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COOPERATION AGENCY

WESTERN BALKANS PROGRAMME TO FIGHT HIV AND AIDS
Building Regional HIV Resilience

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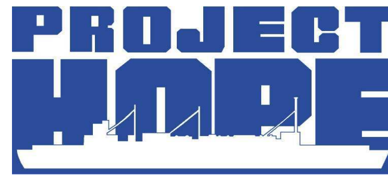

Western Balkans Programme to Fight HIV/AIDS YEAR ONE Report

Submitted to SIDA

February 2005

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Note: Project HOPE Switzerland changed its name to Fondation PH Suisse – Partnerships in Health in 2005.

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ACRONYMS

AB	Advisory Board
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BiH	Bosnia and Herzegovina
CD4	Lymphocyte Cell Surface antigen type 4
CID	Center for Institutional Development (Macedonia)
CPC	Country Programme Coordinator
CSW	Commercial Sex Workers
DFID	Department for International Development (UK)
FaMI	Family Medicine Implementation program
FYR	Former Republic of Yugoslavia
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency virus
HR	Human Resources
IDP	Internally displaced persons
IDS	Infectious Diseases Specialists
IDU	Intravenous Drug Users
IOM	Integrated Organizational Model
KPC	Knowledge, Practice and Coverage
M&E	Monitoring & Evaluation
MOH	Ministry of Health
MSM	Men having Sex with Men
NGO	Non-governmental Organization
NIPH	National Institutes of Public Health
OI	Opportunistic Infections
PEP	Post-Exposure Prophylaxis
PHC	Primary Health Care
PLWHA	People Living With HIV/AIDS
SIDA	Swedish International Development Agency
SIPU	Strategic information and planning unit
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
SWOT	Strengths, Weaknesses, Opportunities, Threats
TB	Tuberculosis
TOT	Training of Trainers
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCCT	Voluntary Confidential Counseling and Testing
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

1. EXECUTIVE SUMMARY

Project HOPE Switzerland, a private non profit international health foundation, has been entrusted by the Swedish Development Agency (Sida) to design and implement a comprehensive three-year program to fight HIV/AIDS in seven entities/countries of the Western Balkans through the Project HOPE country offices in the region. This includes Albania, the two entities of Bosnia and Herzegovina, Croatia, The Former Yugoslav Republic of Macedonia, the UN Administered Province of Kosovo, Serbia and Montenegro. The program began in December, 2003, with the signing of the contract by Project HOPE Switzerland, and is planned to last through October 30 2006. This report covers the activities and accomplishments through December 31, 2004 and next steps for 2005.

The program consists of two main components, one that addresses *prevention,* and the one which targets the *care and support* of HIV/AIDS patients.

During this first year the following activities have been accomplished:

Prevention component:

- The Trust Fund has awarded 17 grants to local NGOs throughout the region. These grants focus on HIV/AIDS prevention activities with high risk groups including MSM, Roma, IDUs, CSW and PLWHA, as well as the set up of new VCT services.

- A training needs assessment for the NGOs of Serbia, Macedonia and BiH was conducted by a local partner. According to the findings, Project HOPE is planning a series of workshops to improve the capacity of the current partner NGOs and of other NGOs that may wish to work.

- Under Project HOPE's sponsorship, local agents, including National AIDS coordinators have assisted to a "Training in Second Generation Surveillance for HIV/AIDS". Project HOPE also organized a "Training on VCCT services" in Bosnia and Herzegovina, following a request from the Federal Ministry of Health.

Care and support component:

- During October, 2004 a successful Regional Training workshop for IDS took place in Zagreb. It allowed not only to upgrade the knowledge of the specialists but also to strengthen their networking.

- The laboratory capacity to support an active HIV/AIDS program was assessed in all seven countries and, having shown significant deficiencies, will be used as a basis for the elaboration of a laboratory improvement proposal for the region.

- The access to ART was also assessed showing that, even though the regional governments are committed to provide free access to HAART, many gaps in the countries capacity to diagnose, monitor the treatment, standardize the use of these drugs, amongst others, should be addressed in order to provide adequate ARV treatment.

- The TOT component for PHC providers is currently under elaboration and will emphasize the use of local expertise. It will reflect the local training needs and will be conducted, during year 2, in at least three countries of the region.

2. INTRODUCTION

2.1 Background

Over the past 20 years, HIV/AIDS has grown into one of the most devastating epidemics that has ever faced humankind. It is estimated that more than 42 million people worldwide are infected, more than 23 million have died, and tens of millions will die in the next decade without the significant sustained allocation of resources to HIV prevention, care and support.

Based on the officially reported prevalence rates, it is assumed that in the countries of Central and Eastern Europe, including the Western Balkans, HIV/AIDS has not yet reached epidemic levels. However, given the current complex political and socioeconomic factors within the region, the risk for the rapid spread of the disease is increasing. At this point the low prevalence rates within these countries still offer the opportunity for a timely intervention to prevent a wider epidemic. Failure to act may result in losing this opportunity.

Between November 22, 2002 and the end of January 2003, with the support of the Swedish International Development Cooperation Agency (Sida), Project HOPE conducted an assessment in the Western Balkans, including. Albania, FYR Macedonia, UN administrated Province of Kosovo, Serbia and Montenegro, Bosnia and Herzegovina and Croatia. This assessment led to the design of a comprehensive program.

Between March 2003 and the end of October 2003 the proposed program was evaluated by Sida and a Contract between Project HOPE Switzerland and Sida was finalized in December 2003.

The results of the assessment mission identified three main problems, which exist to varying degrees throughout all of the Western Balkans:

1. The scarcity of reliable or verifiable data on HIV/AIDS (i.e. number of infected people, size and accessibility of specific risk groups)

2. The general weakness of the Non-governmental organization (NGO) sector (general lack of focus, a widespread tendency to simply "work against AIDS" without concentration on and specialization in certain target groups)
3. The weakness of the Health Care Sector (i.e. considerable discrepancies in the countries' ability to provide adequate care and support for those affected by HIV/AIDS)

In general, the assessment mission confirmed that the overall preparedness in terms of skills, tools and systems for effectively implementing a sustainable prevention effort is not commensurate with the current level of risk of an epidemic.

Common findings for all the countries from the Western Balkans region were:

- There is insufficient coverage with competent Voluntary counseling and testing (VCT) services and surveillance systems, resulting in a lack of crucial information about the epidemic
- High-risk groups are not adequately covered by prevention, care, support and VCT activities
- With few exceptions, local NGOs are ill equipped to play a major role in redressing problems, often lacking strategy and focus as well as management and technical skills
- Primary health care workers have received insufficient information about how to protect themselves and how to deal adequately with patients to contribute to efforts of prevention, diagnosis and care
- With few exceptions, clinical specialists do not possess the necessary tools enabling them to provide adequate treatment to manage AIDS and the various afflictions accompanying it.
- Stigma against PLWHA is pervasive in the population and among the providers

2.2 Goal and Purpose of the Project

The overall goal of the program is to contain the spread of HIV/AIDS in the Balkans, and to create conditions allowing the countries, individually or collectively, to seize the short window of opportunity to prevent the current situation from escalating into a major AIDS epidemic

The project purpose is to strengthen the various interdependent factors which are indispensable for the effective and sustainable containment of HIV/AIDS

2.3 Objectives

The program consists of two major components: *Prevention*, and *Care and Support*.

The Prevention component assists local non–governmental organizations (NGOs) to:

- Strengthen prevention efforts of information dissemination and behavior change in order to significantly reduce the risk of additional infections
- Increase the focus on high-risk groups, since effective prevention and care for high-risk groups has the best chance of avoiding an epidemic in an overall low-prevalence environment[1]
- Strengthen VCT in order to better identify unknown HIV cases and better estimate the current prevalence of HIV infection. This helps agencies focus their efforts and strengthens their strategies. It contributes to prevention by enabling infected people who have learned about their status to avoid infecting others and allows those infected to obtain care and support

Prevention component specific objectives:

- Increase the technical and managerial capacity of local NGOs to implement HIV/AIDS prevention education and VCT programs
- Support local NGOs in improving the quality of their prevention education activities, and/or increasing their ability to reach larger or hard-to-reach populations, particularly the principal risk groups
- Support local NGOs in establishing and providing quality VCT activities
- Support local NGOs in the development of tools, particularly in the area of Monitoring and Evaluation, to better measure the impact of their work

The Care and Support component

- Strengthen the health sector's ability to provide adequate diagnosis, care and support through the training of specialists, link the clinical specialists to the support services in the community provided by NGOs, and establish adequate social referral systems within clinics. The availability of such services is one of the main encouragements for risk populations to engage in VCT, and is therefore a crucial support to prevention.
- Strengthen the primary health care providers' ability to recognize warning signs, refer patients to specialists while also participating in their care and to approach suspected or confirmed HIV/AIDS patients without fear and without discriminatory behavior

Care and Support component specific objectives

- Promote a consistent and cost-effective approach to the care and support of HIV positive patients
- Support the establishment of multi-disciplinary approaches to HIV care and support in each country through training of health care personnel in this model of care and support
- Enhance the clinical skills of a cadre of Infectious Diseases Specialists in each country in the diagnosis and treatment of HIV/AIDS and opportunistic infections.
- Improve infection prevention and workplace safety systems to reduce transmission in the healthcare setting.

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[1] See « Effective Prevention Strategies in low HIV prevalence settings » UNAIDS best practice key materials, 2001

- Improve the knowledge of primary care providers about early diagnosis, transmission, basic clinical management of HIV/AIDS and referral of patients to HIV clinics
- Assure the rights of HIV positive patients through stigma and discrimination reduction education of primary care and tertiary care providers
- Improve the care and support networks of those living with HIV

All activities will be coordinated closely with the National AIDS Taskforce and other agencies active in the HIV/AIDS related activities

3. NGO COMPONENT

3.1 Trust Fund Activities

Over the first project year, the Trust Fund component has awarded 17 grants to local NGOs throughout the region. These grants focus on HIV/AIDS preventative activities with high risk groups including MSM, Roma, IDUs, CSW and PLWHA, as well as the set up of new VCT services.

The first request for applications was published in all countries in early May 2004, and HOPE offices received 222 proposals from local NGOs throughout the Balkans: 87 from Macedonia; 25 from Kosovo; 9 from Albania; 3 from Croatia; 55 from Serbia and Montenegro; and 43 from Bosnia and Herzegovina.

Ultimately, the Trust Fund team decided to award grants for the first funding round in Macedonia, Bosnia and Herzegovina, and Serbia. This decision took into account a number of factors including size of risk groups, population size, quality of proposals received, and management/logistical capabilities. Staff worked diligently with the goal to sign contracts on or around June 30th, and project implementation to start shortly thereafter.

The second round of project funding began in September 2004. A request for applications was published early in the month in Montenegrin, Albanian and Kosovar newspapers, with applications due to HOPE offices in early October. In total, 50 proposals were received during this second round: 21 from Albania; 8 from Montenegro; and 21 from Kosovo. Country teams worked closely with NGO finalists to revise and further develop their applications, with the aims of beginning program implementation in Kosovo on December 1st, and in Montenegro and Albania on January 1, 2005.

In addition, Project HOPE decided not to publish the second request for applications in Croatia based on conversations with Sida over the summer. During these communications, it was expressed that as both the Global Fund and Croatian government were giving grants to local NGOs working with high risk groups, then the trust fund could best be utilized in other countries in the region. This was then confirmed with Sida in further communications in October.

a. Process of NGO selection

The process of selecting NGOs to receive project funding was comprised of both internal and external review mechanisms, involving stakeholders from various sectors including local communities, health care representatives, governments, and UN agencies. HOPE staff also conducted pre-monitoring visits with all NGOs selected as finalists prior to making a final funding decision.

Internal Review

The internal reviews of project proposals were conducted by the Trust Fund Manager, respective Country Program Coordinators (CPCs), and Country Directors, who carefully appraised each of the proposals received. The team then eliminated all proposals that did not focus on the selected target groups, and created a manageable shortlist of finalists. While this internal review was being conducted, the Trust Fund team met with various NGOs, UN agencies and governmental offices to assess other donor funds available in each country and the region, complementary programs that are being implemented and/or planned for the future (including the Global Fund where applicable), and existing gaps in funding.

External Review

The external review mechanism for selecting NGO proposals used Advisory Boards (ABs) created for this purpose. The ABs were comprised of local experts in the each of the countries, such as National AIDS Coordinators, UNAIDS focal points, WHO representatives etc. While the HOPE team reviewed each application, they simultaneously met with various local representatives to gauge their interest in serving on the AB and determine the best time for review. For the first round of funding, the Advisory Board meetings consisted of each member reviewing and ranking proposals using a standard checklist of selection criteria and a ranking survey, as well as informal discussions about NGO capacities, proposal quality and complementary activities in the country. After the close of the session, proposals were formally selected as finalists after the marks were tallied.

During this first group of Advisory Board meetings, a number of the Board members expressed that they felt the checklist and ranking surveys did not provide them with adequate opportunity and space to score and discuss the proposals on their merits as well as their relation to in-country needs. Furthermore, in Serbia and Bosnia and Herzegovina, informal discussions about the proposals and the needs in the country continued long after the formal meetings, and ultimately proved to be more helpful then the checklists themselves. Therefore, HOPE decided to restructure the Board sessions during round two to place more emphasis on group discussions and participation.

For the second round of funding, Board members were given the criteria and proposals five days prior to the Board meeting. During the session itself, each proposal was commented on separately by each member and by the group together. This resulted in fruitful, in depth discussions about the proposal itself and how it could be better

developed, the history and reputation of the applicant organization, the prevention and/or VCT gaps within the respective country and how the proposals filled these needs.

(Copies of the minutes of the AB meetings are available at request)

Funding Round One

- **Macedonia:** The AB meeting was held in Skopje on June 4th and was comprised of the National AIDS Coordinator Dr. Vesna Stefanovksa, the Public Health Coordinator from the Soros Foundation Vera Dimitrievska, and a member of a local NGO involved in capacity building, Kocka, Igor Slavkoski (The UNAIDS focal point was originally intending to take part in the AB meeting but had emergency surgery the day before the session. Therefore Kocka was asked to fill in.)
- **Bosnia and Herzegovina:** The AB meeting was held in Sarajevo on June 7th with the UNFPA representative, Zeljka Mudrovcic, and the National AIDS Coordinators from both the Federation and Republica Srpska Dr. Zlatko Cardaklija and Dr. Radovan Bratic respectively.
- **Serbia:** In Belgrade, the AB was held on June 11th with the UNAIDS focal point Dr. Ranko Petrovic, a member of the National AIDS Committee, and two members of UNDP who are the implementing partners of a DFID/Imperial College program that is also funding NGOs in Serbia and Montenegro working with HIV/AIDS risk groups, Dr. Milutin Delic and Katarina Jankovic.

Funding Round Two

- **Kosovo:** The AB meeting was held in Pristina on October 21st and was comprised of the National AIDS Coordinator Dr. Edona Deva, the UNAIDS focal point Dr. Xhevat Jakupi, and the UNICEF Youth Program Assistant Dren Rexha
- **Albania:** The AB meeting was held in Tirana on November 3rd with the UNFPA Assistant Representative Dr. Manuela Bello, the National AIDS Coordinator Klodjan Rrepaj, and the WHO focal point on HIV/AIDS Mirela Kellezi.
- **Montenegro:** In Podgorica, the AB was held on December 2nd with the former UNICEF HIV/AIDS focal point Dr. Rajko Strahinja (he had left UNICEF one month prior), the head of the Institute for Public Health Dr. Boban Mugosa, and a prominent infectologist who was also on the DFID/Imperial College Advisory Board and had recently attended Project HOPE's trainings for infectious disease specialists in Zagreb, Dr. Dragica Terzic.

For the first round of funding, three NGOs were selected as finalists in BiH, Macedonia and Serbia respectively. In the second round, three NGOs were selected as finalists in Kosovo, four in Albania and two in Montenegro.

Pre-Monitoring Visits

After the Advisory Board meetings, the Trust Fund Manager and Country Program Coordinators set up meetings with each NGO to meet their executive and program staff, review activities, address budget concerns, as well as learn more about the organization as a whole. The pre-monitoring visits also provided the opportunity for Project HOPE to explain more about the overall objectives and schedule of the Western Balkans Program

to Fight HIV/AIDS, the narrative and financial monitoring requirements, as well as the capacity building and training component.

Of the 17 NGOs visited during the pre-monitoring visits, Project HOPE ultimately decided only not to fund one of the finalists in the first round (Margina from Zenica, Bosnia and Herzegovina. This decision was due to poor organizational capacities as well as a poor reputation with other donors. An alternative to the original finalist was chosen (Viktorija from Banja Luka, Republica Srpska), and after holding a successful pre-monitoring visit, they were selected to receive a project grant.

b. Work with individual NGOs though reporting period

Revision Process
After the pre-monitoring visits, Project HOPE worked intensively with selected finalists to revise and further develop their proposals. Specific areas that needed to be altered in almost every proposal were indicators, monitoring and evaluation plans, sources of verification, and sustainability plans. Some NGOs also were asked to collaborate more with the National AIDS programs within their countries to ensure that project activities were in line with national strategies and future governmental initiatives. Proposals and budgets oftentimes were modified five or six times, and on one occasion during the first round of funding, the revision process took almost two months to complete. However, Project HOPE considered this revision process to be a part of its overall capacity building activities, and felt that investing the initial time to work with NGOs on narratives and budgets would improve their overall implementation and accountability in the long-term. Moreover, this process has also indicated the strong need for the organization of a future training seminar on proposal and budget preparation for many partners in the region.

In addition, the HOPE team took lessons learned from the first funding round and utilized these experiences during round two. This allowed for a faster and more efficient revision process, and contracts were signed with NGOs in Montenegro, Albania and Kosovo within six to eight weeks of the pre-monitoring visits.

Monitoring Visits
Once project implementation began, NGOs were asked to submit monthly narrative and financial reports to HOPE using a provided template. HOPE staff then conducted regular monthly programmatic and financial monitoring visits with each NGO partner. These monitoring meetings were attended by the respective Country Program Coordinator, the Trust Fund Manager, when possible, and the Finance Manager from either Sarajevo or Skopje.

For these visits, NGOs were asked to provide all receipts from the previous month as well as employee timesheets for review. Programmatic discussions were also held which gave the NGOs the opportunity to go over their activities, share anecdotes and problems that occurred, their plans for the next month, and any other relevant issues. These visits were held at either the HOPE office, the NGO's office or at a project site, where HOPE staff could also observe field activities while reviewing expenditures and program plans.

In addition to monitoring visits, Project HOPE staff regularly attended press conferences, trainings and other significant events that were organized by our partners, to both show our support for these activities as well as observe their execution.

c. NGO summary table

Country and name of partnering NGO		Risk group targeted						
		Men having sex with men (MSM)	Intravenous drug users (IDUs)	Roma	PLWHA	IDPs, and other mobile population	Commercial sex workers (CSW)	Voluntary counseling and testing (VCT)
Macedonia								
1	Healthy Options Project Skopje (HOPS)							
2	Macedonian Interethnic Association for Health Promotion and Education (MIA)							
3	Macedonian Red Cross (MRC)							
Kosovo								
1	Labyrinth							
2	Center for Social Group Development (CSGD)							
3	Organization Against Alcoholism, Narcotics, Smoking and AIDS (Anti-DANS)							
Montenegro								
1	Montenegrin Association Against AIDS (CAZAS)							
2	Youth Cultural							

	Center Juventas							

		Risk Group Targeted						
Country and name of partnering NGO		Men having sex with men (MSM)	Intravenous drug users (IDUs)	Roma	PLWHA	IDPs and other mobile populations	Commercial sex workers (CSW)	Voluntary counseling and testing (VCT)
Bosnia and Herzegovina								
1	Citizen's Association for the Support, Treatment and Re-Socialization of Drug Addicts (UG Proi)							
2	Viktorija							
3	Association for Reproductive Health XY							
Serbia								
1	Center for Sustainable Development (CSD)							
2	Novi Sad Humanitarian Center (NSHC)							
Albania								
1	Albanian Youth Integration Society							
2	Institute for Public Opinion Studies							
3	For a Healthy Albania							
4	Albanian Association for Prevention and Rehabilitation							

from Alcohol and Drugs (APRAD)		

For a complete description of Project HOPE's 17 local partners and their projects, please see the NGO Summaries attached as appendix 1

d. Results (as per NGO indicators in the logframe)

Please see the logframe in section 5 of this report

e. Next steps

Throughout the next months, Project HOPE will continue to monitor and evaluate each of the projects with its 17 local NGO partners. As some of the projects will end in June and July 2005, HOPE staff will work with the NGOs to come up with new proposals that are logical follow-ups to the work they are presently conducting, as well as find new sources of funding. Furthermore, as Project HOPE will not issue a request for applications in Croatia (based on the fact that Global Fund is functioning well within the country, the government provides assistance to NGOs, as well as from communication with SIDA), HOPE will consider funding new, smaller projects, or provide modest extensions to existing projects. For example, two of HOPE's partner organizations in Bosnia and Herzegovina have already approached us with an idea for a joint project after their current grants end in June 2005. Plans for these activities will become clearer and more definitive throughout year two of this project.

3.2 Capacity building activities

In late October 2004, Project HOPE met with the Center for Institutional Development (CID), the local subsidiary of the Institute for Sustainable Communities, to discuss the organization of needs assessments for the NGOs who received grants from the first round of funding. CID has a great deal of experience in conducting needs assessments and working with local NGOs, and has conducted large civil society/community development programs with USAID funding for the last nine years. They were sub-contracted to assess the capacities of each of the local partners in Macedonia, Serbia and Bosnia and Herzegovina, as well as provide recommendations for possible strategies to increase these competencies. The Trust Fund team also felt that sub-contracting a local NGO to conduct this evaluation would help to increase local capacities within the region, as well as provide HOPE with an objective and clear plan for trainings and capacity needs. It was agreed that CID would sent a team of two persons to each of the NGOs between late October to the beginning of December, and then produce an assessment report by the middle of December.

a. Assessment Methodology

CID utilized an Integrated Organizational Model (IOM), which is a comprehensive approach to assess key aspects of NGO work. These aspects investigated include general NGO information (registration, mission, members, areas of work, methodology), results achieved in the past year and beneficiaries, implemented projects, equipment and other resources, personnel, funding, trainings attended, cooperation/partnership/coalitions, NGO image and strategy, factors that influence NGO work, NGO priorities for the next 5 years, information dissemination, systems and procedures, human resources management, and management priorities and style.

The assessment was organized in the following steps:

1. Presentation of the assessment process to the NGOs targeted
2. Introduction to the NGOs and their work in the region
3. Preparation of an assessment questionnaire that will be sent to the NGOs to complete
4. Analysis of the questionnaire by the CID consultants
5. Preparation for the NGO visit/interview and the concrete aspects that will be covered
6. Visit to the NGO focusing on: Analysis of the NGO documents (i.e. statutes, strategies, policies, reports, materials, publications); discussion of the key issues identified with the questionnaire and the documents; discussion of the needs for NGO development; and SWOT analysis

b. Needs Assessment Summaries by Country (from CID's report)

Bosnia and Herzegovina

Following the analysis of the submitted questionnaires, the assessment team visited Viktorija, XY and UG PROI. The general impression of these organizations was that they have a clear focus of their work, with defined mission, strategy and target group. Their interventions and their efforts in organizational development are connected to their focus.

However, all three NGOs are in a different stage of development, face different challenges and have different needs. In the past years, **Viktorija** mostly focused on dealing with drug abuse, involving both drug users and their families. The rehabilitation community they run has proven to produce results and give significant input in drug treatment. Thus, this NGO is mostly managed by professional staff, which influences its every day work. The mentoring relations that staff have with the communities in Croatia and Italy and the support they get from them have influenced most of their development and internal management. They have all necessary preconditions for operating, including an office, equipment and resources. Also, they have established good relations with the donor community and made efforts to start the process for ensuring NGO sustainability, mostly through the community. Organizationally, Viktorija needs to increase its capacity in financial management, overall NGO management, and HR management, which would

help the NGO to better organize its work and increase its impact. Specifically, the staff would need to develop strategic plans and specific policies and procedures for NGO management. Additionally, they need to involve more volunteers in their work and develop a systematic approach towards volunteer contributions. Additional efforts should be put in their staff development, since they have not received any organized training. Also, Viktorija should be supported in its efforts to ensure its sustainability.

XY, an NGO working on sexual and reproductive health, is an associate member of the International Planned Parenthood Federation (IPPF), its mentor and major donor. Thus XY's work is very much determined by IPPF. XY has all the necessary resources for implementation of their work, (which made them an appropriate organization to create the first NGO for PLWHA in BiH, a controversial and sensitive objective, as they had adequate experience, staff and expertise from a recognized reproductive health alliance.) Furthermore, its is providing support to smaller and less experienced NGOs, such as UG PROI and the newly established NGO for PLWHA (APOHA.) XY has developed systems and procedures for financial management. The biggest challenge XY will have to face in the future is to ensure its sustainability without significant support from IPPF. XY has some ideas that are not developed yet, but is lacking clear ideas and strategies about how to turn these ideas into projects. To work towards this, the staff will have to strengthen their HR capacities, meaning involving more people, and giving them opportunities to gain all the necessary skills for working with target groups and expanding this NGO's influence in society. Another issue they would need to address is cooperation with governmental institutions, especially with regards to policy and advocacy issues.

UG PROI was established by reformed drug users, and they work specifically with this target group. They have very limited resources and funding sources, but are very motivated and enthusiastic about the work they do. In order to make a bigger impact in the community, they should develop strategic partnerships with other NGOs and institutions in the society. For example, to implement their idea to establish a Theraputical Community, they should partner with other NGOs or maybe get mentoring from some of the existing communities. In addition, UG PROI should increase its internal capacities for NGO management and fundraising. Furthermore, they should involve more volunteers and give them opportunities for training that will enable them to improve the NGO's work, influence and image in the community.

The biggest challenge all three NGOs will have to face in the future is to establish and maintain good cooperation with the governmental institutions. So far, relationships are based on personal contacts with governmental officials, mostly due to the "difficult" political organization in Bosnia and Herzegovina and the lack of interest to work with NGOs in solving some of the important problems connected to HIV/AIDS and drug use.

Serbia

After analyzing the questionnaires, CID's assessment team visited two NGO partners in Serbia, the **Center for Sustainable Development** (CSD) and the **Novi Sad**

Humanitarian Center (NSHC). Based on interviews, analysis of the documents and discussions with the representatives of these NGOs, the team prepared a report with findings and conclusions, including an evaluation of the environment that affects the work of these NGOs as well as their strengths and weaknesses.

The working environment for NGOs in Serbia is challenging. There is still a lack of a supportive legal framework on both the republic and provincial level in Serbia. The draft Law on Associations has been in the process of adoption for the last several years. Serbia's overall economic situation also affects NGOs similarly as individuals and businesses. There are no tax incentives for corporations and individuals to donate to NGOs. NGOs have increased their compliance with new tax laws, which mandate high contributions for employee payroll taxes, social insurance, and benefits. These contributions can reach up to 79% of an employee's salary, significantly cutting into available program resources. There is also no significant financial support from local or provincial governments and the image of NGOs in public is not positive.

Both, CSD and NSHC believe that a lot of people from their community are looking for their support and help. They have a strong vision of what they would like to change in their society, specifically how to improve the wellbeing of people in need. They believe that they are effective and efficient in providing services and support to their target groups. CSD is a relatively young organization, with a group of highly motivated and educated people. They have already established a good network of contacts with organizations and have two main focuses: sustainability issues and improving conditions of people in need. NSHC is an experienced organization that has served people in need for many years, mainly in Serbia's province of Vojvodina. The NGO is very well known within the community and is recognized as organization that is working with refugees and Roma people for the last years.

However, both organizations still need skills to assist them in their internal and external evaluations and to better define their priorities and focus. For example, CSD has two different priorities, environmental issues and providing help to vulnerable groups. Due to the many groups that need assistance, NSHC's leadership thinks, "there is a not enough time to focus on mission and target groups". Therefore, training on strategic planning processes is greatly needed for both NGOs.

In terms of resources, both organizations have appropriate assets and equipment. The main problem of these organizations is that there is no diversity in their sources of funding. For example, 95% of CSD funds is coming from one donor/project. There is not enough awareness, understanding and knowledge on how to raise money from individuals and the community. In addition, both organizations have not developed practices of annual financial planning, and building the capacity for securing long-term sustainability for their organizations is a priority for them. The paid staff is project-based and the NGO is loosing staff, because it cannot pay for them in the long term. The organization also has not developed an appropriate volunteer management system. Both organizations are aware of their needs for capacity building and also think that there is a lack of information available on HIV/AIDS issues.

The CSD and NSHC are good in communication and establishing partnerships with other actors in society, i.e. NGOs and institutions. There is lack of communication and partnerships with central government, partially because the government is not interested to cooperate with the NGO sector. One obstacle for cooperation is that governmental officials are highly politicized and corrupt. CSD stated that there is a lack of cooperation and partnership with more experienced and developed organizations in the same area of work (such as JAZAS). Also, there is a need for developing skills for advocacy and lobbying for legislation within both organizations.

Other organizational weaknesses include that both NGOs have no developed written systems and procedures, and financial procedures are developed according to different donor requirements. There is a need to improve information sharing within both organizations. Even though they have a clear description of management and organizational structure, in practice they do not have a clear distinction between governing and management functions.

Macedonia

Following the analysis of the submitted questionnaires, the assessment team visited HOPS, the Macedonian Red Cross and MIA. The general impression for these Macedonian NGOs is that they are well established in their field of work, and they have managed to specialize in the area that they have selected for intervention. The Macedonian Red Cross is not a typical NGO, and its mandate and scope of work has been defined within the Macedonian legal framework. Some of the roles of the Red Cross are defined by international conventions and the Government has seconded them to the Red Cross of Macedonia. However, the organization is registered as an NGO and is confronted with many of the same issues that other NGOs are facing.

The three NGOs have defined missions and strategies for intervention. The Red Cross has separate statutes and it is much more comprehensive in outreach and scope than HOPS and MIA. However, in their area of intervention, HOPS and MIA are well defined, with a clear vision and focus of impact. All organizations have good contacts with the beneficiary groups and implement a variety of activities and programs, including technical assistance, outreach campaigns, publishing initiatives, etc. They have worked on several projects in the past five years, and they have established partnerships with many local and international partners.

All three NGOs have fully equipped offices, a well-defined management structure and decision making authorities. In comparison to HOPS and MIA, the Red Cross has a more rigid management style, but that can be expected due to the long-standing tradition of the Red Cross Organization in Macedonia. The gender ratio in all organizations is balanced, with more women working at the Red Cross and MIA. A significant portion of the NGO personnel is young and well educated, but they require specific skills and training to strengthen their programming and management capacity.

All organizations require more information about comparable regional and international experiences in the field of HIV/AIDS and would welcome an exchange of experiences and knowledge. Major parts of the NGOs' income and funding come from international donors, with that percentage being lower for the Macedonian Red Cross. Sustainability of funds is a major issue for all three organizations, but they see their role in the decentralized local communities and plan community-based interventions and cooperation with the local authorities. HOPS and MIA are also part of the Global Fund for HIV/AIDS program.

All NGOs have established policies and procedures and have defined systems for monitoring and reporting on NGO activities. With exception of the Red Cross, the NGOs are managed in a flexible manner, and the reasons for leaving the organization is usually personal - better financial sustainability, move etc. The biggest problem identified by all three NGOs is volunteer management. They all report lack of interested volunteers and problems with their motivation and commitment. Major organizational needs reported are in training and capacity building of the staff. More information on separate NGOs and their training requirements is outlined in the attached individual reports and in the summary below (see Appendix 2).

c. Next steps

Beginning in February 2005, Project HOPE will begin organizing successive capacity building trainings for its local partners, with the first session focusing on "Human Resources and Volunteer Management" and the second session on "Budgeting Processes and Financial Management." HOPE staff has been meeting with various training associations throughout the region, including Civic Initiatives from Belgrade and the Kosovo Institute for a Democratic Society from Pristina, and will try to use local organizations to conduct the trainings where possible. Furthermore, at the suggestion of the UNAIDS representative from Macedonia, Project HOPE will try to engage the UNAIDS consultant Dr. Roger Drew to organize a training for its partners on HIV/AIDS-specific Monitoring and Evaluation (M&E). For the last five months, Dr Drew has been organizing Monitoring and Evaluation workshops for country representatives and Global Fund recipients throughout the region. Project HOPE will meet with Dr. Drew to plan this M&E training when he comes to work with the Macedonian government in late February.

In addition, Project HOPE will also contract CID to conduct needs assessments with its partners in Montenegro, Albania and Kosovo in March-April 2005, allowing the NGOs adequate time to begin their project activities prior to this evaluation. When the assessments of all HOPE's partners have been completed, the staff will begin to organize trainings for all partners in the region, as well as bring in other NGOs who are working with similar target groups to strengthen the overall fight against HIV/AIDS as well as further develop the NGO sector.

Activities planned for 2005

Activity	1	2	3	4	5	6	7	8	9	10	11	12
Implementation of activities to begin in Albania and Montenegro												
First Capacity Building Training on Human Resources and Volunteer Management												
Second Capacity Building Training for NGOs working with IDUs												
Third Capacity Building Training on Budgeting and Financial Management												
Needs Assessments Conducted with Partnering NGOs in Kosovo, Albania and Montenegro												
Fourth Capacity Building Workshop (topic to be determined)												
First Regional Lessons Learned Workshop												
Fifth Capacity Building Workshop (topic to be determined)												

3.3 Other capacity building activities

3.3.1 Training in Second Generation Surveillance of HIV/AIDS

During 2004, Fondation Project HOPE received an invitation to send participants to a "Training in Second Generation Surveillance of HIV/AIDS". The activities are carried out by the "Andrija Stampar" School of Public Health, (Zagreb, Croatia) in cooperation with the World Health Organization-Regional Office for Europe and the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) Gmbh.

The training included five modules which comprised:

1. Introduction to 2nd generation HIV/AIDS Surveillance (May 9 to May 14, 2004)
2. Behavioral Surveillance (June 16 to June 21, 2004)
3. Surveillance of Sexually Transmitted Infections (Sept 5 to Sept 10, 2004)
4. Biological/Serosurveillance (Oct 31 to Nov 5, 2004)
5. Surveillance in Hard to Reach Populations (Nov 7 to Nov 12, 2004)

The modules were held in Croatia, the Project sponsored the participation of representatives from different countries involved in the national HIV/AIDS activities:

3.3.2 Training on VCCT in Bosnia and Herzegovina

Project HOPE Bosnia and Herzegovina was approached by the Federal Ministry of Health with a request for assistance in the establishment of VCCT (voluntary, confidential counseling and testing) centers in the Federation of Bosnia and Herzegovina. Project HOPE was asked to assist in the provision of education and training on pre and post test counseling, for the health care professionals who will provide VCCT services for the population.

As a response to the need for trained counselors for the 10 VCCT centers the Federal Ministry of Health plans to open, Project HOPE organized a training for the health care professionals, epidemiologists and infectologist who will be responsible for counseling services. The training was provided for both participants from the Federation of Bosnia and Herzegovina, as well as for epidemiologists and an NGO representative from the Republic of Srpska.

The training was designed by Mrs. Lena Nilsson Schönnesson, a licensed psychologist from the Söder Hospital/Karolinska Institute. Mrs. Nilsson Schönnesson is a WHO consultant for VCCT in the Western Balkans region.

In agreement with the National HIV/AIDS Coordinator Dr Zlatko Cardaklija, Project HOPE organized this VCCT training in November 8-10, 2004 and provided technical assistance, logistical and financial support.

4. CLINICAL COMPONENT

4.1 Infectious Disease Specialists

The initial design of the infectious diseases specialists' training component was based on the findings of the assessment that originated this program. This was later complemented by a specific country- by- country needs assessment performed by the Program's Clinical Manager, Dr Irina Valkova (the full report of the needs assessment is available at request). The main issues to be addressed were as follow:

- There are significant discrepancies in the level of training and experience of the HIV/AIDS specialists in the region

- There is a lack of systematic and continuing training programs in most of the countries
- Most HIV/AIDS specialists have very limited practical experience due to the small number of patients in their countries
- The absence of clinical protocols in the region constitutes a further obstacle for consistent, coherent and up-to-date provision of care
- Training in the managing of Opportunistic Infections (OI) is a need and will have important impact on the course of the disease of the patients
- The recently started/ soon expected availability of ART necessitates capacity building of the health care professionals in ARV administration and monitoring
- The lack of cooperation with PLWHA is also a gap in the clinical approach. The more active involvement of PLWHA should supported by the healthcare providers.
- The lack of supporting teams rises broader requirements to the HIV specialists
- The health care management recognizes a need of continuing and expanding provider training to enhance and maintain the clinical skills of the cadres

Based on key needs and using international experiences adapted to the region, a training program for the infectious diseases specialists was planned. It consisted of a five-day training seminar and a practical training experience at clinical centers in Croatia and Serbia.

Participants for the training were chosen with health authorities in each country in early July using selection criteria developed by the Clinical Manager.
The following criteria were used:

- Provides care to HIV/AIDS patients in the HIV center/department of the country, either regularly, during after hours duty, or as a locum
- Has a special interest in HIV infection
- Might encounter HIV infected patients in an early not-yet diagnosed stage
- Is potentially involved in the follow-up of the HIV/AIDS treatment established at the main center

<u>Infectious Diseases Specialists training seminar (Zagreb, 18-23, October 2004)</u>:

The preparation of the training agenda, curriculum and supporting materials for the Regional Infectious Diseases Specialists (IDS) training seminar began in the second half of 2004, and refinements continued until the week before the seminar.

The curriculum was developed by the Project HOPE HIV/AIDS team, the Program's Clinical Manager and regional experts (Dr Josip Begovac from Croatia and Dr Djorde Jevtovic from Serbia) and was based on the local needs.

The seminar took place the 18-23, October, 2004 in Zagreb, Croatia, with 35 participants from all seven countries. The objectives of the workshop were to upgrade HIV/AIDS management knowledge and to establish regional networks amongst the specialists.

The seminar followed the natural progression of HIV from HIV epidemiology and transmission, HIV risk-reduction and prevention, infection control practices and Post-Exposure Prophylaxis (PEP) to voluntary counseling and testing and the impact of HIV on society. This was followed by an introduction to the clinical management of HIV, starting with the natural history of HIV infection, HIV therapy and adherence and progressing to drug resistance and the management of treatment-experienced patients. Sessions followed on HIV complications, such as opportunistic infections and malignancies, TB, Herpes viruses, neurological and pulmonary complications. HIV in special populations such as pregnant women (including prevention of perinatal transmission) and pediatric population were reviewed as well as stigma, IDU, discrimination and ethical issues. Finally there was a session on adult learning principles considering the teaching functions these specialists will have in the future (for the full agenda, see appendix 4)

These didactic sessions were held in the mornings. In the afternoons, the training team led case discussions. Direct patient encounters were held at the University Hospital for Infectious Diseases in Zagreb and in group sessions.

All participants were asked to complete an HIV/AIDS knowledge survey before the start of the seminar and again at the end of the training. Pre and post training results are shown in the full Training Report in the appendix 4. There were significant increases in the percentage of correct answers after the training, but the results need to take into account that the pre-training questionnaire was in English. Some of the trainees had difficulties understanding some of the questions. This was resolved by translating the questionnaire for the post- training test.

Infectious disease practical training program

The goal of the practical training was to provide the participants of the infectious disease specialist training who have a low case-load of HIV/AIDS patients at their workplace with the opportunity to encounter a greater variety of HIV/AIDS related conditions with the guidance of an experienced mentor.

During the first round of post- seminar practical trainings, seven ID specialists stayed for a five-day period in Zagreb or Belgrade (25-29 October 2004 in Zagreb, and 1-5 November in Belgrade). They participated in outpatient and inpatient clinical care in the mornings and early afternoons and attended lectures in the late afternoon. The doctors had the opportunity to work with HIV/AIDS patients from the moment of diagnosis and prescription of ART, assisting patients with adherence or medication intolerance, ART therapy and regimen changes, pediatric patients, HIV/AIDS opportunistic infections and related malignancies. Additionally they were able to develop more experience in ordering and interpreting CD4 counts and viral loads and put what they learned in the seminar into practice.

There are plans for seven more IDS to assist to these practical training sessions based on their needs as detected during the seminar and recommendations made by the directors

from their medical centers and hospitals. The next practical training in Zagreb will take place in two separate visits at the request of Prof. Begovac to have smaller groups of specialists. The first group will go from 5-12 February and the second in the first week of March 2005. The official information from Prof. Jevtovic for the dates of practical training in Belgrade is still pending.

Monitoring and evaluation of outcomes

The short- term objective measurement of the impact of the training was assessed by a thirty- question knowledge survey administered before and after the training. The overall mean score in the pre training test was 11/30 correct answers (36.3%) which increased to 20/30 (67%) after training.

The participants' evaluation of the seminar was done for each lecture in particular and then a general seminar evaluation. The evaluation was done using a scales from 1 (disagree) to 10 (strongly agree). The average score of satisfaction was 9.3

The practical training evaluation was completed by all participants. The average score for the quantitative questions was 9. The participants were very satisfied with the opportunity to work with HIV/AIDS patients as it allowed them to gain practical experience which they could not get otherwise due to the low prevalence in their countries.

All participants expressed their willingness to share the acquired knowledge with their colleagues in everyday practice by organizing short presentations and distributing the materials and contacts of their colleagues.

Next steps

A mechanism for follow-up and monitoring will be established to assess the impact of the training in the clinical practices of the participants. Also feedback will be solicited from our faculty associates in Zagreb and Belgrade.
Based on this feedback the need for further training on specific subtopics or the training of a new group of potentially less experienced ID specialists will be considered for the regional seminar in fall 2005.

In addition, a selection of trained specialists will be granted fellowships to Western European where mores advanced care is provided to HIV/AIDS patients. The participants as well as the Centers for these fellowships will be agreed upon by the Project team, local faculty and local partners.

It is estimated that 7 to 10 fellowships will be provided during 2005 with about one participant per country.

Activities planned for 2005

Activity	1	2	3	4	5	6	7	8	9	10	11	12
Follow-up with trainees												
Follow-up with local partners												
Fellowships												
Preparation for Second Regional Training												
Regional Training												
Practicum												

4.2 Laboratory Assessment Results

During the months of July and September 2004, Aletta Kliphuis from PharmAccess Foundation, conducted an assessment of the laboratory capacity in the western Balkans to support the HIV/AIDS program (The full report can be found in Appendix 5).

In every country, three different medical facilities were visited:

1. Public Health Institute
2. Blood banks
3. Clinics of Infectious Diseases

During the visit to Albania, Macedonia, Kosovo and Montenegro, assessments were done in the capitals only. During the second half of the assessment that included Croatia, Bosnia and Herzegovina and Serbia, laboratories in various cities, including the capital, were visited.

For each country, the assessment included not only the needs for HIV/AIDS diagnosis/confirmation, but also tried to evaluate the requirements to support effective VCT and a successful HAART program in the future.

The general findings can be summarized as follows:

VCT:

- There are large differences between countries related to stigmatization and the understanding medical staff and the general population have of VCT
- There are still big issues in confidentiality as, in 5 of the seven countries (Croatia and Bosnia and Herzegovina excluded), the identity of the HIV+ individuals is disclosed to the National Institutes of Public Health (NIPH)
- There is a lack of coding systems to assure that enough information for statistics can be sent to the NIPHs but still guaranteeing the confidentiality of the test results. This might be an important obstacle for increasing the use of VCT.

Follow-up

- Except in Kosovo and Macedonia, there is a lack of proper follow-up of HIV+ patients. In some countries, it is not even known if the patients return to the reference centers for HIV confirmation. And in some others, if a sample is sent to a reference laboratory and HIV+ results are confirmed, there is no active follow-up.
- Not all laboratories are suited for viral load in set-up, equipment and training of personnel. Nor can they perform CD4 counting. The recommended scenario would be that at least one laboratory per country could perform these tests. An appropriate system for the referral, transport of samples, tracking of samples, etc, needs to be set up but this is a complicated process that requires detailed planning with the agencies involved.

HAART

- As the prevalence is low in each country, there are not many people receiving HAART. Due to the complexity of the therapy and its side-effects, and the limited experience locally due to the small number of patients, the actual prescription of HAART should remain centralized in one (or two) cities of each country. In one center of expertise all the appropriate tests for follow-up and monitoring would be available (particularly Viral load and CD4). This would also facilitate the maintenance of a database and the storage of plasma for resistance testing for all patients in case of therapy failure.
- There is a great need to train all infectious diseases specialists, and other medical staff in HIV- related issues, including the prescription and monitoring of HAART

General remarks

- Functioning hematology and biochemistry laboratories are also necessary, as these parameters need to be checked before the initiation of HAART and monitored periodically thereafter. In some countries these are not available, or the existing laboratories did not meet basic standards.
- There are differences among the National AIDS coordinators in terms of proactiveness, level of commitment and influence. This is important, as it has an impact on the effectiveness of the program and level of activity coordination.
- As a successful HAART program is a team effort per se, training of medical personnel in general -not only physicians- is necessary.

- In relation to essential equipment, nearly all facilities visited needed computers and a network. All countries should have the capability to perform Viral load and CD4 assays. In many countries the equipment is out of date, unused due to the lack of consumables, has no modern safety measures, or is broken down, and with no budget to repair it.
- Some laboratories would also need the reconditioning of their facilities to comply with modern safety standards.
- Training in basic safety measures, record systems, computer skills, plasma storage and handling, etc, is needed in most countries, in addition to training on the new techniques that will be set up.
- A mechanism to ensure supply availability for the laboratories must be found. Many countries use a Three-tender ordering system, which are difficult to fulfill as sometimes there are less than three tenders available in the country.

4.3 Drug assessment report

Throughout the months of June to December 2004, Verica Ivanovka (Bsc. Pharm, MPH) worked as a consultant preparing a report on the access to antiretroviral therapy in the Western Balkans. The objectives were to examine the availability of ART in each of the countries, assess the level and degree of the health sector's ability to provide comprehensive ART to PLWHA, as well as to study governments' political commitments to support the universal and free provision and use of ART.

A summary of her conclusions follow (for the full report see appendix 6):

- The governments in the Western Balkan region are responsible for setting the overall HIV/AIDS policy framework and regulations. As a result of continuous governments' efforts, national HIV/AIDS strategies were prepared and officially approved by all parliaments. One of the strategic goals of all national policies is always related to the provision of free and universal ART for all PLWHA, which confirms governments' political commitment in this area. All Western Balkan countries have applied to the Global Fund to Fight HIV/AIDS, Malaria and TB, and have requested substantial support for the HIV/AIDS activities, including the provision of ART. To date, only the applications from Serbia, Croatia and Macedonia have been successful.

- The public healthcare sector and their human/physical resources are the direct providers of the comprehensive ART. Medical care for HIV/AIDS cases (including comprehensive ART) in the Western Balkans is characterized by an individualized patient care by specialists in tertiary care hospitals. This system is quite centralized in most countries with the exception of Bosnia and Herzegovina (BiH) with three HIV/AIDS sites as a result of its specific administrative structure.

- The official incidence and prevalence rates of HIV/AIDS are relatively low in the region but it is difficult to assess how representative these rates are. Moreover, in

Albania and Republika Srpska the confirmatory Western Blot testing is still not available in their laboratories, so HIV positive samples are referred elsewhere for confirmation.

- Until 2003, free access to ARV treatment was available only in Serbia and Croatia. Starting from 2004, the rest of the countries have allocated funds from the state budget/national insurance scheme, and initiated the process of ARV prescribing and free provision. The free ART has already started in Albania and Kosovo, and is in progress in Macedonia and in BiH. The costs are covered either by the National Insurance Schemes in Serbia, Macedonia, BiH, Montenegro and Croatia, or from the state budgets in Albania and Kosovo. In addition, the Global Fund finances the procurement of ART for all Serbian residents, and for Macedonian residents without health insurance.

- The initial eligibility of all newly diagnosed patients for ART, as well as its monitoring are based on clinical examination, routine laboratory tests and CD4 count/viral load. Most of the governments do not have the capacity to fund ART monitoring and follow-up activities. As a result, the national reference laboratories in Macedonia, Kosovo, Montenegro and Republika Srpska (BiH) are not equipped with CD4 cell counter/viral load equipment and test kits, so they are not able to perform these tests. The governments have requested financial assistance from the Global Fund to improve the national diagnostic capacity by obtaining the equipment and training the staff in their utilization. Due to its successful application to the Global Fund, only the reference laboratory in Macedonia will be equipped with a CD4 cell counter in 2005. The rest of the applications from Montenegro, Kosovo, Albania, and BiH were not approved. Their governments intend to apply again to the Global Fund or elsewhere and request financial support for these services.

The overall conclusion from this assessment is that the governments in the region show strong political commitment in the fight against the HIV/AIDS epidemic, and have also taken steps related to the provision of ART. However, there are still a significant number of gaps that should be timely addressed in order to provide an effective and comprehensive ARV treatment.

4.4 TOT Component for the Primary Care Level

The purpose of the TOT component for primary care providers is threefold: 1. Develop the training capacity of our local partners to educate primary care providers about HIV/AIDS; 2. Identify and provide some support to a local structure that is capable and willing to provide this training to primary care providers; and 3. Exchange and make use of lessons-learned within the region of the Western Balkans.

The TOT component and approach will be developed in Bosnia and Herzegovina to take advantage of the group of TOTs already in existence in Family Medicine and of the network of family medicine doctors and nurses trained over the past five years. The first

TOT trainings will then be conducted together with participants from Kosovo. Given the fact that in Serbia there are also TOTs that have been trained with Global Fund support, trainers from these three countries may then assist the other countries in the region with the planning and implementation of their initial TOT training courses.

TOT Development Bosnia-Herzegovina and Kosovo

The following steps are proposed and will be firmed up in a consultation with the local partners in mid-February 2005.

- Consultation involving the Project HOPE/Geneva University Hospitals FaMI team and select local TOTs, National AIDS Coordinators, Project HOPE Sida CPC, Federal and Republic Srpska MOH, infectious disease specialists, local Family Medicine implementation partners, faculty of Pedagogy, SDC, etc. to determine
    - Content of the curriculum (based on available curricula)
    - Length of training
    - Available local training resources
    - Additional training resources needed
    - Potential local institutions that could replicate the training activities (doctors' chambers, nurses chambers, medical faculties, Institutes of Public Health, MOH)
    - Recruitment process for trainees
    - MOH certification of trainees

- Similar consultation to be conducted in Kosovo

- Training needs assessment for primary care providers
    - Review of instrument
    - Administration of instrument with FM teams (trained in the past, not yet trained , general physicians, ob/gyns, and dentists)
    - Analysis of results
    - Use of findings to adapt curriculum

- 5-Day Training course for future trainers (TOT) from BiH and Kosovo
    - Development/adaptation of curriculum
    - Identification of TOT coordinators and trainers
    - Recruitment of TOT course participants (ID specialists, primary care providers
    - TOT trainees assist in finalizing course for primary care providers as part of their training
    - Implementation and evaluation of course

- Training course for primary care providers
    - Recruitment of course participants
    - Implementation of course by trainers and TOT trainees

- Mentoring and support of TOT trainees in the implementation of the 2-3 training courses for providers
- Assessment of training courses
- Work with local partners in the planning, financing, and implementation of courses for the PHC level
- Replication of process in country 3

(See proposed timeline below)

Format of the TOT course

Infectious Diseases Specialist trainers from BiH and Kosovo will undergo a TOT training for three days. FM TOTs will be trained in HIV/AIDS for one day. On the last two days both groups will work on finalizing the course for primary care providers. Approximately 8 BiH and5 Kosovar teams will be trained. Each team will consist of an ID specialist, a family physician and a nurse.

Content of the TOT course

The TOT course will provide training in adult education methodologies, course planning and implementation tools, etc. Participants will learn to use interactive tools and apply their new skills on day 4 and 5 to finalize the course for the PHC providers.

Content of the Course for Primary Care Providers

This one day-course and will be presented in four modules. Emphasis will be placed on HIV prevention, risk reduction, case identification, informed referral to appropriate centers, and interim management.

The following skills will be developed:

- proper performance of a sexual history and a history of drug use
- physical examination with an emphasis on the recognition and diagnosis of the early manifestations of HIV and STIs
- Information on HIV testing
- stigma, discrimination, and confidentiality
- the impact of HIV on women and the family
- the role of the primary care provider and the health care team in the informed and compassionate participation in stigma reduction
- health worker safety, infection control, and the application of universal precautions and post-exposure prophylaxis

Potential Modules (to be reviewed with country planning team and adapted for each country):

- Training Part 1 - introduction to HIV infection in the world, the region, the community, and the individual. Global and regional epidemiology

will be followed by transmission, risk reduction and prevention, including making appropriate and confidential referrals. As above, health worker safety and infection control precautions are among the first topics to be addressed, as are stigma and discrimination. Finally, the natural history of HIV infection in the individual, including the role of surrogate markers of HIV infection and the approach to the person known to have HIV infection will complete the first session.

- Training Part 2 - Treatment of HIV and its complications, starting with antiretroviral therapy (ART), common opportunistic infections (OIs).

Format Primary care course

Four modules of two hours each, and will consist of a slide presentation, a module syllabus for each presentation, and summary reference materials. References will include internet resources, hard copy/CD, regional referral sites, and a compilation of regional ID Specialists to whom referrals can be made and who can be reached for real-time phone consultations. All materials will be available in English; in addition, some core materials will be available in the national language, as will the TOT materials, such as supplementary activities like role plays and their instructions.

Module One (2 hours)
Global and regional epidemiology, and local trends
HIV transmission and risk behaviors
Health worker safety, universal precaution, and principles of infection control

Module Two (2 hours)
Confidentiality, HIV stigma and discrimination, and the role of the health workers
HIV risk reduction and prevention
Stigma and discrimination
The primary physician's role in VCT and referrals
HIV testing

Module Three (2 hours)
The approach to the patient with HIV infection
Early signs and symptoms of HIV infection and HIV-related OIs

Module Four (2 hours)
Introduction to antiretroviral therapy
Common opportunistic infections
OI prophylaxis

Training Team

The training team will consist of infectious disease specialists, primary care doctors and nurses.

Coaching, Monitoring, and Evaluation
Learning objectives will be developed for the PHC training course and the TOT course. Pre- and post-tests will be administered, as well as evaluations of the trainers by the participants.

The teaching skills of the TOT candidates will be assessed as follows:

Objectives:

Participants should be able to deliver and facilitate a parts of training session (HIV/AIDS for PHC professionals) on their own or as part of a group and demonstrate their capacity to learn from their mistakes and improve on their previous best.

Criteria:

A Clear objectives and structure
B Content presented in a logical sequence
C Quality of the content
D Appropriate use and quality of material and visual resources
E Enthusiasm and dynamism
F Verbal communication (volume, pace, pause)
G Nonverbal communication