

**REPUBLIC OF KAZAKHSTAN**

**THE REPUBLICAN CENTER FOR PROPHYLACTICS  
AND CONTROL OF AIDS**

**The Third Annual Report**

**On the implementation of the Grant provided by 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 (injecting drug users,  
commercial sex workers, youth), assistance and support to  
people living with HIV/AIDS»**

**Reporting period: 1 December 2005 - 31 December 2006  
(The third Program Year)**

Developed by the Project Implementation Unit (PIU)

**March 2007  
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 Prophylactics 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 the most safer behavior choices among vulnerable population groups (injecting drug users, commercial sex workers, youth), assistance and support to people living with HIV/AIDS»</b>
<b>Total Grant amount for 3 years (plan):</b>	<b>USD 11,621,999</b>
<b>Total amount spent during 3 years:</b>	<b>USD 9,183,208.7</b>
<b>Total amount for Year 3 (plan):</b>	<b>USD 5,119,999</b>
<b>Total amount spent during Year 3:</b>	<b>USD 3,737,325.81</b>
<b>Program starting date:</b>	<b>1 August 2003 / 1 December 2003</b>
<b>Program period:</b>	<b>1 December 2003 / 31 December 2007</b>
<b>Reporting period:</b>	<b>1 December 2005 / 31 December 2007</b>

## HIV/AIDS epidemiological situation in the Republic of Kazakhstan

The first case of HIV infection in Kazakhstan was registered in 1987. According to the statistical data based on the registered cases, **as of 1 January 2007** the cumulative number of the registered HIV infected people was 7402. HIV/AIDS prevalence among the population of Kazakhstan was 49.0 per 100 000 people. Cumulative number of people with AIDS diagnosis is 433, including 3 children under 14 years old. Major part of AIDS patients (68.3%) is located in Karaganda Oblast. As of 1 January 2007 400 AIDS patients died, including 3 children under 14.

Young people of 20 -29 years old predominate among all HIV infected- 50.3%; 28% of them are 30 – 39 years old

Weight of men is – 75.4%, ratio of men to women is 3.1: 1.

Out of totally registered HIV cases 73.4% are injecting drug users. Weight of heterosexual way of HIV transmission is 16.5%. 0.1% of patients (5 cases) were infected through blood transfusion; 1% (76 cases) is connected with nosocomial infection.

501 HIV infected pregnant women were registered, and 94 out of them had repeated pregnancy.

296 children were born by HIV-infected women, 21 of them were HIV-infected, 162 were seronegative, 15 died, 95 are on the books until diagnosis verification.

1745 of the new cases of HIV-infection were revealed during 2006; morbidity rate per 100 thousand is 11.4 which is 1.8 times more than in 2005 (6.4 per 100 000 population).

In 2006 in the Republic totally 1,194,677 people were HIV tested, which is 206,811 more than in 2005 – 21% (987,866 people were tested in 2005).

Increase in the new HIV cases in dynamics of the last three years is: in 2004 – 17.5%, in 2005 – 20.5%, in 2006– 30.8%.

93 cases of HIV infection among children under 14 were registered in 2006 (morbidity rate per 100 000 children – 2.4), 85 out of them were revealed in South-Kazakhstan Oblast, while in 2005 throughout the Republic only 10 cases were registered among children under 14 born by HIV-infected mothers (morbidity rate was 0.3 per 100 000 children).

Among all registered HIV cases in 2006 the most affected are people of 20-29 – 42.8% (in 2005 – 46,5%), and 30-39 – 33,2%. 66.4% of them are injecting drug users (in 2005 – 65.5%).

In 2006 in Kazakhstan HIV infection outbreak was registered among children that were on treatment in different children's medical facilities in South-Kazakhstan Oblast. As of 1 January 2007 in SKO 85 children are registered with HIV diagnosis.

Main factors of HIV infection transmission are:

- Groundless hemotransfusion prescription;
- Poor control over the safety of donor blood;
- Non-observance of disinfection and sterilization regimen;
- Absence of epidemiological vigilance from the medical staff side.

12 mothers of HIV infected children are registered with HIV diagnosis; way of transmission is unknown.

Along with IDUs the epidemiological situation in Kazakhstan in 2006 is determined by prisoners as well, and major part of them is IDUs. 585 new HIV cases were registered in 2006 in penitentiary institutions of Kazakhstan against 248 in 2005.

According to the sentinel epidemiological surveillance (SES) data, carried out in 22 sites of the country, HIV prevalence among IDUs is 3.4% (in 2005 – 3.4%), CSW – 2.5% (in 2005 – 2.1%), IDU+CSW – 6.3% (in 2005 – 8.3%), MSM - 0% (in 2005 – 0.3%), pregnant – 0.03% (in 2005 – 0.01%). HIV infection prevalence in groups under investigation (ES, 2006) did not increase and remained at the last year level. Data analysis shows that the difference in the received prevalence figures is not statistically reliable since  $p > 0.05$ , and can be explained by selective variability.

Following the analysis of HIV prevalence among vulnerable groups it is established that epidemic in the country is at its concentrated stage. Thus HIV prevalence among IDUs in Pavlodar Oblast is 7.3%, South Kazakhstan – 7.3%, i.e. stably exceeds 5%. HIV prevalence among CSWs in Pavlodar – 10%.

**Kazakhstan completed implementation of the National Program for AIDS epidemic counteraction in the Republic of Kazakhstan for 2001–2005**, approved by the Resolution of the government of the Republic of Kazakhstan, dated 14 September 2001, № 1207. The main objective of this Program – stabilization of HIV infection prevalence at the concentrated stage of epidemic and non-admission of its transfer to the generalized stage – was achieved as a whole.

The Government of the Republic of Kazakhstan and civil society resolved the priority task of the Program including the following:

- Implementation of preventive measures among vulnerable populations, especially IDUs, CSWs and people in detention;
- Implementation of preventive measures among youth;
- Treatment and social support to PLHA.

Under the Program implementation some detailed programs on HIV/AIDS epidemic counteraction were developed by the Ministry of Internal Affairs, and its Internal Forces, Ministry of Health, Culture, Information and Sports, Education and Science, Defense, Labor and Social Protection, Justice, as well as HIV/AIDS counteraction programs at the level of regions and cities with the exact breakdown of responsibilities of each sector.

As a result of the Program implementation the strategy of drug injection harm reduction and rendering preventive services to CSWs and people in detention became the state policy components as well as implementation of youth education programs integrated into the optional subject in curricula of all educational settings. With the support of the Government and donor organizations all over the country 134 trust points operate for IDUs and provide them with educational and informational programs, communications, consultations, syringes and needles exchange, condoms and disinfectants. 24 friendly clinics are established for STI treatment, which use internationally recognized approach to patients' treatment. 557 cabinets for psycho-social consultation and anonymous testing operate under the different medical settings. Antiretroviral treatment is introduced. Due to additional resources mobilization, first of all from the Global Fund, and the annual increase in the budget allocations from the Government side, bilateral and international donor organizations, Program funding increased from 2% of its needs at the beginning of its implementation to 25%.

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

At the same time the goals set out in the Program were not completely achieved, and further epidemic development caused additional risk factors. Final Program implementation results were evaluated by the end 2005. Many of the expected results on behavior and awareness were not achieved:

№	Key indicators	Planned indicators for the end of 2005	Actual indicators in 2005	Assessment of achievement
1.	HIV prevalence among IDUs: CSWs Population of 15-49 years old	< 5 % < 5 % <1 %	3,4 % 2,1 % 0,2 %	Yes
2.	Seroprevalence of syphilis among CSWs	≤1%	25,7 %	No
3.	Seroprevalence of syphilis among pregnant	≤0,05 %	2,4 %	No
4.	Coverage of IDUs with preventive programs	≥50 %	23,3 %	No
5.	Awareness about HIV/AIDS and preventive measures IDUs CSWs	≥99 % ≥99 %	38 % 41 %	No No
6.	Use by IDUs of smb.else's syringe and needle	≤5 %	10,5 %	No
7.	Use of condoms with non-regular partner: IDUs CSWs	≥95 % ≥95 %	61,2 % 69,6 %	No No
8.	Awareness of youth about HIV/AIDS and preventive measures	≥95 %	63,2 %	No
9.	Use of condoms by young people with non-regular partner	≥95 %	85,3 %	No
10	Coverage of PLHA with treatment	≥80 %	37 %	No

**The National Program of AIDS epidemic counteraction in Kazakhstan in 2006 – 2010 was approved by the Resolution of the Government of the Republic of Kazakhstan on 15.12.2006, № 1216.**

**Objective of the Program** is to stabilize HIV-infection prevalence at the concentrated stage and non-admission its transfer to the generalized stage, reduce mortality rate among people living with HIV/AIDS.

**To achieve this objective the following should be done:**

- Improve legal relationship policy, establish legal and social environment;
- Put into practice preventive programs;
- Implement drug harm reduction strategy;
- Implement the preventive strategy of sexual way of HIV infection transmission;
- Establish and support the special services facilities;
- Prevent HIV transmission from mother to child;
- Post-contact prevention;
- Prevent secondary diseases in PLHA;

- Prevent HIV transmission during blood-transfusion;
- Put into practice programs of treatment, care and support in accordance with the international standards of antiretroviral treatment of HIV-infected and AIDS patients;
- Implement social project for people suffered from HIV infection;
- Improve epidemiological surveillance, monitoring, evaluation, planning and forecast of the response.

**Priority population groups subject to coverage with target HIV/AIDS preventive programs:**

- PLHA;
- IDUs;
- CSWs;
- MSMs;
- People in detention;
- Neglected children and adolescents under 17;
- Non-working and non-studying youth under 24;
- Studying youth under 24;
- Youth under 24 enlisted for military services, police and other martial units;
- Working people, particularly youth under 24 and representatives of groups – HIV-“conductors” (workers of land transport, shuttle trade, labor migrants).

**Program funding** will be provided at the cost of the republican budget and additional sources as international donor organizations.

Totally for the Program implementation (taking into account basic funding of the state institutions and organizations from the different sectors) KZT 6,708.93 million will be allocated for 5 years, which is about USD 53.7 million, including budget funds of USD 22.3 million, remaining USD 31.4 million is planned to attract from the additional sources.

**Expected result of the Program implementation:**

As of the end of 2010 PLHA mortality rate will be half less, HIV/AIDS epidemic will be held at the concentrated stage among population in the age group of 15 - 49, HIV infection prevalence will not exceed 6%; HIV infection prevalence among CSWs, MSMs and prisoners will be less than 5%.

As a result of the Project implementation the following is expected:

- Annual provision of not less than 85% of young people of 15 – 24 with the information on the ways of HIV transmission and;
- Not less than 50% of vulnerable groups representatives will accept safe injecting behavior (against present 13.4 %), including: 2006– 20%, 2007– 25%, 2008 - 30%, 2009– 40%, 2010– 50%;
- 50% of vulnerable groups representatives will accept safe sexual behavior: 2006 – 25%, 2007 – 30%, 2008 – 35%, 2009 – 40%, 2010 – 50%;
- Provision with STI treatment with annual coverage of not less than 70% of those who need it among IDUs, CSWs, MSMs;
- Annual 10% of coverage of the population of 15 – 49 with voluntary HIV consultation and testing;
- Provision of treatment of not less than 90% of HIV-positive pregnant women who decided to maintain pregnancy, and newborns born by HIV-positive mothers (annually) ;
- All who need it will get an access to post-contact antiretroviral prophylactics, full prophylactics of opportunistic infections, including TB chemio-prophylactics (annually) ;
- Systematic ensuring of donor blood safety;

- All who need it will get an access to antiretroviral treatment (annually);
- Ability to timely react to change in the situation, revise activities, find and use new capacities (every six months);
- All antiretroviral medications included into the model list of drugs of vital importance recommended by WHO will be available in Kazakhstan market. Not less than 70 % of patients will receive antiretroviral therapy.

**Law № 172-III of the Republic of Kazakhstan “On changes and addenda to the law “On AIDS Prevention”” was adopted on 7 July 2006.** The new version of this law provides for definitions of the concepts used in the law, provisions regulating legislation of the Republic of Kazakhstan on HIV/AIDS prevention and treatment, state regulations on HIV/AIDS prevention and treatment, warranties of the government in the matters related to HIV/AIDS prevention and treatment, measures on HIV infection prophylactics, rights and obligations of HIV infected people and patients with AIDS.

Taking into account the epidemiological situation in the Republic in 2006, the following changes were introduced into **Order of the Ministry of Health № 575 dated 11 June 2002 «Rules on HIV testing»**: testing of recipients of blood and its products after six months of blood-transfusion; convicted; pregnant; medical workers on the basis of voluntary testing and confidentiality principles.

In 2003 the Republic of Kazakhstan received the grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) for the implementation of the **Program “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”** for 5 years. The Republican Center for Prevention and Control of AIDS (RC AIDS) is the Principal Recipient (PR) of the grant.

The Global Fund and the RC AIDS signed Grant Agreement № KAZ 202-G01-H-00 to the total amount of **USD 22,085,999.00**. The first tranche for 2004 – 2005 was **USD 6,502,000.00**. The second tranche for 2006 – 2008 to the amount of **USD 15,583,999.00** was signed in November 2005.

**Main objectives and goals of the Project are as follows:**

**1. HIV/AIDS prevention among vulnerable population groups:**

**1.A. “Reduction of vulnerability and behavior risks of injecting drug users (IDU), commercial sex workers (CSW) and men having sex with men (MSM)”;**

Activity 1-1A-1 “Creation of supportive legal and social policy environment”

Activity 1-1A-2 “Improve knowledge and awareness of professionals and representatives of non-governmental organizations”.

Activity 1-1A-3 “Provide HIV/AIDS education and information for vulnerable populations”

Activity 1-1A-4 “Provide the personal protection means (condoms, needle exchange program and disinfectants) for vulnerable population groups”.

Activity 1-1A-5 “Improve the accessibility and acceptability of STI treatment”.

Activity 1-1A-6 “Introduce and then disseminate the use of substitution therapy for IDUs “.

Activity 1-1A-7 “Strengthen the evaluation capacity of the government health service”.

**1.B. “Provide youth with the knowledge and awareness to improve their healthy behavior”**

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

Activity 1-1B-2 “Provide appropriate HIV/AIDS and SDI education and information targeted at youth”.

**2. Provide treatment, care and psycho-social support to people with HIV.**

Activity 2-1 “Create a supportive environment, eliminate discrimination and segregation against people with HIV”.

Activity 2-2 “Develop standardized clinical management of people with HIV”.

Activity 2-3 “Provide HIV-infected people with antiretroviral treatment”.

**Plan for 2006 (third program year from 1 December 2005 till 31 December 2006)**

**To implement the first objective it was planned to:**

- Cover 47 000 IDUs, 13 000 CSWs и 4 000 MSMs with preventive programs;
- Cover with free syndrome treatment 9600 STI patients;
- Equip 5 friendly clinics, and supply them STI medications;
- Introduce methadone substitution therapy for 50 HIV-positive in Karaganda and Pavlodar Oblasts;
- At the seminars on advocating the rights of vulnerable populations train 120 specialists from the local and central governments, police, NGOs and journalists;
- Train 880 specialists of AIDS Centers, NGOs, dermatologists, venereologists, narcologists working on HIV/AIDS prevention;
- Train 100 specialists from friendly clinics, on organization of activity and syndrome STI treatment;
- train 100 specialists from AIDS Centers on M&E;
- Attract 25 NGOs to the Project implementation.

**Implementation of these activities was aimed at:**

- Increase up to 30% the number of IDUs with safe injecting practice;
- Increase up to 60% the number of CSWs and MSMs with safe sexual practice;
- Increase the level of understanding among IDUs, CSWs and MSMs HIV prevention problems;
- Creation of favorable environment for vulnerable population groups.

**To implement objective 2 it was planned:**

- To print for youth informational and educational materials on AIDS prevention and control;
- To provide not less than 5046 schools with EIM on HIV prevention;
- To train 500 trainers of educational settings all over the country in HIV/AIDS/STI prevention on the basis of living skills;
- To increase up to 73% the portion of schoolchildren who receive education on HIV/AIDS prevention.

**Implementation of these activities was aimed at:**

- Increase up to 44 % the portion of young men of 15-24, having correct idea of HIV preventive measures;
- Increase up to 84 % the portion of young men practicing safe behavior/

**To implement objective 3 it was planned:**

- To provide 400 patients with ARV therapy;
- To train 125 specialists in HIV/AIDS treatment protocols;
- To carry out informational campaign on forming the tolerant attitude towards PLHA.

**Implementation of these activities was aimed at:**

- Improvement of ARVT accessibility;
- Increase up to 51 % the tolerant attitude of the population towards PLHA.

**Implementation of the grant of the  
Global Fund to Fight AIDS, Tuberculosis and Malaria****Country Coordination Mechanism**

Functions of the Country Coordination Mechanism (CCM) are fulfilled by the Commission on Coordination of Work with the Global Fund to Fight AIDS, Tuberculosis and Malaria, established by Order № 253 of the Minister of Health of the Republic of Kazakhstan, dated 24 May, 2005.

CCM is headed by the Minister of Health, and in 2006 10 people were the CCM members, 2 of them were the representatives of the central executive bodies, 2 – representatives of the state organizations, 3 – NGOs' representatives, and 3 – represented the international organizations.

On 14 February 2006 the resolution was adopted on the utilization of the grant saved funds based on the results of the second program year, for carrying out of the republican seminar on “Sentinel Epidemiological Surveillance – an Important Element of M&E System of HIV/AIDS Programs”, and for payment of the reduced number rates of outreach workers for the period from 1 December 2005 till 28 February 2006.

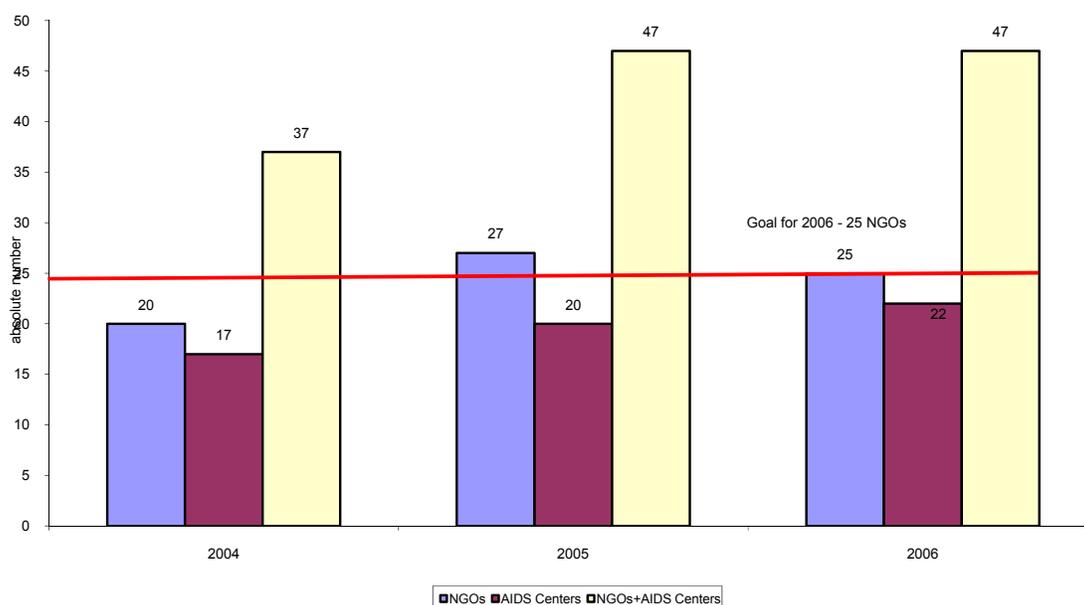
The CCM composition was renewed by Order № 52 of the Minister of Health, dated 30 January 2007.

Now CCM is headed by the Minister of Health, there are 14 members including 4 from the central executive bodies, 2 representatives from the state organizations, 5 NGOs' representatives and 3 representatives of the international organizations/

**1. HIV/AIDS prevention among vulnerable population groups****1.A. “Reduction of vulnerability and behavior risks of injecting drug users (IDU), commercial sex workers (CSW) and men having sex with men (MSM)”.**

One of the objectives of the Global Fund Project is the wide attraction of the non-governmental organizations (NGO) to the implementation of preventive interventions among vulnerable population groups (IDUs, CSWs, MSMs). In 2004 the RC AIDS concluded the contracts with 20 NGOs and 17 Regional AIDS Centers, in 2005 - with 27 NGOs and 20 Regional AIDS Centers, in 2006– with 25 NGOs and 22 Regional AIDS Centers.

### Number of Sub-Recipients of GFATM Grant, Kazakhstan, 2004-2006



Selection of NGOs for the Project implementation is carried out annually on the competitive base, by the Commission with the participation of AIDS Centers and international NGOs' representatives. NGOs' administrative expenses are paid out of the Global Fund Grant starting from 2005. NGOs' representatives have training at the seminars. In 2005 and 2006 two NGOs ("Senim" – Shymkent, and "Senim" – Karaganda) provided STI treatment to the vulnerable groups, using medications procured under the Global Fund grant proceeds. NGOs' representatives having the experience in expert and training work are enlisted for the project evaluation as well as the trainers for the seminars on their activity profiles. In 2006 two NGOs having the best experience are attracted for the project implementation: "Ravnyi – Ravnomu" – for conducting the seminar on HIV/AIDS/STI and drug addiction prevention topics introduction into basic curricula of educational settings (activity 1-1B –1); "Teachers Union – Sau Urpak" – for two TV programs under the informational campaign (activity 2-1).

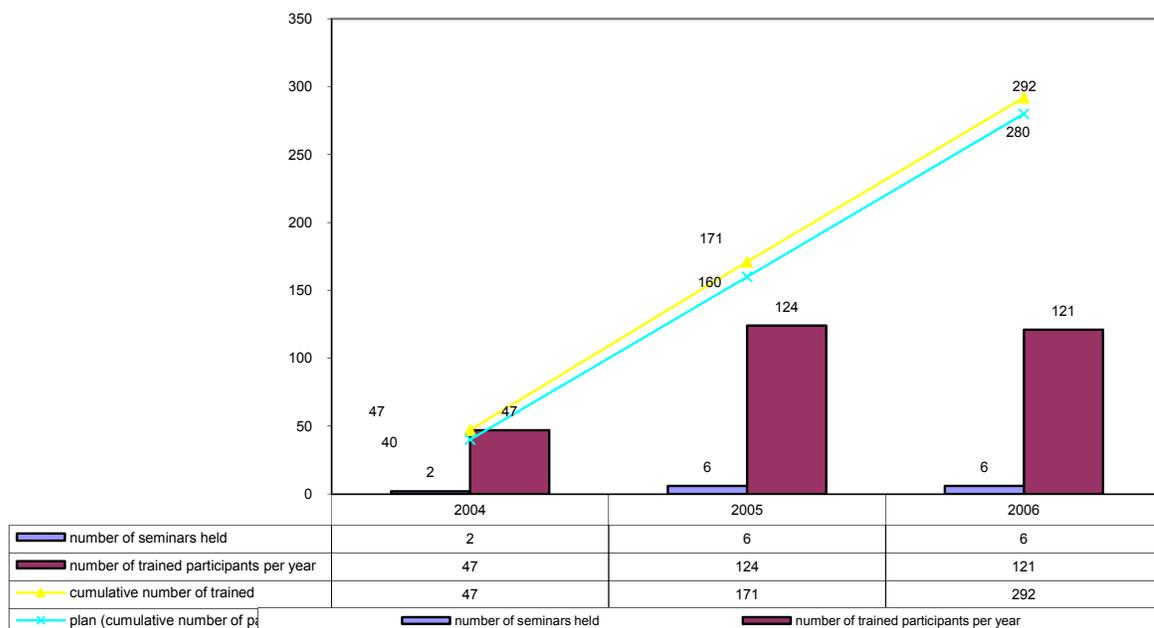
The Project contributed to integration of AIDS-Servicing organizations into three Associations.

#### Activity 1-1A-1 Creation of supportive legal and social policy environment

One of the goals of the Global Fund Project is the work on revision of provisions of laws and normative acts to eliminate discrimination and stigma of people living with HIV/AIDS (PLHA), as well as forming the tolerant attitude of the population towards PLHA. For this purpose: in 2004 two seminars were held on legislation and human rights in terms of HIV/AIDS (47 deputies of Mazhilis and Senate of Parliament, and other interested ministries' representatives were trained); in 2005 – 6 seminars (124 people from the Ministry of Justice, local executive bodies, mass-media and NGOs); in 2006 – 6 seminars (121 people from local executive bodies, mass—media and NGOs). In 2005 at the initiative of Senate of Parliament of the RK conducted a round-table meeting on "HIV/AIDS prevention and treatment" with the participation of deputies of Mazhilis and Parliament of the RK, representatives of ministries, international and non-governmental organizations - totally 51

participants.

**Seminars on legislation and human rights in terms of HIV/AIDS**

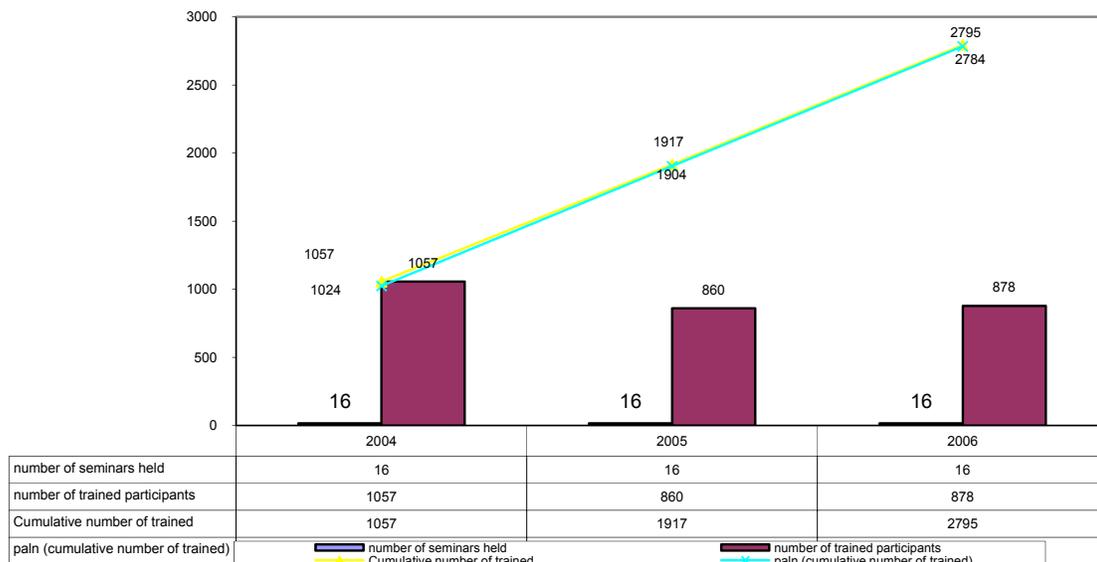


Totally USD 37.4 thousand was spent for this kind of activity during the Project period.

**Activity 1-1A-2 Improve knowledge and awareness of professionals and representatives of non-governmental organizations**

Project activity is aimed at improvement of understanding of harm reduction strategy problems and development of skills and knowledge of the specialists working with vulnerable population groups. With the purpose of further harm reduction strategy introduction, promotion of safer behavior of vulnerable groups, and improvement of technical skills of grant sub-recipients working with vulnerable groups, 16 regional seminars are conducted annually: in 2004 - 1057 were trained, in 2005 – 860 people, in 2006 – 878 people representing NGOs, local executive bodies, police, regional AIDS Centers, Dermatological and Venereological Dispensers.

**Seminars "Preventive programs organization among vulnerable population groups"**



Totally USD 97.0 thousand was spent for this kind of activity during the Project.

### **Activity 1-1A-3 Provide HIV/AIDS education and information for vulnerable populations.**

The Project is aimed at promotion and provision for the vulnerable population groups' representatives (IDUs, CSWs, MSMs) education, information on individual risks and HIV preventive measures. To provide the vulnerable groups information on safer behavior the adapted educational and informational materials (EIM) were developed and printed under the grant proceeds: in 2004 – 36 048 units, in 2005 – 70 572 units, in 2006 - 88 000 units, totally – 194 620. Besides in 2005 according to the CCM resolution 156 420 EIM were developed and issued for people in detention.

Totally USD 135.0 thousand was spent for this kind of activity during the Project.

According to the sentinel epidemiological surveillance (SES) data there was a growth in the awareness among VPG on HIV prevention and supposed ways of transmission:

- Among IDUs in 2005– 38%, 2006– 47,3%;
- Among CSWs in 2005– 40,6%, 2006– 50,6%;
- Among MSMs 2005 – 37,7%, 2006 – 54,4%;
- Among convicted in 2005 – 62,8%, 2006 – 65%.

### **Activity 1-1A-4 Provide the personal protection means (condoms, needle exchange program and disinfectants) for vulnerable population groups.**

Factors contributed to wide HIV infection prevalence in the Republic of Kazakhstan are dangerous injecting and sexual behavior. One of the Project objectives is the provision of IDUs, CSWs, MSMs – project clients - with condoms, disinfectants and the programs of syringe exchange.

7 210 500 syringes were procured in 2004; 14 400 000 in 2005, 15 583 400 in 2006, as well as 852 000 needles; totally 37 193 900 syringes and 852 000 needles. Cumulatively during 3 years of the program implementation the project clients actually received 24 869 052 syringes (67%), in 2006 - 363 249 needles (43%).

In 2004 7 152 480 condoms were procured, in 2005– 10 000 000 condoms, totally – 17 152 480. In 2006 a contract was concluded for the supply of 13 500 000 condoms and 74 603 packs of lubricant gel; delivery is expected in March - April 2007. Cumulatively during 3 years of the program implementation the project clients received 11 922 197 condoms (70% of supplies).

In 2004 5 000 kg of calcium hypochlorite were procured for 5 regions, in 2005– 30 026 kg for 16 regions, in 2006 800 000 tablets of “Lumax-Chlor”. Calcium hypochlorite was delivered to some penitentiary settings. In 2006 the project clients out of VPG received 142 243 tablets of disinfectants (18%).

To ensure access to and effective preventive work among vulnerable population groups the project sub-recipients attract outreach workers. In 2004 533 outreach workers participated in the project, in 2005 - 772, in 2006– 587.

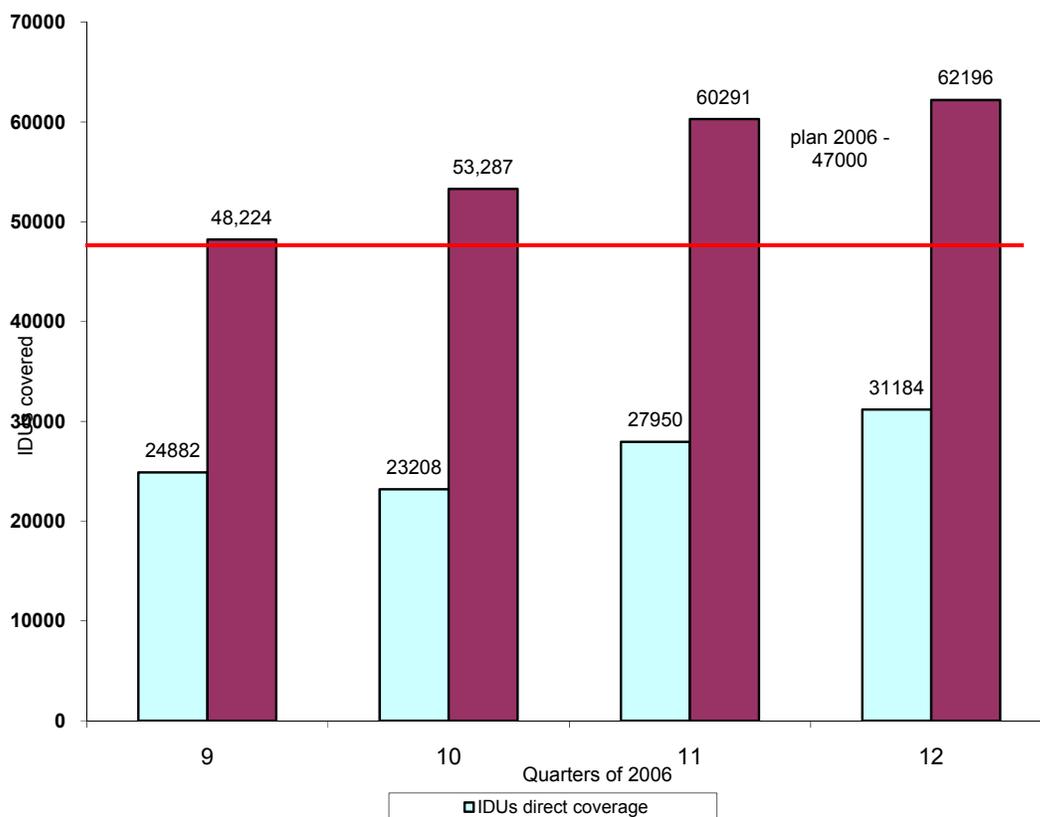
Cumulatively during 3 years of the program implementation 62 196 IDUs were covered by the preventive measures.

#### **IDUs coverage with preventive services, 2004 - 2006**

<b>Number of</b>	<b>Assessed number of</b>	<b>Baseline for 2002</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>

IDUs	IDUs (as per the Proposal)				
<b>Plan</b>	100 000	-	25% - 25000	43 000	47 000
<b>Fact</b>		6 000	27,4% - 27 430	47 749	62 196

**IDUs' direct and cumulative (from the project beginning) coverage with preventive services Quarterly in 2006**



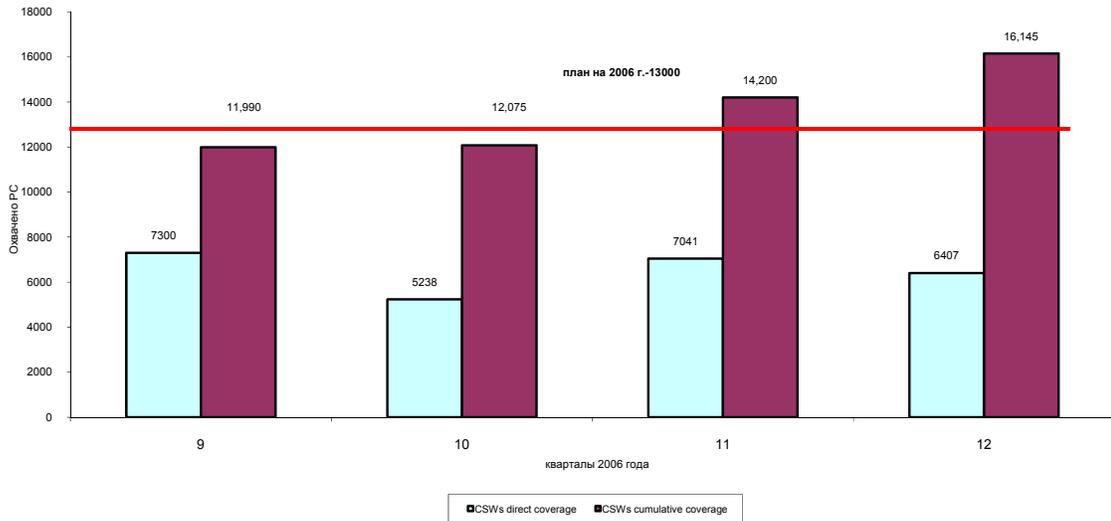
According to SES data in 2006 HIV infection prevalence among IDUs was 3.4%, in 2005– 3.4%. In 2006 26.8% of IDUs accepted safe injecting and sexual behavior, in 2005 – 13.4%, безопасное инъекционное поведение приняли 34,9% in 2006, in 2005 – 26.6%.

Cumulatively during three years of the program implementation 16 145 CSWs were covered with preventive measures.

**CSWs' coverage with preventive services, 2004 – 2006**

Number of CSWs	Assessed number of CSWs (as per the Proposal)	Baseline for 2002	2004	2005	2006
<b>Plan</b>	20 000	-	35% - 7 000	11 800	13 000
<b>Fact</b>		1 000	36% - 7 195	11 959	16 145

CSWs' direct and cumulative (from the project beginning) coverage with preventive services  
Quarterly in 2006



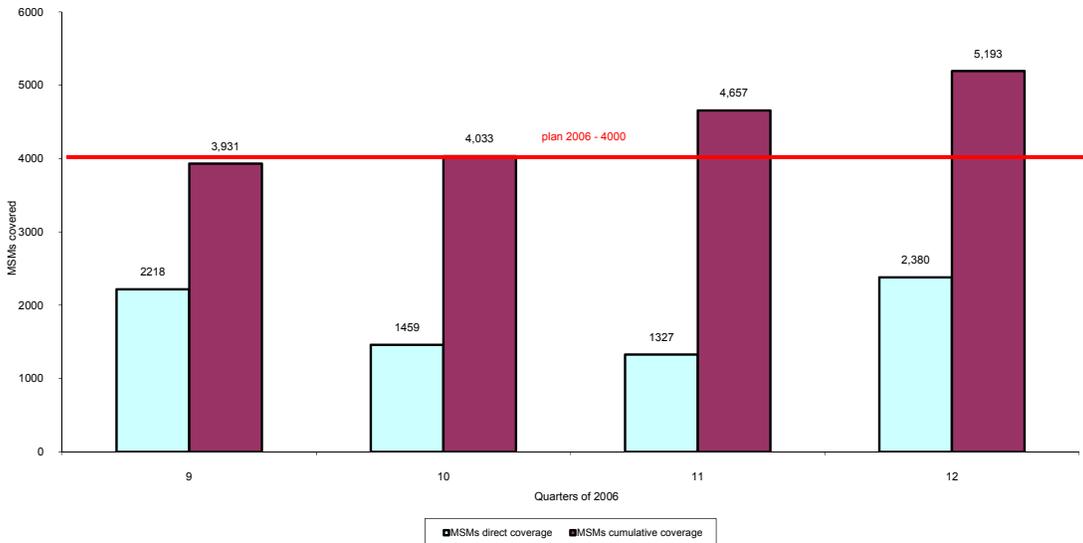
According to SES data HIV infection prevalence among CSWs was in 2006 - 2.5%, in 2005 - 2.1%. In 2006 portion of CSWs using condoms during the last sexual contact with paid partner was 94%, in 2005 - 91.4%.

Cumulatively during three years of the program implementation 5 193 MSMs were covered with preventive measures.

**MSMs' coverage with preventive services, 2004 – 2006**

Number of MSMs	Assessed number of MSMs (as per the Proposal)	Baseline for 2002	2004	2005	2006
<b>Plan</b>	20 000	-	35% - 7 000	3 500	4 000
<b>Fact</b>		0	12,5% - 2 500	3 995	5 193

MSMs' direct and cumulative (from the project beginning) coverage with preventiveservices  
Quarterly in 2006



According to SES data HIV infection prevalence among MSMs was 0% in 2006, in 2005 0.3%. In 2006 portion of MSMs using condoms during last sexual contact with non-regular partner was – 85.6, in 2005 - 75%.

Totally USD 4,330.3 thousand was spent during the program implementation under activity 1-1A-4.

**Activity 1-1A-5** Improve the accessibility and acceptability of STI treatment.

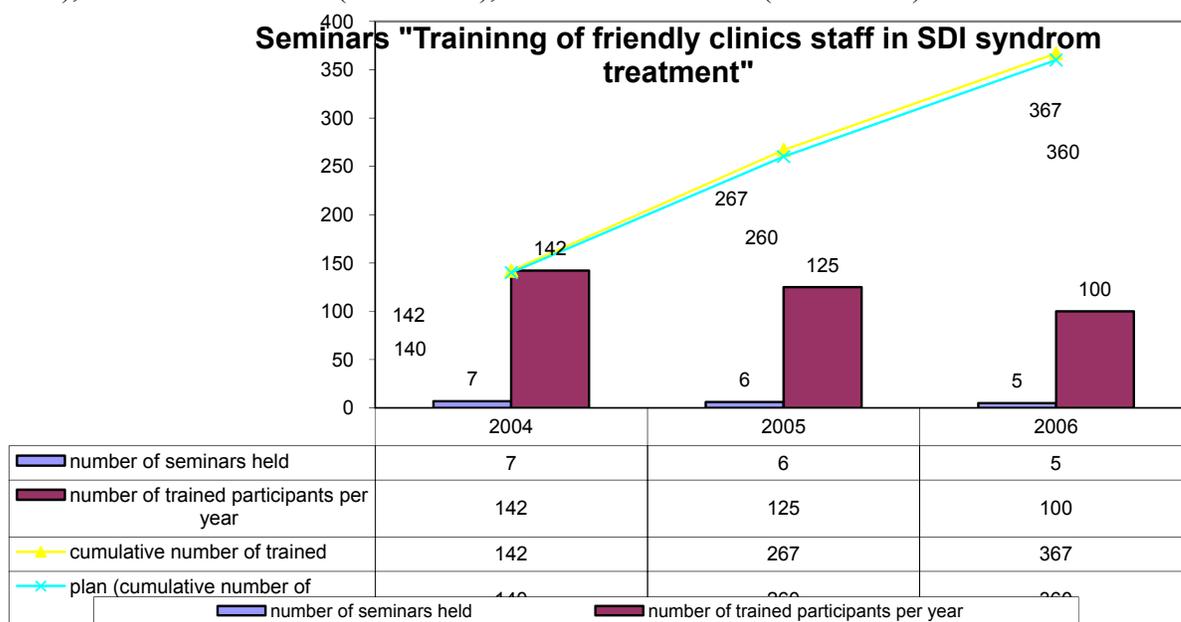
In order to increase the number of visits of VPG to friendly clinics to receive free treatment of sexually transmitted infections (STI), 23 friendly clinics were equipped during three years of the project implementation, including 9 FC under 9 AIDS Centers in 2004, 9 FC under 9 AIDS Centers in 2005 (3 more than it was planned) due to the savings reallocated for medical equipment for FCs, and 5 FCs under 4 AIDS Centers and 1 DVD in 2006.

**Provision of equipment for friendly clinics, 2004 - 2006**

Number of the equipped FCs	Baseline for 2002	2004	2005	2006
<b>Plan</b> (cumulatively)	-	8	15	23
<b>Fact</b> (annually)	0	9	9	5
<b>Fact</b> (cumulatively)		9	18	23

To provide STI syndrome treatment 9 types of medications are annually procured for the friendly clinics: in 2004 – for 12 AIDS Centers, in 2005– for 21 sub-recipients (19 AIDS Centers and 2 NGOs), in 2006 – for 22 sub-recipients (21 AIDS Centers and 1 NGO).

Seminars for FCs’ staff training are conducted annually: in 2004 – 7 seminars (142 doctors were trained), in 2005– 6 seminars (125doctors), in 2006 – 5 seminars (100 doctors).

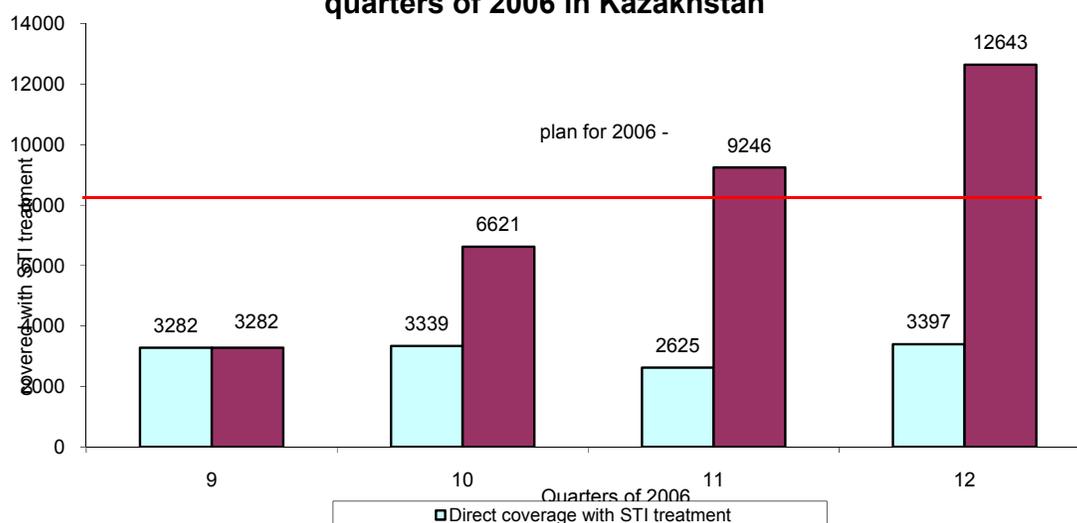


During 3 years of the project implementation cumulatively 19 948 STI patients among VPG received STI syndrome treatment in friendly clinics, including in 2004 – 1 039, in 2005– 6 266, in 2006 – 12 643.

## Number of STI patients who received STI syndrome treatment in FCs, 2004 – 2006

Number of patients in FCs	Baseline for 2002	2004	2005	2006
<b>Plan</b>	-	3600	7600	9600
<b>Fact</b>	0	3120	6266	12643
<b>%</b>		86,6	82,4	131,7

### Direct and cumulative coverage with STI treatment per quarters of 2006 in Kazakhstan



During the project implementation totally USD 789.0 thousand was spent under this activity .

The only activity **1-1A-6 Introduce and then disseminate the use of substitution therapy for IDUs** is not implemented till now, according to which in 2004 it was planned to cover 100 IDUs, in 2005 – 1000, in 2006– 2000 IDUs.

To this end in September 2004 the RC AIDS concluded the contract with the manufacturer “Rusan-Pharma” (India) to the amount of USD 52,704.0, and made the first payment of USD 10,540.0.

At the same time in September 2004 года Interdepartmental Commission on Coordination of Work on Prevention and Counteraction of Drug Addiction and Drug Traffic took a decision on inexpediency of using the substitution therapy (methadone program) for drug addicts on the territory of the Republic of Kazakhstan.

Due to signing by the Global Fund of the Agreement for the second phase of funding, on 26 September 2005 a meeting was held headed by the Minister of Health of the RK with participation of the Heads of the international organizations, Health Departments, AIDS Centers and Oblast Narcology Dispensaries, where the decision was taken on the introduction of substitution therapy in Pavlodar city for 50 HIV infected IDUs.

On 8 December 2005 Order № 609 of the MoH RK was signed “On substitution therapy introduction” in accordance to which during 2006 the pilot project of substitution therapy should be introduced in Pavlodar and Karaganda cities for 50 HIV-infected suffering from heroin dependence (25 in each city).

On 13 March 2006 the Ministry of Health approved the methodical recommendations “Use of methadone in narcology practice and harm reduction programs at illegal drug addiction”.

Resolution of the Government of the RK № 966 “On additional norm of consumption of narcotics for 2006 in Kazakhstan” was signed on 9 October 2006.

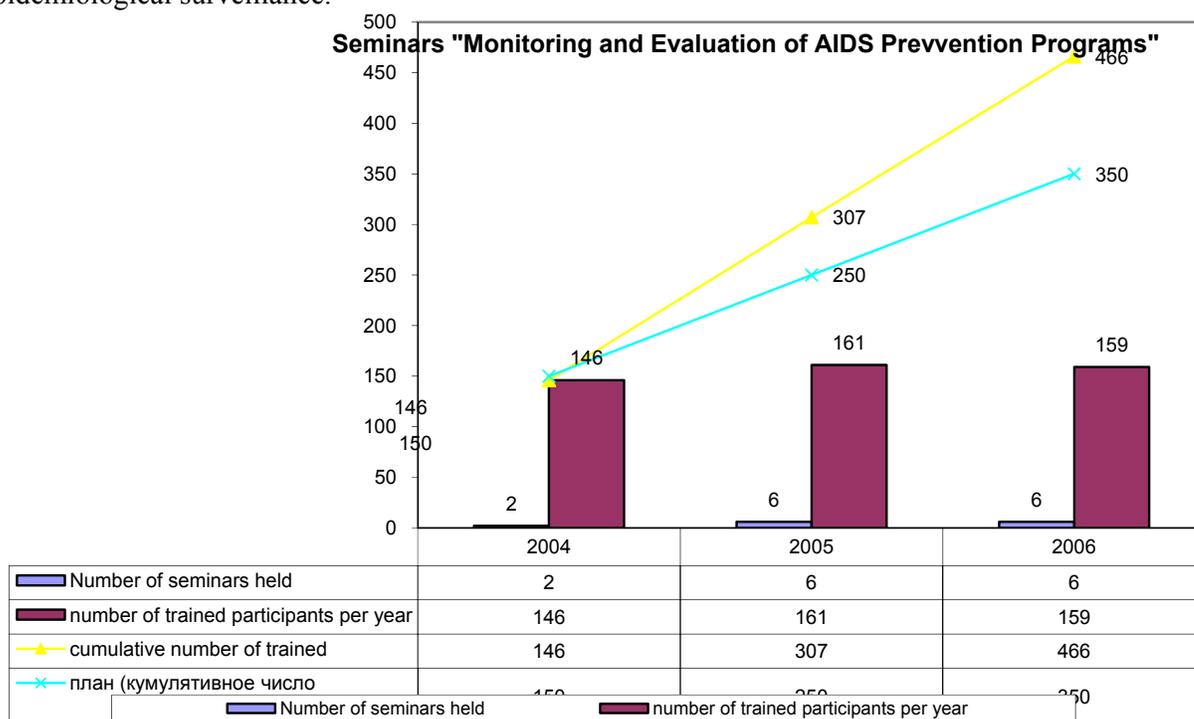
Resolution of the Government of the RK № 1328 “On introduction of changes into Resolution № 735 of the Government of the RK, dated 3 August 2006”, where the state quota for methadone in 2006 was stipulated, was signed on 29 December 2006.

At the same time in accordance with the current legislation in case narcotics, psychotropic agents under the approved state quota are not delivered by the end of the year for which they are needed, this quota is not valid for the next year. Since the Resolution on the norm of consumption and state quota for methadone that were the basis for methadone importation were signed only at the end of 2006, the Principal Recipient had no time to make all necessary arrangement for methadone importation, because according to the regulations registration of medications or permission for their single delivery would take 6 – 9 months.

Plan for this kind of activity during 3 years of project implementation is USD 578,600, non-implementation is USD 568,060.00.

#### Activity 1-1A-7 Strengthen the evaluation capacity of the government health service

Under the funding of the Global Fund to Kazakhstan the unified national HIV/AIDS programs monitoring and evaluation system was developed and introduced to ensure epidemiological surveillance of HIV-infection, monitoring of measures, resources, evaluation of project and program activities and achievement of planned results. Annual training is available for the AIDS Centers specialists responsible for HIV/AIDS programs monitoring and evaluation: in 2004 two seminars were held (146 specialists were trained), in 2005– 6 seminars (161 specialists), in 2006 – 6 seminars (159 specialists), including the republican seminar on HIV-infection sentinel epidemiological surveillance.



In 2005 the group of experts carried out the project implementation assessment, particularly the program activity of 11 sub-recipients in 5 regions.

Annually the Center for Public Opinion Research carries out 2 sociological surveys: 1) among students on knowledge of HIV/AIDS problems, and 2) attitude of the general population towards people living with HIV/AIDS.

5 cars for 5 AIDS Centers were procured in 2004 to ensure sentinel epidemiological surveillance. To improve monitoring and evaluation of AIDS epidemic counteraction program the Republican AIDS Center was equipped with 5 personal computers for the data collection and analysis.

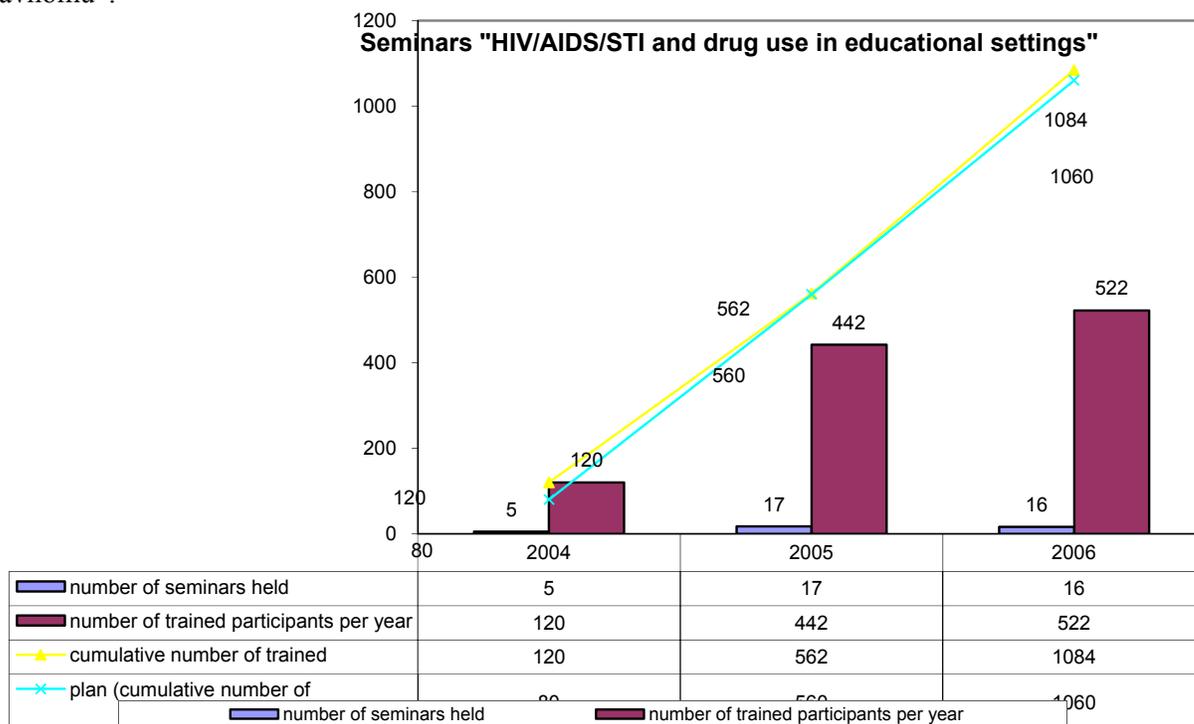
Totally USD 301.0 thousand was spent for this kind of activity during the project implementation period.

## 1B. Provide youth with the knowledge and awareness to improve their healthy behavior

### Activity 1-1B-1 Introduce HIV/AIDS/STI and drug use prevention topics in the basic curricula of all educational institutions. Activity 1-1B-2 Provide appropriate HIV/AIDS and SDI education and information targeted at youth

The Global Fund Project is aimed at education of youth in HIV/AIDS/STI and drug use prevention on the basis of living skills.

During 3 years the National Healthy Life Style Center (NHLSC) conducted seminars for the trainers of educational settings, representatives of Educational Departments, mass-media and NGOs: in 2004 - 5 seminars (120 specialists were trained); in 2005 - 17 seminars (442 specialists); in 2006 – 16 seminars (522specialists). In 2006 one seminar was conducted by the specialized NGO – “Ravnyi – Ravnomu”.



Under the Global Fund grant funds the EIM were developed and issued for the territorial Educational Departments: on HIV/AIDS prevention for students in 2004 – 676 120 units, in 2005 – 1 244 000 units, in 2006 – 772 000 units; methodical recommendations for teachers on HIV/AIDS problems: in 2004 – 19 237 units, in 2005 – 38 400 units, in 2006 - 14 200 units.

50 000 posters targeted at youth were issued in 2004 and 2005, 2 000 audio-, video cassettes and CDs on HIV/AIDS/STI and drug use prevention, in 2006 – 73 776 posters. According to the CCM resolution 267 000 units of EIM were issued for military.

### Number of educational and informational materials on HIV/AIDS prevention

Number of EIM	2004	2005	2006
<b>Plan</b> (cumulative)	641 200	2 034 600	3 373 000
<b>Fact</b> (cumulative)	676 120	2 243 120	3 088 896
<b>%</b>	105,4%	110,2%	91,6%

Number of educational settings (schools, colleges, professional schools, higher education institutions), that received EIM in 2004 - 1994, in 2005 – 5627, in 2006 – 8434.

### Number of educational settings that received EIM on HIV/AIDS prevention

Number of educational settings	2004	2005	2006
<b>Plan</b> (cumulative)	1682	3364	5046
<b>Fact</b> (cumulative)	1994	5627	8434
<b>%</b>	118,5%	167,3%	167,2%

### Results of the sociological surveys targeted at youth and conducted by the Public Opinion Research Center, 2004-2006

	2004			2005			2006		
	Studying youth	Working youth	Plan	Studying youth	Working youth	Plan	Studying youth	Working youth	Plan
Level of awareness about HIV/AIDS prevention among youth	34%	-	-	34%	39%	41%	39%	41%	44%
% of young men of 15-24 years old, that received education on HIV/AIDS problems	67,8%	-	-	67,2%	29,1%	-	70%	35,8%	65%
% of young men of 15-24, who used condoms during the last sexual contact with non-regular partner	82%	-	-	83%	87%	-	84%	79%	84%

#### Conclusions:

1. According to the data received the awareness of studying youth about HIV-infection prevention increased in comparison with 2004 (2004– 34%, 2006 – 39%), as well as a portion of studying youth receiving education in HIV/AIDS problems (2004 – 67.8%, 2006– 70%), and portion of young men who used condoms during the last sexual contact with non-regular partner (2004 – 82%, 2006 – 84%).

2. Starting from 2005 testing was introduced among working youth of 15 - 24 years old. Awareness about HIV/AIDS prevention among working youth increased (2005 – 39%, 2006 – 41%) as well as percentage of working youth received education in HIV/AIDS problems (2005 – 29.1%, 2006– 35.8%).

Totally USD 1,646.7 thousand was spent under the project for this kind of activity.

#### 2. Provide treatment, care and psycho-social support to people with HIV.

**Activity 2-1 Create a supportive environment, eliminate discrimination and segregation against people with HIV.**

In order to create a supportive environment for the implementation of preventive interventions among VPG, and forming tolerant attitude of the society towards people living with HIV/AIDS an information campaign was conducted in 2004 - 2005. Short film, 2 audio-reels and 2 video-reels were produced, a press-conference was held, and articles were published in the newspapers. Contracts with “Teachers Union – Sau-Urpak” and PF “Kazakhstanian Union of PLHA” were concluded in 2006. “Teachers Union – Sau-Urpak” arranged two TV programs and provided copies of these programs on video-cassettes and DVDs - 22 units. Informational campaign of “Kazakhstanian Union of PLHA” will be carried out in the first half of 2007.

**Results of sociological survey conducted by the Public Opinion Research Center among the population, 2004 - 2006**

	2004		2005		2006	
	fact	plan	fact	plan	fact	plan
Indicator of awareness of the population about real ways of HIV transmission	74%	-	77%	-	71%	-
Indicator of awareness of the population about HIV prevention measures	54%	-	62%	-	64%	-
% of population who does not agree with the statement about the necessity to isolate HIV infected people from the society	46%	-	47%	50%	46%	51%

**Conclusions:**

1. Awareness about HIV-prevention increased in comparison with 2004: 2004 – 54%, 2005 – 62%, 2006 – 64%.
2. There are serious grounds for stigmatization and discrimination of PLHA. In 2004 – 2006 portion of the population who does not agree with the statement that HIV-infected people should be isolated from the society remained practically at the same level: 2004 – 46%, 2005 – 47%, 2006 – 46%. Portion of the population with negative attitude towards PLHA increased from 27% in 2005 to 31% in 2006.

Totally USD 109.4 thousand was spent for this activity.

**Activity 2-2 Develop standardized clinical management of people with HIV.**

The Global Fund Project supports the standardized clinical management of people with HIV. клиническое лечение людей с ВИЧ. In 2004 six seminars were held on the national HIV/AIDS treatment standards introduction for the doctors from the state medical treatment facilities and Health Department representatives (125 specialists were trained), in 2006 – 6 seminars (126 specialists).

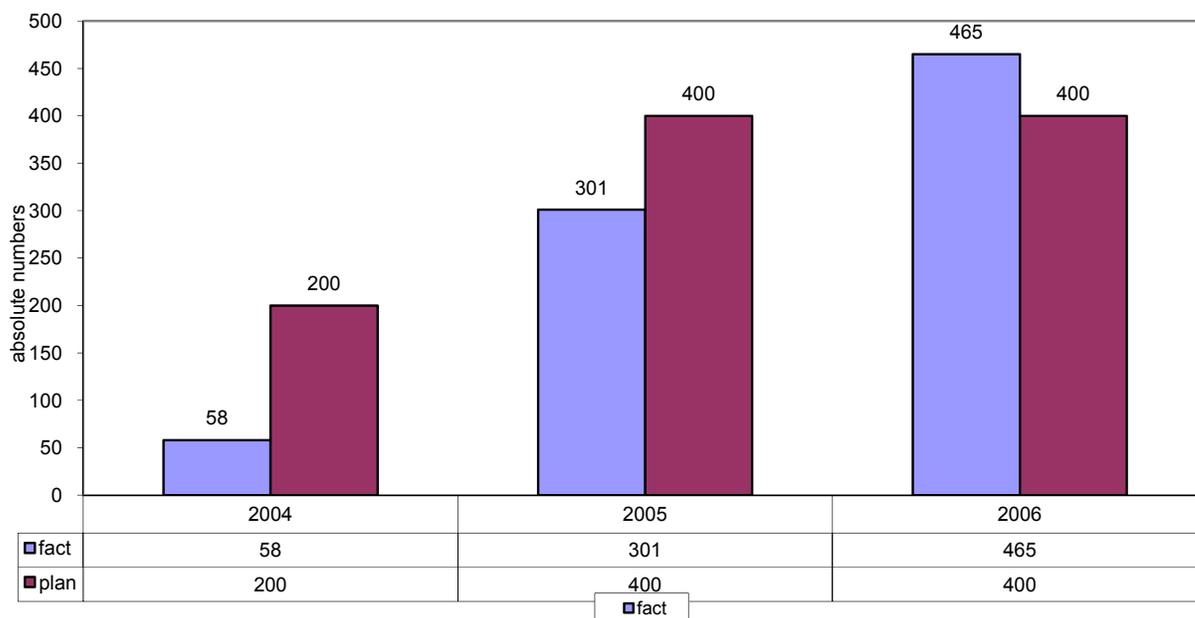
Totally USD 55.4 thousand was spent under this kind of activity.

**Activity 2-3 Provide HIV-infected people with antiretroviral treatment**

To study the matters related to treatment and care of people with AIDS and experience exchange 15 doctors responsible for organization and provision of ARV treatment received two-stage training in Kiev (Ukraine) and Pavlodar in 2005. Round-table meeting on ensuring the ARV treatment adherence was held in 2005 with participation of 25 specialists, including representatives of the International Alliance on HIV/AIDS (Ukraine), state and non-governmental organizations.

Cumulatively 465 of HIV-infected received ARV treatment as of the end of 2006, actually 326 patients из них на конец 2006– 81.5% (plan – 400), including 25 children.

**Number of HIV-infected on ARV treatment**



Antiretroviral treatment is carried out in accordance with the treatment protocols standards (Order № 150 of the MoH RK, dated 12 February 2004).

Three types of ARV medications were procured in 2004 (Virocomb, Nevipan and Virostav) for 5 regions; in 2005 – 6 types (Virocomb, Nevipan, Virostav, Virolam, Didanozine, Ifavirenz) for 12 regions; in 2006 – 2 types (Nelfinavir, Kaletra) for 5 regions.

For the purposes of monitoring and evaluation under the project cito-fluorometric analyzers for determination of CD4 cells were procured for 8 regions: in 2004– 5 analyzers for 5 AIDS Centers, in 2005– 3 analyzers for 3 AIDS Centers. Test-systems for determination of viral load and CD4 are procured annually. In order to control resistance to ARV treatment and to change treatment scheme sequenator - genetic DNA analyzer - was purchased in 2005 in accordance with the CCM decision. Specialists of the Republican AIDS Center, State Medical Institute and Post-Graduate Medical Institute make annual monitoring visits to the regions to evaluate ARV therapy introduction.

Totally USD 1,322.0 thousand was spent during the project implementation for this kind of activity.

### **Monitoring**

Project implementation monitoring and evaluation is carried out in accordance with the approved reporting forms which are the integral parts of the contracts with sub-recipients, and with the national monitoring and evaluation system.

According to the project implementation indicators agreed with the Global Fund, the Project Implementation Unit collects and analyzes data based on the reporting forms. Collection of the reports on program and financial activity and monitoring of the resources utilization under the project implementation is carried out on a quarterly basis. Information comes from the grant sub-recipients and technical partners to the RC AIDS (PIU).

### **Main problem encountered in the course of the project implementation in 2006**

The only activity 1-1A-6 “Introduce and then disseminate the use of substitution therapy for IDUs” is still not implemented.

### **Measures taken by the PR to resolve the problems in 2006:**

On 13 March 2006 the Ministry of Health of the RK approved the methodical recommendations on “Use of methadone in narcological practice and programs of harm reduction from illegal use of drugs”.

On 9 October 2006 the Government of the RK signed Resolution № 966 “On additional norm of needs in drugs of RK in 2006”.

On 29 December 2006 the Government of RK signed Resolution № 1328 “On introduction of changes into Resolution № 735 of the Government of the RK, dated 3 August 2006”, where the state quota for methadone in 2006 was stipulated.

On 15 December 2006 the Government of the RK signed Resolution № 1216 on the National Program of AIDS Counteraction in 2006 - 2010, where the introduction of the pilot project is specified for 50 injecting drug users with HIV in Karaganda and Pavlodar Oblasts.

The letter was sent to the Minister of Health on assistance to the resolving the problem with methadone registration or permission for its single importation, and approval of methadone consumption norm and state quota for the pilot project.

### **Interaction with the Local Fund Agent (LFA)**

The LFA functions in 2004 – 2006 in Kazakhstan were executed by the audit firm “KPMG-Janat”, which rendered consulting support to the project implementation in terms of financial management, procurement, program activity monitoring and evaluation.

### **Conclusions:**

The Global Fund project implementation promoted the following positive changes:

1. Training of Deputies of the Parliament RK assisted in the discussions and defense of PLHA and VPG rights at the highest level for the first time, as well as adoption of additions and changes into the law “On AIDS prevention and treatment”.

2. The Project initiated the development and approval of several normative and legal acts:

- The National Program of AIDS Counteraction in 2006 - 2010, approved by the Resolution of the Government of RK, dated 15.12.2006, №1216;
- Regulations on the trust-points activity – Order of the MoH RK, dated 9.03.2004, № 228;
- Regulations on friendly clinics activity - Order of the MoH RK, dated 29.03.2004, № 295.
- Regulations on the anonymous testing and psycho-social consulting cabinets’ activity - Order of the MoH RK, dated 9.03.2004, № 227.
- The National HIV/AIDS Treatment Protocol - Order of the MoH RK, dated 12.02. 2004, № 150.
- Instructions on monitoring and evaluation of AIDS counteraction measures in the RK – Order of the MoH RK, dated 23 ноября 2005, № 591.

3. The national unified AIDS programs monitoring and evaluation system was developed and introduced under the GF. The technical assistance was received to improve the capacity of the AIDS Centers in terms of M&E (office equipment and cars were procured).

4. Interaction of NGOs and AIDS Service: The Global Fund project is the most wide-ranging in the country. 22 regional AIDS Centers and 25 NGOs participated in its implementation. Joint efforts of NGOs and AIDS Service assist wider involvement of VPG in preventive programs.

5. The Project ensures financial stability of NGOs – grant sub-recipients; starting from 2005 out of grant proceeds funds was allocated to cover the NGOs' administrative expenses.

6. The Project implementation assists in consolidation of AIDS-servicing organizations into 3 Associations.

7. The project ensures stable fulfillment of preventive measures targeted at VPG and youth, provision with syringes, condoms and EIMs in incomparably bigger volumes than at the cost of budget and other donors.

Cumulatively during three years of the project implementation 62 196 IDUs (plan - 47 000), 16 145 CSWs (plan – 13 000), 5 193 MSMs (plan – 4 000) were covered by preventive programs.

8. Stable work of 23 friendly clinics and wide free access for VPG to STI syndrome treatment became possible with the GF project. In 2006 the first steps were made to ensure FCs' stable work after completion of the project: FC under the Dermatological and Venereological Institute in Kazakhstan was equipped and provided with medications for STI syndrome treatment.

9. Cumulatively during 3 years of the project implementation 19 948 STI patients from VPG received syndrome treatment in friendly clinics, including in 2004 – 1039, in 2005 – 6266, in 2006 – 12643 (131,7%) against planned 9 600.

10. Cumulative number of educational settings (schools, colleges, professional schools, HEI) that received EIMs at the cost of the GFATM during 3 years of the project implementation - 8434 (167.2%) against planned 5064.

11. The national AIDS treatment protocols were introduced. The Project gave the opportunity to a wide access to ARV treatment for all PLHA who needed it, and provided with ARV medications and diagnostics for PLHA at the modern level.

Totally by the end of 2006 cumulatively 465 HIV-infected patients received ARV treatment, actually at the end of 2006 326 patients receive HAART – 81.5% (plan – 400), including 25 children.

12. Cumulatively 5255 specialists received training at the cost of the GF grant (103.4% against 5084 planned).

13. For the first time there are annual sociological surveys on HIV/AIDS problems.

14. Due to increase in HIV prevalence in penitentiary settings according to SES results (2006 – 1%, 2005 – 0.9%) condoms and disinfectants are distributed among prisons.

15. EIMs for convicted and military were issued at the cost of savings, and the matters related to funding of outreach workers' safety (procurement of vessels and gloves for syringes collection and further utilization) were resolved positively.

## **Program and financial contribution of key partners**

### **UNAIDS**

1. National meeting on universal access to HIV/AIDS prevention, care and support.

2. Exchange at the regional level of experience on the universal access.

3. Technical assistance in the development of AIDS epidemic counteraction program in South-Kazakhstan Oblast.

Financial contribution: USD 15 thousand.

### **UNDP**

Implementation of the project: KAZ 13227 “Support to the National AIDS epidemic counteraction program in the Republic of Kazakhstan in 2001 - 2005”.

Main project objectives:

- Strengthening the national capacity for policy reforms and HIV epidemic control programs fulfillment;
  - Increase awareness about HIV among medical workers, non-governmental organizations, mass-media and community;
  - Measures on harm reduction among vulnerable populations and introduction of the new approaches to HIV prevention.
1. One seminar was held for the representatives of mass-media, with the topic on prevention of HIV, drug use and safer behavior.
  2. A round-table meeting was organized: "Interaction of executive bodies and NGOs in resolving HIV/AIDS problems and drug use harm reduction".
  3. The NGOs Forum was organized.
  4. Assistance in the improvement of the national monitoring and evaluation system for CRIS program introduction:
    - PCs, networks and software were renewed for CRIS use in all regional AIDS Centers. 20 PCs were purchased with the installed CRIS program.
    - Seminars took place on introduction of the national guidelines on M&E and CRIS with visits to the regional AIDS Centers.
- The project budget in 2006: USD 76,075

#### **UNESCO Cluster Bureau in Almaty**

1. Development and issuing of the guidelines on HIV infection prevention for teachers of schools, colleges and educational system leadership.
  2. National conference on preventive education and living skills for the educational system.
  3. Seminars on the use of Guidelines on HIV prevention for teachers of pedagogical colleges; two seminars for journalists.
- Financial contribution: USD 77,688.

#### **WHO Country Office in Kazakhstan**

1. Technical and consulting assistance:
  - HAARVT;
  - Harm reduction among IDUs;
  - Blood safety;
  - HIV laboratory diagnostics;
  - HIV testing policy;
  - Care and support.

#### **CAAP Project**

1. Regional seminars with the participation of specialists from Kazakhstan: inter-parliament conference in Bishkek, round-table meeting with religious leaders in Dushanbe, partners' forum in Samarkand.
  2. Evaluation visits to the pilot oblasts on sentinel epidemiological surveillance.
  3. National conference with the first round grant winner.
- Financial contribution: USD 70,000.
4. Funding of 13 sub-project proposals from 8 country regions was approved to the amount of USD 191,850 (payment will be done in 2007).

#### **CAPACITY Project**

1. Technical support:
  - Of the national monitoring and evaluation system;
  - Of "60 plus" project in two pilot cities under CAAP project funding ;
  - Of NGOs capacity in 8 regions under the introduction of civil society mobilization strategy in Kazakhstan;

2. Work with vulnerable youth.

3. Participation in:

- Preparation of “HIV and TB” component of the country proposal for the 6<sup>th</sup> round of GFATM funding;
- Work of thematic group on TB problems under the MoH RK;
- HAARVT adherence strategy development.

Financial contribution: USD 236,590.

### **PSI**

1. Preventive programs among CSWs and youth in Almaty.

2. HIV/AIDS prevention among children from unfortunate families (organization of Youth Center activity in Almaty).

3. Technical consulting assistance.

Financial contribution: USD 58,000 .

### **CDC**

1. Technical and consulting assistance.

2. Investigation of HIV-infection outbreak among children in South-Kazakhstan Oblast.

3. Participation in preparation of the national conference on sentinel epidemiological surveillance results of 2005.

4. Participation in preparation and conducting the regional conference on electronic tracking of HIV-infected patients.

Financial contribution: USD 16,000.

### **AIDS Fund East-West**

1. Project implementation of social support VPG in two cities.

2. Work with youth of 15 - 24 years old on friendly approach development.

Financial contribution: USD 416,000 and € 100,000.

### **Thus contribution of key partners of AIDS epidemic counteraction in the Republic of Kazakhstan as well as the GFATM project implementation allowed achieving the following:**

1. HIV-infection prevalence in target groups (SES, 2006) does not increase and remains at the last year level. According to SES carried out in 22 sites of the country HIV-infection prevalence was among:

- IDUs – 3.4% (in 2005 – 3.4%),
- CSWs – 2.5% (in 2005 – 2.1%),
- MSMs - 0% (in 2005 – 0.3%),
- Pregnant – 0.03% (in 2005 – 0.01%).

2. Awareness of VPG about HIV/AIDS increased/ According to SES awareness about HIV prevention and supposed ways of transmission was among:

- IDUs in 2005 – 38%, in 2006 – 47.3%;
- CSWs in 2005 – 40.6%, in 2006 – 50.6%;
- MSMs in 2005 – 37.7%, in 2006 – 54.4%;
- Convicted in 2005 – 62.8%, in 2006 – 65%.

3. According to SES the number of people from VPG who accepted safer behavior increased as follows:

- In 2006 safer injecting and sexual behavior accepted 26.8% ПИИ, in 2005 – 13.4%, safer injecting behavior accepted 34.9%, in 2005 – 26.6%;
- Portion of CSWs who used condoms during their last sexual contact with paid sexual partner in 2006 was 94%, in 2005 – 91.4%;

- Portion of MSMs who used condoms during last sexual contact with non-regular partner in 2006 was 85.6%, in 2005 – 75%.
- 4. As per the social surveys:
  - 1) There is an increase in:
    - Level of awareness of studying youth about HIV-infection prevention (2004 – 34%, 2006 – 39%);
    - Percentage of youth receiving education in HIV/AIDS problems (2004 – 67.8%, 2006 – 70%);
    - Percentage of studying youth who used condoms during their last sexual contact with non-regular partner (2004 – 82%, 2006 – 84%);
    - Level of awareness of working youth about HIV/AIDS prevention (2005 – 39%, 2006 – 41%);
    - Percentage of working youth who got education in HIV/AIDS problems (2005 – 29.1%, 2006 – 35.8%);
    - Level of awareness of general population about HIV-infection prevention: 2004 – 54%, 2005 – 62%, 2006 – 64%.

2) At the same time there are serious grounds for stigmatization and discrimination of PLHA. Portion of the population who do not agree with the statement that HIV-infected should be isolated from the society, during 2004 – 2006 remained practically at the same level: 2004 – 46%, 2005 – 47%, 2006 – 46%.

#### **Personal assessment of the grant implementation by the Principal Recipient**

As of the end of the 3<sup>rd</sup> year of the project implementation the Principal Recipient and sub-recipients demonstrated as a whole a good program implementation. Goals under 21 out of 25 program indicators are substantially achieved and exceeded, which constitutes 84% of implementation. At the same time:

1. Objectives with low level of implementation are:
  - 2) “Level of awareness of youth about HIV/AIDS prevention” - 39% against 44% planned (implementation – 88.6%). However in dynamics there is stable growth of this indicator: among studying youth – 2004 – 34%, 2005 – 34%, 2006 – 39%; among working youth - 2005 – 39%, 2006 – 41%.
  - 3) “Number of PLHA under HAARVT” - 326 against planned 400 (implementation – 81.5%);
  - 4) “ Number of TV-, radio- programs, articles in mass-media aimed at forming tolerant attitude of general population towards PLHA (information campaign) – 13 against 20 planned (implementation - 65%). Three components of the informational campaign were implemented in 2006. The second contract on carrying out informational campaign was concluded in 2006, and implementation was planned for the first half of 2007.
2. The only objective was not implemented: “Number of IDUs receiving substitution therapy”.
3. Cumulatively 79% of the budget was spent during 3 years of the project implementation.

**Final mark – “good”.**

**M.A.Khassanova**  
**General Director of the Republican AIDS Center**  
**Principal Recipient’s**  
**Authorized representative**

**15 March 2007**