

**REPUBLIC OF KAZAKHSTAN**

**REPUBLICAN CENTER FOR PREVENTION AND  
CONTROL OF AIDS**

**The second annual report**

**On the implementation of the Grant of the Global Fund to  
Fight AIDS, Tuberculosis and Malaria**

**KAZ-202-G01-H-00**

**Assistance and support to safer behavior choices among  
vulnerable population groups (injection drug users,  
commercial sex workers and youth); assistance and support  
to people living with HIV/AIDS**

**Reporting period: 1 January - 30 November 2005 года**

**Developed by the Project Implementation Unit  
(PIU)**

**February 2006**

**Almaty**

## **Annual progress report**

<b>Donor:</b>	<b>The Global Fund to Fight AIDS, Tuberculosis and Malaria</b>
<b>Principal Recipient:</b>	<b>The Republican Center for Prevention and Control of AIDS of the Ministry of Health of the Republic of Kazakhstan</b>
<b>Country:</b>	<b>Republic of Kazakhstan</b>
<b>Grant Number:</b>	<b>KAZ-202-G01-H-00</b>
<b>Program:</b>	<b>Assistance and support to safer behavior choices among vulnerable population groups (injection drug users, commercial sex workers, youth); assistance and support to people living with HIV/AIDS</b>
<b>Total grant amount for 2 years</b>	<b>USD 6,502,000</b>
<b>Total grant amount for year 2</b>	<b>USD 3, 983, 899</b>
<b>Amount disbursed in the 2<sup>nd</sup> year:</b>	<b>USD 4,016,839</b>
<b>Program starting date:</b>	<b>1 August 2003 / 1 December 2003</b>
<b>Program period:</b>	<b>1 December 2003 / 30 November 2005</b>
<b>Reporting period:</b>	<b>1 January 2005 / 30 November 2005</b>

## **Situation with HIV/AIDS prevalence in Kazakhstan**

The first HIV case was registered in Kazakhstan in 1987. According to statistical data based on revealed cases registration, totally 5657 HIV-infected were registered as of 01.01.2006, including 332 AIDS cases. 743 HIV-infected died, including 281 that died of AIDS. HIV/AIDS prevalence among the population of Kazakhstan was 37,5 per 100 000 people.

76% of HIV-infected are men (4291) and 24% - women (1366), the most affected age group – people of 20-29 years old – 52,6% (2976). Social composition: nonworkers – 72,1% (3070). Injecting drug users constitute 75,5% (4271), infected through sexual contacts – 16% (911).

HIV-infection continues to spread mainly among vulnerable population groups – injecting drug users and sex workers.

HIV-infection growth in 2005 was 23%, growth of new cases in the same year was 37,9%.

As of the 1 January 2006 431 HIV-infected pregnant women were registered, and 79 out of them had repeated pregnancy.

204 children were born by HIV-infected women, 18 of them were HIV-infected, 109 were seronegative, 11 died, 68 are on the books until diagnosis verification.

964 of the new cases of HIV-infection were revealed during 2005, including 101 AIDS-patients, as compared with 2004 when 699 cases were registered with 78 AIDS patients.

HIV-infection cases revealed in 2005 were mainly registered among city-dwellers (80%). The same situation was in 2004 (71%).

According to assessment data (program for HIV/AIDS epidemic assessment and forecasting “Spectrum” developed by WHO and UNAIDS) in 2005 the assessed number of children and adults (0-49 years old) living with HIV in Kazakhstan was 19000 people; number of new HIV cases among children and adults (0-49) – 2000; number of deaths of AIDS among children and adults (0-49)– less than 100; number of adults (15 – 49) living with HIV – 18200; number of women (15 – 49) living with HIV – 7500; HIV prevalence among adults (15 - 49) – 0,2%.

Population groups with risky injecting and sexual behavior where HIV-infection is concentrated at present in Kazakhstan are supplemented out of the least socially protected population groups. Their vulnerability to HIV-infection is accounted for insufficient access to informational and educational programs.

Along with internal HIV/AIDS epidemic spread factors Kazakhstan experiences pressure of external factors resulting from complex epidemiological situation in neighboring countries. As compared to other countries of CAR, neighboring Russia, some post-soviet states and several East China provinces, HIV-infection prevalence in Kazakhstan is as yet not high. However this indicator in our country is higher than that in the Central Asian countries as Kyrgyzstan and Tadjikistan.

Thus, the real HIV-infection prevalence among the population of 15 - 29 years old in Kazakhstan is 0,2%, that is 3 times as much of HIV/AIDS prevalence assessed on the basis of registered cases. Use of injecting drugs remains the driving motive of HIV/AIDS epidemic in Kazakhstan. Probability of HIV-infection revealing in IDUs is much higher than that in non-users of injecting drugs. However the sexual way of HIV transmission increases every year.

Kazakhstan accomplished the National Program on AIDS epidemic counteraction in 2001-2005 (further “the Program”), adopted by the Resolution of the Government of the Republic of Kazakhstan on the 14 of September, # 1207. The Program goal of HIV-infection prevalence stabilization at its concentrated stage and non-admission of its transfer to generalized stage was achieved as a whole.

The following priority task of the Program were solved by the Government of the Republic of Kazakhstan and civil society:

- Legal and normative base development for preventive programs implementation; revision of existing legal acts;
- Preventive measures implementation among vulnerable populations, especially IDUs, CSWs and people in detention;
- Preventive measures implementation among youth;
- Treatment and social support to PLHA.

To increase the National Program implementation effectiveness and reduce epidemic destructive effects the Grant Agreement between the Republican Center for Prevention and Control of AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria was signed on the 29<sup>th</sup> July 2003. During two years (1 December 2003 - 30 November 2005) The Republican Center for Prevention and Control of AIDS (the GF grant Principal Recipient) implemented the Project “Assistance and support to safer behavior choices among vulnerable population groups (injection drug users, commercial sex workers, youth); assistance and support to people living with HIV/AIDS” (grant № KAZ-202-G01-H-00) in accordance with the National Program priority goals.

Due to mobilization of additional resources, first of all from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the fifth disbursement in the amount of USD 1,839,259 received on 23.03.2005, the sixth USD 943,070 USD received on 27.06.2005), and annual increase of funding from the Government side and other bilateral and multilateral donors, funding of the Program increased from 2% of needs in its beginning to 25%.

Positive results were achieved due to mobilization of efforts of both governmental sector and civil society, their coordination and partnership.

## **Main objectives, tasks and spheres of activity under the Project**

### **1. Reduction of vulnerability and behavioral risks of IDUs, CSWs and MSMs**

- Creation of supportive legal and social policy environment;
- Improve knowledge and awareness of professionals and NGOs' representatives;
- Provide HIV/AIDS education and information among vulnerable groups' representatives;
- Provide personal protection means for vulnerable populations;
- Improve the accessibility and acceptability of STI treatment;
- Introduce and then disseminate the use of substitution therapy for IDUs;
- Strengthen the evaluation capacity of the government health service;

### **2. Provide youth with the knowledge and awareness to improve their healthy behavior**

- Introduce HIV/AIDS/STI and drug use prevention topics in the basic curricula of all educational institutions;
- Provide appropriate HIV/AIDS and SDI education and information targeted at youth;

### **3. To provide treatment, care and psychosocial support to people with HIV**

- Create a supportive environment, eliminate discrimination and segregation against people with HIV;
- Develop standardized clinical management of people with HIV;
- Supply HIV-infected people with antiretroviral treatment.

# **The GFATM grant implementation during the second program year**

## **Country Coordination Mechanism**

On 21 February 2005 there was a meeting of the Technical Group on the GFATM Grant Implementation under the Coordination Committee on AIDS Prevention and Control, established on 21 December 2004. Technical Group took a decision on the utilization of saved grant funds for the following: IEM development and issuing, procurement of disinfectants for IDUs and PLHA in detention, increase of funds for procurement of methadone syrup, training of 15 ARV specialists in Ukraine, administrative costs of NGOs – sub-recipients of the GF grant in accordance with the GFATM and LFA recommendations.

Due to the establishment of the National Coordination Council on Health Protection under the Government of the RK, the existing Technical Group was abolished. Later on according to Order of the Minister of Health № 253 dated 24 May 2005 the Commission was established for coordination of work with the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The Commission was presented by the Chairman – Minister of Health of the RK, and members: four representatives of the health sector, one of the Ministry of Justice, four of the NGOs, including PLHA, two of international organizations such as UNAIDS and USAID.

- On 25 May 2005 Commission approved the Request for continued funding for 3 - 5 Program years of the Grant Agreement to the amount of USD 15,255,000.00, and decided to introduce the pilot project on substitution therapy for 50 drug dependents in Pavlodar city.
- On 17 August 2005 Commission took a decision on utilization of saved funds under the GFATM Project for carrying out the final assessment of the project implementation results, development and issuing of the IEM for military, procurement of the laboratory equipment, including genetic analyzer of DNA for ARVT regimen changing assessment.
- On 17 November 2005 Commission approved the Plan of potential conflict of interests settlement.

### **Objective 1. Reduction of vulnerability and behavioral risks of injection drug users, commercial sex workers and men having sex with men**

#### **Public associations involvement in the service delivery area on preventive programs organization for vulnerable population groups**

The Global Fund Project is aimed at wide NGOs' involvement in preventive intervention among IDUs, CSWs and MSMs. Project takes proper account of vulnerable groups confidence to NGOs which representatives have an adequate information, render support and preventive aid.

The Principal Recipient cooperates with NGO practically in all country regions. During the first Project year the PR concluded the contracts with 20 NGOs and 17 regional AIDS centers; during the second year - with 27 NGOs and 20 regional AIDS centers. NGOs' selection was carried out on competitive base by the Commission with participation of local, state medical and international organizations

The GFATM Project initiated the integration of HIV/AIDS servicing NGOs into three associations that now successfully operate in the country.

However there are some problems related to HIV/AIDS servicing NGOs activity:

Practically there are not any NGO, which covers all vulnerable population groups, especially MSMs;

1. Only 4 NGOs in the country work with PLHA;
2. NGOs' human and financial resources are insufficient; most of HIV/AIDS servicing NGOs are represented by less than 10 members having inadequate background necessary for effective epidemic counteraction.
3. NGOs' dependence from foreign donors, governmental underinvestment, and lack of comprehensive estate support of their activity – all these do not guarantee their stability.

Certain efforts were made under the Project to ensure stable activity of NGOs – grant sub-recipients. For the first time in 2005 funds (about USD 129 thousand) were allocated for NGO administrative costs.

The PR rendered the technical assistance to conduct seminars under the Global Fund Project, aimed at training of professionals and participation of NGOs representatives – sub-recipients of the grant – was mandatory.

The PR welcomed attracting NGOs as organizations providing free STD treatment. In 2005 2 NGOs (“Senim” – SKO, and “Senim” – Karaganda) provided STD treatment for vulnerable groups representatives, and medicines were procured under the GF grant.

Besides, the NGOs' members experienced in expertise and teaching were attracted to carry out the project activity assessment and as trainers to conduct seminars in their field of work.

### **Activity 1. Creation of supportive legal and social policy environment for vulnerable population group**

Current legislation related to HIV/AIDS problem remains ambivalent. Protecting PLHA from the one hand, it presumes some restrictions for such people, and this in turn increases stigma towards PLHA and contributes HIV-infection prevalence. Current HIV/AIDS legislation still does not provide for system protection of vulnerable groups representatives (IDUs, CSWs, MSMs) from discrimination.

The following was done for the purposes of revision of the current legislation and normative acts of the Republic of Kazakhstan, elimination of PLHA discrimination, publication of more supportive and positive articles in mass media regarding vulnerable to HIV populations, and changing the negative attitude to PLHA:

Seminars were held on “Review of the international recommendations on legislation and human rights in terms of HIV/AIDS ”. The following problems were discussed: current legislation and PLHA needs; current legislation and vulnerability to HIV-infection of risky behavior population groups; drug addiction in prisons and harm reduction activity; review of the international recommendations on HIV/AIDS legislation perfection.

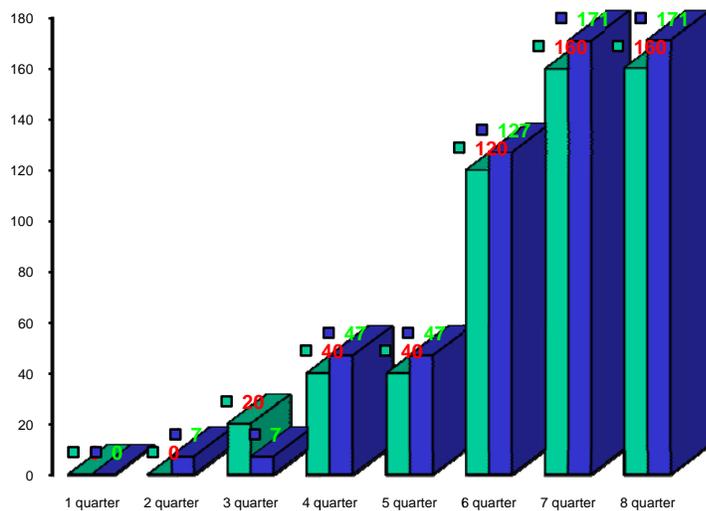
During the 1<sup>st</sup> program year seminars were held with participation of the members of the Parliament of the Republic of Kazakhstan (17 people) and representatives of the executive bodies: ministries and agencies involved in the implementation of the National Program of AIDS epidemic counteraction (30 people). Similar seminars were held in the 2<sup>nd</sup> program year: 1 national and 5 interregional. Representatives of the local executive bodies, police, criminal executive system, AIDS service, NGOs and mass media took part in these seminars. Totally 124 people were trained during the second year, and 171 people during two project years.

### **Seminars “Review of the international recommendations on legislation and human rights in terms of HIV/AIDS”**

**(cumulative number of trained people during two years of the Project implementation)**

<b>Indicator description</b>	<b>Baseline</b>	<b>Aim/ Result</b>	<b>Quarter 5 (01-03.2005)</b>	<b>Quarter 6 (04-06.2005)</b>	<b>Quarter 7 (07-09.2005)</b>	<b>Quarter 8 (10-11.2005)</b>	<b>Year 2 aim</b>

Number of people trained	0 (2002)	Aim	40	120	160	160	160
		Result	47	127	171	171	



**Seminars “Review of the international recommendations on legislation and human rights in terms of HIV/AIDS”**  
(Cumulative number of trained people during two years of the Project implementation)

On 23 February 2005 round table meeting “HIV/AIDS prevention and treatment” was held at the cost of the GF funds. Initiators of the round-table were Parliament Senate members and the Republican Center for AIDS Prevention and Control. 6 Senate Deputies, 1 Majilis Deputy and 4 Parliament Senate Deputy Assistants, as well as 40 invitees (representatives of the ministries and agencies, international NGOs, staff of the Republican and Regional AIDS Centers) were present at this meeting.

The following questions were discussed at the round- table meeting:

- Epidemiological situation and actions taken to counteract HIV/AIDS epidemic in the Republic of Kazakhstan;
- Activity in education in the area of HIV/AIDS counteraction;
- HIV-infection prevention in criminal-executive system;
- Coverage in mass media of the problems related to HIV/AIDS prevention and treatment;
- International guiding principles in the area of HIV/AIDS and human rights.

During the round-table meeting recommendations for the Government on the necessity of the further work on HIV/AIDS epidemic counteraction in Kazakhstan were approved: development and approval of the State program on HIV/AIDS epidemic counteraction in Kazakhstan for 2005 – 2010; strengthening of work of the ministries and departments involved in the program implementation; consideration of an opportunity to introduce substitution therapy in pilot regions of Kazakhstan (Karaganda and Pavlodar oblasts).

### **Activity 2. Improve knowledge and awareness of professionals and representatives of non-governmental organizations**

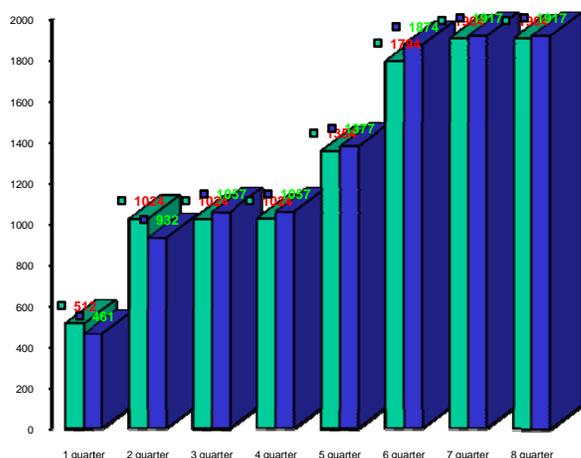
The Project is aimed at improvement of better understanding of harm reduction strategy, development of knowledge and skills of professionals working with priority population groups. So for the purposes of harm reduction strategy development, assistance to safer behavior among vulnerable population groups, improvement of technical skills of NGOs and other organizations working with the vulnerable populations:

16 regional seminars were held during the second program year with participation of the representatives of regional Health Departments, Akims (regional government bodies), staff of trust points, friendly

clinics, Regional AIDS Centers, law machinery, Health Service, NGOs, volunteers, as well as narcology experts, and specialists in skin and venereal diseases. 860 people were trained человек. Totally 1917 people were trained at these seminars during two program years (1057 were trained during year 1).

**Seminars “Preventive programs organization among vulnerable populations”**  
(Cumulative number of trained specialists during two program years)

Indicator description	Baseline	Aim/Result	Quarter 5 (01-03.2005)	Quarter 6 (04-06.2005)	Quarter 7 (07-09.2005)	Quarter 8 (10-11.2005)
Number of people trained	0 (2002 г.)	Aim	1354	1794	1904	1904
		Result	1377 (102%)	1874 (104%)	1917 (101%)	1917 (101%)



**Seminars “Preventive programs organization among vulnerable populations”**  
(Cumulative number of trained specialists during two program years)

**Activity 3. Provide HIV/AIDS education and information for vulnerable groups**

The Project is aimed at promotion and provision for all comers (IDUs, CSWs, MSMs) of education, information, communication, consultation on individual risks and avoidance of HIV-infection transmission. To ensure higher level of knowledge on safe injection and sexual practices among vulnerable populations, and increasing of access to the personal protection means booklets adapted for each vulnerable group (IDU, CSW, MSM) were developed and issued in the second program year. Totally 70572 IEM copies were issued for vulnerable groups during the second year (34085 copies in 2004). For IDUs – “HIV and Drugs” 59797 copies (24000 copies in 2004); for CSWs - “For You” - 9098 copies (5085 copies in 2005); for MSMs – “Safe Sex for Unusual Guys” - 3677 copies (5000 copies in 2004). Booklets were delivered to sub-recipients of the Global Fund grant (Regional AIDS Centers and NGOs) in October 2005. 87500 IEM copies were issued for IDUs, MSMs and PLHA in detention. Such booklets were delivered to penitentiary entities in July 2005.

As per the sub-recipients’ reporting data during the second program year totally 51376 IDUs, 9098 SWs и 887 MSMs received information and individual consultations on HIV prevention and safe behavior. 8041 IDUs, 9718 CSWs, 1874 MSMs were referred to friendly clinics for STD treatment, 16090 IDUs, 9939 CSWs, 901 MSMs – for HIV, hepatitis B and C testing.

**According to epidemiological surveillance carried out in 2005 in all oblast administrative centers and towns** awareness of IDUs on preventive measures and supposed HIV transmission ways was 38 %. Awareness among IDUs-men was slightly higher (39,3%) than among women (31,5%). In 2004 awareness level was 32,1%.

Awareness among CSWs on preventive measures and supposed HIV transmission ways was 40,6%; in 2004 - 35,5%.

Awareness among MSMs on preventive measures and supposed HIV transmission ways was 37,7%; in 2004 – 20%.

#### **Activity 4. Provide personal protection means (condoms, needle exchange program and disinfectants) for vulnerable populations**

Factors contributing to wide HIV infection prevalence are dangerous injecting and sexual behavior. According to common assessment of Kazakhstan leading national centers 100000 - 150000 people in the country systematically use drugs, and only one fifth part of them is registered by drug control service. About 70 % of drug addicts use drugs intravenously – mainly opiates and heroin.

According to conservative assessment the number of CSWs in Kazakhstan is 20000, number of MSMs according to expert assessment is about 20000 человек.

The GFATM project is aimed at coverage of all IDUs, CSWs, MSMs - the clients of this and some other projects under the implementation in the country – with syringe exchange programs, distribution of condoms and disinfectants.

To ensure the work on vulnerable populations coverage with preventive programs in 2005 752 volunteers paid under the GF grant were hired (505 for IDUs, 177 for CSWs, 70 for MSMs). Sub-recipients (Regional AIDS Centers and NGOs) recruited 679 volunteers - 90,3% against the planned number (but 100% in NGOs).

7200500 syringes of 2 ml, 5 ml and 10 ml were procured during the first program year and delivered to Regional AIDS Centers and NGOs in September 2004. Project end-users received 5997331 units (83,3% of the whole volume for the 1<sup>st</sup> year). Out of the total number of syringes (14400000 units.) purchased under the Project and delivered in May of the second program year 12851989 syringes were distributed among IDUs (89,2% of the total number of syringes). Thus, cumulative number of 18 849 320 syringes were distributed among IDUs.

Condoms (10000000 units) purchased for the 2<sup>nd</sup> program year were delivered to the project sub-recipients in July – August 2005, condoms for the 1<sup>st</sup> year (7152500 units) – in November 2005. Due to this fact the number of condoms distributed among project clients was 3420297 units (34%) and 815357 units (11,4%) accordingly. Cumulative number of 4 235 654 units were distributed among project clients during the half a year.

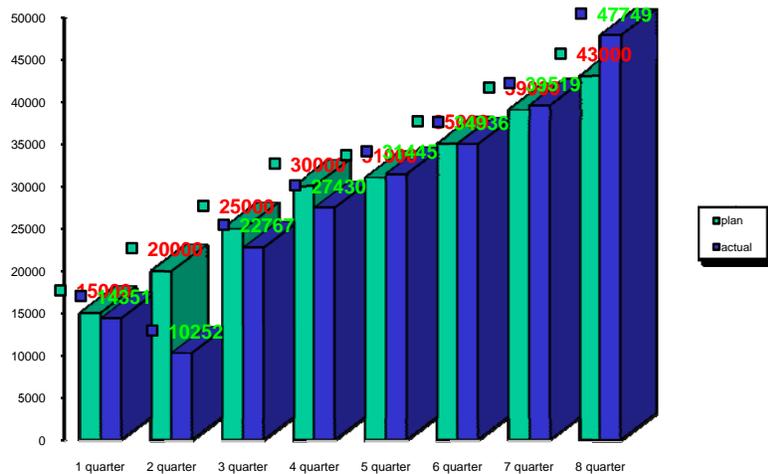
30026 kg of disinfectants were purchased in the second program year and delivered to the Regional AIDS Centers and penitentiary facilities in 16 country regions. 22201 kg (73,9%) were distributed among the project clients, (100% in 2004).

Coverage of IDUs, CSWs and MSMs with preventive programs was done at the cost of both the GFATM grant and budget funds as well as under other projects under the implementation in the country. As of the end of the second year of the project implementation 47749 IDUs (111% of the planned number), 11959 CSWs (101% of the planned number), 3995 MSMs (114% of the planned number) were covered with the preventive intervention.

Actual results on coverage of IDUs and MSMs exceed those expected due to increase in number of applying of the clients to trust points and to volunteers working under the project.

#### **IDUs' coverage with preventive programs (Cumulative number of IDUs during 2 years of the project implementation)**

Indicator description	Baseline		Aim / Result	Quarter 5 (01-03.2005)	Quarter 6 (04-06.2005)	Quarter 7 (07-09.2005)	Quarter 8 (10-11.2005)
	6000	2002		31000	35000	39000	43000
Number of IDUs			Aim	31445	34936	39519	43000
			Result	(101,4%)	(99,8%)	(101,3%)	(111%)



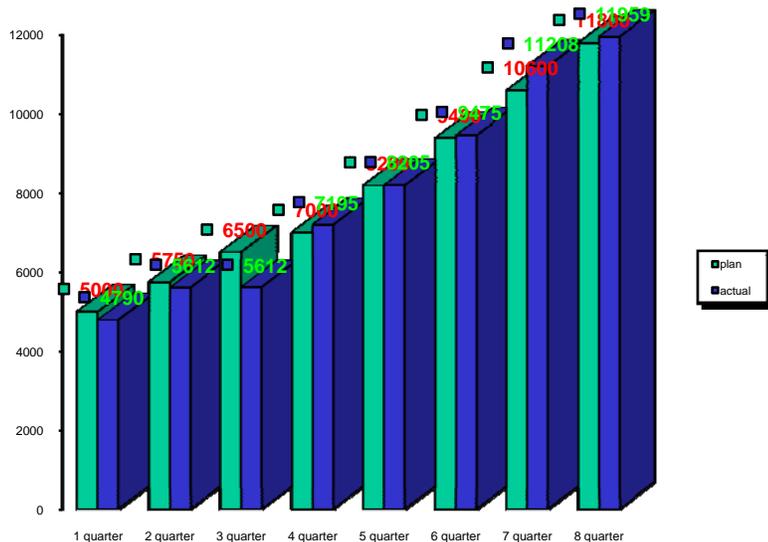
**IDUs' coverage with preventive programs  
(Cumulative number of IDUs during 2 years of the project implementation)**

**Epidemiological surveillance carried out in 2005 in all oblast administrative centers and towns** showed that injecting and sexual behavior of majority of IDUs remained the most dangerous in terms of HIV infection transmission. HIV-infection prevalence among this population group determined in 2005 – 3,4%; in 2004 – 3,7%. Only 13,4% of IDUs fully adopted preventive injecting and sexual behavior (in 2004 – 11,5%), 26,6% - safe injecting behavior ensuring adequate protection from HIV-infection transmission (in 2004 – 23,8%). Portion of IDUs that used condoms with non-regular sexual partners during the last sexual contact was 61,2%. According to epidemiological surveillance results IDUs' coverage with preventive programs (syringes exchange, condoms and IEM distribution) was 40,3% of the total number of respondents.

**CSWs' coverage with preventive programs  
(Cumulative number of CSWs during 2 years of the project implementation)**

Indicator description	Baseline		Aim/Result	Quarter 5 (01-03.2005)	Quarter 6 (04-06.2005)	Quarter 7 (07-09.2005)	Quarter 8 (10-11.2005)
	1000	2002		8200	9400	10600	11800
Number of CSWs			Aim	8205	9475	11208	11959
			Result	(100,1%)	(100,8%)	(105,7%)	(101,3%)

**Epidemiological surveillance carried out in 2005 in all oblast administrative centers and towns** showed that HIV-infection prevalence among CSWs was 2,1 %, in 2005; among those who used injecting drugs - 8,3%: among those who don't use drugs – 1,3% (in 2004 - 3,7%, 14% and 1,7% accordingly). 69,6% of CSWs used condoms during their last sexual contacts with non-regular partners. According to epidemiological surveillance data CSWs' coverage with preventive programs (condoms and IEM distribution) was 71,2% of the total number of respondents.

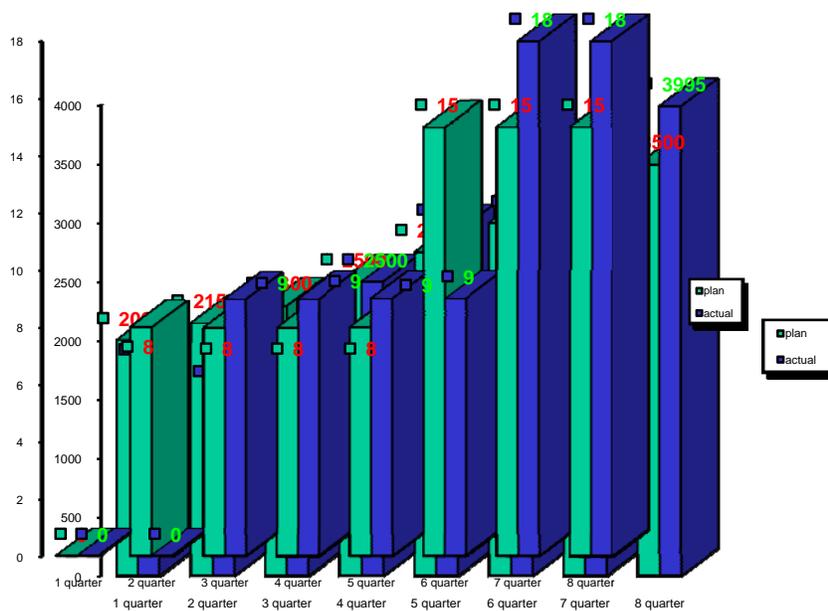


**CSWs' coverage with preventive programs (Cumulative number of CSWs during 2 years of the project implementation)**

**MSMs' coverage with preventive programs (Cumulative number of MSMs during 2 years of the project implementation)**

Indicator description	Baseline		Aim/Result	Quarter 5 (01-03.2005)	Quarter 6 (04-06.2005)	Quarter 7 (07-09.2005)	Quarter 8 (10-11.2005)
Number of MSMs	0	2002	Aim	2750	3000	3250	3500
			Result	2922 (106,2%)	2994 (99,8%)	3383 (104,1%)	3995 (114,1%)

**Epidemiological surveillance carried out in 2005 in all oblast administrative centers and towns** showed that HIV-infection prevalence among this group was 0,3%, (2004 - 0%). 77,5% of MSMs used condoms during their last sexual contacts with non-regular partners. 75% of MSMs had sexual contacts with non-regular partners during the last six months (in 2004 – 55%). According to epidemiological surveillance data MSMs' coverage with preventive programs (condoms and IEM distribution) was 42,3% of the total number of respondents.



**MSMs' coverage with preventive programs (Cumulative number of MSMs during 2 years of the project implementation)**

Dangerous injecting and sexual practice remains among prisoners. HIV-infection prevalence among prisoners is 0,9%; awareness about HIV prevention and supposed ways of transmission is 62,8%.

**Activity 5. Improve the accessibility and acceptability of STI treatment**

To increase attendance of STI clinics by youth, IDUs, CSWs, MSMs for getting free and accessible medication, early diagnostics, appropriate treatment and to improve control over STI epidemic 9 friendly clinics under the AIDS Centers were established and equipped in 9 regions of the country. Totally during 2 years of the project implementation 18 friendly clinics against 15 planned were equipped under the Regional AIDS Centers due to savings under the first year.

**Friendly clinics equipment (Cumulative number during two years of implementation)**

Indicator description	План		Aim/Result	Quarter 5 (01-03.2005)	Quarter 6 (04-06.2005)	Quarter 7 (07-09.2005)	Quarter 8 (10-11.2005)
	Значение	Год					
Number of operating friendly clinics	0	2002	Aim	8	15	15	15
			Result	9 (112,5%)	9 (60%)	18 (120%)	18 (120%)

To ensure functioning of friendly clinics (equipped at the cost of both GF and budget) 9 kinds of STD medicines were purchased for 21 sub-recipients, including 19 Regional AIDS Centers and 2 NGOs.

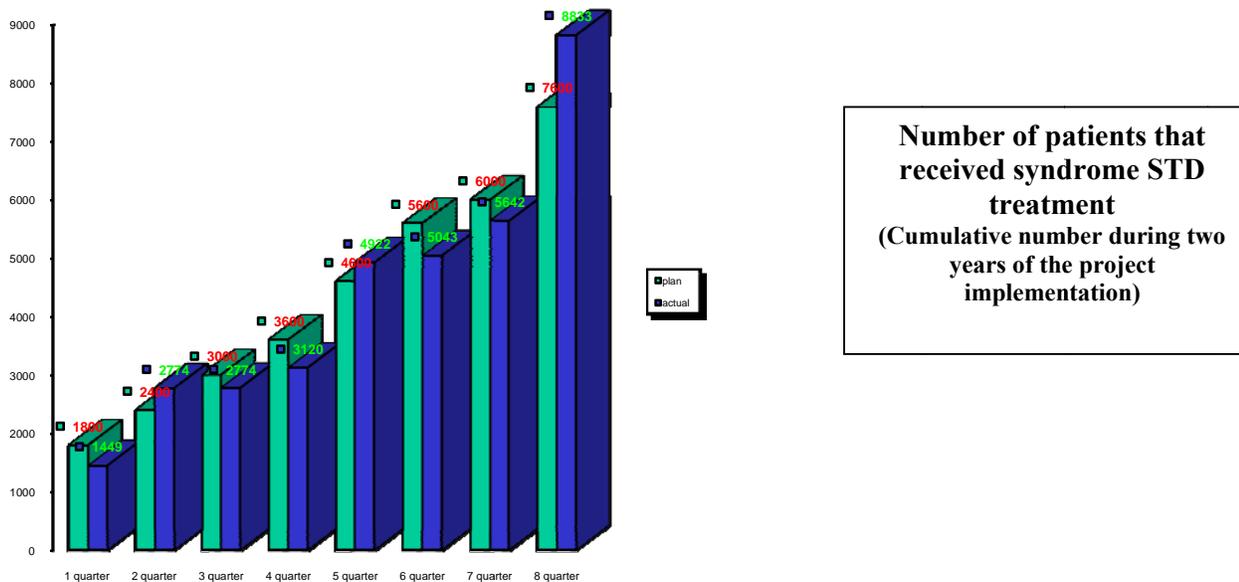
Totally 8833 STD patients received treatment in friendly clinics during two years of the project implementation. 42,1% of vulnerable populations with STD symptoms received syndrome treatment against the total number 21000 of those who needed it.

**Friendly clinics equipment (Cumulative number during two years of implementation)**

**Number of patients that received syndrome treatment**

**(Cumulative number during two years of the project implementation)**

Indicator description	Plan		Aim/Result	Quarter 5 (01-03.2005)	Quarter 6 (04-06.2005)	Quarter 7 (07-09.2005)	Quarter 8 (10-11.2005)
	Value	Year					
Number of patients that received syndrome STD treatment	0	2002	Aim	4600	5600	6000	7600
			Result	4922 (107%)	5043 (90%)	5642 (94%)	8833 (116%)



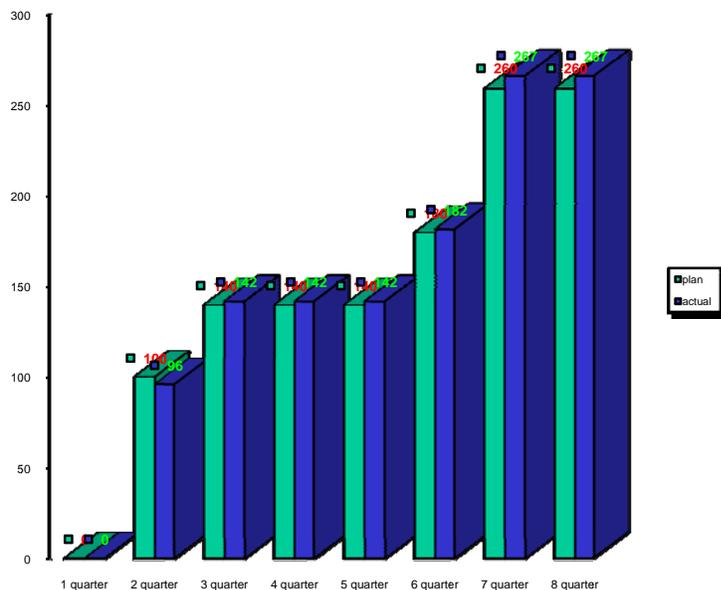
Since the actual results of coverage with STD treatment in quarter 6 were lower than planned, the PR sent letters to the Regional AIDS Centers and 2 NGOs where friendly clinics were operating and that received medicines and equipment under the grant. These letters contained the request to strengthen the work on attracting the clients with STD symptoms among target groups representatives, as well as youth being vulnerable to HIV-infection. The measures taken resulted in increase in number of patients who received STD syndrome treatment.

To strengthen the technical potential of sub-recipients rendering the services on STD consultation and treatment 6 seminars were held on training of friendly clinics staff in organization of friendly clinics work and STD syndrome treatment. 125 participants were trained during the 2<sup>nd</sup> program year (142 in 2004) among venereologists and AIDS Service specialists. Totally 267 specialist were trained during 2 years of the project implementation.

**Epidemiological surveillance carried out in 2005 in all oblast administrative centers and towns** showed that medical aid appealability of IDUs with STD symptoms who received medical services in full volume (diagnostic, treatment and consultation) was 35,2% of all IDUs that had STD symptoms (in 2004 – 39,7%), CSWs - 50,7% (in 2004 – 50,8%), MSMs – 59% (in 2004 – 42,9%).

**Seminars “Friendly clinics’ staff training in STD syndrome treatment”  
(Cumulative number of those trained during two years of the project implementation)**

Indicator description	Plan		Aim/ Result	Quarter 5 (01-03.2005)	Quarter 6 (04-06.2005)	Quarter 7 (07-09.2005)	Quarter 8 (10-11.2005)
	Value	Year					
Number of trained friendly clinics' specialists	0	2002	Aim	140	180	260	260
			Result	142 (101,4%)	182 (101,1%)	267 (102,7%)	267 (102,7%)



**Seminars “Friendly clinics’ staff training in STD syndrome treatment”**  
 (Cumulative number of those trained during two years of the project implementation)

Friendly clinics establishment under the AIDS Centers and attracting of two NGOs to providing of STD treatment influenced upon increase in access of vulnerable populations to free and anonymous STD treatment. However part of such patients continue to attend skin and venereal clinics providing anonymous payable services.

#### Activity 6. Introduce and then disseminate the use of substitution therapy for IDUs

Treatment in narcological dispensaries still remains inaccessible for IDUs, including HIV-infected patients due to the fact that it is payable whereas this contingent is actually insolvent. The only approach to therapy is treatment aimed at getting rid of abstinence though it is inefficient at present: overwhelming majority of people suffering from thebaic narcotism reverts to injecting drugs during one year after treatment.

Substitution supporting therapy for IDUs is not introduced so far in the country. Order # 609 “On Substitution Therapy Introduction” was signed by the Ministry of Health on 08.12.05, methodical recommendations on the substitution therapy introduction were developed and are now under approval with the MoH. 50 HIV-infected patients were selected for their participation in methadone program. Registration of methadone is underway.

Indicator description	Plan		Aim/ Result	Quarter 5 (01-03.2005)	Quarter 6 (04-06.2005)	Quarter 7 (07-09.2005)	Quarter 8 (10-11.2005)
	Value	Year					
Number of	0	2002	Aim	0	0	30	100

<b>IDUs regularly visiting methadone clinics</b>			<b>Result</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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### **Activity 7. Strengthen the evaluation capacity of the government health service**

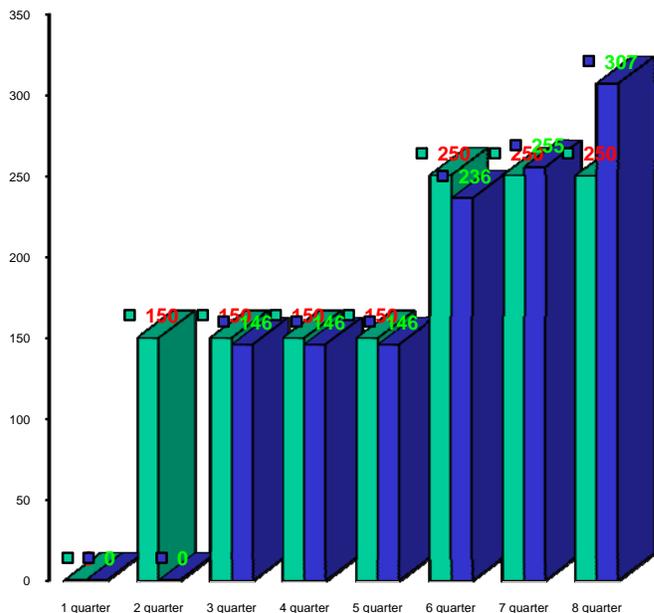
For the purpose of:

- Ensuring the adequate tracking of epidemic development features, monitoring of response and evaluation of impact and correlation of resources, project and program activity and achieving the scheduled results;
  - HIV-infection monitoring based on sentinel epidemiological surveillance among priority population groups;
  - HIV cases registration important with relation to provision of treatment for HIV-patients;
  - Increase of reliability of behavioral surveillance data;
  - Program activity monitoring including coverage with preventive programs of different population groups and treatment of PLHA, and resources;
  - Imperfection of the M&E national indicators system
- the unified national system was developed and introduced for monitoring and evaluation of HIV/AIDS programs which draft was prepared with financial support of the Global Fund grant for Kazakhstan.

5 interregional seminars were held for AIDS-Service specialists responsible for M&E of HIV/AIDS programs, which were trained in unified national M&E system principles. During the second project year 109 specialists were trained in M&E seminars (146 в 2004 г.). Additionally in November 2005 there was one more unplanned national seminar held under saved funds, on introduction of instructions on monitoring and evaluation of AIDS epidemic counteraction measures in the RK, approved by the Ministry of Health order № 591 dated 23 November 2005, where 52 participants from the Regional AIDS Centers were trained. So, totally 307 people were trained during two years of the project implementation.

#### **Seminars “Monitoring and Evaluation of HIV/AIDS Programs” (Cumulative number of those trained during two years of the project implementation)**

<b>Indicator description</b>	<b>Plan</b>		<b>Aim/Result</b>	<b>Quarter 5 (01-03.2005)</b>	<b>Quarter 6 (04-06.2005)</b>	<b>Quarter 7 (07-09.2005)</b>	<b>Quarter 8 (10-11.2005)</b>
	<b>Value</b>	<b>Year</b>					
<b>Number of trained</b>	<b>0</b>	<b>2002</b>	<b>Aim</b>	<b>150</b>	<b>250</b>	<b>250</b>	<b>250</b>
			<b>Result</b>	<b>146 (97,3%)</b>	<b>236 (94,4%)</b>	<b>255 (102%)</b>	<b>307 (122,8%)</b>



**Seminars “Monitoring and Evaluation of HIV/AIDS Programs”**  
 (Cumulative number of those trained during two years of the project implementation)

The PR sub-recipient – Public Opinion Research Center carried out 2 public-opinion polls: 1) among schoolchildren on knowledge of HIV/AIDS problem: and 2) attitude of the general population to people living with HIV/AIDS. Final report on sociological survey was submitted in November 2005.

**OBJECTIVE 2. Provide youth with the knowledge and awareness to improve their healthy behavior**

Implementation of this component allows to provide the following:

- Considerable increase in realizing of HIV/AIDS problems by youth;
- Possible decrease in demand for hard drugs among youth;
- Reduction of curable STIs prevalence;
- Young people will have more incentives for AIDS testing and early treatment.

**Activity 1. Introduce HIV/AIDS/STI and drug use prevention topics in the basic curricula of all educational institutions.**

Since the formal HIV/AIDS training does not lead to orientation towards formation among youth of vital skills, and it is not supplemented with attraction of informal leaders in the youth environment, there is no formed vital position of unacceptability of drugs use, no support of delayed sexual relations, no refusal from polygamy and adherence to safe sexual behavior.

The Global Fund project resolves a problem of youth training in prevention of HIV/AIDS/STD and drug addiction on the basis of vital skills, such as decision-making in non-standard everyday situations, critical thinking, opposition to coevals pressure in HIV/AIDS aspect.

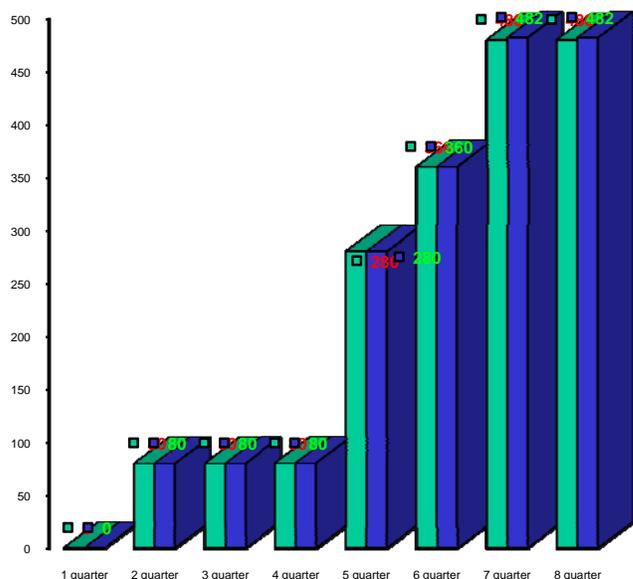
To provide students and teachers with good knowledge and understanding of HIV/AIDS/STI problems, as well as to strengthen responsibilities and adherence of educational system to HIV/STI prevention during the second program year:

The RC AIDS sub-recipient, the National Center for Healthy Lifestyle, conducted 16 interregional seminars “HIV/AIDS/STD and narcotism prevention in educational settings” for the staff of the educational settings, schools and post-graduate institutes, totally 402 specialists (80 in 2004), using the

principles of training of youth on the basis of living skills. Totally 482 people were trained during two years of the project implementation.

**Seminars “HIV/AIDS/STD and drug addiction prevention in educational settings”**  
(Cumulative number of those trained during two years of the project implementation)

Indicator description	Plan		Aim/Result	Quarter 5 (01-03.2005)	Quarter 6 (04-06.2005)	Quarter 7 (07-09.2005)	Quarter 8 (10-11.2005)
	Value	Year					
Number of trained	0	2002	Aim	280	360	480	480
			Result	280 (100%)	360 (100%)	482 (100,4%)	482 (100,4%)

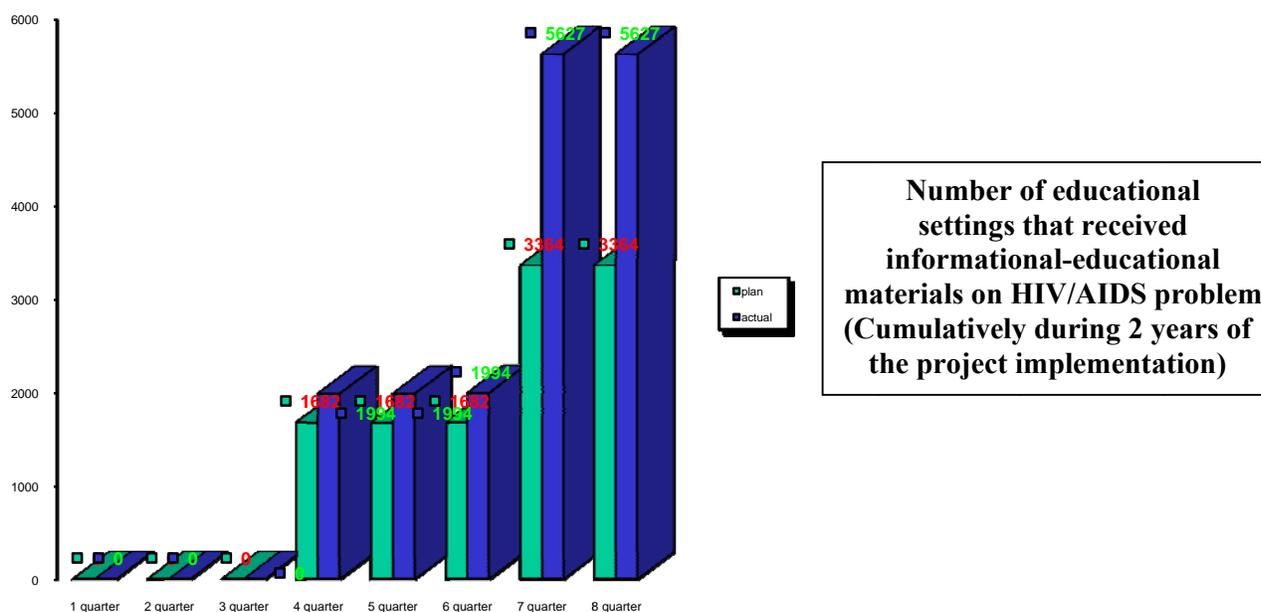


**Seminars “HIV/AIDS/STD and drug addiction prevention in educational settings”**  
(Cumulative number of those trained during two years of the project implementation)

During the second year of the GF project implementation in September 2005 informational and educational materials were issued and delivered to the regional educational departments and then to educational settings of all oblasts, including schools, colleges, professional technical schools and higher education institutions. Number of educational settings was 5627 against 3364 planned (167%) (1994 in 2004). Regional educational departments delivered IEM to bigger number of educational settings than it was planned.

**Number of educational settings that received informational-educational materials on HIV/AIDS problem**  
(Cumulatively during 2 years of the project implementation)

Indicator description	Plan		Aim/Result	Quarter 5 (01-03.2005)	Quarter 6 (04-06.2005)	Quarter 7 (07-09.2005)	Quarter 8 (10-11.2005)
	Value	Year					
Number of educational settings that received IEM	0	2002	Aim	1682	1682	3364	3364
			Result	1994 (118,5%)	1994 (118,5%)	5627 (167,3%)	5627 (167,3%)

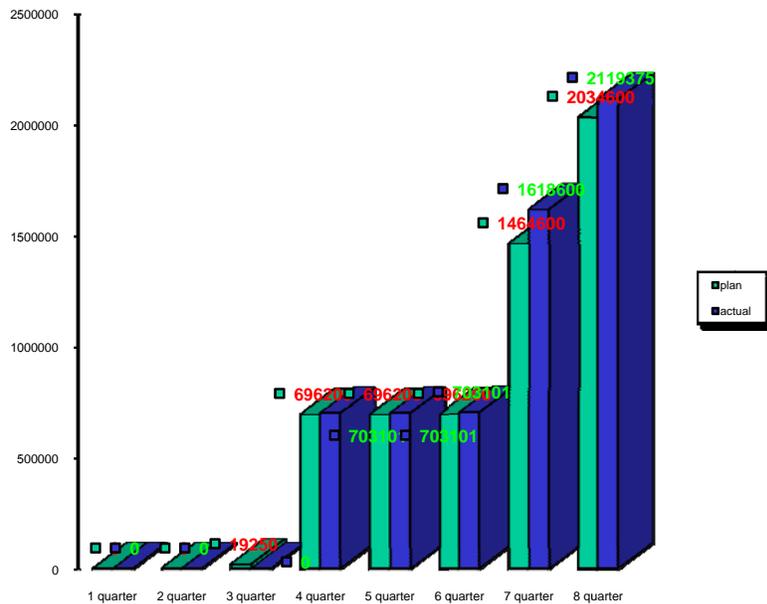


The following materials were issued during the second year of the GF project implementation:

- Small books for schoolchildren of 7-10 years old : «Adventures in the mysterious world» - 384000 copies. (186120 copies in 2004);
- Booklets for schoolchildren of 11-17 years old «Why should we talk about AIDS» - 668000 copies (341664 copies in 2004);
- Booklets for professional school students «Responsible behavior – safe protection against HIV/AIDS» - 84000 copies (44000 copies in 2004);
- Booklets for students of the higher education settings «HIV/AIDS without myths and illusions» - 108000 copies (56000 copies in 2004);
- Methodical recommendations for the teachers on HIV/AIDS education on the basis of living skills «Knowledge necessary for HIV/AIDS prevention» - 38000 copies (19317 copies in 2004);
- Total number of IEL is 1282400 copies out of 1282400 planned (100%). (647101 copies in 2004), and:
- 50000 posters «It is important to be protected», 2000 audio-, video-cassettes and CD-ROMs with the information on HIV/AIDS/STD and narcotism prevention (in 2004 – the same number of IEM);
- 267 000 copies of IEM were issued during the second year at the cost of saved funds for military, 247 000 copies were distributed (92,5% of the total number).

#### Number of informational and educational materials on HIV/AIDS distributed among youth

Indicator description	Plan		Aim/ Result	Quarter 5 (01-03.2005)	Quarter 6 (04-06.2005)	Quarter 7 (07-09.2005)	Quarter 8 (10-11.2005)
	Value	Year					
Number of IEM distributed	0	2002	Aim	696200	696200	1464600	2034600
			Result	703101 (101%)	703101 (101%)	1618600 (110,5%)	2041501 (100,3%)



**Number of informational and educational materials on HIV/AIDS distributed among youth**

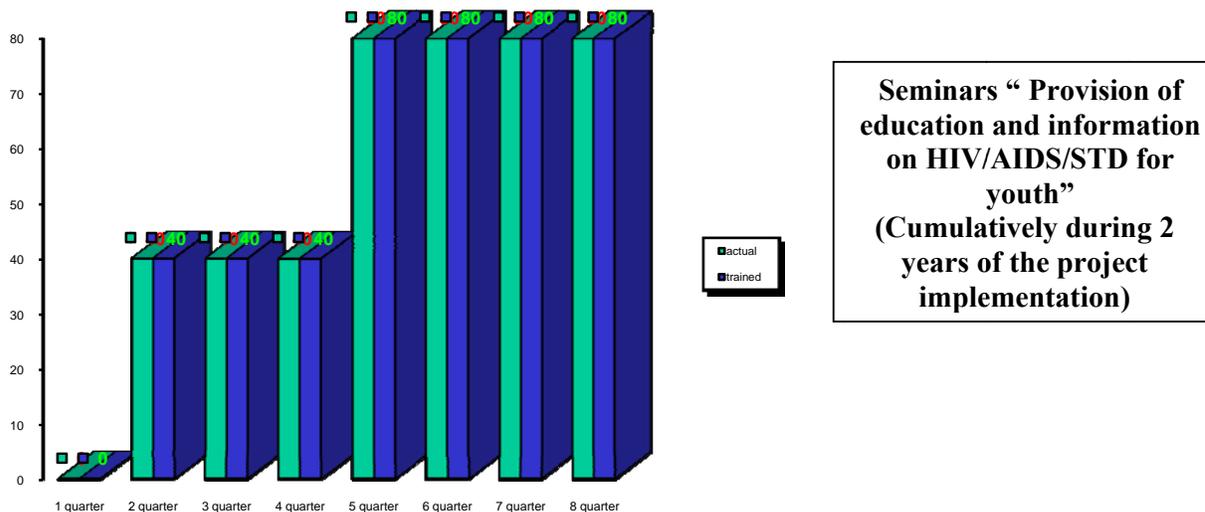
**Number of informational and educational materials on HIV/AIDS distributed among youth**

For the more effective peer education of youth, better knowledge and understanding by youth of HIV/AIDS/STI problems, increasing the use by youth of condoms and other means of safe behavior:

The RC AIDS sub-recipient, the National Center for Healthy Lifestyle, conducted one national seminar for 40 participants (and 40 in 2004) from the education and health system, journalists and NGOs’ volunteers on the development of peer education for youth. Totally 80 people were trained during the 2 years of the project implementation.

**Seminars “ Provision of education and information on HIV/AIDS/STD for youth”  
(Cumulatively during 2 years of the project implementation)**

Indicator description	Plan		Aim/Result	Quarter 5 (01-03.2005)	Quarter 6 (04-06.2005)	Quarter 7 (07-09.2005)	Quarter 8 (10-11.2005)
	Value	Year					
Number of trained	0	2002	Aim	80	80	80	80
			Result	80	80 (100%)	80 (100%)	80 (100%)



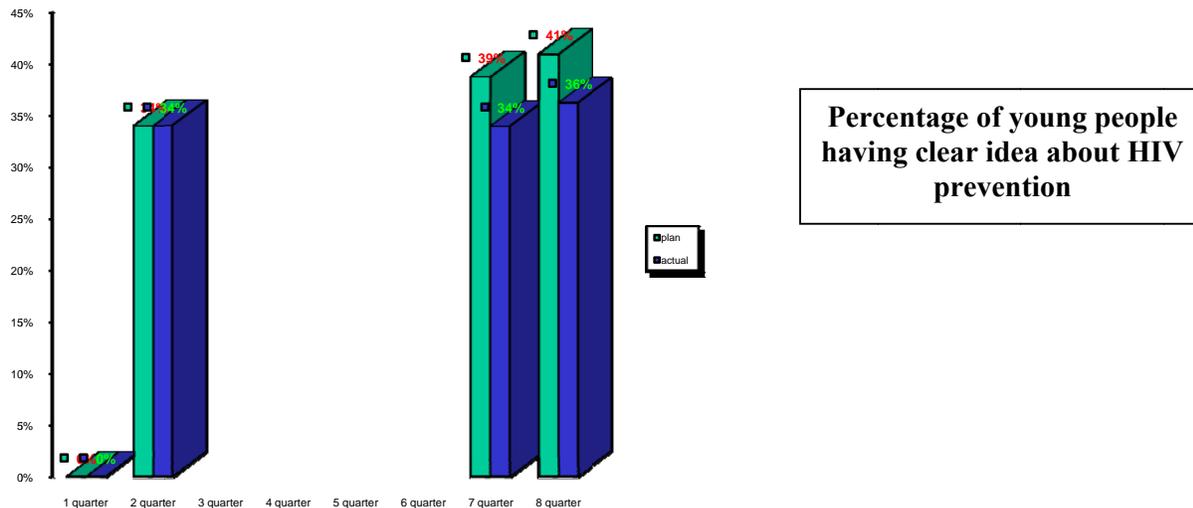
The sociological poll conducted by the Public Opinion Research Center by the PR request showed the following results:

1. Awareness of organized youth about HIV/AIDS (the first number refers to studying youth, the second – to working youth):
  - a. Aggregate indicator on awareness about true HIV transmission ways– 61% and 72%.
  - b. Aggregate indicator on ability to distinguish supposed sources of infection – 17% and 22%.
  - c. Aggregate indicator on awareness about HIV prevention – 36,3% and 39%.
  - d. Aggregate indicator on awareness about peculiarities of HIV-infection and AIDS -19% and 26%.
  - e. Awareness level depends on the type of an educational setting.
  - f. **Ability of studying youth to distinguish supposed sources of HIV infection and awareness about HIV-infection peculiarities increased as compared with 2004.**
2. Coverage with prevention and control of HIV/AIDS.
  - a. Totally 74% of respondents among studying youth and 40% among working youth were covered with preventive measures during the last 12 months.

#### Percentage of young people having clear idea about HIV prevention

Indicator description	Plan		Aim/ Result	Quarter 5 (01-03.2005)	Quarter 6 (04-06.2005)	Quarter 7 (07-09.2005)	Quarter 8 (10-11.2005)
	Value	Year					
Number of trained	0	2002	Aim	-	-	38,8%	41%
			Result	-	-	34% (88%)	36,3% (88,5%)

This indicator is lower than it was planned, however statistics shows increase in this indicator by approximately 2% in comparison with the last year (2004 – 34%).



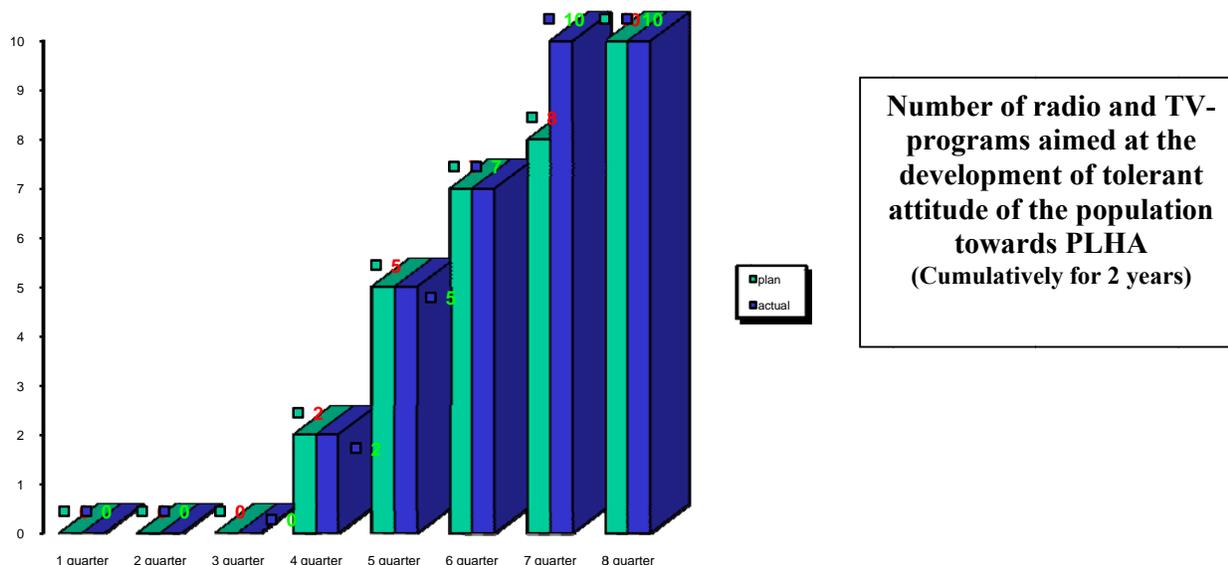
### **Objective 3. To provide treatment, care and psycho-social support to people with HIV**

#### **Activity 1. Create a supportive environment; eliminate discrimination and segregation against people with HIV**

Articles on HIV/AIDS are still quite often published in mass media, intimidating an audience and calling directly or indirectly to social tearing away and isolating people with HIV, and intolerance to vulnerable population groups. Numerous incorrect literary stamps aggravating stigma still persist, promoting HIV-infection prevalence.

Condition of interventions efficiency directed on HIV/AIDS prevention and treatment is the adequate supporting environment for their implementation. It is recognized that insufficient productivity of HIV/AIDS counteraction in the world is connected in many respects with the fact that society is confronted with acute questions which decision quite often requires revision of the existing stereotypes and cultural-religious traditions reflected in legal and management systems control. For this reason implementation of comprehensive intervention support strategy aimed at epidemic counteraction is the basic condition of success.

To improve the social environment for PLHA, to change negative attitude to PLHA of the population and professionals dealing with HIV/AIDS, and integration of PLHA to community, a mass media campaign was planned under the GF project. Within the framework of this campaign a short documentary film about PLHA life "Under one sun", 2 audio-jingles and 2 video-films were produced, press conference was carried out, advertising modules were created, the radio-program was prepared, and a number of articles were published in the newspapers.



Sociological surveillance carried out by the Public Opinion Research Center by request of the PR showed the following data:

**1. Awareness of the population about HIV/AIDS:**

- b. Aggregate indicator on awareness about true HIV transmission ways – 77%.
- c. Aggregate indicator on ability to distinguish supposed sources of infection – 18%.
- d. Aggregate indicator on awareness about HIV prevention – 62%
- e. Aggregate indicator on awareness about peculiarities of HIV-infection and AIDS – 32%.
- f. Awareness level depends on the education and living place.
- g. **As compared with 2004 awareness about HIV-infection prevention increased from 54% to 62%, about true transmission ways – from 74% to 77%.**

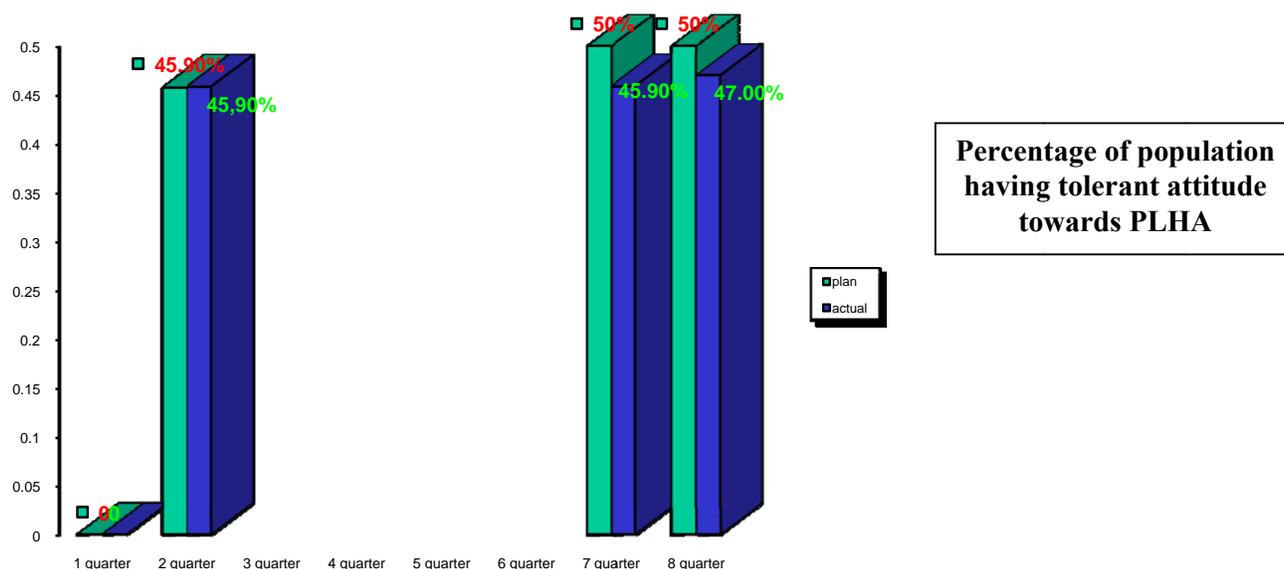
**2. Attitude towards people living with HIV/AIDS:**

- h. There are substantial prerequisites for stigma and discrimination of PLHA. Only 47% of respondents do not agree with the statement that it is necessary to isolate HIV-infected people from the society. Major part of people confines their own and their children’s relations with HIV-infected.
- i. PLHA discrimination depends on the level of awareness about HIV/AIDS, social and demographic characteristics, and inclination to see the reason of infection in PLHA behavior.
- j. **Percentage of population having negative attitude to PLHA decreased from 32% to 27% (2004).**

**Percentage of population having tolerant attitude towards PLHA**

Indicator description	Plan		Aim/Result	Quarter 5 (01-03.2005)	Quarter 6 (04-06.2005)	Quarter 7 (07-09.2005)	Quarter 8 (10-11.2005)
	Value	Year					
Percentage of population having tolerant attitude towards PLHA	0	2002	Aim	-	-	50%	50%
			Result	-	-	45,9% (91,8%)	47% (94%)

This indicator is lower than it was planned, however statistics shows increase in this indicator by approximately 1 % in comparison with the last year (2004 – 45,9%).



### Activity 2. Develop standardized clinical management of people with HIV

125 specialists from the state medical treatment facilities and healthcare department were trained during the first year at the seminars on the national AIDS treatment standards.

The program activity under this component was not planned for 2005. However under the saved funds 15 specialists from Kazakhstan responsible for organization and provision of ARVT had two-staged training in Kiev (Ukraine) and Pavlodar (Kazakhstan) for in-depth study of treatment and care for AIDS patients and sharing the experience.

In order to develop the plan of adherence to antiretroviral treatment in Kazakhstan the work meeting together with the International Alliance on HIV/AIDS (Ukraine) were held on ensuring the adherence to ARVT of AIDS patients on 12 - 16 December 2005. 25 participants from Kazakhstan and 5 specialists from the Ukraine were present at these meetings.

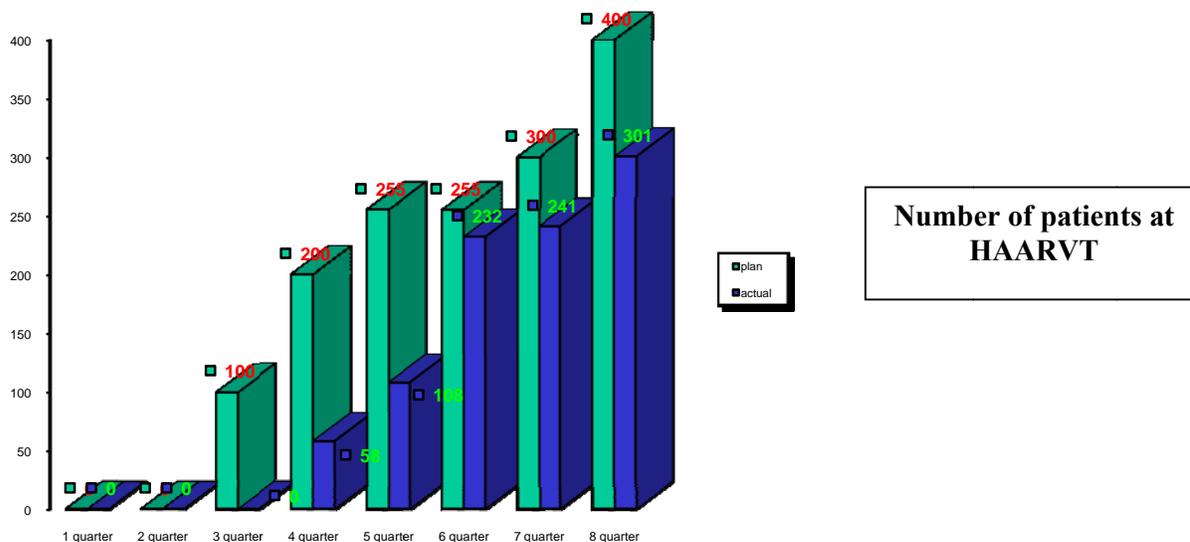
### Activity 3. Provide HIV-infected people with antiretroviral treatment

The Global Fund project supporting the National Program for AIDS epidemic counteraction, is aimed at:

- To provide a wide access for all PLHA to free combined antiretroviral treatment;
- To provide adherence of PLHA to ARVT, including supporting substitution therapy for patients having thebatic narcotism;
- To improve access of PLHA to the psychological support programs;
- To provide AIDS servicing laboratories with the equipment for determination of the number of lymphocytes with CD4 and viral load in order to designate the course of treatment and carry out the monitoring of its effectiveness.

## Number of patients at HAARVT

Indicator description	Plan		Aim/ Result	Quarter 5 (01-03.2005)	Quarter 6 (04-06.2005)	Quarter 7 (07-09.2005)	Quarter 8 (10-11.2005)
	Value	Year					
Number of patients at HAARVT	10	2002	Aim	255	255	300	400
			Result	108 (42,4%)	232 (91%)	241 (80,3%)	301 (75,25%)



To provide an access of all PLHA to antiretroviral treatment and diagnostics each patient has an individual code for the purposes of confidentiality and is entered into the centralized database.

As of 30 November 2005 totally 301 patients received HAARVT, 278 out of them received treatment at the cost of the GFATM grant. 332 AIDS patients are registered in the Republic, so 90,7% of patients received treatment. As of the 1<sup>st</sup> January 2006 303 patients received HAARVT (91,3% of the number of registered). Among those who received treatment during 2005: 69 patients discontinued treatment, among them: 15 died, 8 left the place, 8 stopped treatment due to HAARVT side effects, 10 due to regimen violation, 28 refused to continue treatment.

Patients receive treatment in accordance with the 1<sup>st</sup>-line scheme: combivir (virocomb) + nevirapine (nevipan), produced by “Ranbaxy”, the cost of this scheme is USD 450 per year per patient, 25 patients receive scheme (lamivudine+stavudine+nevirapine), produced by “Ranbaxy”, cost is USD 300 per year per patient. To implement the 2<sup>nd</sup>-line treatment scheme (didanosine+bakavir+nelfinavir) the work is now underway on the registration of generic drug abakavir produced by “Ranbaxy”. Videx (didanosine) produced by “Bristol Myers” was procured and delivered to the country, brand nelfinavir produced by “Hoffmann La Roche” is now registered in the Republic of Kazakhstan.

For the purposes of treatment monitoring 5 fluorometric analyzers produced by Becton & Dickinson for determination of CD4 were purchased and supplied under the grant in 2004. 3 more analyzers were purchased in 2005 for 8 country regions. Test-systems for determination of viral load were purchased to ensure the required diagnostic level of patients receiving three-components HAARVT. To fix the fact of resistance for changing the HAARVT regimen sequenator (genetic DNA analyzer) was purchased with approval of CCM and the GF.

Antiretroviral treatment in Kazakhstan at the budget cost is accessible for all pregnant women with HIV, with a view of prevention of HIV transfer from mothers to child. As of the end of 2005 preventive treatment out of the budget was provided for 77 HIV positive pregnant women and 70 newborns.

The government also allocates budgetary funds for palliative treatment of PLHA, including opportunistic infections treatment.

## **Monitoring**

Monitoring and evaluation of the Global Fund grant implementation is carried out in compliance with the National monitoring and evaluation system.

In accordance with the indicators for the GFATM program implementation, the Principal Recipient shall collect and analyze data on the basis of reporting forms developed and approved by the Commission for selection of the GF grant sub-recipients. Collection of the information on the program and financial activity and resourced distribution is carried out on the quarterly basis. This information is submitted to the Principal Recipient by the contracted NGOs, Regional AIDS Centers, NHLS and PORC.

For the creation of the database and information analysis the Epi info, developed by the CDC was used. Installation of the Epi info in the Regional AIDS Centers was made in September 2004.

Epi info is a series of software for Microsoft Windows 95, 98, NT, 2000, and is intended for its use by the professionals in health sector for the database management, creation of common databases and statistical applications. Epi info is available for all and can be loaded in Internet.

### **Final project Assessment**

According to the PR order № 09-K dated 5 August 2005 the final project assessment was carried out by the group of two external experts (1 representative from NGO in Kyrgyzstan, 1 from CAPACITY) and 1 internal expert (the PR representative) during the period August – September 2005 in order to check the program implementation by the GF sub-recipients.

The final program activity assessment included the study of:

- Infrastructures of the organizations involved in the grant activity implementation (availability of offices, warehouses, trust points, friendly clinics, volunteers' network, qualification of staff working under the grant);
- Area of activity stated in the SR's application; quality of the informational services, personal protection means, consultations, etc. (beneficiaries' questioning);
- Spending of resources under the grant (syringes, condoms, informational and educational materials, medicines);
- Volunteers activity (presence of volunteers, occupation of working hours, work load per 1 volunteer, ability to render qualified services);
- Fettle of accounting and reporting data and documentation in accordance with the PR requirements;
- Relationship with other organizations including the governmental and civil sector.

On the basis of the program activity assessment results 25% GF sub-recipients (Regional AIDS Centers and NGOs) the following conclusions and recommendations were made:

Conclusion 1: Only 1 Oblast AIDS Center and minor part of NGOs have acceptable infrastructure. Major part of NGOs use the Oblast AIDS Center's infrastructure, and this is the evidence of the established relationship between the partners.

Conclusion 2: While submission of the project applications the NGOs wittingly distorted the information on availability of acceptable infrastructure for carrying out the project activity and storage of project preventive goods.

Recommendation 2: During further funding pay more attention to detailed information collection about potential grant sub-recipients. To define a measure of responsibility of an organization-applicant the

termination of financing for granting the false information on the infrastructure condition and other data required by the project.

**Actions taken: in 2006 during selection of the GF grant sub-recipients the obligatory condition for participation in the competition was submission by the potential sub-recipients of copies of the financial documents testifying the availability of offices, warehouses and other office accommodations.**

Conclusion 3: Administrative employees of the majority of preventive projects do not have technical, theoretical and practical skills and knowledge allowing carrying out administration process of preventive interventions.

Recommendation 3: Taking into account, that preventive projects and NGOs, involved in GFATM project, received necessary training during 2 years of the project implementation, the Principal Recipient should consider the alternative forms and methods of the development of personnel and technical potential of the organizations – GFATM sub-recipients.

**Actions taken: Development of NGOs' (sub-recipients') technical potential will be fulfilled with the assistance of the National AIDS-Servicing Organizations under the World Bank grant and "Potential" project in 3 - 4 quarters of 2006.**

Conclusion 4: Majority of inspected NGOs and Oblast AIDS Centers have rather weak volunteers' network that is unable to adequately and effectively to reach the target groups. Majority of the GF sub-recipients have the staff turnover among volunteers and less than 100 % employment. Normally it is explained by the low size of volunteers financing.

**Actions taken: subsidiary training modules were developed, including the program of work with volunteers, and other kinds of assistance in order to increase a level of knowledge of people from NGOs and Oblast AIDS Centers carrying out actions and projects on HIV/AIDS prevention among vulnerable groups.**

Conclusion 6: Absence in NGOs of other sources of covering their administrative costs besides the GF grant testifies the irregularity of the used practice of refusal from financing of alternative AIDS preventive programs, existing among donors in Kazakhstan

Conclusion 7: NGOs' internal management is poorly advanced. As a rule there is no practice of development and introduction of the documents regulating organization activity at a primary level.

Conclusion 8: Taking into account conclusion 7 that the establishment of durable and effective NGO is impossible without availability in such NGOs of steady strategic, operational planning, forecasting, fundraising, monitoring and reporting systems, this question is resolved due to the World Bank Regional Grant for 4 Central Asian countries that will be received by the National Association of the AIDS-Servicing Organizations.

Conclusion 10: agreements with sub-recipients do not stipulate for all areas of parties' liabilities in terms of preventive work organization.

Recommendation 10: agreements with sub-recipients should be revised so that have clear understanding of all kinds of project activity to be implemented under the project .

**Actions taken: agreements were revised in accordance with the recommendations of the assessment group, and the revised form of agreement is used in 2006.**

Recommendation 11: Update and maintain the PR website for the GF project. Concentrate all necessary documentation and reporting forms for the GF subrecipient. To develop the feedback system with the Project Implementation Unit, including that through the PR website.

**Actions taken: the work on Kazakhstan project website updating is underway.**

Recommendation 12: In terms of adherence to the UN “three ones” principles there should be unified coordination mechanism and unified preventive programs monitoring system in the Republic, that would exclude different interpretation of the documents and reporting forms and would allow coordinating the activity of different structures and programs aimed ant HIV epidemic counteraction and population health protection.

**Actions taken: the seminars’ programs on HIV/AIDS M&E are under development for all participants of the project implementation (Regional AIDS Centers and NGOs) according to Instruction on the assessment of activity under AIDS epidemic counteraction in the Republic of Kazakhstan, approved by the MoH order № 591, dated 23 November 2005. According to the Work Plan these seminars are planned for the third program year.**

### **Major problems encountered during two years of the project implementation**

- Lack of evidence of AIDS epidemic counteraction program stability upon the GF project finalization in 2008;
- No plan for the conflict of interests settlement while taking decision by the CCM members from the same sector;
- Problems with methadone therapy introduction for IDUs (no permission of the Ministry of Internal Affairs for methadone importation for its pre-analytical expertise; slow process for coordination and approval of the order by all interested ministries and agencies) ;
- VAT reimbursement for 2004;
- Delay with the second disbursement for procurement of health goods and medicines;
- Problems with transfer of funds to the suppliers and sub-recipients’ accounts through the National Treasury Department;
- Problems with the customs clearance of medical equipment and medicines.

### **Cooperation with the Local Fund’s Agent**

LFA in Kazakhstan –KPMG-Jannat renders significant assistance to the Principal Recipient in the GFATM project implementation through assistance in the financial management, procurement, and program monitoring and evaluation.

### **LFA recommendations under the PR and SR activity assessment results**

- Successful implementation of planned project objectives and goals by the 15<sup>th</sup> March 2005.
- Strengthening the CCM regular support to the grant Principle Recipient.
- Submission of the report on VAT reimbursement.
- Audit of the SRs’ expenditures according to the plan approved by the GF.
- Resolution of the problem with methadone therapy introduction

### **The Global Fund recommendations**

- VAT reimbursement for 2004
- Ratification of the conflict of interests settlement plan
- Evidence of the ARV resistance measurement
- Methadone therapy introduction

### **Actions take by the PR for solving the problems**

- Establishment of the Technical Group consisting of the CCM members for resolving the matters related to the grant implementation;
- The PR (RC AIDS) developed and submitted for the review by the MoH and the Government of the Republic of Kazakhstan the draft National Program for AIDS epidemic counteraction in 2006 – 2010, that would allow ensuring stability of the national HIV/AIDS programs upon finalization of the GF project.
- The CCM Chairman and its members ratified the plan of conflict of interests' settlement while taking decisions by the CCM members.
- The meeting was held with participation of the key ministries, AIDS Service specialists, representatives of narcological service and international organizations, where the methadone therapy introduction was approved within the framework of the FG project. The MoH of the RK issued order № 609 dated 08.12.05, "On substitution therapy introduction"; methodical recommendations on substitution therapy introduction were developed and now are under consideration by the MoH. 50 HIV0infected patients were selected for participation in methadone program in two pilot regions. The work continues on obtaining permission for methadone samples importation for their pre-analytical expertise for the state registration.
- Due to non-reimbursement of VAT for 2004 within 6 months prescribed by the legislation of the RK, the PR initiated the court examination and won the case. VAT was reimbursed on 14 February 2006.
- The contract was concluded for audit of the PR and 24 SR of the GF grant (more than 50% of the total SR number). The SR audit will be carried out in the first quarter of 2006, and in accordance with the plan the audit report shall be submitted by the end of February 2006.
- Problems with customs clearance of the medical equipment and medicines were successfully overcome.
- As approved by the CCM and the GF sequenator (genetic DNA analyzer) was purchased for resistance determination for ARVT regimen adjusting.

## **Contribution of the key partners for the project objectives achievement: program and financial contribution**

### **1. CDC:**

- Conferences on SES carried out in 2004;
- National conference on friendly clinics activity organization;
- Site-training in 6 regions subject to SES in 2005;
- 3 training courses on Epi info analysis for 12 country regions;
- On-site consultation of specialist on Epi info introduction in 12 country regions;
- Procurement of expert test-systems for determination of HIV, hepatitis C and syphilis for 4 pilot regions;
- Total amount allocated for the above activity in 2005 was USD 230 000.

### **2. AIDS Fund "East-West" (AFEW):**

- Project aimed at medical and social support for IDUs, CSWs and prisoners;
- Pre- and post-consultation development project;
- Total amount allocated for the above activity in 2005 was EUR 350 000;

### **3. The UNDP and UNAIDS (UNDP&UNAIDS):**

- National conference "Implementation results of the National Program on AIDS epidemic counteraction in the Republic of Kazakhstan, main unsettled problems and key elements of the new strategic plan", Borovoye, 11 –13 August 2005.
- Study of the response to HIV/AIDS epidemic prevalence among IDUs, CSWs, PLHA, MSMs and youth in Kazakhstan through rapid situation assessment (March - July 2005)
- Second Forum of the AIDS-servicing nongovernmental organizations of Kazakhstan. Increase of the role of nongovernmental sector in forming of the state policy and HIV/AIDS counteraction programs implementation, Almaty, 1 - 2 November 2005.

- Forum of mass media leaders of the Central Asian countries: Regional cooperation among MM: HIV/AIDS and drugs counteraction; 9 June 2005, Almaty, Kazakhstan (jointly with UNAIDS and UNODC).
- International scientific-practical conference “Problems of bioethics in healthcare system of XXI century”, Almaty, 10 - 11 June 2005 (jointly with Association of Doctors and Pharmacists of Kazakhstan and other organizations);
- Training seminar for the criminal-executive system specialists of the Ministry of Justice of the RK on HIV/AIDS prevention and treatment, sanatorium “Alatau”, 28 - 29 November 2005;
- Central-Asian regional seminar on HIV/AIDS epidemic monitoring and evaluation (jointly with UNESCO), Almaty, 28 – 31 March 2005;
- Training seminar for AIDS-servicing NGOs on the improvement of social dialogues, development and realization of HIV/AIDS control policy, Almaty, 03 - 05 February 2005;
- Training on HAARVT for NGOs representatives, Temirtau, September 2005;
- Procurement of 20 computers for the Regional AIDS Centers for work with CRIS program. Training for AIDS Center staff in Pavlodar, Shymkent, Karaganda and Uralsk cities.
- Total amount under UNDP for HIV/AIDS in 2005 - USD 153 000.

#### **4. WHO**

- Regional conference for CA countries on prevention of HIV transmission from mother to child, organized jointly with USAIDS/WHO/UNICEF, Almaty, March 2005;
- Regional meeting for the development of draft country proposal to the Global Fund (5 round) on the establishment of the regional training centers in CAR, Almaty, April 2005;
- Regional training of WHO/UNAIDS on the assessment data and modeling development, Almaty, June 2005;
- Regional meeting for CAR countries on the enhancement of access to HIV prevention, treatment and care: main obstacles and patients’ monitoring, Almaty, September 2005;
- Consultative meeting on WHO recommended HIV/AIDS clinical stages and epidemiological surveillance, with participation of 2 RC AIDS representatives, Copenhagen, May 2005;
- Total expenditures for 2005 - USD 100000.

#### **5. PSI**

- Technical consulting assistance;
- HIV/AIDS prevention among children from unfortunate families (organization of work of the youth center in Almaty);
- Preventive activity among sex workers in Almaty.
- Total expenditures in 2005 – USD 32000.

## **Conclusion**

The Global Fund project introduction resulted in the following positive outcomes:

- Carrying out of seminars on advocating the rights of vulnerable to HIV groups and PLHA, for the Parliament members, representatives of the central and local agencies, NGOs, policemen and journalists, promoted inclusion into the draft of the new law edition “On AIDS prevention” guarantees of the state support to preventive activity and protection of the constitutionally-guaranteed rights of vulnerable groups representatives and people living with HIV/AIDS;
- The Global Fund project promoted increase in mutual understanding and strengthening of cooperation between civil society and AIDS service. NGOs and the Regional Centers for the first time plan and widely participate in joint actions on AIDS epidemic fight in the regions. Joint efforts of NGOs and AIDS Service promote considerably wider involving in preventive programs of IDUs, CSWs, MSMs. The Global Fund project is the most large-scale in the country and involves into its implementation 22 Regional AIDS Centers and 25 NGOs from all regions of the country. Introduction of the Global Fund project promoted consolidation of HIV/AIDS-Servicing

NGOs of Kazakhstan: three Associations of the AIDS-Servicing NGOs working with PLHA, IDUs, CSWs, MSMs;

- The of Global Fund project provides stable provision with syringes, condoms and information - educational materials for vulnerable groups representatives and youth in incomparably great volumes, than earlier under the budget and projects of other donors;
- The GF project initiated the approval of the Regulations on trust points activity for IDUs, order of the MoH dated 9.03.2004 , № 228; activity on training, informing, consultation and an syringes exchange for the persons injecting drugs is carried out in each regional center, large and small cities;
- Due to the increase in the number of the new HIV cases in penitentiary facilities by 1,7 times in comparison with 2004, at the cost of save grant funds the project provided information and condoms for people in detention. Information materials on HIV prevention were issued under the project for young military men;
- Project introduction promoted the establishment of 18 friendly clinics for STD treatment under the Regional AIDS Centers, and wide free access of IDUs, CSWs, MSMs and youth to STD treatment in friendly clinics equipped at the cost of the GF grant. As of the end of the reporting period 8833 STD patients received syndrome STD treatment (42,1% of the total number VG representatives who need treatment). For the first time the AIDS Centers and friendly clinics' staff began to study STD syndrome treatment. The project initiated approval of the Regulations on the friendly clinics activity under the AIDS Centers on STD treatment (Order of the MoH № 295 dated 29.03.2004);
- For the first time at the cost of the GF large-scale sociological surveys were carried out on HIV/AIDS problem (awareness about ways of HIV-infection transmission, HIV-prevention, tolerant attitude to PLHA, both among youth and general population);
- Preventive interventions under the GF project and other projects allowed achieving the following cumulative coverage:
  - a) 47,8% of IDUs of their assessed number (expected result 50% by the end of year 5 of the implementation of the National Program on AIDS epidemic counteraction in the RK for 2001 – 2005);
  - б) 59,8% of CSWs of their assessed number (expected result 50% by the end of year 5 of the implementation of the National Program on AIDS epidemic counteraction in the RK for 2001 – 2005);
  - в) 20% of MSMs of their assessed number (results were not planned under the National program);
- In spite of the fact that SES of 2005 was carried out in 16 country regions against 10 in 2004, and sampling for investigation was increased, indicators of knowledge, behavior and attitude improved in comparison with indicators of 2004, and this is the evidence of the effectiveness of the laid-down resources and preventive program functioning at a due level;
- The project afforded an opportunity of wide access to all who needed HAARVT (earlier antiretroviral prevention was accessible for children and pregnant women at the cost of the state budget), and diagnostics for AIDS patients at the highest level. As of the end of second year 90% of AIDS patients received HAARVT (out of the total number of the registered patients). The national HIV/AIDS treatment protocols were introduced (approved by the MoH order № 150 dated 12.02.2004);
- Major part of the educational settings (70%) provide education for young people on HIV/AIDS prevention using the informational and educational materials issued at the cost of the Global Funs grant.
- Thanks to the GFATM support the work group consisting of the national and international experts developed the draft of the unified national monitoring and evaluation system for HIV/AIDS programs under the implementation in the country. On 23 November 2005 the Ministry of Health approved “Instructions on AIDS epidemic counteraction activity monitoring and evaluation”, № 591.
- Totally 3349 people were trained at all seminars during 2 years of the project implementation (102,3% of the planned number of 3259).

## The PR personal project implementation assessment

As of the end of the second year of the project implementation the PR and SR demonstrated in general good program implementation. Aims under 14 and 18 indicators are substantially achieved and even exceeded. As the same time:

1. The goal with low implementation is “patients coverage with antiretroviral therapy” which is 75,3% of planned number. However dynamic increase in the number of patients receiving HAARVT is registered by now: from 232 in quarter 6 to 241 in quarter 7 and to 301 in quarter 8. At the same time it should be noted that the number of AIDS patients formally registered in Kazakhstan is 332, it means that 90,7% of the receive HAARVT. Besides, as of 1 January 2006 303 patients received ARVT (91,3% of all registered).
2. Sociological survey results among youth and general population are slightly lower that planned figures due to the fact that basic study under these areas did not take place prior the project beginning, and the expected size of improvement was added to the expert estimation, taking into account that under the Global Fund funding mass media campaigns among youth and general population started to be carried out for the first time. It should be noted that percentage of indicator on “knowledge by youth of HIV prevention” is 88,5%, and under “number of people having tolerant attitude towards PLHA” - 94%. Increase in the numbers under these indicators is statistically registered as compared to the last year.
3. The only goal with zero implementation is “number of IDUs on methadone program” овой программе”. Order “On substitution therapy introduction”, № 609 was signed by the MoH only on 8.12.05.
4. Totally 89% of funds were spent during 2 years.

**Total grade - "good"**

## Support to the National Program on AIDS epidemic counteraction in the RK for 2006 – 2010

The draft National Program on AIDS epidemic counteraction in the RK for 2006 – 2010 was developed, and now is at the stage of concordance by all interested parties. The main objective of the National Program for 2006 – 2010 is keeping HIV/AIDS epidemic in its concentrated stage, so that HIV prevalence in general population of 15 – 49 years old will not exceed 0,5% in 2010 (in 2005 – 0,2%).

Funds and resources of the FG project in Kazakhstan will be used for support of the main activity under the National Program on AIDS epidemic counteraction in the RK for 2006 – 2010 aimed at restraining of epidemic among vulnerable populations, including IDUs, CSWs, PLHA and youth.

The following areas of the activity under the National Program will be covered by the Global Fund project:

### 1) Strengthening of the coordination

- Strengthening of human resources for coordination ensuring: resources mobilization, information, monitoring and evaluation management;
- Strategic information management, ensuring of high quality collection, processing and utilization of received data by all interested parties, improvement of project planning and implementation.

### 2) Civil society mobilization

- Carrying out of public campaign on HIV/AIDS counteraction, including mass media;
- Provision of informational support to permanently active forums of AIDS-servicing NGOs of Kazakhstan, including PLHA;
- Strengthening of NGOs’ technical potential in planning, realization of M&E of HIV/AIDS epidemic control.

### 3) Strengthening of staff and institutional potential

- Health manpower training, including doctors and paramedical personnel, teachers, policemen, penitentiary staff on HIV/AIDS matters;

- Training of journalists and NGOs in HIV/AIDS and human rights.

**4) Preventive programs ensuring**

- Training and informing of IDUs, CSWs, MSMs and youth about HIV/AIDS, ways of transmission and preventive measures;
- Preventive programs for youth with the emphasis on peer education on the basis of living skills, development of informational and educational materials adapted to age and sub-culture of youth audience;
- Implementation of drug harm reduction program aimed at reduction of HIV-infecting risk in drug addicts;
- Implementation of preventive strategy of HIV sexual way of transmission;
- Equipment and support to friendly clinics for free anonymous STD treatment, provide for trust points functioning for IDUs.

**5) Realization of treatment, care and support programs for PLHA**

- Provision of wide access of PLHA to combined antiretroviral treatment;
- Introduction of adherence of HIV patient to treatment, including provision of substitution supportive treatment to people with HIV suffering from opiomania;

**6) Perfection of epidemiological tracking, monitoring, evaluation, planning and forecasting**

**Implementation of the National Program on AIDS epidemic counteraction will allow to achieve the following results:**

<b>Goal:</b>	<b>Reduce morbidity and mortality of HIV</b>
<b>Indicators</b>	Goal (as of the fifth year of the National Program implementation)
	<b>Year: 2010</b>
HIV prevalence among IDUs	less 6%
HIV prevalence among MSMs	less 5%
HIV prevalence among CSWs	less 5 %
Percentage of IDUs admitted safe behavior	50%
Percentage of CSWs admitted safe behavior	95%
Percentage of MSMs admitted safe behavior	95%
Awareness of youth about HIV prevention	85%
Percentage of patients who received complex services on STD consulting and treatment against the total number of those who needed them	90%
Percentage of patients who received antiretroviral treatment against the total number of registered PLHA	70%

**I.B.Yerassilova**

**Authorized representative  
of the Principal Recipient  
General Director of the RC AIDS**

**28 February 2006**