



SWEDISH INTERNATIONAL DEVELOPMENT
COOPERATION AGENCY

WESTERN BALKANS PROGRAMME TO FIGHT HIV AND AIDS

Building Regional HIV Resilience

YEAR TWO ANNUAL REPORT

1st June 2008 – 31st May 2009

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By:

Fondation PH Suisse-*Partnerships in Health*

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ACRONYMS

ART	Anti-retroviral therapy
ARV	Anti-retroviral
AIDS	Acquired immune-deficiency syndrome
BBS	Bio-behavioural surveillance
BCC	Behaviour change communication
BiH	Bosnia and Herzegovina
CCM	Country coordination mechanism
CIDA	Canadian International Development Agency
CME	Continuing medical education
CPC	Country programme coordinator
CRIS	Country response information system
SW	Sex worker
DFID	United Kingdom Department for International Development
EAR	European Agency for Reconstruction
FHI	Family Health International
FPH	Fondation PH – <i>Partnerships in Health</i>
GBV	Gender based violence
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
HDC	Human development centre
HIV	Human immuno-deficiency virus
HPVPI	HIV prevention among vulnerable populations initiative, Serbia and Montenegro
IDS	Infectious diseases specialist
IDU	Injecting drug user
IOM	International Organisation for Migrations
IPH	Institute of Public Health
ISOP	Institute of Public Opinion Studies.
KAP	Knowledge, attitudes and practices
M&E	Monitoring and evaluation
MHC	Mental health centre
MLSI	Ministry of Labor and Social Issues
MoH	Ministry of Health
MoE	Ministry of Education
MoS	Ministry of Sports
MoU	Memorandum of Understanding
MSM	Men who have sex with men
NAP	National AIDS Program
NGO	Non-governmental organization
NIPH	National Institute of Public Health
OB-GYN	Obstetrics and gynaecology
OI	Opportunistic infection
PAF	Program acceleration fund

PHC	Primary health care
PIU	Project implementation unit
PMCT	Prevention of mother to child transmission
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
TED	Tirana Education Directorate
ToR	Terms of reference
TSTC	Trainer skills training course
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNGASS	United Nations General Assembly Special Session
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
VCCT	Voluntary counselling and confidential testing
WHO	World Health Organization

EXECUTIVE SUMMARY

(Bettina to complete)

I. REGIONAL EPIDEMIOLOGIC SITUATION & COUNTRY RESPONSE UPDATE

As reported in previous reports, sexual transmission continues to pre-dominate the HIV epidemiologic pattern in the Western Balkans followed by injecting drug use. Unfortunately, accompanying sexual transmission there is a gradual increase in vertical mother-to-child transmission. Countries in the Western Balkans region that previously did not report vertical transmission are starting to encounter such cases. However, efforts to curb this largely preventable route of transmission are still at an early stage of development in most countries of this region except Serbia.

By the end of May 2009, the five countries participating in the Western Balkans Programme reported approximately 3,000 HIV and AIDS cases. Table 1 below provides a summary of the epidemiologic status in the Western Balkans by country. As shown in this table, the annual number of new cases continues to rise, including new vertically transmitted cases.

Table 1 Newly reported and cumulative HIV and AIDS cases by country¹ June 2008 – May 2009			
Country	Cumulative cases	New cases	Vertically transmitted cases
Albania	332	61	19 children cumulative
Bosnia & Herzegovina (BiH)	156	9*	1 in 2007
Kosovo	78	4	2 new cases of children from same family
Montenegro	52	?	-
Serbia	2,300**	87 HIV 34 AIDS Total 121	1 new HIV and 2 new AIDS cases
TOTAL	2,918		
*New cases reported in 2009. **Cumulative as of end 2008.			

¹ Data source : National AIDS Programmes.

1. Albania

There were a total of 61 new cases in this reporting period. However, for the first 5 months in 2009 there were already 22 newly reported cases, of which 18 were males and 4 females. This is compared to a total of 48 new cases reported in the 12 months of 2008.

Policy The HIV and AIDS legislation was revised and approved by the parliament in July 2008, with an increasing emphasis on human rights. In spring 2009, four working groups were formed with representation of the Ministry of Health (MoH), Institute of Public Health (IPH), infectious diseases specialists (IDSs) and lawyers to update the legislation relevant to HIV and AIDS.

Programmes

- **Government** A round-table on “Managing HIV and AIDS cases in the schools” was organized in June 2008 with the MoH, Ministry of Education (MoE), IPH, Tirana Education Directorate, Ministry of Labour and Social Issues (MoLSI) and Directors of schools, on how to manage HIV and AIDS cases in educational institutions.
- **United Nations**
 - United Nations Development Programme (UNDP) supported the preparation of a new national AIDS strategy coordinated by the MoH. The draft was reviewed by NGOs and the finalized strategy will be launched at a national conference in the autumn of 2009. In addition, UNDP, in collaboration with the National AIDS Programme, organized a workshop in September 2008 to finalize a “communication on behaviour impact” (COMBI) plan for HIV and AIDS in Albania.
 - UNICEF supported the expansion of the most-at-risk adolescent (MARA) project in all Tirana high schools. In addition, it supports the costing of prevention of vertical transmission.
 - ILO organized a tri-partite (government, union and employers’ association) round table to promote the *Code of practice in the world of work on HIV*.
- **GFATM** The 3rd call for NGO proposal was launched. The 2nd bio-behavioural surveillance study was concluded in July 2008 targeting men having sex with men (MSM) and Roma communities in Tirana, Elbasan, Lushnje, Fier and Korce.
- **NGOs** FPH is supporting a pilot to prevent vertical transmission by training obstetricians, gynecologists and maternity service staff at three sites to facilitate the eventual adoption of a protocol as part of the Albania national response.

Comment [MSOffice1]: Not sure what is meant

2. Bosnia & Herzegovina

Currently 47 people living with HIV (PLHIV) are residing in BiH, 33 of which are receiving anti-retroviral therapy (ART), and 2 are being treated abroad. The remaining 12 do not require treatment.

Policy The national AIDS strategy is due for update and renewal. The national advisory board on HIV is tasked to initiate this process.

Programmes

- **Government** The government is actively engaged in oversight of the implementation of the GFATM grants and the Western Balkans Programme.
- **UNFPA** has a sexual and reproductive health programme targeting in and out-of-school youth with FPH as one of the implementing partners.
- **GFATM** **The** Round 5 phase II HIV grant began in November, 2008. The grant has a HIV/TB co-infection component. BiH will submit Round 9 proposals on TB and HIV. The new country coordinating mechanism (CCM) encountered some challenge in engaging civil society.
- **NGO**
 - The Association for sexual and reproductive health (XY) in Sarajevo works with youth, MSM and sex workers; Margina in Zenica and Viktorija in Banja Luka work with IDU. They formed a consortium and received a grant from the Trust Fund (TF) of the Western Balkans Programme to work with prisoners.
 - The Association for support of people living with HIV (APOHA) received a Trust Fund grant to support PLHIV.
 - Action Against AIDS, Banja Luka works with PLHIV, MSM and sex workers.
 - The Citizen's association for the support, treatment & re-socialization of drug addicted and recovered persons (PROI), Sarajevo works with sex workers and IDUs.
 - Poenta, Banja Luka works with IDUs.
 - World Vision works with the Roma community in collaboration with XY.

Comment [MSOffice2]: I thought all of the NGOs also have GFATM. Since their activities under the TF are described later, should we not talk about what else they do?

3. Kosovo

A family of parents and two children were reported to be HIV positive in 2009.

Policy and programmes

- **The United Nations** UNDP supported the development of the Kosovo National HIV Strategy (2009-2013). The Ministry of Health coordinated working groups involving marginalized populations and youth. The strategy includes health system strengthening and policy updates.

- *GFATM* The first HIV grant to Kosovo started in October 2008. After establishing a project management unit (PMU), grants to sub-recipients started in January 2009.
- *NGO* The Western Balkans NGO TF supported a successful pilot prison peer education project on VCT for HIV, Hepatitis B and C with technical support from FPH (refer to annex for a study report on prison peer education), and a continuation of VCT for MSM. Jointly with FPH technical advice, an innovative outreach pilot project with mobile MSM and IDUs in the region and the Serbian section of Kosovo has been launched.

4. Montenegro

Policy and programmes (awaiting Laurent to get info from MNE)

- *GFATM* The annual CEE and CIS regional conference was held in Budva, MNE. The Senior Technical Advisor of FPH served as a resource person at this conference sharing insights in two sessions, one on things to consider in developing a winning proposal, the second on how the technical review panel works. In addition, she introduced the Western Balkans Programme and the mission of FPH.
- *NGO* CAZAS, with support from the TF and FPH technical advice, began to build capacity of PLHIV for a self-support network and to identify barriers to reduce stigma and discrimination.

5. Serbia

Of the 87 HIV cases reported during this period, 71 were males and 16 were females. Among 45 drug-resistant TB cases reported officially, 6 were HIV+.

Policy The 2009 national HIV programme includes developing a new national HIV strategy (2010 -2015) covering prevention, care and treatment, community support for PLHIV, monitoring and evaluation on voluntary counseling and confidential testing (VCCT) and HIV responses. With partial support from the NGO Trust Fund and co-financing of the European Commission to Youth of Jazas, a round table on analyzing HIV legislation was held in July 2008 with the Ministry of Health, United Nations Theme Group for HIV and the National AIDS coordinator. The project aimed to strengthen PLHIV's capacity for policy advocacy and engaging the parliamentarians in HIV responses.

Programmes

- *United Nations*
 - UNDP is supporting legislative analysis and improvement through biannual round tables to provide recommendations and develop a PLHIV manual.
 - The National AIDS office collaborates with UNICEF, UNHCR, UNODC, and UNDP and UNAIDS in response to vulnerability of youth, HIV risks of

internally displaced people, HIV preventive education for tourism operators and establishing national universal access goal for 2010.

- UNAIDS builds institutional capacity by engaging the tourism sector, improving municipal youth health services, organizing the EXIT music festival and the World AIDS Day activities, monitoring and evaluation of responses, supporting the PLHIV network, promoting greater involvement of PLHIV (GIPA), and developing a framework to address stigma, particularly for PLHIV women.
- UNICEF supports young PLHIV and prepares ethical guidelines for youth HIV prevention and counseling.

➤ *GFATM* A GF grant supported the development of national HIV indicators for monitoring and evaluation. A task force composed of government organizations (GOs), NGOs, and the United Nations was formed to formulate the 2010 action plan. Bio-behavioural surveillance on PLHIV, IDUs, MSM, sex workers, Roma, prisoners and orphans began in 2007 by the Institute of Public Health, Vojvodina, Serbian Institute of Infectious Diseases and Institutions for addiction. The dissemination of the GF Round 6 grant implementation results took place in May 2009. Serbia received a Round 8 HIV grant for up to 2015. A consultation took place in October 2008 involving both TB and HIV specialists, IPH, NAC, UNAIDS and WHO.

➤ *NGOs* A national AIDS coordinator (NAC) was appointed in September 2008. Partnerstvo za zdravlje (FPH Serbia local NGO) invited the NAC to become a member of the Programme Advisory Committee. The second Advisory Committee meeting took place on June 23rd, 2008 to brief the members on on year 1 results and the year 2 work plan, as well as review the second round of TF proposals.

➤ The Western Balkans Programme provided a NGO TF grant to the women prison in collaboration with *Counseling against violence*, for police training, as well as building capacity for sex workers to form a self-support group with Jazas.

II. WESTERN BALKANS PROGRAMME ACHIEVEMENT IN YEAR TWO

1. Capacity building

A. *Primary health care (PHC) provider capacity building*

Table 2 below provides a summary of the number of training courses conducted, the total number of PHC providers trained, break-down between doctors and nurses by country and regionally during year 2. With the exception of low performance in BiH, the other two implementing countries, namely Albania and Kosovo have not only reached but exceeded the planned target for the year.

Table 2 Summary of PHC provider training results by country in year 2				
Country	No of training	Total number	Doctors	Nurses
Albania	47	1,136	323	813
BiH	15	270	57	159
Kosovo	26	685	255	430
Regional total	88	2,091	635	1402

Comment [MSOffice3]: LeeN
ah, would you like a graph here?

Albania

Based on the pre- and post-tests and course evaluations of PHC provider training implemented during year 1, FPH identified certain areas for improvement in the training manual produced in 2005 during Phase I of the Western Balkans Programme and updated the epidemiologic information. Since the production of the original manual, countries have improved their epidemiologic information (and additional responses become available). Consequently the Albania manual was updated. A total of 47 PHC trainings were conducted from June 2008 to February 2009 and 1,136 providers trained, 323 doctors and 813 nurses. During year two, special efforts were made to reach out to the 11 Albanian districts to ensure scaling up to national coverage. This is in line with the Phase II Programme plan to reach to non-capital cities and remote geographic areas.

Comment [MSOffice4]: Not
sure what this means

Bosnia & Herzegovina

From June 2008 to November 2008, 15 training sessions for 270 participants were delivered. About 81% of providers trained were women reflecting an increasing number of women in BiH entering the medical profession, as well as the fact that women traditionally occupy the nursing profession.

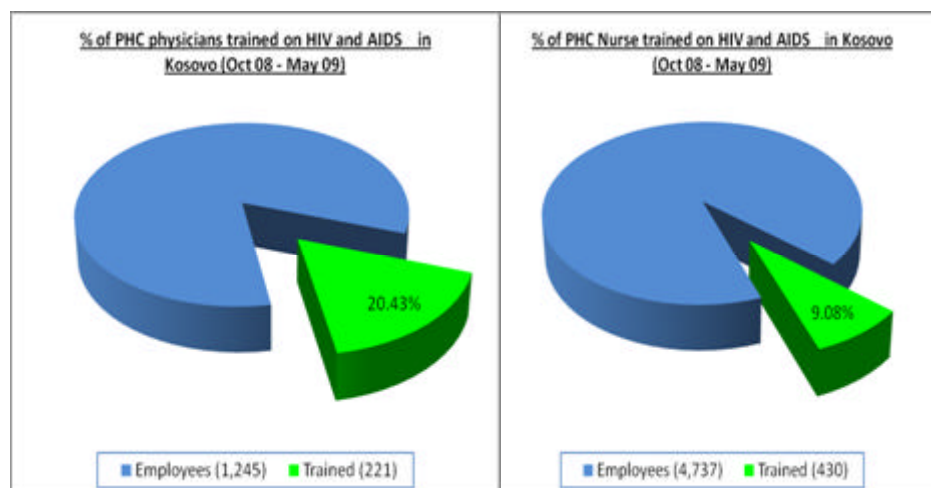


PHC Training, Višegrad
October 2008

Kosovo

PHC provider trainings started in Kosovo in October 2008. By May 2009, 685 PHC providers were trained in 26 training sessions, representing 11% of all PHC health workers in Kosovo. Of those trained, 77% (529) were females compared to the national distribution of PHC providers which is 63% females. FPH will encourage more male PHC providers to undergo the training to ensure that the coverage better reflects the actual sex distribution of practicing PHC providers. The training covered all eight regional PHC centres of Kosovo. Graph 1 showed the percent of total PHC physicians and nurses trained by FPH on basic HIV knowledge, work place safety, and stigma and discrimination reduction.

Graph 1 Percent of PHC physicians and nurses trained by FPH in Kosovo Oct 08 to May 09



During the initial training period from October to December 2008, some questions were consistently problematic for participants based on analysis of pre- and post-test results. FPH conducted a consultation with all eight training teams, and problematic questions were revised. The revised pre- and post-tests were implemented starting January 2009 with significantly improved training results. FPH will continue to monitor the training results from each session and provide feedback to refine trainer skills as well as identify possible areas for further improvements.

National trainers’ review meeting

FPH organized a national PHC Trainer’s review meeting at the Center for Development of Family Medicine on 20 April, 2009,. The objective was to provide consolidated feedback, share lessons learned, and jointly plan for the future.

The trainers found this course has been instrumental in reducing provider induced stigma and discrimination in health services and improving quality of care, thus promoting better access to care. They recommended similar trainings for other health care providers. There is high demand for this training from each of the regional centres. To seek resources to continue this training, the trainers suggested to mobilize municipalities for funding. Prishtina municipality has agreed to provide 1,000 Euro to support this training in 2009. In addition, FPH was awarded a small grant from the Canton of Vaud development agency, FEDEVCO, that is co-financing additional training courses for PHC providers with the Western Balkans Programme. Kosovo has made HIV training mandatory for PHC provider as part of their continuing education.

Quotes from the participant evaluation of the training course

“I thought we as PHC professionals are not at risk for HIV infection. Only after this course did I see how often I went through risky situations at work. I will be very careful with needles and other medical instruments in the future”—from a nurse in Gjilan

“This course is completely different from other courses we had taken up to now. I liked very much the group work and role play. When my chief asked me to attend this course, I thought it would be just a waste of time like what happened to me in previous trainings. However, at the end of this training I realized that I was wrong. Many thanks to FPH and Sida and to all of you”—from a physician in Peja

B. *Mental health professional and social worker capacity building*

FPH developed a generic mental health training curriculum in 2008. It was adapted into Albanian, Bosnian and Serbian language versions. Mental health trainings were conducted and concluded in Kosovo. It was conducted slowly in BiH.

Table 3 Summary of training courses for mental health and social workers conducted by FPH in year two			
Country	Number of training sessions	Number of providers trained	Number of trainers
BiH	12	263	21
Kosovo	8	241	15
Regional Total	20	504	36

Albania

The mental health system in Albania is part of the Ministry of Health, while social worker and school psychologists are part of the Education Directorate. Consultations with both the MoH and MoE were held to plan for MH/SW training in Albania. Both Ministries are interested in having HIV training for mental health professionals, social workers and school psychologists.

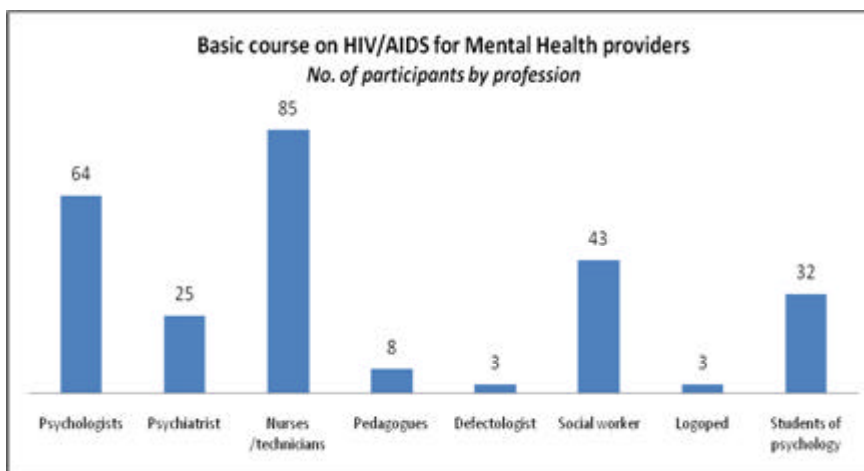
FPH conducted a mental health training needs assessment during March and April 2009. Students from the Social Sciences Faculty were trained in data collection in Tirana, Shkoder, Elbasan, and Vlore. In total 117 questionnaires were administered to mental health and social workers. In general, these professionals have some basic knowledge on HIV as well as several misconceptions. By improving the knowledge and attitudes of these professionals, they could facilitate the creation of an enabling environment for people living or affected by HIV in the society.

Bosnia & Herzegovina

The Bosnian version of the FPH mental health curriculum was approved by the MoH of both the Federation and the Republic Srpska during year two. The trainers training course was conducted on 5-7 November 2008. Out of 26 trainers only 21 completed the training. Several mental health centres declined getting HIV training for their staff. In the end, 47 out of 52 mental health centres in BiH with approximately 260 employees agreed to participate. Due to the small number of MH providers in each centre, the training was organized regionally. A news release was published in "Oslobodenje" for the first training on March 12, 2009 in Sarajevo. The Federation Ministry of Health

organized a promotion brochure on “HIV & AIDS for Mental Health Providers” at the Ilidža centre.

Twelve trainings have been held in 8 training hubs: Sarajevo, Banja Luka, Travnik, Tuzla, Doboj, Zvornik, Mostar and Bihac. Training planned for Zenica was cancelled due to low number of registered participants. The trainings reached 263 providers, of which 203 are women. Graph 2 below shows the spread of disciplines among MH professionals trained by FPH.



Kosovo

The mental health system is part of the Division of Public Health and Center for Development of Family Medicine of the Ministry of Health. There are 7 mental health regional centers with 250 mental health and social work professionals. Each centre has a psychologist or psychiatrist, MH nurses and MH social workers.

In April 2009, FPH in cooperation with the Association of Family Medicine of Kosova (AFMK) and the Center for Development of Family Medicine (CDFM) conducted a 4-day trainer skills training course (TSTC) for mental health providers and social workers. Out of 16 trainers 15 were trained and received certification from AFMK, Ministry of Health of Kosova. A trainer team consists of four members: one psychiatrist/psychologist, one social worker, one family medicine physician and one mental health nurse. After the TSTC, each trainer team conducted two training courses between April 14-24, 2009, thus reaching 96% (241) of the entire practicing MH professionals in the country. Among those trained, 60% were women.



Kosovo mental health trainings

C. Dental professional capacity building

Quotes from Kosovo mental health training course participant evaluation

“We never will be able to eradicate stigma toward people living with HIV, but at least we can reduce it. This course helped us very much toward this goal and we thank you a lot for this training”.

A generic HIV training curriculum for dental professionals in both English and Serbian was developed by a Serbian dental expert and FPH Senior Technical Advisor. The curriculum will be available in the Albanian and Bosnia languages. A regional TSTC has been planned for June 2009 in Montenegro.

D. Workplace HIV training

(1) HIV in the workplace training for public administrative official -Albania

FPH Albania signed a memorandum of understanding in February 2009 with the Albanian Department of Public Administration (ADPA), Ministry of Interior, to provide workplace HIV training. This FPH initiative is very much appreciated by the Administration. According to the Director, experience in recent years has demonstrated the inability of public administration officials to resolve issues surrounding PLHIV at the workplace. FPH and ADPA will collaborate in training public administration staff from 15 Ministries of Albanian Government. The training was to start in spring 2009.

In collaboration with ILO, the ILO and FPH manuals will be consolidated into a generic *HIV in the workplace training guide*. An Albanian consultant was engaged for this consolidation task. An expert review committee was formed to review the draft guide. Unfortunately the consultant was delayed in completing the curriculum, resulting in a postponement of the scheduled training. FPH will now take over the finalization of the guide for use in year 3.

(2) HIV training for military personnel - Bosnia & Herzegovina

Training is offered to three groups of military personnel:

- Military medical personnel: Three sessions were conducted reaching 60 participants.
- Peace-keeping mission soldiers: 10 soldiers going to the Republic of Congo, a high prevalence region, were given an orientation to HIV and prevention.
- New military recruits: Six sessions, reaching 242 new recruits, were conducted.

In total, 10 trainings were held covering 312 military personnel, of which 286 (92%) are males.

(3) HIV prevention for police - Serbia

FPH contracted with a local consultant to develop a *HIV prevention for police* training curriculum in Serbia in January 2009. The objective of this training is to increase HIV knowledge and awareness among the police force and to engage the police as partner in HIV prevention. The Chief Prosecutor of Serbia contributed a section on legal framework relating to HIV and police. The curriculum was also shared with the BiH office which is planning training for the police in year 3.

Comment [MSOffice5]: Any discussions as to the use of this curriculum

2. NGO Trust Fund²

Refer to the Annex for a summary of the performance of the NGO TF recipients by country and by grant to date.

Albania – 2 grants

A. ***Promoting VCT for PMCT*** (April 2008-April 2009 with no cost extension to September 2009) targeting reproductive age women in Tirana, Vlora and Shkodra. Granted to a consortium of People living with HIV and AIDS association (PLWHA) and Albania Center for Population Development (ACPD).

The WHO guidelines were adapted into a *PMCT training curriculum* through a round table consultation; and 70 maternity staff (OB-GYN doctors, nurses, social workers and other staff of the participating maternity services) were trained in collaboration with the National AIDS Programme and maternity services via 3 training sessions. The trained staff are now providing pre- and post-test counseling and are monitoring the testing procedures. Three PMCT promotion brochures (2,200 copies) and two types of posters (100 copies each) have been developed for both HIV positive and negative women and a brochure for HIV positive mothers about caring for newborns. The poster was distributed to maternity services, hospitals, health centres, shopping centres, pharmacies, bus stops and train stations. The PIU of the GFATM grant provided 1,000 test kits, and another 1,000 tests were purchased with support of the NGO TF grant. In total, 998 of the planned

² Refer to NGO TF summary matrix

2,000 women of reproductive age and their sexual partners received PMCT counselling, but few consented to testing. Due to delays in developing the training curriculum and approval by the MoH, the grant received a no-cost extension.

B. HIV prevention among Roma women in Elbasan (May 2008 – March 2009 completed) grant to *For a Healthy Albania* (FHA). The project aimed at raising awareness on maternal-to-child HIV transmission, while strengthening condom negotiation skills of Roma women.

Focus group discussions were held with Roma women; 2,019 out of the planned 2,000 copies of *leaflets* to promote maternal-to-child HIV transmission awareness and VCT were developed and distributed; 3,727 out of the initially planned 2,900 *condoms* were purchased and distributed; six workshops were organized, 1 for 8 VCT staff, 1 for 20 maternity staff, and 4 for 80 out of the planned 108 Roma women. The project reached 165 out of the planned 170 Roma women for the VCT service.

Bosnia & Herzegovina – 2 on-going grants, 3 proposals under review

A. Promotion of VCCT on HIV, Hepatitis B and C among prisoners in Banja Luka, Zenica, Foca, Doboj, Tuzla and Mostar. (June 2008-May 2009 completed) grant to a consortium of three NGOs: XY, Margina and Viktorija.

A total of 175 out of 200 planned non-medical prison staff in 7 prisons were trained on drug dependency, HIV, Hepatitis B and C, in addition, reaching 558 against planned 250 injecting drug using prisoners of which 509 were tested for HIV in 6 out of the 7 participating prisons. The Sarajevo prison did not participate in testing, because the government appointed infectious diseases specialist demanded a high honorarium which was unaffordable. Among those 558 prisoners, 511 received pre-test counseling and 404 out of 509 with testing received post-test counseling. It was fortunate that there was no HIV positive case. For the 352 Hepatitis B tests conducted, 1 case was positive and from the 415 Hepatitis C tests, 66 were positive. A total of 1,233 against the planned 400 brochures for prison staff were distributed; 2,533 as opposed to the planned 700 brochures have been distributed to prisoners; and 11 sessions of training were conducted.

B. Support to PLHIV (April 2008 – March 2009 with no cost extension to September 2009) grant to APOHA.

APOHA only recruited 2 new PLHIV during the 14 months of implementation. Of the PLHIV, 32 received multi-vitamin supplement, 27 medications to treat opportunistic infections (OIs); and 30 were assisted with travel cost coverage for medical visits. APOHA also reported 8 consultations with authorities. A PLHIV trust fund account has been established and fund raising was conducted through radio, at shopping centres and by writing to 100 companies. APOHA received 900 KM. Only one request for the new PLHIV trust fund support was received for consideration, but no fund has yet been disbursed. Out of 25 APOHA members, only 5 expressed an interest in pursuing some form of income generation activity. After two feasibility assessments, 4 were deemed

eligible. However, to-date no skills development were provided and 3 members received materials support.

A no-cost extension was granted due to high APOHA staff turnover in 2008 and delays in implementation, in particular, on income generation. In addition, APOHA was implementing a GF grant at the same time, thus did not have the absorption capacity. There was less than expected demand for multi-vitamins, OI medications and travel costs.

APOHA submitted a new proposal, despite having difficulty completing the existing grant. The second proposal was incomplete, poorly formulated while the existing grant implementation continues to be delayed. In view of the poor quality of the proposal as well as the lack of capacity for implementation, the second proposal was deemed ineligible for consideration.

C. A second call for proposals was made in October 2008 and received, in addition to the APOHA proposal, proposals from PROI for sex worker outreach, and Viktorija for promoting PMCT awareness. Unfortunately, both proposals were of extremely low quality, and the NGOs have been coached to improve the proposals for several times in order to conform to minimal standard for grant support.

Kosovo – 3 grants

A. ***VCT for MSM*** (Dec 07 - Dec 08 completed) granted to the Center for Social Group Development (CSGD). This project used MSM peer educators for outreach to promote VCT among MSM. The project reached 437 MSM, distributed 4,040 condom and lubricant kits and conducted 250 VCT tests with 1 positive HIV result.

B. ***Prevention of HIV, HepB and Hep C among prisoners*** (January 2008 - Januar 2009 completed) granted to Labyrinth. The project trained 5 prison staff in VCT and conducted a knowledge, attitude and practice (KAP) survey with a sample of 195 people. A total of 60 out of the 45 planned prison staff were trained on HIV and IDU; in addition, 50 prisoners were trained as peer educator, and these reached 393 prisoners. A total of 147 out of 250 planned people received VCT and 1450 out of the planned 2000 education materials were distributed. In addition, although not part of the project, but taking advantage of the opportunity of access to the prison, 5,000 condoms provided by the National AIDS Programme were distributed. The KAP study and peer education results were published as well as presented at the Fourth Balkans Regional Conference in March 2009. A copy of the study report is in the Annex.

C. ***Support for outreach to mobile MSM and IDUs*** as well as detainees who are MSM and IDUs (including in Mitrovica) (January 2009- April 2010) was granted to a consortium of CSGD and Labyrinth. In addition to building HIV prevention and VCT capacity in detention centres, a pilotstudy on mobility of MSM and IDUs is being conducted to identify key factors influencing HIV transmission among these populations in the region. So far the project reached 153 MSM in Mitrovisa, conducted counseling on HIV and Hepatitis to 120 of them, and 68 agreed to testing. A total of 2900 condom were distributed.

In the detention centres, 10 counselors and 5 laboratory technicians have received VCT training, 40 staff received training on harm reduction, and 73 detainees received VCT on HIV and Hepatitis B and C.

As for the mobility study, after designing the methodology, 200 questionnaires have been completed and 7 focus group discussions held. The data are currently being analyzed.

Montenegro – 1 grant

Strengthening capacities of PLHIV in Montenegro (February 2009- April 2010) is supported via CAZAS. The project aims to build capacity among PLHIVs in Montenegro to develop a self-support network and for advocacy. To improve the understanding of stigma and discriminations surrounding HIV, three studies will cover perceptions from PLHIV, by having them record incidences of discrimination against PLHIV and their associates in diaries, and via a study of attitudes of health service providers. A hotline for HIV information will also be provided in addition to information brochures and distribution of a guide for positive living to PLHIV.

Serbia – 4 grants

A. Together We Can (February 2008 –February 2009, terminated) granted to Jazas (Asocijacija za borbu protiv side).

The project aimed to provide HIV and STI prevention for commercial sex workers (CWS) in Belgrade and support the formation of a CSW self-help network. A total of 18 police and 12 health and social workers were trained. Three types of education materials were produced and distributed. Only 5 peer educator candidates were trained. The project was implemented up to December 2008. The contract was terminated in February 2009 because of continuous unauthorized budget deviations and lack of accountable reporting since July 2008 and after multiple efforts to resolve the discrepancies with Jazas.

B. Local and national advocacy as a tool for fighting against discrimination of PLHIV (February 2008-February 2009 with no cost extension to June 2009) granted to Youth of Jazas.

The project aimed to improve the social and legal position of PLHIV in Serbia by creating sustainable mechanisms for protection of their basic human, civil and legal rights.

Six advocacy seminars were organized in 6 towns in Serbia: Belgrade, Nis, Kragujevac, Vranje, Novi Sad and Valjevo. The team in these six towns developed actions plans to promote rights and public health. A parliamentary group on HIV and AIDS was formed. A seminar on “Improving the social status of PLHIV” was conducted in October 2008 with all members of the Parliament. A follow-up consultation took place in December 2008 to review the draft law against discrimination of PLHIV. The results of the review was brought to the Parliament by the Liberal Democratic Party and adopted.

Although the project was planned to end in February 2009, due to political unrest in the country, the activities were delayed resulting in a no-cost extension until June 2009.

A second call for proposals was announced on July 23rd 2008 with two focus areas:

- *HIV prevention and psychosocial support in prisons, focusing on women*
- *Gender transformative HIV prevention with Roma communities in collaboration with local community stakeholders*

FPH received 7 proposals, one NGO each received a grant for these two thematic focus.

C. Roma community dialogue on gender & HIV vulnerability reduction (September 2008 –August 2009) was granted to **Novi Sad Humanitarian Centre (NSHC)**

The Project facilitated Roma community conversations among youth, adult and elders groups first separately by sex, then with mixed groups. The groups reflected critically on the influence of gender roles and responsibilities on the community's HIV vulnerability, while identifying good case examples of HIV resilience. In this process, the Roma communities decided to develop a poster. It will be field tested.

D. Comprehensive support to imprisoned women (March- July 2009) granted to The Counselling Against Family Violence.

This is a pilot project that aims to provide psycho-social, legal and vocational support to imprisoned women during and after their incarceration, in addition, to facilitating contacts between incarcerated mothers with their children. Two non-violence trainings for 37 prison wardens were conducted, 4 out of 8 planned workshops for 87 out of planned 120 prisoners were conducted. Twenty cases were referred to the lawyer and 23 cases for re-establishing family ties were initiated. In addition, a review of self-injury reports was conducted to improve understanding of the needs of these women prisoners in order to assist in preparing them for discharge.

3. Fellowships

To build capacity on TB-HIV co-infection management, FPH provided partial support for one IPH specialist from Albania and one IDS from Serbia to attend a course on TB/HIV coinfection management. The Albania National AIDS Programme and GFATM co-financed the Albanian fellow. The Global Fund grant in Serbia co-financed the Serbian fellow. Efforts were made to get candidates from BiH and Kosovo but there was no interest in BiH and the Kosova candidate was unable to obtain a visa in time for the course.

4. Commissioned studies

Bosnia & Herzegovina

As part of advocacy for HIV prevention in prisons, a good practice was identified in the Banja Luka prison. The prison education coordinator was commissioned to write-up the experience and philosophy behind the prison programme. The report ***There can be a new life - Innovative approaches to reformation treatment for prison inmates***, was edited by the FPH Senior Technical Advisor and published in March 2009. The case was presented

at the Fourth Regional Conference, and the publication disseminated at the Conference. A copy of the report is on the Programme web site as well as in the annex.

Serbia

A. A good practice document on Counseling against domestic violence '***Living with violence***' commissioned by FPH was edited by the FPH Senior Technical Advisor and produced in July 2008. A copy of the document is in the annex.

B. A ***nutrition brochure for people living with HIV*** to strengthen their immune system to better tolerate treatment medications was developed by the infectious diseases specialists of the HIV Department of Novi Sad Clinic. The printing of the booklet was supported by the Programme and also made available to participants at the Regional Conference. A copy of the brochure is in the annex.

C. A participatory research on "***Gender construct in Roma population***" was commissioned with Novi Sad Humanitarian Centre in partnership with FPH. The FPH Senior Technical Advisor provided technical assistance in developing the study methodology. Data collection was completed in April 2009. Analysis and report have been completed and is in print. It will be available in year 3.

5. Regional collaboration

A. The fourth annual Balkans regional conference

The fourth annual Balkans regional HIV and AIDS conference, with the theme *Healthy Mobility – Reducing HIV and other vulnerabilities* was held on 26th and 27th March in Durres, Albania. Over 140 multi-sectoral participants from 15 countries participated. Her Excellency Minister of Health, Albania opened the Conference. Representatives included Ministries of Health, Justice, Defense, Culture, Tourism and Sports, Local Administration, Institute of Public Health, local and international NGOs, PLHIV and other vulnerable populations, UNDP, UNFPA, UNAIDS, UNICEF, ILO, and the GFATM Secretariat. Among the participants, 32% were from the public sector, 38% from NGOs, 20% from international organizations, and 10% from other sectors.

The 2day conference programme consisted of plenary sessions and parallel skills building sessions using a mixture of presentations and interactive methodologies. In addition, there was an exhibition where participating organizations disseminated their manuals, tools and publications. Kosovo participants were unable to participate in the Third Regional Conference, due to independence and non-recognition of the new country by BiH. However, at the fourth conference there were 21 Kosovars from the government and NGO sectors, coming from the Ministry of Justice, National AIDS office, Ministry of Health, Ministry of Youth, National Institute of Public Health, Infectious Diseases Clinic of the University, Department of Health and Social Welfare of Prishtina municipality, Centre for Development of Family Medicine, Association of Family Medicine of Kosovo, and NGOs. There was limited interest from BiH, with less than 5 attending the conference. The Serbian delegates protested against having Kosovo government officials

participating in this technical Conference. In a prepared statement read to the conference participants, they indicated that all Serbians, regardless of being from the Government, NGO or the United Nations entities, would not participate in this Conference, as Serbia has not recognized Kosovo's independence. This incident documents the continuing fragility of this region and the importance of working towards increasing regional cooperation and collaboration through technical activities, such as this Programme. (For details refer to the Fourth Regional Conference report in the annex)

B. Regional HIV task force meeting

The Second Balkans Regional HIV Taskforce meeting was held on November 13, 2008 in Tivat, Montenegro. Both government and NGOs representing country Advisory Committees from Albania, BiH, Kosovo, Montenegro and Serbia were present. The focus was on planning for the 4th Balkans Regional HIV Conference and exploration of potential interest of developing a regional mobility and HIV-TB co-infection proposal for a future GFATM round. (Refer to meeting report in annex)

C. Regional capacity building

(1) Second regional training on behavioural change communication strategy and development

The second regional BCC strategy and methods training workshop was conducted in Tirana on September 15-19, 2008. The goal of this course was to strengthen the capacities of government and NGOs in reducing HIV vulnerabilities through effective behavioural change communications. A total of 23 participants from Albania, BiH, Kosovo, Macedonia, Montenegro and Serbia from both government and non-government organizations participated in the training. During the 5 days of training, the participants learned to develop tailored messages and approaches for risk populations to prevent HIV infection and transmission.



(2) Planning for regional exchange field study - Serbia

The Phase II Programme, through the NGO Trust Fund, has provided support to VCT and harm reduction in prisons expanding beyond IDU to tackle the challenges faced by MSM and women. To share lessons-learned in prisons in the region, the Serbia staff and Programme Manager have planned an exchange visit. The Programme will collaborate with the Ministry of Justice and UNDP, Serbia to organize this exchange. Serbia has specialized prisons for juveniles, for women, and men, in addition to high-security prisons. The regional prison-response field study visit was originally planned for April 13-17, 2009. The Ministry of Justice, Serbia gave their provisional approval of the field visit programme. However, due to a recent incidence within their prison, the security

measures were heightened. It was agreed that the proposed field study be postponed until year 3 to re-assess the security feasibility.

III. PERSONNEL AND MANAGEMENT (this section is for Bettina and Laurent to complete)

Regional staff meeting

The second regional staff meeting was held on November 13-14, in Tivat, Montenegro focusing on the year 2 programme implementation plan. (For details refer to regional staff meeting report, Tivat).

The third regional staff meeting was held on March 26, 2009 focusing on the review of achievements to-date and planning for year 3. Unfortunately, the BiH team was unable to participate due to delays in processing Albanian entry visa. (For details, refer to regional staff meeting report, Durres).

Personnel

Fourth regional HIV and AIDS Conference coordinator

A short-term conference coordinator was hired in October 2006, for six months. She was responsible in coordinating all aspects of the Conference preparation. However the Regional Programme Manager/Senior Technical Advisor had to provide extra support to build the capacity of both the Albanian country team and the coordinator, both of whom were unfamiliar with organizing international conferences.

Kosovo training coordinator

As the Programme is gaining momentum in its capacity building efforts (refer to the new curricula developed during year 2), it was necessary to have a training coordinator in Kosovo to ensure timely programme implementation. Previously Kosovo office had only one part-time staff. The training coordinator joined the Programme in October 2008 and began with a solid performance of putting the FPH training quality and standard into practice.

Management

Until the end of December 2008, the Western Balkans Programme to Fight HIV/AIDS in Bosnia and Herzegovina was implemented by country office of Swiss NGO, *Partnerships in Health*, with the exception of the Serbia office, which was from the onset registered as a local NGO. Following the mandate and mission of *Partnerships in Health*, the Board of Directors decided to enter a new phase of partnership with its country offices and assist them to establish themselves as local NGOs to enhance their long-term sustainability. In January 2009, the BiH office completed this process and signed an MoU on joint programme implementation. The Kosovo and Albania office will complete this process during year 3. This is a new development in the programme implementation and a direct contribution to non-government sector development.

IV. YEAR 2 FINANCIAL REPORT

Bettina, Laurent and Dzenana to prepare this section.

V. YEAR 3 WORK PLAN AND BUDGET

Laurent and Dzenana to insert this section.

ANNEXES

1. Counseling against family violence good practice documentation, Belgrade, Serbia, June 2008
2. Regional BCC training report, Tirana, Albania, July 2008
3. Kosovan version of PHC provider training manual and users guide, October 2008
4. Second regional staff meeting report, Tivat Montenegro, November 2008
5. Bosnia version of mental health training manual and user guide, November 2008
6. Prison peer education pilot report, Pristina, Kosovo, December 2008
7. HIV prevention curriculum for police officers, Belgrade, Serbia, January 2009
8. Nutrition guide for PLHIV, Novi Sad HIV Clinic, Serbia, February 2009
9. Prison good practice documentation, Bunja Luka, BiH, March 2009
10. Third regional staff meeting report, Dures, Albania, March 2009
11. Fourth Balkans regional conference report, Dures, Albania, March 2009
12. Kosovan version of mental health professional training manual and user guide, April 2009
13. BCC handbook, Tirana, Albania, May 2009
14. Generic HIV training curriculum for dental professionals, May 2009
15. NGO Trust Fund final reports
 - Albania - FHA Roma women VCT and PMCT awareness raising
 - BiH – Prison VCT consortium
 - Kosovo – CSGD

- Kosovo – Labyrinth
- Serbia – Jazas
- Serbia – Youth of Jazas