



SWEDISH INTERNATIONAL DEVELOPMENT  
COOPERATION AGENCY

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

**ANNUAL PROGRESS REPORT**

**PHASE II YEAR ONE**

**1<sup>st</sup> June 2007 – 31<sup>st</sup> May 2008**

Submitted to:  
The Swedish International Development Cooperation Agency

By:  
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## ACRONYMS

ART	Anti-retroviral therapy
ARV	Anti-retroviral
AIDS	Acquired immune-deficiency syndrome
BBS	Biobehavioral surveillance
BiH	Bosnia and Herzegovina
CCM	Country Coordination Mechanism
CIDA	Canadian International Development Agency
CME	Continuing Medical Education
CRIS	Country Response Information System
CSW	Commercial sex worker
DFID	United Kingdom Department for International Development
EAR	European Agency for Reconstruction
FHI	Family Health International, a US-based international non-government organization
FPH	Fondation PH – <i>Partnerships in Health</i>
GFATM	Global Fund to fight AIDS, TB and Malaria
GIPA	Greater involvement of People living with HIV or AIDS
HAART	Highly Active Anti-Retroviral Therapy
HIV	Human Immuno-deficiency Virus
HPVPI	UNDP HIV Prevention Among Vulnerable Populations Initiative, Serbia and Montenegro
IDU	Injecting drug user
KAP	Knowledge, attitudes and practices
M&E	Monitoring and evaluation
MoH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-governmental organization
NIPH	National Institute of Public Health
OB-GYN	Obstetrics and gynaecology
OI	Opportunistic infection
PMCT	Prevention of mother to child transmission of HIV
PLHIV	People living with HIV or AIDS
PSI	Population Services International
SIDA	Swedish International Development Cooperation Agency
SDC	Swiss Agency for Development and Cooperation
STI	Sexually transmitted infection
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
VCT	Voluntary counselling and testing
WHO	World Health Organization

## EXECUTIVE SUMMARY

The number of officially reported HIV cases increases steadily in the Western Balkans region, albeit at a slower pace compared to Russia and Ukraine. This is in the background of a globally slowing and decreasing trend of reported new HIV infections since 2005.<sup>1</sup> However, the 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 key risk factors, there are multiple vulnerabilities in the Balkans region. These vulnerabilities include political instability, lack of strong democratic governance, weak health systems, lacking sufficiently qualified health care providers, 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 self-imposed isolation of people living with HIV and AIDS (PLHIV), further fuels the growth of the epidemics in this region

The Global Fund to fight AIDS, TB and Malaria (GFATM) is 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-efficient responses as well as foster a collaborative spirit among the countries by uniting with common goals and concrete actions to tackle the challenges of the epidemics.

The Swedish International Development Cooperation Agency (Sida), recognizing the importance of regional harmony and collaboration, has been supporting the Fondation *PH-Partnerships in Health* (FPH) in initiating the Western Balkans Programme to fight HIV and AIDS. A Phase I Programme (2004-2007) aimed at building a foundation for HIV prevention, AIDS treatment, care and support, was successfully concluded on 31<sup>st</sup> May 2007. With strong demands from participating countries, Sida has provided support for a Phase II programme (2007-2010). The Phase II programme was designed through a collaborative, participatory process with country partners and FPH country staff. Recognizing the remaining gaps in responses in the region, this second Programme Phase aims at creating an enabling environment to facilitate the strengthening of HIV resilience by engaging multi-sectoral partners. The Phase II Programme has three main pillars:

1. 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.
2. 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.
3. 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 achievements in its first year.

## **1. Building social capital**

**Programme management** Country advisory committees are in place. Country and regional staff have been recruited. Regional staffing has been changed into a decentralized management approach, compared to Phase I, in order to strengthen sustainability and management capacities within each country offices.

**Institution development** FPH has developed a new HIV curriculum for mental health and social work professionals. Work place HIV prevention capacity building and advanced HIV training curriculum development exploration began. A special commissioned study has been initiated to engage all age groups of the Roma community, the local administration and health sector. NGO Trust Fund support has been provided to twelve NGOs, including two consortiums of NGOs, with management and technical inputs. In BiH multi-sectoral consultations were held to facilitate the resolution of issues related to harm reduction for IDUs. In Albania, consultations were held on protecting the rights of HIV+ children to attend school.

**Human development** The year one NGO Trust Fund grants are specifically provided to PLHIV and marginalized groups including CSWs, MSM, IDUs, prisoners and Roma. Extensive efforts are being made by the Country Programme Coordinators (CPCs), the Senior Technical Advisor and regional finance manager to strengthen NGOs governance mechanism. These included improvements in project design, financial management, reporting, linking activities to budget and technical soundness of proposed projects. Extra efforts were provided to guide APOHA in BiH and Labyrinth in Kosovo in these regards due to their extreme weakness in proposal development as well as in budget, financial and programmatic reporting capacity. In addition, efforts were made through the CPC to assist the PLHIV association in Kosovo (Refer to Kosovo NGO Trust Fund section for details).

## **2. Capacity building**

**Clinical services** Primary health care provider HIV knowledge building and stigma reduction has been initiated in Kosovo and continues in Albania and Bosnia and Herzegovina (BiH). Good practice examples from the region, including that of journalists' good reporting in mass media, have been identified and promoted. A total of 3,984 PHC providers have been trained through 208 one-day training sessions in year one for the region.

**Civil society services** The first year's NGO Trust Fund (NGO TF) has been granted to twelve NGOs, two grants for each country from 33 proposals. The total amount of project costs is 162,054 Euro of which Sida NGO TF provided 113,900 Euro. The rest, approximately 30%, were funds raised from co-financing. All countries, except BiH, have been able to arrange for co-financing. The Phase II NGO TF focuses on filling critical gaps not currently covered by the country's GFATM grants. Under the NGO TF Phase II Round I, for the first time, PMCT is being initiated in Albania; HIV-VCT for prisoners, in BiH and Kosovo; income-generation skills building for PLHIV in BiH; self-support forum for commercial sex workers (CSW) and dialogue for rights-based policy advocacy among parliamentarians in Serbia.

## **3. Regional collaboration**

**Regional conference** The theme of the third Regional Conference was "HIV and Gender: Creating an enabling environment". The Conference was held on 27-28 March, 2008 in Sarajevo, BiH. There were

nearly 190 participants from 15 countries. Twelve organizations, in addition to Sida, have provided either financial or technical contributions to this Conference.

***Regional HIV Task force*** In accordance with the Programme plan, an HIV Regional Taskforce has been created in March 2008 during the regional conference to facilitate regional coordination and collaboration.

The second year of the Programme, shall continue the momentum generated by its first year to facilitate filling the difficult, remaining gaps through the second round of NGO Trust Fund as well as building capacity by developing curriculums and conduct training for various non-health sectors' workplace and advanced training for PHC providers who are involved in support to PLHIV. In addition, the Programme will continue to promote quality of services. The Fourth Regional Conference preparations are already under way and is planned to be held in Tirana, Albania in March 2009.

## I. EPIDEMIOLOGIC SITUATION

The HIV epidemics in the Western Balkans continue to grow. This is in the background of a globally slowing and decreasing trend of reported new HIV infections since 2005.<sup>2</sup> The most recent data available from the countries is as of the end of 2007. When compared to the cumulative cases reported at the end of 2006<sup>3</sup>, the rate of increase in reported HIV cases ranged from 3 percent to 31 percent. (Refer to Table 1 below).

The main risk factors in the region are commercial sex work (CSW), men who have sex with men (MSM), injecting drug use (IDU), and human trafficking. These are the same contributors to the explosive HIV epidemics of Russia and Ukraine. In addition to these risk factors, there are multiple vulnerabilities in the Balkans region. These vulnerabilities include political instability; lack of strong democratic governance; high unemployment; weak health systems; lacking sufficiently qualified health care providers; limited capacities of qualified civil society organizations; and insufficient HIV prevention and treatment services of both public and private sectors outside of 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 self-imposed isolation of people living with HIV and AIDS (PLHIV) continue to hinder the efforts to control the epidemics.

<i>country</i>	<i>2006***</i>	<i>2007</i>	<i>% change</i>
Albania	204	267*	+31%
Bosnia & Herzegovina	122	147	+20%
Kosovo	67	73	+9%
Montenegro	66	71+**	+8%**
Serbia	2,142	2,200	+3%

\*Albania data is as of May, 2008.

\*\*Montenegro 2007 data was not available at time of this reporting

\*\*\* The 2006 data was based on June 2007 information in Phase I annual report for consistency in reporting

Source: National AIDS Programme and Institute of Public Health of each country

### *Albania*

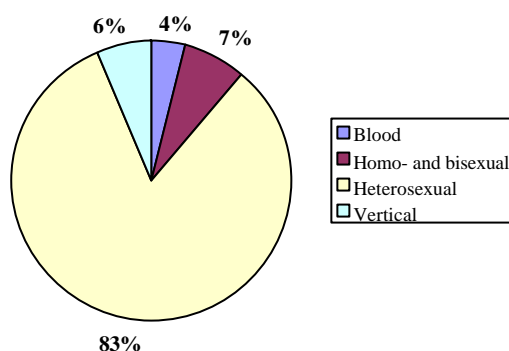
During the period June 2007 – May 2008, 44 new cases of HIV infection were reported. Among the new cases, 35 were males and 9 females. Ten cases were reported in 2008 alone. Of these newly reported cases, over half (55% or 24 cases) were from sexual transmission, 2 cases were from vertical transmission and 2, through blood transfusion. Figure 1 showed the overall transmission pattern among all reported HIV cases in Albania to date.

Note that 86% of HIV transmission in Albania to date is through hetero-sexual mode, followed by 7%, through sexual transmission between men who have sex with men (MSM). It is unfortunate that 6% of the transmissions were from maternal to child. (Refer to Figure 1) These statistics reflected not only the lack of proper prevention of maternal to child transmission but also the challenges in gender equity. The fact that most women in Albania have not been able to protect themselves from HIV infection during sexual relationships is alarming. It has been reported by the Institute of Public Health (IPH) that many young women from rural areas, including Roma girls, have acquired their infection while abroad. Several of these young women were trafficked. Today, maternal to child transmission is highly preventable. It is not acceptable to be complacent in allowing increase in this mode of transmission.

This is the reason, based on this reported evidence, FPH made a specific effort, in collaboration with the IPH, Ministry of Health, as well as with two local NGOs, in initiating a maternal to child HIV transmission prevention project, through its NGO Trust Fund grant for the first round in Phase II. (Refer to Chapter V, section 1 on NGO Trust Fund activities in year one)

The IPH, Albania sounded alarm on the rapid increase of the HIV epidemics in the country overall. In addition to continued low awareness of HIV among the general populations, the increased availability of voluntary counselling and testing of HIV (VCT) may have improved the detection of new cases.

**Figure 1. Modes of transmission of HIV in Albania as of 2008**



The above data may not necessarily represent the actual profile of HIV populations in Albania due to the lack of an active surveillance system, gender related access problems and difficulties reaching marginalized populations. Therefore, it is essential to support programmes and projects related to HIV prevention, treatment and care to halt the reported rapid rate of increase. This requires coordination and collaboration between the Ministry of Health (MOH), the United Nations and international NGOs.

### ***Bosnia and Herzegovina (BiH)***

Hetero-sexual transmission of HIV similarly predominates in the BiH epidemics. Injecting drug use and MSM transmissions followed. BiH recorded its first case of maternal to child transmission in 2007. Pregnant women, as any citizen in BiH have access to voluntary HIV screening. However, there is no specific programme to promote HIV screening among pregnant women. FPH, through the Sida/Balkans Programme, in collaboration with UNAIDS, UNICEF, GFATM-UNDP and the Public Health Institutes, conducted a knowledge and behaviour survey among MSM and CSWs to develop evidence-base for improved targeting of service responses in the country.

### ***Kosovo***

Approximately 65% of reported AIDS patients are males between the ages of 30 and 39. An IOM study estimated that there were up to 2,000 sex workers in Kosovo feeding a thriving sex industry. The sex work trade is linked to human trafficking and organized crime.<sup>4</sup> High population mobility including an estimated 40,000 peace-keeping and foreign humanitarian assistance personnel and stigmatization of MSM, all contribute to Kosovo's HIV vulnerabilities.

A bio-behavioural surveillance conducted in 2006 among IDUs, MSM and CSWs found that 27% to 45% of the target populations studied had Chlamydia. From 15% to 20% of these high risk populations and 7% of blood donors screened had Hepatitis B. In addition, 13% IDUs and 2% screened blood

donors had Hepatitis C. In this past 12 months, one young Roma male was diagnosed to be HIV positive. He died within 10 days after diagnosis. This reflected the continued delay by people in seeking health care services until late stage of AIDS. This is despite the availability of Anti-retroviral therapy (ART) in Kosovo since 2005. The prevailing stigma and discrimination are part of the contributing factors for such persistent delays.

### ***Montenegro***

Montenegro began to establish its own HIV surveillance system since independence. However, the 2007 data were not available at the time of this report. The main mode of HIV transmission (86%) is sexual, 86%, with both hetero-sexual and MSM modes similarly contributing to the epidemics. The most at risk populations in Montenegro are MSM (25%), sailors (15%) and tourism industry workers (14%). Approximately 41% of HIV cases were from coastal towns where tourism thrives and 30% from Prodigorica, the capital city.

### ***Serbia***

Among the newly diagnosed HIV cases, 45% were from Belgrade, the capital city, and 88% were between 20-49 years of age with a 4.6 to 1 ratio between males and females. For the first time in 2007, the country recorded the lowest number of AIDS mortality (15 cases) since the advent of ART. Unsafe sex continues to predominate the epidemics and 42% of reported cases are from among MSM. Serbia also reported one case of maternal to child transmission in 2007. HIV screening is available to pregnant women in Serbia. Serbia is currently conducting its bio-behavioural surveillance (BBS) among high-risk populations with the GFATM grant.

Detailed epidemiologic information and updates for each country is available in the country reports prepared by the FPH country offices.

## **II. POLICY AND PROGRAMME RESPONSES**

The year 2007 signaled the first year when all the countries in the region have received HIV grants from the GFATM. It is the first time Kosovo has received a GFATM HIV grant. In addition, during the 2007-2008 reporting period, every country has conducted at least one BBS, with Albania and Serbia starting to undertake their second BBS. By now, every country has ART, but the reach to those eligible for ART is still a big challenge. This is largely due to the high stigma and discrimination, not only among the society in general, but also prevalent among health care providers.

Cognizant about the prevailing stigma and discrimination, FPH, through the Balkans Programme, has been scaling-up its HIV awareness and de-stigmatization training among primary health care (PHC) providers. In Phase II of the Programme, particular efforts are being made to reach provinces and localities outside of the Capital cities of the countries. Many of the PHC providers reached by FPH through this Phase II Programme had never received HIV training previously.

Recognizing the challenge of mental health co-morbidity with HIV infections and the need of support from social work and mental health professionals for PLHIV, the Programme developed a curriculum on HIV and mental health. Part of the mental health curriculum will form a component of the advanced HIV knowledge and skills training for PHC providers during Phase II of the Programme.

VCT is being scaled up to reach residents outside the capital cities with some targeting to high-risk populations of IDU, MSM or CSW. However, HIV prevention and VCT are lacking in most prisons. FPH, through the Balkans Programme, in recognition of this persistent gap, has initiated a specific thematic call to provide support, through the Sida NGO Trust Fund grants. The first year NGO Trust Fund grant allowed BiH and Kosovo to initiate the first such services in prisons.

The high rates of hetero-sexual transmission of HIV predominate the epidemiologic pattern in this region. Recognizing the need to sensitize gender-based responses, FPH organized the third Balkans Regional HIV Conference with the theme of Gender and HIV: Creating an enabling environment.

### *Albania*

Albania has formed a technical working group in 2007 to review the existing HIV and AIDS legislations. The revision of legislations aims at ensuring a rights-based provision taking into account recent evidence in the country. The group has held consultations with the PLHIV community, the United Nations Theme Group on AIDS, experts of the IPH, NGOs working on HIV, including FPH, women's groups, national AIDS program staff and lawyers. The proposed new legislations covered issues on discrimination, rights of PLHIV at workplace, confidentiality, and free access to information and treatment. They also addressed the engagement of non-health sectors to cover information distribution, education improvement, psychological support within the health services, and promotion of counseling and confidentiality. The revised legislations were presented to the Council of the Ministries in May, 2008. It is expected that these laws will pass through the Low Commission and be approved by the Albanian Parliament in the near future.

Below is a summary of additional responses initiated by different sectors in Albania during this reporting period:

- The Global Fund to fight AIDS, TB and Malaria (GFATM) Round 5 implementation has been delayed. It took time for the Government to negotiate a Memorandum of Understanding (MoU) with the GFATM. In addition, the entire senior cabinet of the Ministry of Health (MoH) has been changed. All the key officials of the MoH (Minister, Vice-Ministers, Directors, IPH Director and staff) and CCM members are newly appointed. The necessary time for the new team to adjust slowed down the process further. By now, the grant implementation has started.
  - 36 NGO grants have been awarded. Some NGOs were awarded more than one grant. (Refer to Albania country report for the list of NGO grantees). In addition, a working group has been formed to prepare for the round eight proposals, focusing on HIV prevention. For example, the NGO STOP AIDS, collaborated with IPH with GFATM grant support, organized an advocacy meeting about stigma and discrimination of the MSM community in Albania.
  - Eleven VCT centres are being established under the GFATM grant, covering Tirana, Shkodra, Lushnje, Fieri, Durresi, Korca, Vlore Kukes, Peshkopi, Elbasan and Gjirokaster. Each VCT center has a team that is composed of a laboratory technician, a counselor, a part time epidemiologist, a microbiologist and a director of public health for the district. FPH, through the Programme, has been asked to target its PHC provider trainings to support these eleven centres.
  - A second BBS supported by the GFATM grant started in April 2008, targeting MSM and the Roma communities in Tirana, Elbasan, Lushnje, Fier and Korce. The survey is implemented by local Roma and MSM NGOs, APRAD and the Institute of Public

Opinion Studies (ISOP). It is anticipated that the survey will be concluded by June, 2008. Both APRAD and ISOP were recipients of the Phase I Programme NGO TF grants.

- The United Nations entities:
  - UNDP supported the IPH of MoH to form an expert working group, to review and revise the National AIDS Strategic plan. Seven round tables were held from January to April, 2008. The Albania FPH office participated in this process. A final report will soon be available.
  - UNICEF supported the IPH to conduct a study on the most at risk adolescents (MARA). The study was completed at the end of March 2008. The IPH is currently preparing the study report.
  - UNFPA continues to support the IPH, MoH, the Ministry of Education (MoE), and the Ministry of Sports (MoS) to provide reproductive health services for 14-18 years old girls. The support covered the development of a logistic management information system for contraceptive supply, abortion and STI surveillance, HIV prevention, training health providers on gender-based violence, finalizing the Gender Equality and Domestic Violence National Strategy and Action plan, IEC materials on reproductive health, training journalists on reporting on reproductive health and gender issues, and a healthy life style project for youth.
- The Ministry of Education (MoE) is developing new regulations and standards for health services in pre-schools and other education institutions relating to PLHIV. It will require the provision of appropriate care and support to students living with HIV.
- Other NGOs: The Peace Corps is supporting VCT promotion in all districts. The Red Cross is promoting volunteer blood donations in Albania. FPH is providing NGO TF support to a consortium of NGOs, including the Albanian PLHIV Association, to initiate the first prevention of maternal to child HIV transmission (PMCT) project in Albania. In addition, FPH continues to support the Roma youth in Elbasan.

In addition, the MoH is continuing its health sector reform in decentralization and improved operational efficiency. Started in the summer of 2007, health centers are financed through the Institute of Health Care Insurance (ISKSH). In addition, the health centres are expected to generate their own income through provision of services.

### ***Bosnia and Herzegovina***

The National AIDS Strategy is due for updates in 2008 but action has yet to start. The national Tuberculosis (TB) strategy is in place. The national strategy for drug abuse prevention is currently under discussion. This drug strategy is a pre-requisite for applying for European Union (EU) support.

The following is a summary of existing HIV responses in BiH during the reporting period:

- GFATM Round 5 grant will provide support to HIV-TB co-infection management. This is first such effort in BiH. The first phase of this round will conclude in October 2008. The Phase II of

Round 5 proposal revision is under preparation. FPH, through the Programme, is contributing to the PHC provider trainings under this grant.

- UN Organizations
  - UNICEF's Sida funded HIV programme in BiH will conclude in 2008. It published a survey report on injecting drug users.
  - UNFPA has provided support to FPH, BiH to implement a "sexual and reproductive health" project targeting in and out-of-school youth. The UNFPA approach became the basis for the activities of a GFATM project implemented by XY. FPH continues the project implementations with other NGOs.
- Government Institutions      The Ministries of Health and of Civil Affairs prepared a round 8 proposal to GFATM. In addition, The Ministry of Civil Affairs is collaborating with a harm reduction centre in Lisbon, Portugal. A new country coordinating mechanism (CCM) has been established, which is led by a national advisory board. There are 29 members with 30% from NGOs, vulnerable populations and religious entities.
- Local NGOs supported youth, MSM, PLHIV, and CSW with preventive information. FPH, through the Sida NGO Trust Fund, is supporting XY; Margina, Zenica; Viktorija, Banja Luka; and UGPROI, Sarajevo, to initiate HIV preventive education and VCT for prisoners. In addition, through the NGO TF, FPH supports APOHA to initiate income generation skills development as well as psycho-social and treatment support to PLHIV.
- International NGOs      World Vision works with Roma communities in collaboration with XY. IOM is building NGO capacities for project implementation.

### ***Kosovo***

- Governmental responses      The Ministry of Education, Science and Technology has a focal point to work with school teachers to implement life skills based education. The Department of Youth in the Ministry of Culture, Youth and Sports has two staff to create a special program for health education. Youth centres also contribute staff and venue for HIV education. This is in addition to the support from the Ministry of Health and Ministry of Justice. A new national AIDS strategy (2009–2013) is being developed with the support from UNDP.
- The United Nations      UNFPA provided condoms. UNDP and UNICEF have financed technical assistance for the round 7 GFATM proposal that was awarded subsequently. UNICEF also started to support Labyrinth's VCCT center targeting IDUs (the VCT centre was previously supported by FPH through Sida NGO Trust Fund during Phase I). FPH is now supporting Labyrinth to initiate HIV, hepatitis B and C VCT in prison.
- GFATM round 7 grants will soon start implementation in Kosovo.

- The FPH administered Sida NGO TF grants provide support to establish the first VCT service in Kosovo prisons and continued its support to filling the gaps in VCT for MSM.

### **Montenegro**

Despite the receipt of a GFATM grant (2006 - 2010), there is a need of high level political commitment to effectively implement the proposed programme. A Report on universal access and mid-term review of the National HIV and AIDS Strategy (2005 – 2009) in Montenegro has been drafted.

- GFATM grant           The grant targets CSWs, IDUs and MSM, establishes an IDU treatment centre in Kotor, and work with prisoners, Roma youth, sailors, tourism industry workers, elementary and high school students. Details on Montenegro implementation of GFATM grant is in the Montenegro country report.

- The United Nations

UNICEF and UNHCR contribute to HIV prevention for Roma and displaced youth. UNICEF received CIDA funding to establish youth friendly counselling, sexual and reproductive health services. It will conduct a study on HIV/STI risk behaviours among Roma youth and street children.

### **Serbia**

- United Nations
  - UNAIDS is conducting a mid-term review of the National HIV/AIDS Strategy (2005–2010) to provide input for its revision. It also reviewed the laws in Serbia relating to HIV.
  - UNICEF facilitated the development of standards and protocols on youth-friendly health services for most-at-risk adolescents, a monitoring system, BCC for HIV prevention and peer activities.
  - UNODC set up a technical working group to develop a project for IDUs and other drug users in Eastern and Southern Europe. It plans to cover Albania, BiH, Bulgaria, Croatia, Macedonia, Romania, Serbia, Kosovo, Montenegro and Turkey.
- GFATM round 6 grant implementation
  - The IPH is conducting surveys on IDUs, CSWs, MSM, Roma youth, PLHIV, prison inmates and institutionalized children and children without parental care.
  - It has reached implementation targets on outreach to PLHIV, IDUs and Methadone maintenance, VCT for vulnerable groups, training of policy makers, community leaders, journalists, religious leaders and IPH employees. However, the preventive services for CSWs, MSM and Roma were reaching less than 70% of the target.
  - Handicap International received grants to conduct HIV training for the disabled.
  - The recommendations from the round tables held by the GFATM included the need of legislation on anti-discrimination and de-stigmatization of PLHIV.
- FPH, through Sida NGO TF of the Balkans Programme, has supported Youth of Jazas to initiate the policy dialogue process among the parliamentarians. In addition, the NOG TF supports the establishment of the 1<sup>st</sup> CSW's self-help support network in Serbia.

### **III. PHASE I PROGRAMME CLOSURE**

Some of the resources and efforts during the first year of Phase II were devoted to the closure of the Sida supported Phase I Programme. Macedonia Sida did not participate in Phase II of the Programme. The closure involved closing down the Phase I regional office in Macedonia and establishing the Phase II regional office in BiH. This procedure included moving the Programme documents and transferring the Programme inventory of equipments and vehicles from Macedonia to BiH, Albania and Kosovo. In addition, an external financial audit was conducted by Price Waterhouse Cooper (PWC) accounting firm. The audit for Phase I covered the operations of the field offices of Albania, BiH, Macedonia, Montenegro, Serbia and UNMIK-Kosovo as well as that of FPH, Swiss Office. The FPH Administrator from the Swiss office also conducted field visits to Macedonia and BiH and the Executive Director of FPH visited BiH as part of the Programme closure process. The Phase I Programme closure was concluded at the end of December, 2007. The CPC, regional information officer and the regional finance manager, located in Macedonia were retained until end of August, mid-October and December 2007 respectively to assist in the Phase I closure and hand-over of equipments and files to FPH BiH office for Phase II.

#### ***Albania***

The country project coordinator (CPC) held a meeting with Sida, Albania on the Phase II of the Western Balkans Programme and provided the Phase I final Programme report. An effort to mobilize additional resources was made with UNFPA, which agreed to support the project. However, the MoH has to include the project into its agreement with UNFPA. Unfortunately, due to changes of key officials in the MoH, no decisions or actions were taken by MoH. The financial closure of Phase I accounts was made and documentations provided to the Phase I Programme financial auditors.

#### ***BiH***

The Phase I Programme regional office in Macedonia was closed down as of the end of August 2007 and office equipments and documents were transferred to BiH. In addition, the regional finance officer of Phase I Programme visited BiH office to transfer all financial matters to BiH. The regional finance officer also assisted in preparing for the Phase I Programme financial audit documents. The information officer from Macedonia regional office also visited BiH to transfer the Programme website and related electronic documents and installed the server in the BiH office.

#### ***Kosovo***

The CPC visited Sida, Kosovo to present the Phase II Programme and provided the final report of the Phase I programme. The office also prepared and supported the Phase I financial audit.

#### ***Montenegro and Serbia***

Due to the lack of responsiveness on programme activities and accountability on financing, FPH terminated its contract with the Phase I CPC for Serbia and Montenegro in August 2007. A new CPC was recruited to manage the Phase II of the Programme. This person did not want to deal with administrative aspect of the position. The recruitment for a suitable CPC candidate is currently on. At the same time, the Serbia office function has been covered by the local FPH NGO President and a short-term programme assistant.

## **Phase I closure financial audit**

PWC, Macedonia was contracted to conduct Phase I financial audit. PWC submitted its draft report on October 22, 2007. Unfortunately, the auditor based the audit on the project budget in the 2003 proposal instead of the actual Programme resources received from Sida and other contributors. This mistake was later corrected by PWC, Geneva. The revised audit report was provided to FPH on December 6, 2007. The financial statement and audit report for this Programme were complicated due to the number of currencies involved and exchange rate fluctuation among SEK, EURO, CHF and currencies of Albania, BiH, Macedonia, UNMIK-Kosovo and Serbia. Eventually, the financial audit process was completed at the end of 2007 and the Phase I Programme closed down by then.

## **IV. PHASE II PROGRAMME START UP**

### **1. Country agreements**

The Phase II Programme requires a new memorandum of understanding (MOU) with each of the participating countries. In addition, to improve the rigor in financial management and accountability, local accounting firms are being engaged for every country office. The local accounting firms contribute to ensuring external oversight and keep the Programme up to date in its compliance with the constantly changing country financial regulations governing NGO operations and employment.

#### ***Albania***

Albania changed the legal representation and registration with the Albanian tax authority. With the complete change of major officers and restructuring of the MoH, the first two quarters of Phase II in Albania was focused on re-establishing contacts with the new cabinet of the Ministry of Health. The CPC secured a meeting with the new Director of Public Health to introduce FPH, the accomplishment of Phase I Programme, and the proposed Phase II Programme in Albania. This was done in order to prepare for the signing of a new MoU. Subsequent to the meeting, an audience was held with the Vice Minister of Health to secure his support for the Phase II Programme. The MOU with the Government of Albania for Phase II Programme was signed at the end of December 2007.

#### ***Bosnia and Herzegovina***

The new MOUs for Phase II Programme were signed in July 2007 with the Ministry of Health of the Federal BiH and with the Ministry of Health and Welfare of the Republic Srpska. New CPC, training coordinator and regional finance officers were recruited to implement the Phase II Programme and they are stationed in the FPH, BiH office. A short-term regional training coordinator was engaged at the BiH office for 1 month and a regional logistician for the first six-month of the Programme in BiH office to facilitate the starting up of the regional Programme.

#### ***Kosovo***

A MOU was signed with both the Ministry of Health and the Ministry of Local Government and Administration for Phase II of the Programme on October 16<sup>th</sup>, 2007.

## **Montenegro**

Montenegro was pre-occupied with launching its GFATM grant. No country-specific activities were initiated during Year One. However, the Programme has ensured that Montenegro participates in regional activities of the Programme during the first year. It is anticipated that in addition to participating in regional activities, Montenegro might implement limited activities during years two and three of Phase II Programme as requested by the Government of Montenegro. These limited engagements shall focus on filling the gaps from the existing GFATM grant support.

## **Serbia**

Serbia has undergone consecutive political instabilities both internally within its political leadership as well as externally in relation to the independence of Kosovo. In addition, the appointment for a national AIDS programme coordinator was pending during Year One. Consequently, the development of a formal MOU with Serbia was postponed. Table 2 listed the time frame of the signing of MOUs with FPH for the Phase II Programme by country.

<b>Country</b>	<b>Government counter part</b>	<b>Time signed</b>
Albania	Ministry of Health	December 2007
Bosnia & Herzegovina	Ministry of Health, Federation of BiH, & Ministry of Health and Social Welfare, Republic Srpska	July 2007
Kosovo	Ministry of Health Ministry of Local Government and Administration	October 2007
Montenegro	N/A	N/A
Serbia	Pending appointment of a national AIDS coordinator	--

## **2. Country Advisory Committees**

There were no formal advisory committees for most of the participating countries in Phase I Programme. Instead the Programme held topic-specific consultations or working groups. To ensure strengthened ownership and building sustainability for the Programme investments in the participating countries, an advisory committee has been established for each country except for Montenegro. Terms of reference, based on the context of each country, have been established. In addition, a list of potential members for the advisory committee in each country was developed. After consultation with key partners in each country, a committee was established in 2007. The country advisory committee members include the focal point for UNAIDS or a UNAIDS co-sponsor, the Sida country officer and the national AIDS coordinator. In addition, dependent on the context and situation of each country, the members include NGOs and technical experts from infectious diseases and a PLHIV. This reflects the Programme's commitment to continue promote the Greater Involvement of PLHIV (GIPA). At times, a PLHIV association or NGO may defer their participation in the advisory committee in order to apply for the Sida NGO Trust Fund grants without a conflict of interest. The CPC or relevant FPH country office staff serves as the Secretariat for each country's Advisory Committee. In BiH, the Country Director, in addition to CPC, is part of the Secretariat. In Serbia, the country staff and the President of this local FPH NGO serve as the Secretariat.

### ***Albania***

There are six members in the Advisory Committee representing Sida, PLHIV, IPH, National AIDS Coordinator, UNAIDS and UNFPA. The Advisory Committee has provided inputs to the Sida NGO Trust Fund proposal selection for Round I of the Phase II Programme.

### ***Bosnia and Herzegovina***

There are 11 members in the Advisory Committee (AC). The membership includes the Deputy Minister of Health for both the Federation and the Republic of Srpska, the CCM chair, the AIDS coordinators for the Federation and the Republic Srpska, Director of IPH for the Federation and the Republic Srpska, Deputy Director of IPH, Federation, a UNDP representative and the Sida officer. The AC has provided inputs to the Phase II Programme first year work plan as well as the selection of proposals for the first year's NGO Trust Fund grant.

### ***Kosovo***

There are three members in the Kosovo Advisory Committee. The members included the National AIDS coordinator, the Sida officer and the UNAIDS focal point. The AC participated in the selection of NGO Trust Fund proposals for the first round and the preparation of the trainer skills training course (TSTC) for PHC providers.

### ***Montenegro***

The Sida Serbian office has agreed with FPH to continue the Montenegro Phase II Programme management through FPH's Serbia office. Thus an Advisory Committee was not established for Montenegro.

### ***Serbia***

One AC candidate member declined participation to avoid conflict of interest because his own NGO was applying for the Sida NGO TF grant. As Serbia has a large number of PLHIV and their associations, it was feasible to request and receive a nomination from the PLHIV network to the Advisory Committee. At the time of the Committee formation, the national AIDS coordinator for Serbia has not been appointed. There are six members in the Serbian Advisory Committee in the first year of the Programme. The composition included the UNAIDS programme officer, a representative of the PLHIV network, Sida officer, the head of the HIV Department at the Institute of Infectious Diseases, the President and the Deputy President of *Partnerstvo za Zdravlje* (the local Serbian FPH).

The list of Advisory Committee members for each country is in the Annex.

## **V. PHASE II PROGRAMME ACTIVITIES**

### **1. NGO Trust Fund**

Despite of the availability of GFATM grants to every participating country, there are still key gaps not filled by the GFATM support. To ensure filling these critical gaps and to avoid overlapping with the GFATM support, FPH has conducted extensive consultation with the GFATM Project Implementation

Unit, the national AIDS coordinators, Sida country offices, PLHIV associations and UNAIDS and its cosponsors to identify thematic gaps in each country. In addition, efforts were made to consult every UNICEF country office to ensure there is no duplication or overlap with UNICEF's in country activities. The Balkans Programme, based on findings of these consultations, developed thematic focuses for each country to issue public calls for proposal. In order to begin building sustainability, the NGO TF support required co-financing from most eligible NGOs. Exceptions were made when the proposals were from PLHIV associations. In the first round, all NGO grant awards in each participating country, except BiH, had co-financing.

The NGO Trust Fund supported projects, between January to May 2008, have distributed 17,170 condoms, conducted 142 VCT sessions for 110 MSM and 32 prisoners. In addition, 20 prison staff were trained to administer a questionnaire and 200 prisoners were surveyed. A total of 60 prison staff and 50 prisoners were trained as peer educators reaching 130 prisoners. This is in addition to the 12 prison staff being trained to do VCT.

### ***Albania***

FPH reviewed the list of the NGOs supported by the Albanian GFATM grant with their respective geographic coverage and target groups. The FPH's call for proposal was announced on November 21<sup>st</sup> 2007 in the newspaper and through the NAC network with the following focuses:

- VCT promotion for the prevention of maternal to child transmission (PMCT).
- Support to PLHIV NGOs in prevention and care activities.
- HIV prevention in Roma communities, taking into account gender issues.

Twelve local NGOs applied for this first round. After screening for eligibility based on the solicitation criteria, six proposals were submitted for review and recommendation by the Advisory Committee. Four meetings were attempted since January 2008 but canceled due to conflicting obligations among Advisory Committee members. The Advisory Committee members then suggested conducting an email consultation in March 2008. Two proposals were selected. One is on PMCT. This is the first time PMCT is being developed in Albania. The second is to For Healthy Albania (FHA) on HIV prevention among Roma communities. Table 3 provides a summary of the first round of NGO Trust Fund grants awarded by country.

### ***Bosnia and Herzegovina***

The call for proposal was announced in local newspapers in the Federal BiH and the Republic Srpska on 25 October 2007. Two proposals were accepted for funding. One focused on IDUs in prison for harm reduction, HIV preventive education and VCT for HIV and Hepatitis C in seven prisons, six of which are outside of Sarajevo. This is the first time VCT is conducted in most of these prisons. The second grant was for APOHA to support health and economic needs of PLHIV. This is the first time income generation skills will be built among PLHIV in BiH.

### ***Kosovo***

The call for proposal was announced on October 19<sup>th</sup>, 2007 in the newspaper "Koha Ditore". Four proposals were reviewed and two were chosen based on recommendations from the Advisory Committee. The thematic solicitation covered the following areas:

- VCCT for vulnerable groups: MSM, prisoners, etc.

- Support PLHIV to live positively

Three proposals were being considered. One was from CSGD to continue MSM VCT. The other is from Labyrinth to initiate HIV VCT and Hepatitis B and C prevention in prisons. This is the first time HIV VCT is being provided to prisoners in Kosovo. Unfortunately, the PLHIV proposal was unclear as to its focus, objectives and activities. It was suggested that the CPC, Kosovo assist the NGO to improve the proposal for resubmission. CSGD, as of the end of May 2008 (six months of implementation), has reached 110 out of 130 planned MSM for HIV counseling and testing; and 2,170 out of 2,000 planned condoms were distributed. As for the prison project, 20 prison staff were trained to administer a survey to 200 prisoners, 60 out of 45 planned prisons staff have been trained as peer educators, 50 prisoners were also trained as peer educators and together, they reached 130 out of 120 planned numbers of prisoners. Among the 12 prison staffs that were trained as VCT counselors, they generated 32 HIV testing out of the 24 planned in addition to the 16 hepatitis B and C testing. A total of 15,000 condoms were distributed in the prisons.

### ***Montenegro***

Montenegro was not included in the first round of the Sida NGO TF solicitation. This is because the Montenegro GFATM implementing agency was just beginning to select NGOs for funding. FPH will await the decision from GFATM grants in order to determine if there is remaining gaps to be filled that is within the scope of the Balkans Programme.

### ***Serbia***

The call for proposal was announced on November 23rd 2007 with two focuses:

- Participatory PLHIV peer-support services
- Innovative prevention actions for vulnerable populations preferably outside Belgrade (men who have sex with men, sex workers, Roma populations, mobile populations—including trafficked women, migrants, and injecting drug users).

Activities already funded by the GFATM grants were excluded from consideration. All proposing organizations were required to have a proven track record of successful and timely implementation of HIV or other related activities. Less experienced NGOs were encouraged to apply in partnership with a strong local NGO to mentor their project implementation. Two NGOs received the Trust Fund grants. Jazas will establish a self-support group among CSWs. A survey was conducted among CSWs to ascertain their interests in forming such a self-help group. An information brochure was also developed for the CSWs. The second grant was awarded to Youth of Jazas. The project was for advocacy to parliamentarians for establishing legal mechanisms to protect the rights and reducing stigma and discrimination of PLHIV in Novi Sad, Belgrade, Valjevo, Kragujevac, Niš and Vranje.

<b>Table 3 The 2007-2008 NGO Trust Fund Grants award</b>								
<b>Country</b>	<b>NGO recipients</b>	<b>Thematic focus</b>	<b>Target populations &amp; location</b>	<b>Total amount Euro</b>	<b>Sida NGOTF grant</b>	<b>Time frame</b>	<b>Time of call for proposal</b>	<b>Number of proposals received</b>
Albania	PLHIV/AC PD consortium	PMCT	Pregnant women and Maternity hospital staff: Tirana, Skkodra, Vlora	25,824	20,600	April 08-April 09	21 <sup>st</sup> November 2007	6
	FHA	HIV prevention	Roma women Elbasan	4,770	4,300	May-October 2008		
BiH	Consortium of: Viktorija, Margina, XY and UG PROI	HIV & Hepatitis C prevention and VCT	Prison IDU Tuzla, Mostar, Banja Luka, Doboj, Foca, Sarajevo & Zenica	No co-financing	15,000	June 08- May 09	25 <sup>th</sup> October 2007	7
	APOHA	Health care and income generation support	PLHIV Sarajevo and Banja Luka	No co-financing	15,000	April 08-April 09		
Kosovo	CSGD	VCT & HIV prevention	MSM Reached 110/130 Distributed 2170/2000 condoms, Pristina	35,780	15,000	Dec 07-Nov 08	19 <sup>th</sup> October 2007	4
	Labyrinth	Prison HIV VCT and Hepatitis B and C prevention	IDUs, women and juvenile delinquents Dubrava, Lypjan	22,580	13,100	Jan 08-Dec 08		
Serbia	Jazas	Self-support group	CSWs Belgrade	14,700	10,900	Feb 08-Feb 09	23 <sup>rd</sup> November 2007	16
	Youth of Jazas	Legal mechanism to protect PLHIV rights	Parliamentarians Novi Sad, Belgrade, Valjevo, Kragujevac, Niš and Vranje.	28,400	20,000	Feb 08-Feb 09 Political instability resulted in delayed implementation.		
<b>Amount co-financed:</b>		<b>48,154 Euro</b>	<b>Total project amount:</b>	<b>162,054 Euro</b>	<b>NGO Trust Fund support</b>		<b>113, 900 Euro</b>	<b>33</b>

## **2. Commissioned studies**

Three commissioned studies were initiated during the first year. Two have since been completed. The third one is a prospective one-year research that is currently on-going.

### **A. Bio-behavioural surveillance of risk populations**

The Programme, in collaboration with the GFATM grant implementation unit, UNICEF, UNAIDS and UNDP in BiH, conducted a bio-behavioural surveillance among MSM and CSWs. The study has been completed. The report is being prepared at present.

### **B. Counselling against gender-based violence**

In view of the gender inequity contributing to HIV vulnerabilities associated with domestic violence, human trafficking and sexual abuse of women, the Programme commissioned a study to document the work of the Counselling Centre against Family Violence in Serbia. The book *“Living with violence”* summarized twelve years’ efforts in Serbia in providing shelter and comprehensive legal, psychological and physical support to women who suffered from family violence or trafficking. The documentation of insights gained in responding to gender-based violence contributes to the knowledge-base for developing appropriate HIV preventive actions for these women. The book has been printed and is available in both Serbian and English languages. A copy of the book, in each of the two languages, will be sent to Sida offices in the region and in Sweden. The book will be disseminated through the Programme website and to countries in the region and at major international conferences as part of the knowledge-sharing of the Programme.

### **C. A participatory research on *Gender construct in Roma populations***

FPH, through the Programme, has initiated with Novi Sad Humanitarian Centre, an in-depth inquiry into the gender construct in Roma culture. FPH is providing extensive technical assistance on research methodology on gender, cultural construct and gender-transformative process in communities in the design and implementation of this research. This participatory research with Roma communities will also build capacities of Roma to be researchers. The study will conduct an in-depth assessment of the gender construct within selected Roma communities based on consultations with males and females of different age groups through the life-cycle (youth, adults and the aged). FPH has already collaborated with the NGO partner, NSHC during the Phase I NGO TF. This NGO has proved itself to be an accountable partner. This participatory process research intends to further strengthen NSHC’s capacity and will last 12 months until March 2009. A report synthesizing the results of the consultation will be produced for dissemination.

## **3. Primary health care provider training**

The majority of PHC providers in the countries have not been exposed to HIV knowledge training. There are high levels of stigma and discrimination against PLHIV and marginalized populations. The

Balkans Programme continues its efforts in training PHC providers in order to strengthen country's health system as well as facilitate the reduction of provider stigma against vulnerable populations.

During the first year of the Programme 3,984 primary health care professionals have received basic training in HIV knowledge and skills through 208 one-day courses in Albania, BiH and Kosovo. The foundation built during the Phase I Programme in terms of a primary health care provider training curriculum and teams of trainers in Albania and BiH, has been utilized in Phase II to continue the PHC provider trainings. The BiH training is in collaboration with the GFATM grant thus allowing a wider scaling up. Both in Albania and BiH, these PHC provider trainings have been scaled-up to outside of the capital cities to ensure a national coverage. The experience gained from Phase I Programme facilitated the starting up of PHC provider trainings in Kosovo<sup>5</sup>. However, in Kosovo, the Programme has taken a unique approach to build sustainability from the start by engaging and partnering with the Centre for Family Medicine Development and the Association of Family Medicine Doctors. (Refer to Kosovo country report)

### ***Albania***

PHC provider capacity building has been an integral component of the Phase I Programme activities in Albania. In Phase I, most of the trainings were conducted in Tirana, the Capital city of Albania. To prepare for the Phase II Programme activities in Albania, consultations were held with the Director of Public Health, MOH and received his support for a national coverage of Phase II training. To build synergy with the eleven VCT centres being established by the MoH with the support of GFATM, both the Director of Public Health and the National AIDS Coordinator suggested that FPH conduct the PHC provider trainings where the VCT centers are being established.

*PHC provider training in Lushnje*



The PHC provider training started in February, 2008. With the assistance of the MoH, FPH, Albania received the support from the PHC Directorates of the 11 districts to organize training in their districts. The MoH issued an official letter to each of the Directorates of Primary Health Care to inform them about the proposed training as well as soliciting their cooperation. Meetings were held in each district to discuss and finalize the training schedule and budget. As of May 2008, 31 one-day courses have been conducted in 11 districts and 650 PHC providers trained. Among these, 364 were doctors and 286 were nurses. The 11 districts covered are Elbasan, Korca, Shkodor, Lezhe, Fier, Lushnje, Durres, Tirane, Gjirokaster, Kukes, Berat, Diber and Vlora.

*PHC provider training in Korca*



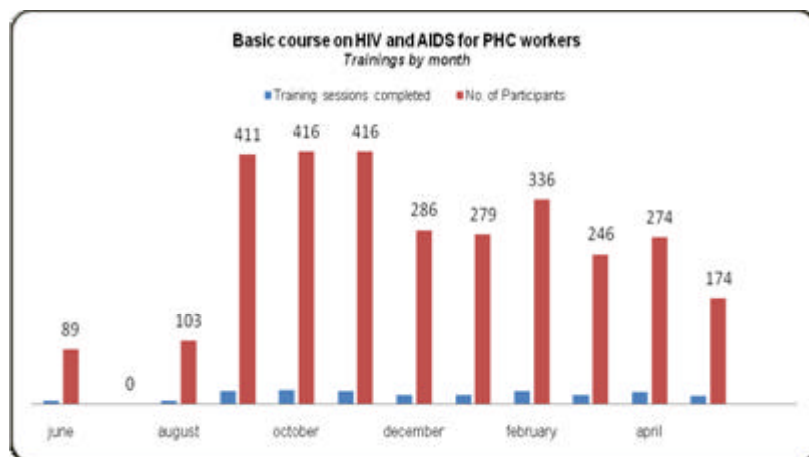
From the original 8 teams of 24 trainers trained and engaged by FPH during Phase I, 12 skilled trainers were selected and regrouped into 4 trainer teams. The selection of these 12 trainers were based on the analysis of feedback from previous training participants, the pre- and post-test results as well as FPH staff on-site assessment during the last year of Phase I implementation. These carefully selected trainer teams successfully created a positive learning environment and participatory relationship with trainees. FPH Albania continues to involve PLHIV as a resource

member for the trainings. The PLHIV resource people have made a great impact on the participants, particularly in terms of reducing stigma and discrimination – a component of this training course. Many participants had never met a PLHIV prior to this training. The encounter during this training gave them a different impression about PLHIV. Often, they were surprised at how healthy a person living with HIV can appear. They commented on the emotional/ moral outlook of these PLHIV as well. At one training session, the participants were surprised by the presence of a well-educated and articulate person who lives with HIV. They asked numerous questions to our PLHIV resource person. At the end of the session, they sincerely wished her a healthy and long life and everybody gave her a warm hug as a sign of solidarity.

FPH, Albania maintains a database on the training. This data base includes participants’ knowledge assessments, course evaluation and a list of participants trained. The year one training results are being compiled and analyzed now in order to provide inputs in preparation for year two trainings.

### ***Bosnia and Herzegovina***

There was no evaluation or selection to re-constitute the trainer teams in BiH as they continued the PHC provider training with GFATM support when Phase I was completed and before Phase II was initiated.

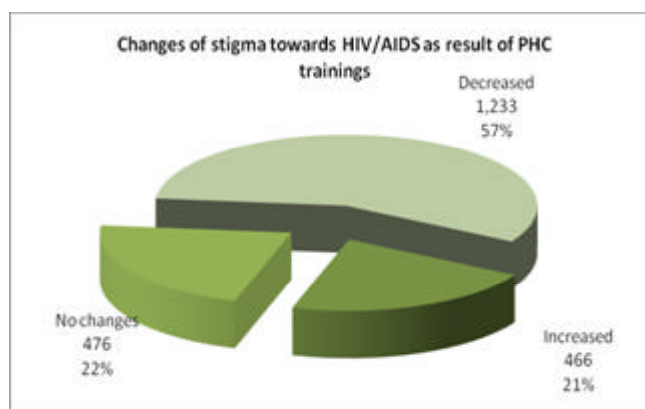


There was high pressure from the GFATM grant implementer to fulfill numeric training targets within a prescribed time in addition to competition from other training organizers to pay higher fees to the same small pool of trained trainers.

From June 2007 to May 2008, FPH, BiH conducted 169 one-day training courses for 3,152 participants. In addition to the Balkans Programme support, GFATM also provided grants to cover part of the costs of the training venue and printing of the manuals. The Figure above showed the number of PHC provider trained in BiH by month. About 80% of participants were females and 23% of participants were doctors. Approximately 7% were non-medical personnel working in the health facilities.

**Knowledge** Based on a preliminary analysis of the PHC provider training data in BiH, 84% of participants improved their knowledge on HIV.

**Stigma** Whereas 57% of participants reduced their stigma towards PLHIV, 22% had no changes and 21% actually increased their stigma towards PLHIV. Some of the increase in stigma maybe attributable to some participants’ increased fear about HIV. Another reason may



be cultural. In BiH, it is still a taboo to speak about serious diseases, so most people avoid discussing about HIV.

## **Kosovo**

### *PHC Training in Celina c, BiH – March 2008*



FPH consulted UNAIDS, the National AIDS Coordinator and the MOH to find a suitable entity to build local capacity for the PHC provider trainers' training. Four organizations submitted their proposals for this training but they did not match the requirements of FPH. It became apparent that the concept of trainer skills training was not well-understood by many in Kosovo. Several professionals considered themselves to be master trainers when in effect they were trainers who can impart technical knowledge and information but not training skills. To uphold the rigorous quality of the FPH training model, it was necessary to continue searching for a suitable partner. Finally, FPH was able to secure the collaboration of the

Centre for Family Medicine Development and the Association of Family Medicine Doctors. This National Centre has been conducting training of trainers and they were open to partner with FPH to conduct quality trainer skills trainings. This partnership was also advantageous because the Centre has eight regional family medicine centres in Kosovo, which will form the basis to implement the PHC provider training courses. The TSTC participants were selected from these eight regional centres.

Eight regional teams, each consisted of 1 nurse, 1 IDS, 1 family doctor for a total of 24 trainers were trained. About 182 PHC providers have received training, of which 58 were family medicine doctors and 124 were nurses.

#### **4. Mental health and social work professional HIV training**

At the request of the National AIDS Coordinator, BiH and mental health specialists from the countries during the Phase II Programme formulation consultations, the Programme included HIV training for social work and mental health professionals. In addition to initiating explorations with participating countries to find suitable partners, the Senior Technical Advisor, in collaboration with a psychologist, developed a high-quality, generic mental health and HIV training curriculum, taking into account the findings from the training needs assessments conducted with these professionals. This curriculum was subsequently reviewed by an expert committee in BiH and in Serbia. The BiH Committee subsequently adopted this generic model into a BiH curriculum. Since the GFATM grant has already been implementing HIV training for social work and mental health professionals, FPH will not duplicate such training in Serbia.

## **Albania**

In November 2007, FPH consulted Sida, the National AIDS Coordinator and the WHO mental health advisor in Albania concerning HIV training for mental health professionals. They all agreed that there

is a need for psychiatrists and other mental health professionals to support PLHIV. However at present, the mental health sector in Albania is extremely weak and has not been able to respond to the core mandate in its service provision. It is thus premature for FPH to initiate integration of HIV in mental health services. The service is currently over-stretched with under-trained and de-motivated mental health workers. Instead, it was suggested that FPH consult with the Chair of the Psychiatric Department from the University Hospital. The Chair of the Psychiatric Department was supportive of the idea and suggested FPH to explore further with the mental health focal point in the MOH. As the Minister of Health of Albania has just been replaced at the time of this report, FPH will explore this issue when the situation within the Ministry is stabilized during year two of the Programme.

### ***Bosnia & Herzegovina***

A need assessment was conducted at the end of Phase I. (Refer to the Annex). The needs assessment report is in the annex. An expert group for mental health and social work professional training on HIV has been formed based on inputs from the Ministry of Health of the Federation BiH and the Ministry of Health and Welfare of the Republic Srpska. This expert group included the Deputy Minister of Health, Federal MOH, National AIDS Coordinator, Federal BiH, the National Coordinator for Mental Health of the Republic Srpska and the National Coordinator for fight against drug and alcohol abuse of the Republic Srpska. The FPH BiH Country Director served as the Secretariat. The generic curriculum developed by FPH has been translated from English to Bosnian. The Expert Group accepted the generic curriculum and suggested two additional chapters. These two chapters are 1): the role of social worker in fighting HIV, and 2) legislation in BiH pertaining to HIV and AIDS. Trainers will be appointed by this expert group.

There will be five training teams, three from the Federal BiH and two from the Republic Srpska. Each team has 4 trainers including an infectious disease specialist, a psychologist or psychiatrist, a social worker and a nurse or occupational therapist. FPH will implement a 3-day training for the selected trainer teams. The training will start in Year Two.

### ***Serbia***

FPH has consulted with the PIU on their plan in implementing the GFATM grant to train social workers and psychologists. However, they did not plan to conduct a pre-training needs assessment. It was agreed that FPH would conduct a training needs assessment during the GFATM supported trainings for social workers and psychologists. FPH adapted the HIV knowledge assessment questionnaire developed for BiH and Macedonia in Phase I and translated the revised version into Serbian. The assessment results pointed to several gaps in knowledge among these professionals. There are gaps in the basic knowledge about HIV transmission, the “window period” and the protection of confidentiality of a client’s HIV status. The limited understanding of HIV transmission was also reflected in the fact that very few providers felt comfortable in touching a person who is HIV positive. While interest in HIV-related information exists, the main source of information for these professionals is TV instead of professional continuing education or training courses.

FPH developed a curriculum of HIV training for mental health and social work professionals were developed from November to December 2007. A psychologist worked with the Senior Technical Advisor in developing the curriculum. The final curriculum was reviewed by Serbian experts. As

Serbia has the training under GFATM grant support, FPH will consider training counselors and social workers dealing with women who are trafficked or suffering from domestic violence and are at risk for HIV.

## **5. Third Balkans regional conference**

The theme for the third Balkans regional HIV conference was “*HIV and Gender: Creating an enabling environment*”. It was held in Sarajevo, BiH on 27-28 March 2008. The Conference was attended by over 190 participants from 15 countries. The participants represented Ministry of Health, Ministry of Civil Affairs, Ministry of Education, local administration, Institutes of Public Health, local NGOs and international NGOs, PLHIV and members of vulnerable populations. In addition, UNAIDS, UNDP, UNFPA, UNICEF, UNIFEM, ILO, WHO and the Secretariat of GFATM contributed to technical sessions of the Conference. Kosovo declared independence prior to the Conference. As there was no bilateral relationships established with BiH at the time of the Conference, the Kosovo participants were unable to attend. Up to 60% of participants were either co-financed or financed by other sources of funds. This reflected the increasing commitment and support by partners in the region for this annual regional conference.

### ***Albania***

Thirteen out of the 30 Albanian participants to the regional conference had an active role in the programme as panelists or presenters at eight different sessions. Twelve of the participants were supported by UNDP. A special panel on HIV+ children’s right to schooling was also the session where good practice of journalist reporting from the region was shared. The active participation of Albanians contributed to enrich the content of the Conference. Refer to Table 4 on the country participants’ contribution to the Conference sessions.

### ***Bosnia and Herzegovina***

The BiH office hosted the Conference. A short-term conference coordinator was hired to ensure all logistic and management tasks were performed timely. In addition, temporary assistants were engaged during the Conference to provide additional support. A PLHIV member, selected by APOHA, also was engaged in the Conference preparation to promote engagement and active involvement of PLHIV as well as to educate and sensitize the FPH staff on working with PLHIV. BiH presenters contributed to 9 sessions in this year’s Conference. (Refer to Table 4)

### ***Montenegro***

Ten participants came from Montenegro, representing government, NGOs and United Nations agencies. UNAIDS and the Montenegro GFATM PIU provided support to 4 participants. Montenegrin presenters contributed to two sessions in the Conference.

### ***Serbia***

There were 45 participants from Serbia representing the GO, NGOs, PLHIV network, UN agencies, and the Pharmaceutical sector. FPH was able to mobilize support from the Serbia GFATM PIU to cover 20 participants and provide land transportation for all Serbian participants. Roche and Janssen Cilag supported three participants. Serbian presenters contributed to 7 sessions during the Conference.

(Refer to Table 4). For details of the Conference please refer to the Regional conference report in the annex.

<b>Table 4 Conference sessions with presenters from country</b>				
<b>Session</b>	<b>Albania</b>	<b>BiH</b>	<b>Montenegro</b>	<b>Serbia</b>
HIV+child's right to schooling	<input checked="" type="checkbox"/>			
Roma perspective on gender		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
EACS guidelines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Mental health and HIV		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
GlobalFund update	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
UNAIDS Gender analysis and HIV				<input checked="" type="checkbox"/>
FPH PHC provider training model	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
UNFPA gender in youth programme	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
ILO workplace		<input checked="" type="checkbox"/>		
BBS		<input checked="" type="checkbox"/>		
UNICEF MARA	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Voice from vulnerable groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

## VI. YEAR ONE PROGRAMME ACHIEVEMENT SUMMARY

<b>Objective 1</b> Build 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.		
<b>Expected results</b>	<b>Achievements first six months</b>	<b>Comments</b>
<b><i>1.1 Programme Management</i></b>		
Country advisory groups and regional steering committee in place in each country and for the region.	<p>TORs were developed for each country and AC members selected except for Montenegro where Sida is phasing out its engagement. All country ACs have met at least once during Year 1.</p> <p>The regional HIV Taskforce has been established in March 2008 composed of AC members from countries as well as representatives from Croatia, Macedonia and Montenegro.</p>	<p><b><i>Task implemented on schedule.</i></b></p> <p>There will be at least 1 AC meeting and 1 regional meeting per year. Additional meetings will be determined by each country or at the request of regional taskforce members.</p>
Country and regional programme team in place.	<p>A Regional Programme Manager was engaged but resigned within 3 months due to personal reasons. The current Regional Manager has taken up the responsibility since January 2008.</p> <p>A regional logistician was engaged for six months. A regional training coordinator, for one month, and a regional finance manager was engaged for 3 months. Their engagement was terminated in 2007. The logistician concluded his contract in January 2008. The current regional finance manager was hired in February 2008.</p> <p>The CPC, BiH was recruited and in place.</p> <p>A Serbian CPC was engaged but the person preferred not to deal with management and administrative matters of the office. This person only assisted in a limited way for the Programme for 3 months. A temporary, part time assistant was subsequently engaged for 3-months to cover the gap while recruitment of a suitable candidate is underway.</p>	<p><b><i>Function of regional team revised</i></b> as described below:</p> <p>Based on an internal evaluation in January 2008 to strengthen FPH country offices' capacity and facilitate regional sharing of resources, the Regional Programme Manager, who started in January 2008, has decided to decentralize the regional programme management functions.</p> <p>Consequently, the regional logistician position will be shared by engaging local logistic supports in each country office when and where needed to support regional programmatic functions. The same applies to the regional training coordinator. Instead, the role will be provided, either on short-term or fixed-term arrangements to each country to maximize the utility of the role as well as to further strengthen the talents and capacities in each participating countries by training either short term or fixed term staff in countries. The same applies to the role of regional M&amp;E function. Individual statisticians have since been engaged to assist each country in processing and analyzing the training and programmatic data for timely monitoring feedback.</p>

Final evaluation of Phase I recommendations integrated.	N/A	<i>Sida HQs has deferred this task until further notice.</i>
Annual Progress review completed	An annual regional programme planning meeting was conducted in September 2007 in Sarajevo.	<b>Implemented according to plan.</b>
<b>1.2 Institution Development</b>		
Up to three countries have initiated integration of HIV prevention and AIDS care and support into community mental health centres	<p>HIV training curriculum for mental health professionals developed.</p> <p>BiH established a mental health and social welfare steering committee to plan for the implementation of the training in year 2.</p> <p>MH professionals HIV knowledge needs assessment questionnaire was developed, conducted and analyzed in Serbia.</p> <p>The BiH needs assessment report was completed.</p>	<p><b>In progress.</b></p> <p>The survey findings in BiH confirmed the gaps in knowledge and the prevailing stigma thus the need for training.</p> <p>To avoid duplication with the GFATM Serbia training activities this activity is deferred for Serbia.</p> <p>Explorations in Albania resulted in deferring the activity due to the weak mental health structure and personnel. The new appointment, within less than 12 months, of another new Minister of Health will further delay the consultations with the Government on this initiative.</p>
Annual consultation held on coordination between health and relevant non-health sectors and between different health sectors (IDS, primary health care, relevant secondary health care, and mental health).	The annual regional conference has provided the venue for regular multi-sectoral sharing and facilitating collaboration	<p><b>Done at regional level.</b></p> <p>Expanding non-health sector participation at the annual regional conference.</p> <p><b>Country level:</b></p> <p>BiH consultations held to resolve conflicts in dealing with IDUs by the police.</p> <p>Encouraging each country level multi-sectoral consultations.</p>
Strengthened governance mechanism for accountability for 15 NGOs in the region 2007-2010.	Twelve NGOs have received Trust Fund grants which included accompanying project management coaching from FPH CPCs and from the regional finance manager on financial accountability. In addition, the Senior Technical Advisor provides technical support to these NGOs plus 2 additional NGOs through commissioned studies support.	<p><b>Reached 93% of the Programme's three-year target.</b></p> <p>In year 1, <b>14 NGOs</b> are already receiving coaching and technical inputs to strengthen their governance mechanism or their technical capacity.</p>
<b>1.3 Human Development</b>		
• Improved quality of life of PLHIV members through strengthened PLHIV self-support	NGO Trust Fund support includes PLHIV support.	<p><b>On target</b> FPH is providing direct mentoring 3 PLHIV NGOs: 1 Albania, 1 BiH &amp; 1 Kosovo.</p> <p>Despite an extremely weak proposal from a BiH PLHIV NGO, FPH through</p>

<p>network and strengthened marginalized groups' networks and partnerships with local community, NGOs and government institutions.</p> <ul style="list-style-type: none"> <li>Up to 3 PLHIV groups and/or NGOs serving marginalized populations mentored.</li> </ul>	<p>Volunteers have been recruited in Albania and BiH.</p>	<p>its CPCs and Senior Technical Advisor, are providing extensive technical advice and programmatic support in addition to the Trust Fund grant support. In addition, the regional finance manager teaches the NGO to strengthen its financial management and reporting to conform to the minimal legal requirements.</p> <p>The proposal from the PLHIV association in Kosovo was too weak to know what they planned to do. It was suggested that the Kosovo CPC support this NGO in improving its proposal and that the NGO conducts a strategic planning session to clarify its own goals and objectives.</p> <p>Year One NGO Trust Fund is supporting marginalized groups: MSM, CSW, IDUs. Roma and prisoner. (Refer to Table 3 for details)</p> <p><b>To continue</b> There were more interest and results in Albania but lacking response from BiH. Due to political instability, Kosovo and Serbia were not included in this effort.</p>
<p><b>Objective 2:</b> Scale-up capacity and built sustainability of GO and NGO responses with integration of GIPA in sexual, reproductive and health services and civil society responses.</p>		
<p style="text-align: center;"><b>2.1 Clinical Services</b></p>		
<p>7,000 PHC providers received Basic Course on HIV and AIDS in 3-4 countries, 2007-2010.</p>	<p>PHC provider training continues in Albania, BiH and has been initiated in Kosovo.</p>	<p><b>Reached 56% of the Programme's three-year target</b></p>
<p>Up to date clinical information available through web-link for IDSs on ART, management of OI, TB co-infection, PEP and work place universal precautions, and PLHIV nutrition support.</p>	<p>The Programme website has been transferred from Macedonia to BiH and BiH staff was trained to manage the Programme webpage.</p> <p>Source materials are being identified.</p>	<p><b>Plans are being made to collaborate with regional partners with web links.</b></p>
<p>Up to 750 community mental health/social worker professionals trained in HIV counselling and psychosocial support to PLHIV, marginalized groups and their families in up to 3 countries.</p> <p>Quality assurance</p>	<p>Needs assessment questionnaire adapted and survey completed in BiH and Serbia. Curriculum developed. Working group formed in BiH.</p> <p>Adapt the basic training curriculum into medical, nursing or dental school curriculum in Kosovo.</p>	<p><b>In progress</b> Explorations with Albanian officials, WHO and Sida office resulted in halting the process due to the lack of structure and capacity in the mental health sector.</p> <p>BiH set VCT standards in collaboration with GFATM grant.</p> <p>Serbia has GFATM grant supported training. FPH will explore alternatives to cover psychologists not currently being trained.</p>

		Changed to integrating into family medicine training in Kosovo.
<b>2.2. Civil Society services</b>		
4-6 NGO projects supported by NGO trust fund each year. At least one project will have regional scope.	Thematic gaps in each country have been identified through consultation with stakeholders. Trust fund guidelines and procedures, proposal forms have been developed for Kosovo, BiH, Albania and Serbia Call for proposals issued publicly in Albania, BiH, Kosovo and Serbia. Pairing of NGOs and consortia encouraged Contract language reviewed and adapted for each country	<b>Exceeded planned target: 8 NGO grants to a total of 12 NGOs, 2 grants/country.</b>
2-4 VCCT centres established for marginalized populations in outlying or border zones outside of capital cities.	FPH is supporting the establishment of VCT in prisons for the first time in BiH and Kosovo.	<b>Exceeded overall Programme target:</b>  7 prison VCT centres for IDUs, women and juvenile delinquents have been established in year one.
Workplace training	Consultations held with NAC and AC in Albania, BiH and Serbia.	BiH trained 36 volunteers of the Mountain Rescue Service.
<b>Objective 3.</b> Strengthen regional collaboration and partnerships for knowledge building and learning exchanges with outreach to marginalized populations PLHIV networks and clinical practice.		
<b>3.1 Building regional knowledge and resource base</b>		
Up to date Programme website with resource materials.	The Programme website has been updated with Phase II information, the third regional conference and newly completed reports.	<b>Programme website is currently being updated.</b>
Annual regional conference conducted	The third regional conference was successfully conducted.	<b>Completed on schedule.</b> The third conference was held on 27-28 March 2008 in Sarajevo, BiH with over 190 participants from 15 countries. (Refer to conference report in the annex)
<b>3.2 Regional outreach to marginalized groups</b>		
Strengthened regional Roma, PLHIV, IDUs and mobile population self-help networks.	In addition to continued facilitation for networking in country, the annual regional conference provides a good venue for regional networking.	<b>On target.</b> FPH is supporting the establishment of a CSW self-help group in Serbia.

## **VII. PROGRAMME MANAGEMENT**

### **Personnel**

#### **1. Phase I staff contract termination**

The Macedonia CPC contract was terminated at the end of August 2007 with the completion of the closure of Macedonia component of the Phase I Programme. The Phase I Serbian CPC's contract was also discontinued at the same time due to her lack of Programmatic and financial accountability. The regional health information officer and the regional finance manager's contracts were extended until mid-October and early December 2007 respectively to facilitate the transfer of work from Macedonia regional office to the BiH office.

#### **2. Phase II staffing**

##### ***Regional Programme Manager***

A Regional Programme Manager was internationally recruited and joined the Programme on August 16, 2007. She discontinued her work with the Programme in September but her resignation was effective on October 26, 2008. There were major management differences. No Programme activities were initiated during her tenure. This situation contributed to the overall delay in Programme start-up in Albania, Kosovo and Serbia. BiH has been able to continue its PHC provider training from Phase I to Phase II because there were no major changes in the Government counterparts and local BiH office management and staff continuity. However, other Phase II Programme activities for BiH were delayed in starting up. The programme management was shared between the Senior Technical Advisor and the FPH Executive Director while a second round of international recruitment was initiated. Due to lack of suitably qualified candidates, by January 2008, FPH asked the Senior Technical Advisor to take on the regional programme management role.

##### ***Financial management***

#### **a. Local accounting firms**

As part of the economic transition, countries in the Balkans are continuously changing financial reporting requirements and employment laws for NGOs. To ensure full compliance and be up-to-date with country regulations, FPH contracted accounting firms for each country offices in implementing the Phase II Programme.

#### **b. Regional finance manager**

A regional finance manager was recruited by the BiH office from October to December 2007. The person did not pass his probation so the contract was discontinued. A new regional finance manager has been recruited and started in February 2008.

##### ***Country Programme Coordinator***

A CPC was recruited for Serbia. The person, after accepting the offer, decided she did not want to manage the administrative aspect of the office. Instead, she was engaged by FPH to prepare a training curriculum for mental health professionals. Recruitment continued. In the interim, the President of the Serbian FPH (it is registered as a local NGO) provided part-time coverage of the office under the

guidance of the Senior Technical Advisor. A temporary employee was engaged to facilitate the Programme work in Serbia for the remainder of the first year. The Serbian component of the Programme was able to catch-up and progress under the joint management by the President and the Senior Technical Advisor. A CPC has been employed for BiH since August 2007.

### ***Regional logistic officer***

The BiH office engaged a local staff for this role. However, the Phase II Programme focuses on scaling up and out-reaching beyond the capital cities of each country. Consequently, one individual logistician stationed in BiH could not respond timely or efficiently to the diverse demands of the Programme. The person also would not have the requisite language skills and knowledge of the local context necessary for efficient logistic support. The rapidity of Programme activities taking place in countries demanded on the ground responses.

The Regional Programme Manager, started in January 2008, conducted an internal operations assessment. It was identified that the Phase I operations based in Macedonia did not contribute to capacity strengthening of the other country offices. For instance, only the Macedonia regional office staff was engaged in the regional conference preparations. None of the other country office staff knew how to plan, organize and conduct such regional events. It was thus decided by the current Regional Programme Manager to implement a de-centralized staffing approach for this Regional Programme.

There are multiple advantages to this decentralized approach with the same financial resources. The first is to allow timely and quality support for each country offices in the Programme implementation by having a local staff with the requisite knowledge, experience and language capability to backstop the activities in country. Second, such approach provides an opportunity for in-depth capacity building for each of the FPH country offices by having the necessary complement of staffing responsively for the Programme implementation. Thirdly, by recruiting and training local staff in each country to function up to the international standards, the Programme contributes to building logistic human resources in each country.

In countries where there are no day to day logistic requirements, such as in Serbia and Montenegro, short-term, needs based use of the logistic support will be applied.

A logistician has been hired for Albania since January 2008 to support the intensive PHC provider trainings nationally.

### ***Regional Capacity Building Officer***

A consultant was recruited by the first Regional Programme Manager (August-October 2007), who subsequently resigned. This consultant did not have requisite HIV knowledge or training experience and did not contribute to the Programme. This consultant's contract was discontinued after this Regional Programme Manager resigned.

With the same logic, the current Regional Programme Manager has also decentralized the regional capacity building officer's role into each country. For each country, a short-term training consultant or a training coordinator is being engaged, dependent on the Programme needs. It is not possible for one person to possess all the requisite clinical and prevention knowledge and skills to contribute effectively to this complex Programme. Consequently, the role of the regional capacity building officer has been

split to ensure the recruitment of the best talent for the specific activities at hand. For instance, the engagement of experts to develop a curriculum for mental health workers or the expertise required to develop workplace trainings require different specialists.

At present, technical experts have been engaged from time to time in Albania, BiH, Kosovo and Serbia to contribute to capacity building activities of the Programme. A training coordinator has been employed in BiH since August 2007 and in Albania since January 2008 to support the intensive PHC provider training activity nationally in both countries. It is anticipated that after the political situation stabilizes in Kosovo, the needs on the ground will be assessed.

### ***Regional monitoring and evaluation officer***

This role has been decentralized by engaging analysts and statisticians in each country to conduct the analysis of data generated from Programme activities. This approach of utilizing the regional monitoring and evaluation officer resource is advantageous as the data are understandable to a local statistician without language barriers. This approach avoids the challenge faced during Phase I where the one health information officer in Macedonia not only could not process the data from each country on a timely basis but also did not have the ability to interpret data in different languages. This is a particular barrier pertaining to the analysis of qualitative data.

At present, statisticians have been engaged in Serbia to analyze the mental health needs assessment. However, in BiH, a suitable statistician has not been identified by that office to assist in such tasks. The situation will be evaluated in the second year. It is planned that a local statistician will be engaged to work with the Albania office to analyze the PHC provider training. The results from the first year data analysis will be fed back to FPH and the trainer teams to continue strengthen their second year training activities.

## VIII. YEAR TWO WORKPLAN

**Development Goal** To slow the HIV epidemics in Western Balkans by creating an enabling environment to strengthen HIV resilience of the countries with engagement of multiple sector partners.

**Objective 1.** Build social capital through participatory social networks at the community level: Advocacy, risk-behaviour prevention, promotion of gender equity and de-stigmatization with institutions and for human development.

<i>Expected results</i>	<i>Activities</i>	<i>Time frame</i>				<i>Comments</i>
<b>1.1. Programme Management</b>		6-8 08	9-10 08	11-2 08-09	3-5 09	
• Country Advisory Committee meeting	Each country's Advisory Committee will meet at least once a year. It could be virtual, using telecommunication technology, or face to face.	Serbia	Albania			Time of meeting will vary from country to country.
• Annual regional HIV taskforce meeting	At least one meeting per year. One meeting will be held during the annual Regional Conference.				3	Fourth annual conference planned for March 09
• Annual progress review	Meet with staff to review accomplishment and year 2 work plan					Regional Programme staff meeting
<b>Institution Development</b>						
• Up to 3 countries have initiated integration of HIV prevention and AIDS care and support into community mental health centres.	<ul style="list-style-type: none"> <li>• BiH will start training.</li> <li>• Serbia to explore training with counsellors and psychologists</li> <li>• Albania based on Sida office advice, will not start this activity.</li> </ul>					
• Annual consultation held on coordination between health and relevant non-health sectors and between different health sectors (IDS, primary health care, relevant secondary health care, and mental health).	• Organize consultations involving public and private sector, community mental health centres, primary health care groups, social welfare, employers, local NGOs and local community partners on coordination of services at community level for PLHIV, Roma, and other marginalized populations.					Consultation planned on Roma and gender in Serbia.
• HIV at the workplace initiated with interested governmental agencies	• Governmental agencies involved with PLHIV and at-risk groups meet in a working group to review sample policies from other countries and discuss how to adapt them to their settings.					Albania, BiH and Serbia
• Strengthened governance mechanism for accountability for 15 NGOs in the region.	• Continue to provide project management training for up to 15 NGOs including those located outside of capital cities on project work planning, budgeting, human resources management, strategic planning, financial accounting, resource mobilization, monitoring and evaluation and activity reporting.					Started with 14 NGOs will add an additional NGO in year 2 through supporting implementation of NGO TF granted projects
	<ul style="list-style-type: none"> <li>• Promote gender equity in NGO project activities including analysis of gender impact of activities.</li> <li>• Promote GIPA among NGOs.</li> </ul>					Integrated in NGO TF grant support and overall Programme implementation
<b>Human development</b>						

<ul style="list-style-type: none"> <li>Improved quality of life of PLHIV members through strengthened PLHIV self-support network and strengthened marginalized groups networks and partnerships with local community, NGOs and government institutions.</li> </ul>	<ul style="list-style-type: none"> <li>Develop criteria and qualification for NGO mentors.</li> <li>Identify and prepare a list of qualified mentor NGOs.</li> </ul>					Integrated in NGO TF grant implementation and currently supporting PLHIV, CSWs, MSM, IDUs and Roma.
<ul style="list-style-type: none"> <li>Up to 3 PLHIV groups and/or NGOs serving marginalized populations mentored.</li> </ul>	<ul style="list-style-type: none"> <li>Involve PLHIV &amp; marginalized population networks and potential NGO mentors in developing terms of reference for mentoring and indicators for monitoring and evaluation.</li> <li>Pairing of PLHIV &amp; marginalized group's self-support network with strong, qualified local NGOs as mentors.</li> <li>Monitor and evaluate mentoring experience with feedback from both network members and mentor NGOs.</li> </ul>					Albania PLHIV Association, BiH-APOHA (PLHIV) Kosovo-PLHIV association
<ul style="list-style-type: none"> <li>Improved media reporting on HIV and AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>Set standards of good media reporting practices, including finding good practice examples internationally.</li> <li>Link and involve media in NGO and GO events, where appropriate.</li> <li>Review media reporting for good practice examples and encourage submissions of good reporting examples at the annual Regional Conference.</li> <li>Organize annual good media reporting on HIV and AIDS from within the region and provide exhibition space at the annual regional conference (could be a film, a video, an article or a TV programme); facilitate linkages of local media with international media award mechanisms.</li> </ul>					
<ul style="list-style-type: none"> <li>Increased community voluntarism by engaging young professionals, students and communities at the community level and in the programme activities.</li> </ul>	<ul style="list-style-type: none"> <li>Advocate and facilitate hospital/clinic and NGO partnerships with local schools and communities from non-health sectors for HIV prevention awareness raising, innovative ways for information dissemination, community enterprise for PLHIV and especially poor and marginalized population group/communities.</li> <li>Include volunteers directly in the programme activities.</li> </ul>					International volunteers in FPH Swiss office during Q1.
<p><b>Objective 2:</b> Scale-up capacity and built sustainability of GO and NGO responses with integration of GIPA in sexual, reproductive and health services and civil society responses.</p>						
<p><i>2.1 Clinical services</i></p>						
<ul style="list-style-type: none"> <li>3016 PHC providers received Basic Course on HIV and AIDS in 3 countries.</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate with NACs and select additional trainers from promising graduates from previous training to conduct Basic HIV course for PHC &amp; secondary level providers in Albania, BiH, Kosovo, and Montenegro.</li> <li>Conduct Basic course to reached 3016 PHC &amp; secondary level providers in Phase II.</li> </ul>					Albania, BiH and Kosovo will explore with Montenegro.

<ul style="list-style-type: none"> <li>Improved understanding and awareness of quality assurance standards on VCCT and services for PLHIV.</li> </ul>	<ul style="list-style-type: none"> <li>Develop terms of reference, selection criteria and work schedule of QA working group.</li> <li>Identify potential resource people and select members to form the QA working group.</li> <li>Organize the QA working group to elaborate and develop quality assurance standards and mechanisms for PLHIV clinical services and VCCTs.</li> <li>Prepare and produce QA guidelines.</li> <li>Introduce quality assurance guidelines at regional conference and into training activities.</li> </ul>					<p>Done in BiH in year 1. Already in place in Albania, Kosovo</p>
<ul style="list-style-type: none"> <li>Up to date clinical information available through web-link for IDSs on ART, management of OI, TB co-infection, PEP and work place universal precautions, and PLHIV nutrition support.</li> </ul>	<ul style="list-style-type: none"> <li>Identify guidelines and protocols (i.e., workplace safety, PEP, ART, PMCT, TB-HIV co-infection prevention and management, nutrition support to PLHIVs) and provide Programme web links to these resources.</li> </ul>					
<ul style="list-style-type: none"> <li>About 780 PHC providers who have successfully completed the Basic Course &amp; selected secondary health care providers received the Advanced HIV and AIDS training course in up to 3 countries.</li> </ul>	<ul style="list-style-type: none"> <li>Solicit inputs from PHC &amp; secondary level provider Basic Course graduates that are willing to serve PLHIV or are serving PLHIV on their training needs.</li> <li>Develop advanced PHC provider HIV training curriculum in consultation with NACs and IDSs for selected providers at the primary and secondary levels.</li> </ul>					
	<ul style="list-style-type: none"> <li>Select trainer candidates from the Basic HIV course trainers and promising graduates from the Basic level course.</li> <li>Conduct training for these trainers to offer the advanced course.</li> <li>Plan, organize and conduct the training of 780 providers in collaboration with health professional training schools and/or doctor/nurses' chambers and arrange for continuing education accreditation in collaborating countries.</li> </ul>					<p>Will start in year 2 and go into year 3.</p>
	<ul style="list-style-type: none"> <li>Train Mental Health HIV course trainers.</li> <li>Plan, organize and conduct Mental Health HIV course in BiH for about 750 community mental health/social workers.</li> </ul>					
<b>2.2 Civil society services</b>						
<ul style="list-style-type: none"> <li>4-6 NGO projects supported by NGO Trust Fund each year. At least one project will have regional scope during 2007-2010.</li> </ul>	<ul style="list-style-type: none"> <li>Publicly announce call for proposal with special encouragement on social support, poverty reduction, sustainable livelihood support projects by NGOs in partnership with local enterprise, government or other INGOs, schools &amp; non-HIV NGOs.</li> <li>Review and select NGOs for support in consultation with country technical advisory groups/steering committee.</li> <li>Provide mentoring and technical inputs to assist selected NGOs to strengthen their capacity to implement their projects.</li> </ul>					<p>Regional BCC training, for both GO and NGOs will be conducted 15-19 September 2008 in Tirana, Albania. There will be a subsequent regional BCC mentoring service for up to 3 selected NGOs, 2008-2009.</p>

<b>Objective 3.</b> Strengthen regional collaboration and partnerships for knowledge building and learning exchanges with outreach to marginalized populations, PLHIV networks and clinical practice.						
<b>3.1 Clinical practice</b>						
<ul style="list-style-type: none"> <li>Up to 3 fellowships for regional clinical practice exchanges per year.</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate with regional or neighbouring countries with higher clinical AIDS or PMCT cases to facilitate clinical practice exchanges.</li> </ul>					2 TB-HIV co-infection management & coordination training
<ul style="list-style-type: none"> <li>Regional technical updates for IDSs and other providers</li> </ul>	<ul style="list-style-type: none"> <li>Conduct needs assessment on priority topics with specialists</li> <li>With regional and international resource specialists, conduct targeted and region-specific update during the regional conference.</li> </ul>					2 Fellowships for BiH to International AIDS Conference.
<ul style="list-style-type: none"> <li>Regional workplace safety trainings for workers in health and non-health settings.</li> </ul>	<ul style="list-style-type: none"> <li>Include in annual Regional Conference in year 1 or year 2 as skills building session and in ongoing training activities.</li> </ul>					Already included in year 1 will consider again in year 2
<b>3.2 Building regional knowledge and resource base</b>						
<ul style="list-style-type: none"> <li>Up to date Programme website with resource materials.</li> </ul>	<ul style="list-style-type: none"> <li>Bi-annual up-loading of key references and materials from international, regional, and research sources.</li> </ul>					
<ul style="list-style-type: none"> <li>A regional inventory on NGO and donor information.</li> </ul>	<ul style="list-style-type: none"> <li>Collect inputs, including a website questionnaire.</li> <li>Synthesize information into an inventory.</li> <li>Upload inventory online, including option for requesting further information.</li> </ul>					
<ul style="list-style-type: none"> <li>Annual regional conference conducted.</li> </ul>	<ul style="list-style-type: none"> <li>Determine thematic focus for the annual conference in 2009</li> <li>Plan conference content, identify key note speaker and other technical resource people.</li> <li>Solicit input and finalize agreement and select conference host country and venue on a rotating basis, where feasible.</li> <li>Collaborate with NACs, NGOs, other sectors and partners to organize the conference.</li> <li>Issue first announcement with call for abstracts.</li> <li>Arrange abstract review committee and select abstracts.</li> <li>Issue second announcement with tentative conference programme reflecting selected abstract tracks, etc.</li> <li>Prepare conference package.</li> <li>Make logistics arrangements for conference.</li> <li>Organize and conduct the conference to exchange approaches and strategies to link to other regional networks besides the HIV, PLHIV, IDU harm reduction, Roma and migrant networks</li> <li>Prepare conference monograph and disseminate by uploading to website.</li> </ul>					Proposed in Albania in March 09
<b>3.3 Regional outreach to marginalized groups</b>						
<ul style="list-style-type: none"> <li>Strengthened regional Roma, PLHIV, IDUs and mobile populations' self-help group networks.</li> </ul>	<ul style="list-style-type: none"> <li>Identify media used by mobile population and support NGO production of HIV awareness messages via these media.</li> <li>Include in NGO inventory the relevant Roma, PLHIV, IDU and mobile population networks and resources.</li> </ul>					

	<ul style="list-style-type: none"> <li>Involve the regional networks in the annual regional conferences to enhance multi-sectoral networking, exchange and collaborations.</li> </ul>					
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## REFERENCES

- 1 Report on the Global AIDS Epidemic, UNAIDS, WHO, 2008
- 2 Report on the Global AIDS Epidemic, UNAIDS, WHO, 2008
- 3 Final Report on Western Balkans Programme to Fight HIV and AIDS, Phase I, May 2007.
- 4 IOM report on Kosovo, 2006.
- 5 PHC provider training was conducted during Phase I in Albania, BiH, Macedonia and Montenegro but not in Serbia or UNMIK-Kosovo. Serbia had the PHC provider trainings from the GFATM supported implementation. UNMIK-Kosovo had some UNICEF training activities for PHC providers. However, UNMIK-Kosovo, through MoH and the National AIDS Office specifically requested FPH, during the Phase II proposal development consultations, to include Kosovo in Phase II for a solid and systematic PHC provider training.