



## WESTERN BALKANS PROGRAMME TO FIGHT HIV AND AIDS

### Building Regional HIV Resilience

#### PROGRESS REPORT

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## **ANNEX**

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## ACRONYMS

AIDS	Acquired immune-deficiency syndrome
AFMK	Association of Family Medicine of Kosova
ART	Anti-retroviral therapy
ARV	Anti-retroviral
BCC	Behavior change communication
BiH	Bosnia and Herzegovina
CCM	Country Coordinating Mechanism
CDFM	Center for Development of Family Medicine (Kosova)
CPC	Country Programme Coordinator
CRIS	Country Response Information System
GBV	Gender based violence
GFATM	Global Fund to fight AIDS, TB and Malaria
GIPA	Greater Involvement of People Living with HIV or AIDS
HDC	Human Development Centre
HIV	Human immuno-deficiency virus
IDS	Infectious diseases specialist
IDU	Injecting drug user
IOM	International Organization for Migrations
IPH	Institute of Public Health
ISOP	Institute of Public Opinion Studies
KAP	Knowledge, attitudes and practices
M&E	Monitoring and Evaluation
MHC	Mental health centre
MH	Mental health
MoH	Ministry of Health
MoE	Ministry of Education
MoS	Ministry of Sports
MSM	Men who have sex with men
MLSI	Ministry of Labor and Social Issues
MoU	Memorandum of Understanding
NAP	National AIDS Program
NGO	Non-governmental organization
PHC	Primary health care
PMCT	Prevention of maternal to child transmission of HIV
PAF	Program Acceleration Fund
PLHIV	People living with HIV or AIDS
SDC	Swiss Agency for Development and Cooperation
SIDA	Swedish International Development Cooperation Agency
STI	Sexually transmitted infection
SW	Sex worker
TED	Tirana Education Directorate
TSTC	Trainer skills training course
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNGASS	United Nations General Assembly Special Session
USAID	United States of America International Development Agency
VCCT	Voluntary counseling and confidential testing
VCT	Voluntary counseling and testing
WHO	World Health Organization

## EXECUTIVE SUMMARY

Regionally, new HIV cases continue to rise, while correspondingly the number of people covered by ART has increased with the support of Global Fund to fight AIDS, TB and Malaria (GFATM) grants. Sexual transmission, both homo- and hetero-sexual, dominates the pattern of HIV transmission in the region, followed by injecting drug use.

Risk factors of injecting drug use, men who have sex with men (MSM), commercial sex work (CSW) and human trafficking, which contribute to Russian and Ukrainian epidemics, are also the key drivers of the Western Balkans' epidemics. In addition to these risk factors, there are multiple vulnerabilities in the Balkans region, including political instability, lack of strong democratic governance, weak health systems, limited capacities of qualified civil society organizations and concentration of HIV prevention and treatment services mainly in the capital cities of the countries. Active HIV surveillance is under-developed. The pervasive stigma and discrimination by health care providers and the society at large against high-risk populations and isolation of people living with HIV and AIDS (PLHIV), further fuels the growth of the epidemics in this region.

GFATM has become the key financier at the country level in this region. However, the shared historic, socio-political and economic risk factors, gender inequities and discrimination, as well as the small size of individual countries, require a regional voice and concerted actions to halt the progressing epidemics. Working collectively can improve cost-efficiency in responding and foster a collaborative spirit among the countries by uniting them around common goals and concrete actions in tackling the challenges of the epidemics.

The Swedish International Development Cooperation Agency (Sida), recognizing the importance of regional collaboration, has been supporting the Fondation PH - *Partnerships in Health* (FPH) in developing a regional and country response to HIV and AIDS since 2003. The emphasis of the Phase II programme, which started in 2007, is to create an enabling environment that contributes to strengthening of HIV resilience by engaging multi-sectoral partners. The Phase II Programme has three main pillars:

- √ Building social capital through participatory social networks at the community level: Advocacy, risk-behaviour preventive education, gender equity and de-stigmatization with institutions and for human development.
- √ Scaling-up capacity and building sustainability of GO and NGO responses with integration of greater involvement of people living with HIV and AIDS (GIPA) and gender equity in clinical, sexual reproductive health services and civil society responses.
- √ Strengthening regional collaboration and partnerships for knowledge building and learning exchanges with outreach to marginalized and vulnerable populations, PLHIV networks and clinical services.

This report provides a summary of the Phase II Programme in the first six months of Year Three.

### 1. Capacity Building

The programme reached a large number of potential stakeholders with basic HIV knowledge, workplace safety, and stigma and discrimination reduction training: Trainer skill courses were conducted in dental training (for the whole region in Montenegro) and on workplace and HIV in Albania. The dental core curriculum was adapted and approved by the respective authorities of each country, and a total of 700 dentists and dental support staff were trained in 30 courses, with all five countries participating. Basic HIV training courses for health professionals from the primary care level included 633 doctors and nurses from

Kosovo and BiH via 34 courses conducted by multidisciplinary teams. The courses in Kosovo were co-financed by FEDEVACO, a Swiss cantonal development agency. Mental health and social work professionals were targeted via 13 courses across Albania and in two regional courses in BiH, and 323 mental health professionals were thus oriented to HIV, client rights, stigma reduction, and available HIV testing and support services. A workplace curriculum was completed, and despite election-driven personnel changes, courses were conducted with the Albanian Department of Public Administration for a total of 88 employees from the Ministry of Justice, Education; Culture, Youth, and Sports; and Labour and Social Issues, supporting new Albanian legislation to preserve the rights of people living with HIV.

## **2. NGO Trust Fund**

Twelve grants to 14 NGOs, including three consortia, assisted in reaching vulnerable and marginalized populations including PLHIV, MSM, IDUs, sex workers, prisoners, Roma, pregnant women and others with HIV prevention education, VCT for HIV and Hepatitis B and C, and other services. To reduce duplication of effort, the themes to be covered were carefully chosen in each country, and the national advisory committees provided input and recommendations to the selection of grantees and proposals. Four projects were completed during Year Two, and several NGOs required no-cost extensions and will complete their activities. New highlights of the Trust Fund activities include the involvement of SWs in HIV education in BiH, the education of pregnant women in PMTC transmission, and Roma gender dialogue in Serbia.

## **3. Regional Collaboration**

Preparations continued for a regional exchange on dealing with HIV prevention in the prison setting. This exchange will be hosted by BiH in February 2010. Preparations also started for the fifth and final regional conference, this time in Zagreb, Croatia, to increase the likelihood of full participation from the region. A trainer curriculum for OB/GYNs was also initiated during this reporting period.

## **4. Plans for the remaining months of the programme**

The remaining months are expected to continue at a high level until the end of the Programme.

- The curriculum for OB/GYNs is to be completed early in the second half of Year Three, and regional training is planned with one of the two treatment centers in the region, Zagreb, for OB/GYNs from Albania, BiH, Kosovo, and Montenegro. All countries, but Montenegro are planning HIV courses for OB/GYNs of their country.
- Several trainings are pending for PHC workers, primarily outside the larger urban centers.
- The training for mental health and social workers is nearly complete, with only one course remaining in BiH and two in Albania. Additional dental trainings are planned by all partners, as well as workplace trainings in Albania and BiH.
- A major activity remaining is the last Regional Conference. Given the continuing role of UN agencies in the region, Partnerships in Health asked UNDP Croatia to co-host this conference. Two capacity-building workshops are planned in conjunction with the Regional Conference.

## I EPIDEMIOLOGIC UPDATES

Regionally, new HIV cases continue to rise, while correspondingly the number of people covered by ART has also increased with the support of GFATM grants. Sexual transmission, both homo- and hetero-sexual, dominates the pattern of HIV transmission in the region. Due to population mobility, an increasing number of rural wives are being infected with sexually-transmitted infections by their migrant worker husbands. Yet efforts on HIV prevention and voluntary counseling and testing (VCT) responses to date focus mainly on populations in the capital cities of the countries.

The Western Balkans Programme, during its second phase, however, has made a special effort to reach out to outlying provinces, rural women, and non-infectious diseases health professionals, such as dentists and mental health professionals. The Programme continues with its policy to address unmet needs in the region and support activities that are not covered by GFATM grants, by United Nations entities, and other international and local NGOs.

### ALBANIA

In 2009, 55 new HIV cases were reported; 39 are males and 16 females, bringing the cumulative number of HIV cases to 359. Most individuals with HIV are between 25 to 50 years and acquired HIV through sexual transmission. According to the Institute of Public Health (IPH), 20 of the people living with HIV (PLHIV) indicated that they were infected outside of Albania. At present, 112 adults and 16 children are on anti-retroviral therapy (ART). Table 1 gives the number of HIV and AIDS cases from 2006 to 2009.

Year	Number of new HIV and AIDS cases reported	Male No.	Female No. (%)	Status		
				AIDS	HIV	Deaths
2006	32	21	11 (34%)	7	21	4
2007	44	31	13 (29%)	10	32	2
2008	48	30	18 (37%)	9	26	7
2009	55	39	16 (29%)	19	36	0
<b>Cumulative number</b>	359	250	109 (30.3%)	129	163	67

### BOSNIA & HERZEGOVINA

As of end of December 2008, there were 156 reported cases of HIV and AIDS in Bosnia and Herzegovina (BiH) with 8 new cases; 22% of all cases are females. At present, there are 47 PLHIV in BH: 33 are on ART in BH, 2

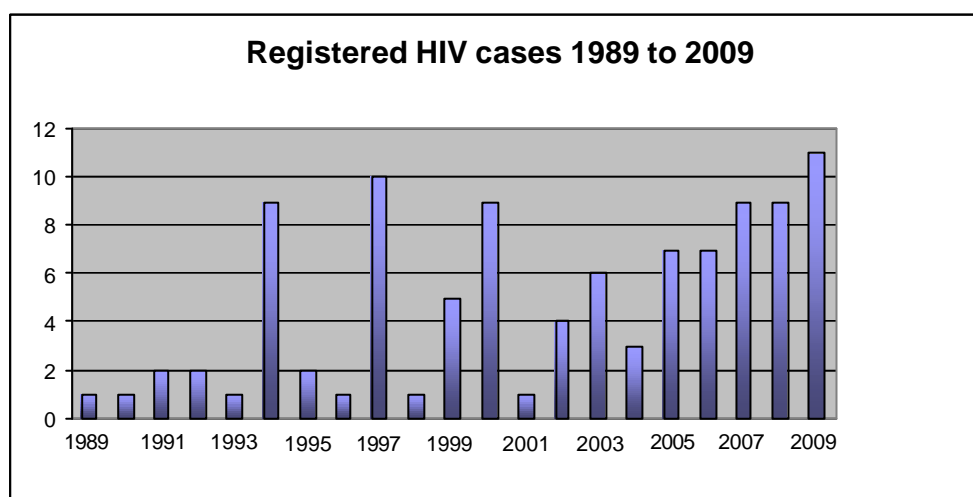
are abroad, and 12 do not yet require ART. Sexual transmission predominates, followed by injecting drug use (IDU). A first case of maternal-to-child transmission was reported in 2007, and apparently there is a second case. However, due to official reporting, this information will only be available when the official figures for 2009 have been released.

## KOSOVO

The cumulative number of HIV cases is 79, mainly through sexual transmission. Five new cases were reported in 2009, one case in November for a migrant recently returning to Kosova.

## MONTENEGRO

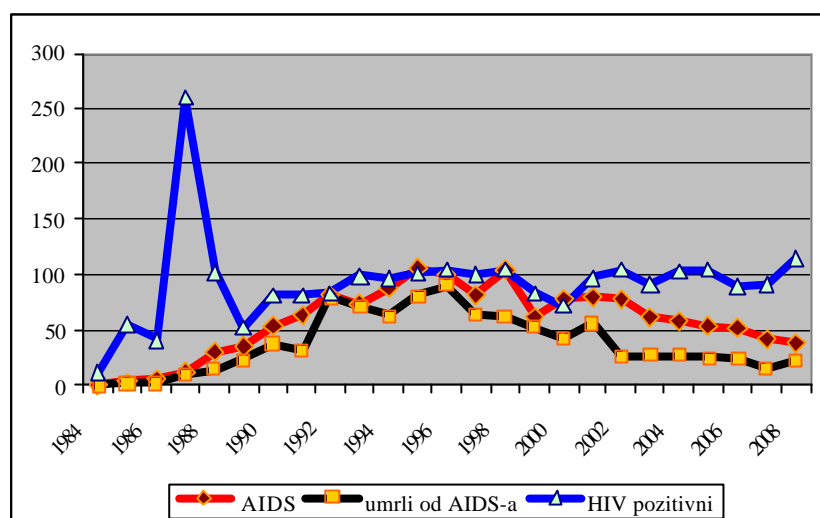
Eleven new HIV cases were reported in 2009, for 101 cumulative HIV cases by 30 November 2009, including 19 women and two children. The oldest registered person is 73 years old resulting in a median age of PLHIV at 41. Sexual transmission predominates (83%), among which 46% is reported as heterosexual; 4% of cases are through injecting drug use; 3% via vertical transmission; and two persons were infected from blood transfusions. As shown in the graph below, peaks of cases occurred in 1994, 1997 and 2009. Of the 53 individuals currently registered with the Clinic of Infectious Diseases, a third of the cases were diagnosed at one of seven VCT Centers in Montenegro.



## SERBIA

There are 97 newly reported cases of which 65% are in men having sex with men; 68% of cases are from Belgrade, and 8% of reported cases are female. There also was one case of vertical HIV transmission. The mother didn't know her HIV status prior to delivery, and the infant was born with clinical manifestation of AIDS. About 31% (36 cases of which 4 females) of all reported cases are diagnosed with already clinical manifestation of AIDS. Despite a decrease in late diagnosis due to the greater availability of VCT and access to ART, the data continue to show that individuals are diagnosed late. Seventeen individuals died of AIDS in 2009. Serbia now has 2,414 cumulative cases of HIV and AIDS, with 79% between 25 and 49 years of age.

## HIV epidemiological graph for the period 1984 to 2008 in Serbia



## II COUNTRY RESPONSES

### ALBANIA

**Policy:** In 2009, the Ministry of Health (MoH) established four working groups with representatives from the MoH, the Institute of Public Health, infectious diseases specialists (IDS) and lawyers to develop legislations to support the new national HIV and AIDS law established in 2008. The results will be announced at a national conference in the spring of 2010.

### Responses:

- For the World AIDS Day, the **IPH and the National AIDS Programme** organized a National Conference on "HIV/AIDS and Human Rights" focusing on HIV, access to treatment, care and support, stigma, discrimination in education, employment, sexual and reproductive health, and children living with HIV in Albania.
- The **Global Fund** grant supports
  - a second bio-behavioral surveillance study conducted in 2008 with MSM and Roma in Tirana, Elbasan, Lushnje, Fier and Korçe; this study was published in July 2009
  - NGOs that work with IDUs, MSM, the Roma, sex workers (SWs) and PLHIV
  - VCT centres of the IPH in collaboration with NGOs
  - an outpatient HIV/AIDS/STI clinic at the infective diseases service
  - a sequencer to improve laboratory diagnosis at the IPH
- **United Nations Development Programme (UNDP)** supports the development of the new HIV legislations and national conference in 2010. UNDP launched a call for proposals to "Facilitate the scaling up in capacity building of teachers on sexual behavior educative communication in schools".
- **UNICEF** collaborates with the IPH of the MoH on most-at-risk adolescents (MARA) in all Tirana high schools. The project results were presented on World AIDS Day.

- **The PLHIV Association** was supported by UNICEF in publishing “Media, HIV and AIDS” based on findings from one year of monitoring of media reporting. The report shows an improved role of the media in informing the public on HIV to reduce stigma and discrimination and protect human rights.
- **UNFPA** launched a campaign “For a healthy Albania” in November targeting high school students.
- **Partnerships in Health**, with Sida funding, has conducted training for primary health care, mental health, and dental professionals and public administration officials on HIV. In addition, Partnerships in Health is supporting the prevention of maternal to child transmission (PMCT) and VCT for rural migrant communities.

## **BOSNIA & HERZEGOVINA**

**Policy:** The **National AIDS Body** is responsible for initiating the National AIDS Strategy revision in 2009, but has yet to do so. It wants to manage the Country Coordinating Mechanism (CCM) and has been in communication with the GFATM Secretariat. The National Tuberculosis Strategy and Strategy for Prevention of Drug Abuse have been developed.

### **Responses:**

- **GFATM grants**
  - Round 5, grant phase II (\$11 million), started in November 2008 and will end in October 2011.
  - Round 9 TB and HIV grants (€49 million with 17 million for TB and 32 million for HIV) was approved.
- **UN Organizations**
  - **UNFPA** supports a sexual and reproductive health programme, targeting young people in and out-of-schools. The programme is implemented by Partnerships in Health Bosnia.
  - **UNICEF** is collaborating with the National Public Health Institute to conduct the second IDU and HIV survey with GFATM grant support.
- **NGO**
  - **XY** (Association for sexual and reproductive health) targets youth, MSM, sex workers and prisoners in Sarajevo.
  - **APOHA** supports PLHIV in Sarajevo.
  - **AAA** (Action Against AIDS) targets PLHIV, MSM and SWs in Banja Luka.
  - **MARGINA** targets IDUs, MSM, SWs and prisoners in Zenica.
  - **Viktorija** targets IDUs, MSM, SWs and prisoners in Banja Luka.
  - **UGPROI** (Citizen’s association for the support, treatment & re-socialization of drug addicted and recovered persons) targets SWs and IDUs in Sarajevo.
  - **Poenta** targets IDUs in Banja Luka.
  - **World Vision** targets the Roma community.
  - **Partnerships in Health** with Sida funding is training dentists, primary health providers, mental health professionals, police and military in HIV prevention and AIDS care in addition to supporting APOHA (PLHIV), Margina (prisoners), Viktorija (PMCT) and UGPROI (SWs).

## **KOSOVO**

### **Responses:**

- **United Nations Development Programme (UNDP)** supported the development of the Kosovo National AIDS Strategy (2009-2013) which was launched on the World AIDS Day 2009 by the Ministry of Health.
- **The GFATM** HIV grant is implemented through a seven-person project management unit (PMU) and provided first grants to sub-recipients starting in January 2009.

- **Partnerships in Health** supports training for PHC, MH and Dental professionals in addition to supporting a NGO consortium to implement VCT with detention centres and MSM, expanding to Mitrovica.

## MONTENEGRO

### Responses:

- The **GFATM** Round 6 HIV grant is being implemented, and the Round 9 HIV grant has been awarded and will start in 2010.
- **Partnerships in Health** has initiated training for dental professionals in HIV prevention and stigma reduction in addition to supporting capacity building of PLHIV to form a self-help network.

## SERBIA

**Policy:** The National HIV/AIDS strategy, 2010 - 2015 is being developed by the national AIDS programme of the MoH. It will be completed by June 2010.

### Responses:

- The **NAC** is strengthening its monitoring system, harmonizing GFATM indicators with national HIV indicators and reporting. Size estimation of most-at-risk populations (MARP) also began. The second round of operations research on MARP, including PLHIV, will be conducted in 2010.
- The 6<sup>th</sup> round of a GFATM grant for HIV is continuing until 2012, focusing on HIV prevention among MARP and support for PLHIV. The Primary Recipient (PR) for Round 6 is the MoH. The PRs for the Round 8 HIV grant are the MoH and Youth of Jazas.
- **Partnerships in Health** is training dental professionals on HIV prevention and stigma reduction. In addition, it provides technical and methodological guidance to the locally registered Partnerships in Health office in joint implementation of a project on gender transformation among Roma communities to build HIV resilience through the Western Balkans Programme NGO Trust Fund. A study on Roma perception on gender and HIV vulnerability was published.

## III. WESTERN BALKANS PROGRAMME UPDATE

### A. HEALTH HUMAN RESOURCES CAPACITY BUILDING

#### 1. *Dental professional training*

A Serbian dental specialist, a Kosova PLHIV and the Regional Programme Manager jointly developed the Partnerships in Health HIV curriculum for dental professionals in June 2009. A one-week regional dental trainer skills training course (TSTC) was organized in Bar, Montenegro from June 22-26, 2009 for 21 participants. There were 3 dentists each from Albania, Kosovo and Montenegro and 4 dentists each from BiH and Serbia. In addition, 2 infectious diseases specialists each from Albania and BiH and 1 from Kosovo participated in this training course. Each country formed at least 3 trainer teams, with BiH and Serbia able to form 4 teams.

<b>Table 2 Dental trainings completed by country, gender and by type of dental professionals</b>				
<b>Country</b>	<b>Number of courses</b>	<b>Number of total participants</b>	<b>Females</b>	<b>Dentists</b> (others are dental assistants or lab technicians)
Albania	14	307	75%	66%
BiH	1	24	83%	54%
Kosovo	6	143	65%	48%
Montenegro	5	113	50%	100%
Serbia	4	113	84%	100%
<b>Total in numbers</b>	<b>30</b>	<b>700</b>		

### **ALBANIA**

Partnerships in Health engaged a MoH staff to translate and adapt the one-day generic dental curriculum for Albania use. The Programme collaborates with the Chief of Dentistry, MoH and the Infectious Diseases Department of the Tirana Hospital in selecting the Albania trainer team and organizing the trainings. The training of dental professionals began in September. As of end November, 14 courses have been conducted covering 307 dental professionals of which 204 were dentists, 98 dental assistants and 5 laboratory technicians.

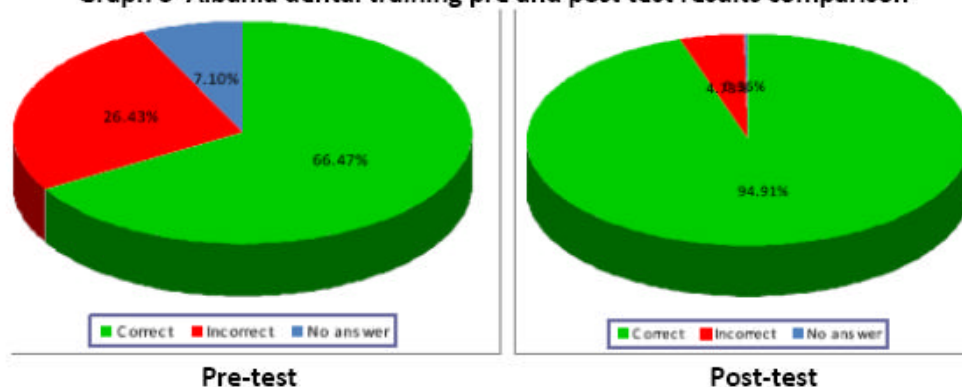


*Role play during a Dental training in Albania*

Dentists coming from the public health system were selected for the training. During the training, dentists mentioned the many problems they face, i.e., inadequate protection at work (lack of appropriate instruments and sterilization equipment and supplies) and lack of HIV training. In the training, they realized the risks they are exposed to daily due to lack of proper protective gears. In view of the growing number of PLHIV, and the lack of any available training for these professionals in the region, it became clear that HIV prevention training will contribute to the ability of dental professionals to protect themselves and their patients not only from the transmission of HIV, but also hepatitis.

None of the dentists participating in the Partnerships in Health trainings showed any stigma or discrimination towards PLHIV, whether as colleagues or as patients. Pre- and post-test and evaluations were conducted for each training course. The pre- and post-tests cover knowledge on HIV and AIDS, attitudes, practice, workplace protection, patient rights and confidentiality. There have been impressive improvements in the post-tests scores for each course. Overall 95% of participants responded correctly in the post tests compared to 67% in the pre-tests. There was also observable improvement in the trainer team's training skills over time with the feedback provided to the teams after each training.

**Graph 3 Albania dental training pre and post test results comparison**



### **BOSNIA & HERZEGOVINA**

The Federal Ministry of Health and Ministry of Health and Welfare of the Republic Srpska appointed a working group for adaptation and approval of the Partnerships in Health generic dental curriculum and trainee's booklet. Given the need for approval from both political entities, only one dental training course was organized in Banja Luka for 24 participants, of which 13 were dentists and 11 were dental assistants.

### **KOSOVO**

The Dental Association of Republic of Kosova (DARK) participated in selecting the 3 Kosova dental trainers and in adapting the dental curriculum for Kosova. A one-day dental trainer team orientation was conducted in Prishtina with two trainer teams. Since September 30, 2009, 6 training courses have been delivered covering 143 participants, of which 35% were males; 69 of these 143 participants were dentists; the remainder was composed of dental assistants. Only one training course was conducted in Prishtina, the remaining in Prizren (2), Gjilan, Metrovica, and Ferizaj.

### **MONTENEGRO**

The first trainings started in October. In a two-month period, 5 courses were held; two in Podgorica and one each in Bijelo Polje, Budva and Herceg Novi. During this reporting period, a total of 113 dentists were trained with an equal gender balance. Nearly three-fourth of participants was older than 30 years, most of them private practitioners.

The Montenegrin Dental Association is closely involved in the monitoring of the trainings and it participated in the selection of the trainers. The trainer team consists of three dentists, one IDS and one PLHIV.

Journalists from two newspapers – "Dan" and "Vijesti" – attended a dental training in Podgorica and published each an article the following day, 15<sup>th</sup> November 2009. The two articles are attached in the annex, together with a translation into English.

### **SERBIA**

Four dental trainings have been conducted for 113 participants in Belgrade. All are dentists, and 16% are males. A training course for dental assistants is planned at local request during the second half of year 3, and training courses will be provided in other urban centers of Serbia.

## 2. HIV prevention in the world of work

### ALBANIA

A generic HIV in the workplace curriculum was developed by the Regional Programme Manager in August 2009. It took into account the International Labor Organization (ILO) workplace HIV training manual, including the ten principles of the ILO Code of Practice, as well as other resources. Originally, the work was to be performed by an Albanian consultant who did not deliver after delaying for over one year.

There are multiple changes in the government structure of Albania post election. The work place training in Albania is jointly organized with the Institute of Public Administration Training, and the new Director is supportive of having HIV in the workplace training. The one-day courses began in October, and so far four ministries have participated in the training (refer to Table 3).

<b>Ministry</b>	<b># of Participants</b>
Ministry of Justice	33
Ministry of Education	17
Ministry of Culture, Youth and Sports	15
Ministry of Labor and Social Issues	23
<b>Total</b>	<b>88</b>

This is the first time HIV is being discussed in the workplace in Albania and in particular in the public administration. One cannot expect a single training event to generate sufficient traction to stimulate the development of sectoral HIV prevention strategies and action plans. However, the training definitely is raising public civil servants' HIV awareness and is stimulating discussions on HIV related to public administrative functions. Pre- and post-tests, as well as course evaluations have been administered for each course. Results are reviewed after each course and discussed with the trainers. The data will be analyzed as a group when the workplace trainings have been completed. Overall, the participants showed great interest in this subject matter because this was the first time most of them heard about and discussed HIV.

### BOSNIA and HERZEGOVINA

Although it was planned to conduct HIV training for the medics in the military, the number of medics remaining to be trained was too small, so this activity was canceled. Training of new recruits was postponed to December at the request of the military. There has been no overseas deployment of peacekeeping forces, so no trainings were conducted. Draft training materials for workplace training have been developed, and a trainer's course is planned for mid-December.

## SERBIA

An HIV training curriculum for police officers was developed by Partnerships in Health in 2009. However, since the Serbia GFATM HIV grant Round 8 will cover training for all police forces, Partnerships in Health made the curriculum available to the PR (Youth of Jaza) for such trainings.

### 3. *Mental health and social work professional training*

A Serbian consultant and the Regional Programme Manager jointly developed the Partnerships in Health HIV and Mental Health curriculum in 2008. Kosovo completed its training of mental health professionals in Year Two. During this reporting period, the Albania and BiH offices conducted trainings for mental health and social work professionals using the adapted curriculum. Table 4 shows the number of courses and number of participants trained on HIV and Mental Health by country during this reporting period.

Country	# of Courses	Psychologists	Psychiatrists	Social workers	Nurses	Pedagogist, psychology students	Total
Albania	13	116	18	36	115	0	285
BiH	2	6	2	10	16	4	38
<b>Total</b>	<b>15</b>	<b>122</b>	<b>20</b>	<b>46</b>	<b>131</b>	<b>4</b>	<b>323</b>

## ALBANIA

The curriculum used in Kosovo has been adapted for the Albanian context and terminologies. Three trainer teams were established, each consisting of a mental health specialist and an infectious diseases specialist (IDS). The mental health specialist trainers were selected by the MoH and the IDS trainers by Partnerships in Health from its existing network of IDS trainers. A trainer team orientation was conducted by Partnerships in Health, facilitated by the Partnerships in Health Training Coordinator from Kosovo who had conducted the mental health trainings in Kosovo during the first half of 2009. The trainer teams reviewed the results of the mental health professionals needs assessment conducted by Partnerships in Health. This helped the trainers understand the level of knowledge of mental health workers about HIV. So far, training courses for mental health and social work professionals have been conducted, involving 287 individuals from Tirana, Shkodra, Vlora and Elbasan.

The Mental Health trainings are organized in collaboration with the MoH. In addition, with the Tirana Education Directorate, two trainings were conducted for school social workers and sociologists.

The feedback from the participants was so positive that the Education Directorate has requested additional trainings for 30 biology teachers for "preparation for life" course in the schools. Some participants had previous trainings on HIV, but this was the first time that HIV was introduced and discussed in relation to mental health. Pre- and post-tests and course evaluations are administered for each course. Preliminary results showed improvements in knowledge and attitudes about HIV and AIDS among participants.

## BOSNIA & HERZEGOVINA

Two regional courses were conducted for 38 participants. A third course was planned for Banja Luka, but canceled due to lack of participants during this time period. There are over 100 mental health workers employed in Banja Luka. The training was rescheduled for March 2010 in order to capture all interested mental health professionals in the Banja Luka region.



*Mental Health training in Sokolac, Bosnia*

### 4. Primary health care (PHC) provider training

There continues to be a great deal of interest among PHC providers to receive training in HIV. Due to the heavy training schedule in Albania (work place, mental health and dental courses), the PHC trainings were deferred to 2010. However, such training courses continued during the reporting period in BiH and Kosovo (see Table 5).

Table 5 Number of PHC provider training courses and participants by country conducted during this reporting period							
Country	# of courses	€ of participants	Doctors	Nurses, technicians	Non-medical staff	Male	Female
BiH	4	114	26	78	10	19	95 (83%)
Kosovo	30	723	180	543	-	185	538 (74%)
Total	34	837	206	621	10	204	633 (76%)

## BOSNIA & HERZEGOVINA

Four courses were conducted in Tesanj, Gorazde, Trebinje and Mostar for 114 participants; 81% of participants were women due to the fact that the majority of medical professionals in the country are also female.

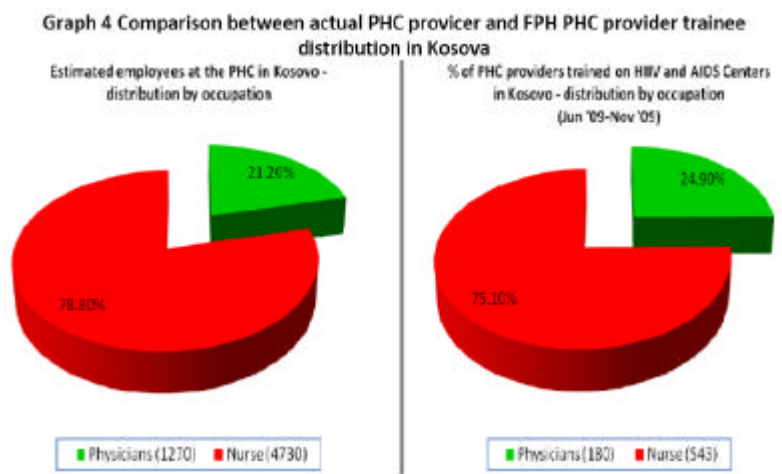
*PHC training in Trebinje, Bosnia, in November 2009*



## KOSOVO

Thirty training courses were conducted for PHC providers by 8 training teams in the participating 8 regional Family Medicine Training Centers. The centers provide free training facilities. In total, there are 23 trainers involved in the roll-out of this basic one-day course, all but one team (the trainer has left the country)

operating with three members. Among the participants, 25% are physicians, whereas the PHC structure of employees contains 21% physicians. Thus, the training coverage closely reflects the distribution of PHC personnel (refer to Graph 4).



There was a significant improvement in the participants' knowledge and attitudes based on the pre- and post-test results. This reflects the maturing of the PHC provider trainer team skills, as they have been conducting this training over one year by now and have received feedback on an ongoing basis.

We have received third-party funding from a Swiss NGO, the Fédération Vaudoise de Coopération (FEDEVACO) based in Lausanne, that provided about € 34,130 to PHC, dental, and other provider trainings in Kosovo. The additional funding supports the Kosovo training activities of the Programme and increases the number that will have access to this training opportunity.

## B. NGO TRUST FUND

Twelve NGO projects involving 14 local NGOs across the region were supported by the Programme Trust Fund. Given the presence of the GFATM in each of the countries, the Programme covered unmet needs and gaps, with a focus on the most vulnerable groups in the region. The Trust Fund supported activities are summarized below. Detailed summaries of the partner NGOs activities can be found on the Programme's website ([www.balkans-fight-hiv.org](http://www.balkans-fight-hiv.org)).



*Group fora among Roma youth and elderly in the towns of Novi Sad, Backi Monostor and Beocin in northern Serbia. The Programme has supported the Novi Sad Humanitarian Centre with a continuation of a Trust Fund grant in support of these often marginalized groups.*

Country	Title of project	Implementer	Target population	Time frame	Planned results	Current status	Status & comments
ALBANIA	1. VCT for PMCT	Consortium of PLHIV association and ACPD	Reproductive age women visiting Vlore, Shkoder and Tirana OB/GYN clinics	April 08 - April 09 Ext. to June 09	<ol style="list-style-type: none"> <li>1. PMCT curriculum</li> <li>2. Awareness week</li> <li>3. 2,000 IEC material 100 leaflets &amp; 100 posters distributed</li> <li>4. Article in health magazine in June 08</li> <li>5. An interview with a HIV+ mother</li> <li>6. Round table with policy makers</li> <li>7. 2,000 women counseled</li> <li>8. 1 PMTCT training w 20 participants</li> <li>9. 2,000 rapid tests</li> </ol>	<ol style="list-style-type: none"> <li>1. Development was delayed but finally was developed at end of the project</li> <li>2. Organized in Vlore (May 08 and Shkoder (June 08)</li> <li>3. 1,000 leaflets (800 for women at reproductive age and 200 for HIV+ women). Additional 200 brochures on "HIV and the newborn baby" printed. 300 posters developed and printed.</li> <li>4. Article published in "Reproductive Health", a magazine of the iPH</li> <li>5. Interview conducted and published in "RH"</li> <li>6. Took place in May with maternity staff</li> <li>7. 1,300 women counseled</li> <li>8. 3 training w 60 attendants (women)</li> <li>9. 1,300 rapid tests were purchased</li> </ol>	<p>COMPLETED. A no cost extension was granted until July 09</p> <p>Results from this project presented at 2009 WAD national conference to support the Albanian national policy on PMCT.</p>
	2. VCCT for rural women	"Spirit of Love" Diakonia Agapes	Rural women (18-45) in Elbasan, Gramsh & Librazhd	Oct 09 - April 10	<ol style="list-style-type: none"> <li>1. Training of health providers</li> <li>2. HIV awareness raising &amp; prevention for 500 women</li> <li>3. VCCT for 300 women</li> <li>4. 400 leaflets on STI, HIV &amp; VCCT disseminated</li> <li>5. 100 posters for village health centres</li> </ol>	<ol style="list-style-type: none"> <li>1. 15 villages identified to participate</li> <li>2. Leaflet &amp; poster drafted</li> <li>3. 42 women received VCCT</li> </ol>	<p>In- progress Most rural women volunteered for the tests. Some young male migrants also requested VCCT.</p>
BOSNIA & HERZEGOVINA	3. Support to PLHIV	APOHA		April 08 - Mar 09 Ext. to Sept 09	<ol style="list-style-type: none"> <li>1. Consultation with authorities</li> <li>2. Recruit new PLHIV</li> <li>3. Provide vitamin supplement &amp; OI meds</li> <li>4. Travel expense to ART clinic visits</li> <li>5. Establish a Trust fund</li> <li>6. Fund raising</li> </ol>	<ol style="list-style-type: none"> <li>1. 8 meetings held</li> <li>2. Two PLHIV recruited</li> <li>3. 27 PLHIV supported</li> <li>4. 11 persons supported</li> <li>5. Trust fund set up</li> <li>6. TV, radio, mass mailing &amp; from NGOs mobilized 1000 KM</li> <li>7. Assisted one PLHIV</li> <li>8. One market research</li> </ol>	<p>COMPLETED. No cost extension till September 09 due to high NGO staff turn over &amp; low disbursement of funding support to PLHIV Implementation</p>

					7. Financial assistance to PLHIV 8. Income generation market research 9. Feasibility support assessment 10. Support to PLHIV with equipments 11. Support w skills training	9. 30 assessments conducted 10. Provision of equipments to 3 male PLHIV 11. No skills training	below expectation and lower than planned target despite extension.  Under spent, funds returned to Partnerships in Health; APOHA weak in project implementation
	4. PMCT	Viktorija	Pregnant women visiting Banja Luka and Dobož OB clinics	July 09 - March 10	1. Design and print 1000 brochure 2. Info to 200 women 3. VCT for pregnant women 4. Media events	1. In progress 2. In progress, reached 10 women 3. In progress 4. 3 media events	In progress
	5. Establish network of popular opinion leaders (POL) among sex workers for HIV prevention	UGPROI	Sex workers	July 09 - Mar 10	1. ID 17 SW scene 2. Reach 30 gatekeepers 3. Select 45 POL 4. 5 training of 45 POL on BCC 5. Educate 150 SW on condom use 6. 120 SW for VCT 7. Establish SW POL network	1. Identified 10 2. 39 pimps and other gatekeepers reached 3. Trained 46 POL	In progress
	6. Knowledge is power- HIV, TB, HepB and HepC prevention in prison	MARGINA	Prisoners in Tuzla, Zenica, Dobož & Mostar	Oct 09 - March 10	1. Train 40 prison staff 2. 100 prisoners as peer educators 3. KAP survey in prison 4. VCT in prison	Approvals of prison authorities obtained	In progress Only 1 <sup>st</sup> month of implementation.
<b>KOSOVA</b>	7. VCT for MSM in & detainees	CSGD & Labyrinth consortium	MSM in Mitrovica Detainees in 5 detention centres	Jan 09 – April 10	1. Reach 156 MSM 2. 132 MSM counseled on HIV, HBV, HCV in Mitrovica 3. 84 MSM for VCT	1.183 MSM reached 2.145 MSM counseled 3. 97 MSM had VCT 4. 4740 condom & lubricants distributed 5. MSM mobility study conducted, report	In progress.

					4. Distribute 4200 condom & lubricant 5. MSM & IDU mobility study 6. 126 detainees receive VCT on HIV, HBV and HCV	in process of finalization 6. 158 detainees received VCT
<b>MONTENEGRO</b>	8. Build capacity for PLHIV self-support	CAZAS	PLHIV	Feb 09 – April 10	1. Print 1500 brochures & 200 posters for dissemination 2. PLHIV group sessions 3. Hotline	1. 800 brochures and 25 posters distributed 2. Twice or thrice weekly PLHIV sessions 3. Hotline operational In progress
<b>SERBIA</b>	9. Advocate enabling legislation for PLHIV	Youth of Jazas	Parliamentarians	Feb 08 -Feb 09 Ext. to June 09	1. Advocacy seminars with parliamentary groups within the national assembly of Serbia to address and teach HIV prevention 2. Form local teams to fight against discrimination in 6 towns	1. 5 advocacy seminars were held with parliamentarians from the entire political spectrum 2. 6 meetings took place in 6 towns, starting in the third month of project. COMPLETED. Delayed implementation due to political situation Extended to Jun09
	10. Psychosocial support for women prisoners	Counseling against family violence	Prison staff & women prisoners	Ext. to July 09	1. 6 seminars with imprisoned women on HIV, STI and TB 2. Workshops for prison staff 3. Establish ties between prisoners and their children / families and legal assistance	1. In 8 seminars, 116 female prisoners were trained 2. 2 workshops were held and 32 prison wardens trained 3. At least 23 women were counseled and received legal assistance from a lawyer COMPLETED. Ext. to July 09
	11. Roma community dialogue on gender & HIV vulnerability reduction	Novi Sad Humanitarian Centre	Roma	Sep 08 - Sep 09	1. 9 cross group conversations with 109 people 2. 6 discussion for a in Roma communities with 90 people 3. BCC development in Serbian, Roma and English	1. 9 cross group conversations with 113 people (51 male, 62 female) 2. 6 for a held with 95 people total 3. Behavioral communication material developed. COMPLETED.

	12. <i>We are Equal</i> an Initiative for gender transformation to build HIV resilience	Novi Sad Humanitarian Centre	180 Roma youth, adults males and female in Vojvodian: Novi Sad, Backi Monostor & Beocin for the communities of 6000 Roma	Sept 09 - Mar 10	9 discussion for a in 3 communities	3 fora for young males 3 fora for young females 1 forum for adult women 2 for a for aged women	In progress
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As part of its Trust Fund grant implementation, UGPROI (Bosnia) organized a « Popular Opinion Leader » (POL) training for sex workers (see achievements on page 18)

### C. REGIONAL CONFERENCE

It is the Programme's policy to rotate the location of the Conference site. Given the continuing political issues relating to the status of Kosovo, it was decided to move the final HIV Conference to a neutral and acceptable location in the Western Balkans region. Zagreb in Croatia, was a good choice, since Croatia had been the location in 2004 for Partnerships in Health' first regional ARV training for infectious disease specialists. In addition, the Infectious Disease Clinic of Zagreb has continued to be an active partner in providing regional technical assistance to clinicians via the Western Balkans HIV and AIDS Programme.

In the hope that regional collaboration will continue beyond the Programme, Partnerships in Health asked UNDP Croatia to act as the co-host to the Conference. The topic "**A decade of responding to HIV in the Western Balkans region: What have we learned and where are we going?**" is to provide participants with the realization that much has been done in the region to reduce stigma and discrimination and to build human and organizational capacities. The interactive format of this Conference promotes continued exchange of lessons-learned and networking within this region, which shares so many common challenges in HIV and related issues. Preparation for this important annual event started during this reporting period.

### D. PREPARATION ON A REGIONAL EXCHANGE ON PRISON AND HIV ISSUES

Prisoners are at high risk for HIV, other bloodborne infections (hepatitis), STIs and TB. However, there is a great range in the types of prevention activities allowed in prisons (access to condoms, needle exchange), as well as in access to testing, prevention education, and services. Therefore the risk of transmission within the prisons and upon return to the community is substantial in the region. Limited data indicate, for example, a significant number of prisoners with Hepatitis C.

A regional exchange on HIV and Prisons has been planned for some time by the Programme, using the successful exchange of NGOs and public sector partners on VCT in Kosovo as a model. The exchange was planned first for Serbia, but the necessary approvals and supports could not be obtained. The exchange will now take place in BiH, involving NGO representatives, government and individual participants from Albania, Montenegro and Serbia. Several NGOs that have worked with prisons in BiH using Trust Fund resources will share their experiences. Preparations have been ongoing during this reporting period, and the exchange is planned from February 22-25, 2010, involving several prisons in BiH.

## **E. TRAINING OF GYNECOLOGISTS AND OBSTETRICIANS**

After non-performance of a consultant in Year 2, Partnerships in Health contracted a new consultant to develop the curriculum for gynecologists and obstetricians. Negotiations and work on the curriculum were initiated towards the end of this reporting period.

## **F. COMISSIONED STUDIES**

A survey on knowledge and attitudes of HIV and AIDS of police, military and prison staff is being conducted in BiH from October 2009 until January 2010. At present 583 questionnaires out of planned 1600 have been collected (479 out of the 750 police planned, none of the 600 soldiers planned, and 104 out of 250 prison staff planned). Due to internal conflict within the military, the survey component with soldiers has been delayed.

# **IV. PROGRAMME MANAGEMENT**

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## **Personnel**

- In September, the Programme hired a part-time consultant in Albania to assist with a regular update of the website, including technical reports, NGO factsheets, and information related to the regional Conference.
- The Albania training coordinator started maternity leave in November 2009 and is expected to return in March 2010. A temporary replacement has been contracted with the Director of the PLHIV Association, one of the longest partners of the Programme, who is well conversant with the training courses provided.
- A part-time regional Conference coordinator was seconded to Partnerships in Health from UNDP Croatia. In addition, UNDP Croatia is contributing the efforts of its HIV and AIDS Adviser as the 2010 co-host of the Programme's regional Conference. Ms. Iva Jovovic has actively participated in the Programme's past regional conferences as a reviewer of abstracts, moderator, and presenter, and she is now contributing her in-depth technical knowledge of HIV issues in the region to the planning and hosting of this Conference.
- In Serbia, the office engaged a skilled and determined part-time volunteer to assist in day-to-day office duties.

## **Staff capacity building**

The Regional M&E Officer based in Kosovo participated in an online training course on SPSS and received personal mentoring by a consultant from Macedonia.

## **Fellowship**

1. The Kosovo country coordinator participated in the GFATM Eastern Europe and CIS annual regional conference in Sofia, Bulgaria.
2. The Programme provided partial support (1 week work time) for the Albania training coordinator to attend an HIV in the workplace training course sponsored by ILO in Turin, Italy.

## **V. YEAR 3 SIX MONTHS FINANCIAL REPORT**

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The financial report on actual expenses for this reporting period is attached in the annex.

## **VI. WORKPLAN**

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### **A. WORLD AIDS DAY, 1 December 2009**

The BiH branch of Partnerships in Health will participate in the UNDP/GFATM WAD exhibition by organizing a booth to distribute publications and fact sheets in Sarajevo and in Banja Luka.

### **B. REGIONAL PRISON EXCHANGE VISIT in Bosnia & Herzegovina: February 22-25, 2010**

The visit, organized under the theme "Prison Responses to HIV", is pending clearance from the government. Requested permission for this regional exchange visit has been sent to the concerned ministries. Up to 3 participants from the Prison authority of the Ministry of Justice and NGOs working with prisoners from Albania, Montenegro and Serbia will tour the prisons of Banja Luka, Tuzla and Zenica.

### **C. THE FIFTH REGIONAL HIV CONFERENCE in Croatia: 25-26 March 2010**

This last regional Conference, to be held in Zagreb and organized by the Programme, will be implemented in collaboration with UNDP, Croatia. The Conference announcement and invitation have been sent, and a Conference agenda is available on the website ([www.balkans-fight-hiv.org](http://www.balkans-fight-hiv.org)) and the UNDP Croatia website ([www.undp.hr](http://www.undp.hr)).

### **D. COMPLETION OF TRAINING OF HEALTH AND NON-HEALTH PROFESSIONALS**

Various training activities will be completed over the final months of the Programme, as can be seen in the workplan below. Pre- and post-test information on the various training categories will be provided with the final report.

### **E. HIV TRAINING FOR OBSTETRICIAN-GYNECOLOGY PROFESSIONALS**

The HIV training curriculum for OB-GYN professionals is being prepared by Croatian and Serbian specialists to be completed by January 2010. A regional TSTC (Trainer Skills Training Course) is being considered for Albanian and Kosovar specialists and, separately, for Bosnian and Montenegrin specialists.

### **F. WESTERN BALKANS PROGRAMME CLOSURE**

The months of May – July (the extension pending on approval from Sida) will be devoted to closing down the Regional Programme with collection of final Programme information, preparation of final programme and financial reports and programme audit.

Table 6 provides the work plan for country specific activities from December 2009 to May 2010. The trainings completed during this reporting period are listed in the last column.

**Table 6 Health provider and workplace trainings planned for the remainder of the Programme**

Country	Activity*	Time frame					Completed June – Nov 2009
		Dec	Jan	Feb	Mar	Apr	
Albania	Training HIV in the work place	2		5	4		4
	Dental professional	1	3	3			14
	Mental health professionals	1	1				13
	PHC providers	1	2	4	3		0
	OB/GYN				1	2	3
BiH	Training Dental professionals	4	3	4			1
	Mental health professionals				1		2
	Primary health care providers		1	1			
	OB-GYN				5	3	0
	HIV in the workplace Military new recruits	8		8			0
	Peace keeping force ( 4/4) Police (14/14)		4 4	4	6		0 0
Kosovo	Training Dental professionals (9/17)	2	3	2	2		8
	PHC providers** (15/43)	3	3	2	5	2	27
	OB/GYN(2/2)					2	0
Montenegro	Training Dental professionals (4/9)	2	1	1			5
	Dental assistants (2/2)				1	1	0
Serbia	Training Dental professionals (10/14)	2	2	4	2		4
	Dental assistants (4/4)				2	2	0

\* Expected, pending government approvals. Due to difficulties in scheduling, with the ministries of health and other involved agencies, weather conditions, and other unforeseen events, the number of actual trainings may be less than the number planned.

\*\* Trainings have been implemented with additional support from the Swiss NGO "Fédération Vaudoise de Coopération" (FEDEVACO), which accepted to fund the same trainings as the ones developed by the Programme in a total amount of € 34,130.