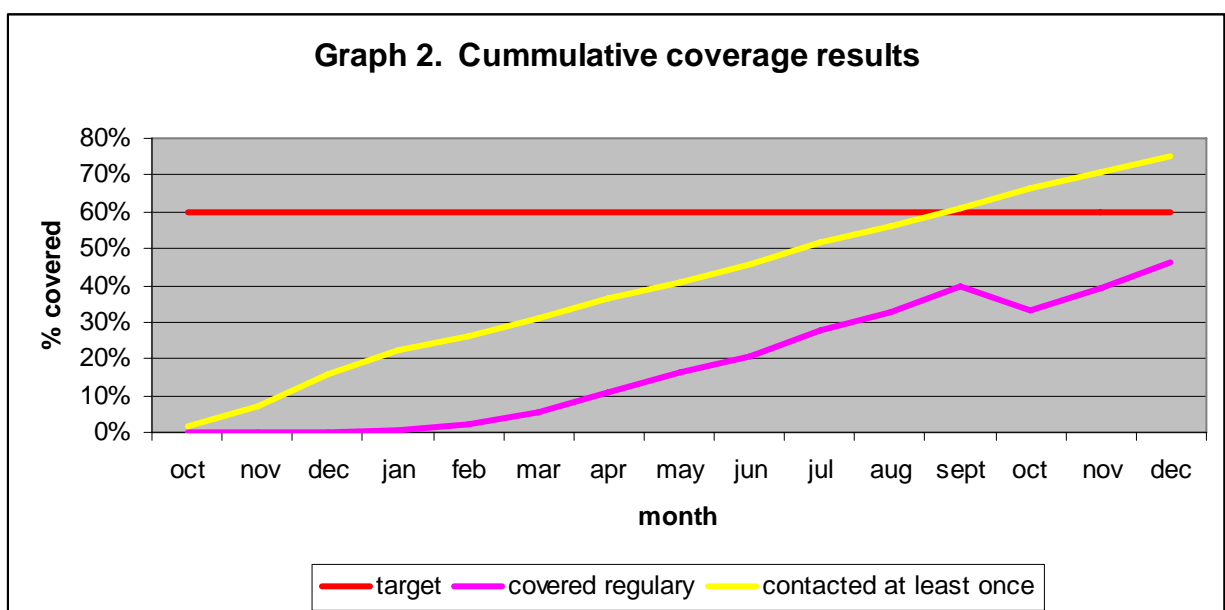
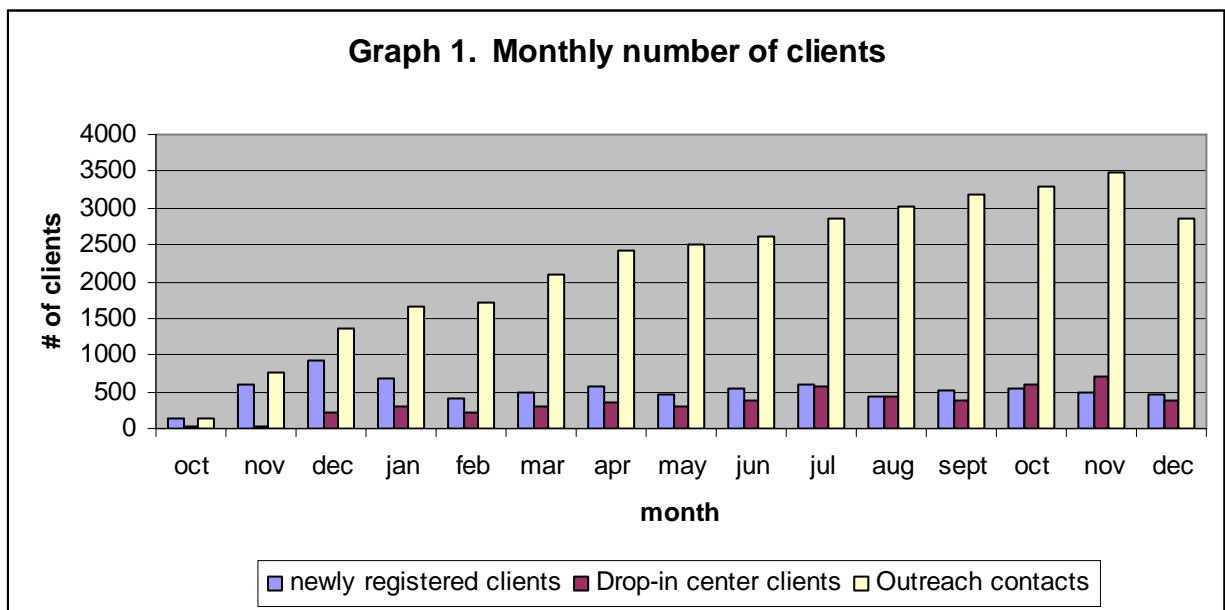
As a result of the subproject's implementation, the vulnerable populations at each site will increase their knowledge about HIV/STIs and be better informed about how to prevent transmission. Additionally, there will be a decrease of risky behaviors among target group representatives and a decrease of 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

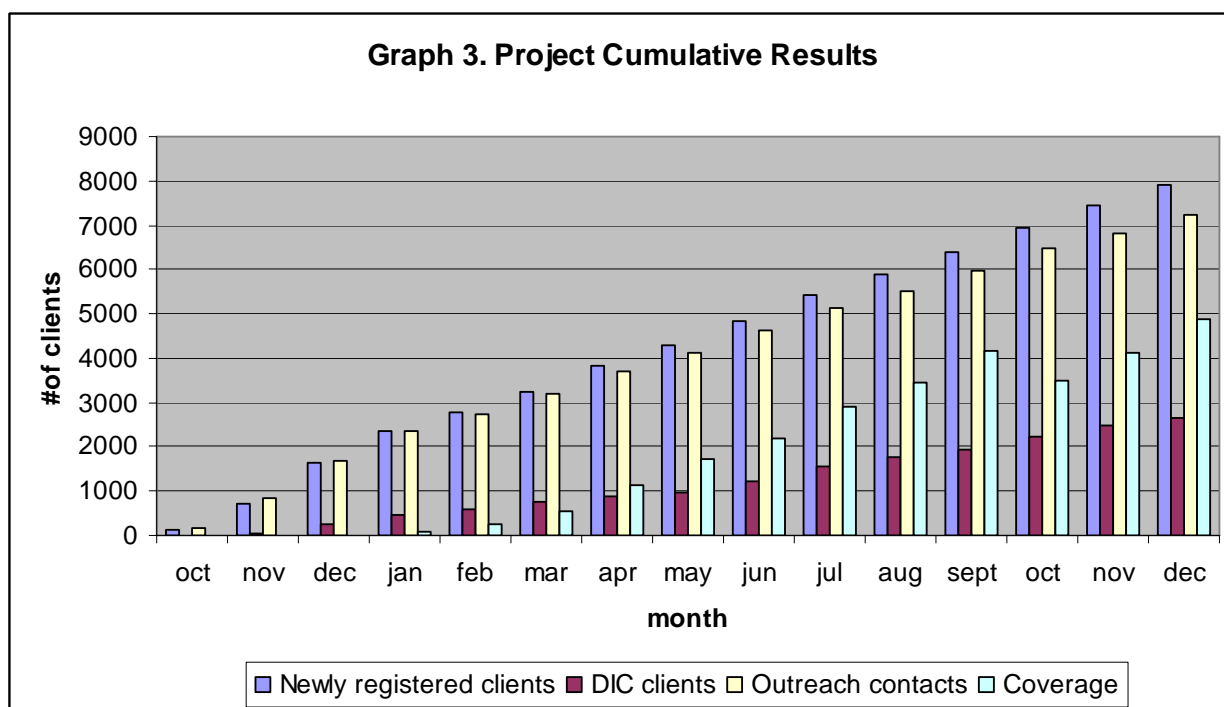
Central Asia and slow HIV transmission, further supporting and strengthening the efforts of national and local mechanisms.

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

1. By December 31, 2008, the project has directly reached 5490 IDUs, 2550 SWs, and 7 clients of sex workers. The coverage of vulnerable populations at the sites with at least one intervention has reached 74% and the coverage with regular contacts has reached 46%. Most clients (56%) had 5 and more contacts with TUMAR since their enrollment.

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





2. During this quarter 1204 clients have used Drop-In Center services, 4613 were contacted through outreach activities and 1455 new clients were contacted. 4892 persons received condoms and 4111 received needles and syringes. (see Annex 1 for more indicators).
3. During this quarter 33 trainings were conducted under TUMAR and 596 people were trained:
 - a. Trainings for law-enforcement personnel conducted in: Aksu (KZ) – 18 participants, Almaty (KZ) – 14 participants, Osh (KG) – 22, Urgut (UZ) – 33, and three trainings in Khujant (TJ) – 65 participants.
 - b. 5 training for project personnel on burn-out syndrome in Aksu (KZ) – 69 participants; 3 trainings in Khudjant (TG) - 19 participants; and 5 trainings in Karasuu (KG) – 16 participants.
 - c. Training for medical personnel in Aksu (KZ) – 20 people trained.
 - d. 10 trainings for co-dependants in Kurgan-Tube (TJ) – 250 participants.
 - e. Training for journalists in Almaty (KZ) – 11 people trained.
 - f. Training for makhallas in Urgut (UZ) – 36 people trained.
4. From October 1st till December 31st TUMAR staff has conducted 9 meetings with partners, including:
 - a. Two Working Group meetings in Osh, Kyrgyzstan;
 - b. Partner meeting in Kara-Suu, Kyrgystan;
 - c. Two VCT TWG meetings in Kara-Suu, Kyrgyzstan ;
 - d. Meeting with the city Mayor in Kara-Suu, Kyrgyzstan ;
 - e. Round table meeting in Khudjant, Tajikistan;
 - f. Round table meeting in Kurgan Tube, Tajikistan.
5. In November-December, all 7 TUMAR sites actively participated in local activities devoted to the World AIDS Day. TUMAR activists participated/organized anti-AIDS campaigns, gave speeches about HIV, organized edutainment events for youth in order to direct public attention toward the problems of HIV and AIDS.

6. TUMAR has released and widely broadcasted on local TV the video on stigma & discrimination.

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.

- There were no program-related difficulties over the reported period.
- The existing financial problems are outlined in section 7 below.
- CAAP had questioned JSI procurement procedures when selecting consultants for the development of the TUMAR outreach guidelines.
- Due to the fact that the process of application for the cost-extension of the project for less than 1 year is not described in the CAAP/RAF Grant Manual, JSI had difficulty understanding which documents are required and what format should be used. This caused some delay in submission and numerous re-submissions of the documents.

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)

- In order to avoid any future problems when hiring consultants and since no clear definitions and requirements for the development of the proper ToR is provided in the grant Manual, it was decided that JSI will consult CAAP on every ToR and recruitment memo. JSI will also invite CAAP representatives to participate in the selection of consultants for the TUMAR project.
- JSI will ask its sub-grantees to submit monthly financial reports, if possible. This will help JSI to avoid situations where there is shortage of cash due to the outstanding advances on behalf of sub-grantees.

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 had to send money with individuals going to Uzbekistan. Considering all the limitations in the number of people traveling to Uzbekistan and the amount of cash each person is able to take out of Kazakhstan, JSI is still behind schedule for covering all of the expenses for the project site in Urgut.
- There was a delay in receiving funds from CAAP/RAF this quarter. JSI prepared its Quarterly Financial Report for the previous quarter (Aug- Sept, 2008) and the cash request #5 for slightly more than 70 thousand USD on time. After submission, JSI has learnt that CAAP is not able to process a cash request for less than 100 thousand USD and we shall therefore re-submit our cash request for October expenses along with expenses for November. By November there was virtually no money left in the JSI account, since all the advance payments to sub-grantees were made. After lengthy communication between CAAP and JSI the cash request was accepted at the end of November, but the actual money transfer did not happen until late December, causing two sites to be left without any funds until the first week of January 2009.

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. Print and distribute short guidelines for the outreach workers; and
6. Organize regional TUMAR meeting to discuss project results of the first cycle of project implementation and plans for the next 6 months.

Annex 1.

#	Input Indicators	Quantity
1	Number of BCC materials distributed, by type of brochures	21514
1.1	About HIV/AIDS	5434
1.2	Risk assessment & HIV testing	3825
1.3	Sexually transmitted infections	4425
1.4	Use of condoms and safer sex behaviors	1667
1.5	Safe work environment (for sex workers)	1749
1.6	Use of drugs and overdose	1516
1.7	Overdose	2037
1.8	Break the circle	628
1.9	“Award yourself with protection” brochure for clients	233
2	Number of condoms distributed	211413
TUMAR has received USAID-donated condoms from the CAPACITY project in Osh and Khudjant. In other sites, condoms were provided by the GFATM.		
3	Number of syringes/needles distributed	240773
Syringes and needles were provided by the GFATM		
4	Number of spirit napkins distributed	309972
#	Output indicators	Quantity
5	Number of clients newly registered during this quarter	1455
Including: 412 sex workers, 1023 IDUs, 13 IDUs/SWs, 7 codependents		
6	Number of people contacted by outreach workers	4613
Including: 946 sex workers, 3511 IDUs, 90 IDUs/SWs, 65 codependents, 1 client of SW		
7	People contacted through the DIC	1204
Including: 328 sex workers, 811 IDUs, 28 IDUs/SWs, 33 codependents, 4 client of SW		
8	Number of people covered	3680
Including: 536 sex workers, 3017 IDUs, 70 IDUs/SWs, 54 codependents, 3 client of SW		
9	Number of referrals made, by type of referrals	
9.1	STIs's diagnosis & treatment	570
9.2	Detoxification	262
9.3	VCT	308
9.4	PMTCT	91
9.5	Surgical treatment	86
10	Number of people received consultations, by type of specialists	
10.1	Psychologist	362
10.2	Narcologist	418
10.3	STI specialist	381
10.4	Social worker	1327
10.5	Gynecologist	273
15	Number of people received condoms	4892
16	Number of people received syringes/needles	4114
17	Number of people received spirit napkins	3074
18	Number of people received BCC materials, by type of materials	
18.1	About HIV/AIDS	2238
18.2	Risk assessment & HIV testing	1593
18.3	Sexually transmitted infections	1842
18.4	Use of condoms and safer sex behaviors	1094
18.5	Safe work environment (for sex workers)	1225
18.6	Use of drugs and overdose	771
18.7	Overdose*	995
18.8	Break the circle	314
18.9	“Award yourself with protection” brochure for clients	162
19	Number of people participated in IEC sessions, by type of sessions	
19.1	Session on HIV/AIDS	2107
19.2	Session on STIs	1849
19.3	Session on risk assessment and HIV testing	1342
19.4	Session on condom use and safer sex behaviors	1577
19.5	Session on drug use and overdose	1202