

STRATEGIC PLAN
of Republican public organization
"AIDS Foundation East-West - Tajikistan"
for 2014-2016 years

«APPROVED»
by decision of the Board of
Republican public organization
"AIDS Foundation East West -Tajikistan"
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I. Background

The Representation of the Dutch humanitarian organization "AIDS Foundation East-West" (*AFEW*) has been started its activities in Tajikistan in April 2003.

Since then, *AFEW*, in cooperation with the state, public and international organizations working in the field of public health, has implemented 14 prevention projects aimed preventing the spread of infectious diseases, health promotion and protection of human health.

In early 2013, the top management of the Dutch Foundation Stitching AIDS Foundation East-West/ (*AFEW*), decided to restructure the organization and create the independent local community groups on the basis of existing branches and representative offices. On September 30, 2013 a meeting of the leaders of the newly established non-governmental organizations of *AFEW* was organized in Amsterdam. As a result of negotiations the parties signed the Agreement on cooperation in the framework of the International Network of *AFEW* («*AFEW* network»). The participants of the network became public organizations of *AFEW* Netherlands, Kazakhstan, Kyrgyzstan, Russia, Tajikistan and Ukraine. The cooperation agreement will facilitate the exchange of experience and information in order to improve the quality of services in public health and give additional impulse to the organizational development of the Network members.

II. Introduction

The Strategic Plan of the Republican public organization "AIDS Foundation East-West - Tajikistan" is a document, including:

- * strategic Goals
- * strategic direction of development
- * policies

The purpose of this strategic plan is:

- * Prioritization of the various activities
- * Determination of the scope of organization activities

Today the health care system in Tajikistan undergoes a number of complex changes associated with the reform of the health system, which includes different mechanisms of management, financing and operation. For the time being, the government remains the main funding source and health care providers in Tajikistan.

Changes in the form of consolidation, mergers and the creation of the Ministry of Health and Social Protection give new opportunities for cooperation and social partnership with civil society on public health issues.

Tajikistan has a compulsory health financing system based on taxes, but the payment for services by patients currently is the main source of income in the health system. The most vulnerable groups of population often do not have access to quality health care and information services.

International development assistance is the third but the most important source of health care financing. Given this fact, the Republican public organization "AIDS Foundation East West - Tajikistan" as part of its mission, considers the importance to contribute in promoting the implementation of Laws of the Republic of Tajikistan and the major tasks of national programs related to health:

- The Law of RT "On protection of population from tuberculosis"
- The Law of RT "On HIV/AIDS prevention"
- The National Strategy for health of the Republic of Tajikistan for 2010 - 2020 years
- Programme on HIV / AIDS in the Republic of Tajikistan for 2011-2015
- National TB control program for 2010-2015
- Millennium Development Goals (task 6)

The data from various researches indicate that, despite the great work done by the different donors on HIV, STIs, tuberculosis and hepatitis relevance of the problem is among both general population and marginalized groups. Therefore, a field of the work of Republican public organization "AIDS Foundation East West - Tajikistan" remains demanded.

According to the Information Review of the drug situation in the Republic of Tajikistan (ACD 2013), the incidence of primary drug addiction in 2013 remains quite high, it is 8.3 per 100 thousand people. The structure of the drug to heroin accounts for the largest share of 79.4% with an increase in the number of people who use several types of drugs (polinarkomaniya- 5.2%). In 2013 it has been recorded 876 new cases of HIV, 28% of which are injecting drug users.

The current socio-economic situation in the country reinforces the tendency to increase the number of sex workers (SWs) and, consequently, the effects of the health associated with risky sexual behavior. According to the survey 50% of SW under the age of 20 years, and 60% of respondents could not name at least one of sexually transmitted diseases. According to the survey conducted by APMG (AIDS Project Management Group) in 2009 with the support of UNDP, the estimated number of SWs ranges from 10,000 to 15,000.

According to another study "Demographic and Health Survey in Tajikistan (2012, USAID)», only one third of women aged 15-49 in Tajikistan know that using the condoms and limiting sex to one uninfected partner reduces the risk of HIV infection. The rate of the knowledge about HIV prevention among women is the highest in GBAO (44%) and the lowest in DRS (26%). Only 5% of women aged 15-49 in Tajikistan have been tested for HIV during the year to DHST of 2012 and received the results of the test. Testing for HIV is more common among women in Dushanbe (8%), and least of all among women in DRS and Khatlon (3%). Only 11 percent of women aged 15-49 have comprehensive knowledge about HIV/AIDS. The data from studies indicate a significant level of stigma towards people living with HIV, among women who had heard of AIDS (for example, only about one-fourth of women, in each case, have expressed willingness to buy fresh vegetables from a seller having the virus that causes AIDS).

A bit more women (42 percent) who had heard about AIDS, said they would be willing to look after the relative who has AIDS in their houses. Only 15 percent of women aged 15-49 have ever been tested for HIV. Only 31 percent of women know a place where they can get tested for HIV, and only 15 percent have ever been tested. Every twenty women passed the test and received the results in the 12 months preceding the survey. 40 percent of women with STI symptoms did not go to get consultation of the specialists, while 39 percent went to get consultation and treatment in clinics, hospitals, private doctors or other health care specialists.

The legal and social rights of women are also relevant - a little more than half of women surveyed aged 15-49 owned housing - individually or collectively, but only 29 percent own land. Less than half of women are married at the moment (43 percent) are involved in making each of the three decisions together with their husbands or independently: decisions regarding their own health care, fulfillment of basic shopping for the house, as well as visits to their family or relatives.

The actual directions of work will be areas related to convicts and persons who have been released from prison, as according to the Agency for Statistics under the President of Tajikistan, the comparative analysis with the previous year shows an increase of 30.3% in the number of serious crimes and already in the first quarter of 2014, accordingly the number of convicts in prisons will increase. This group, due to isolation from society for a long time, does not always have access to accurate information on prevention, health, available services and referral system after release from the prison.

Tajikistan is one of 27 countries with high burden of MDR-TB, and also refers to the 18 high-priority countries for TB in the European Region of WHO. In 2011, WHO estimated that about 1,100 people have died from this disease, which amounts 16 to 100 thousand. It remains a low level detection of TB, in average only 47% of patients detect in the health care system of the country. In 2012, WHO estimated that 6929 new cases have been detected in Tajikistan, which is equivalent to 86.5 per 100 thousand of population.

All these figures give a strong, evidence-based foundation for the fact that preventive measures, educational activities and the provision of quality available services and the creation of a referral system on specialized issues should take the most important priorities for the Republican public organization "AIDS Foundation East West - Tajikistan" for the next 2014-2016 years of work.

III. Mission

"AIDS Foundation East West - Tajikistan" is Republican public organization, which works to improve the health of key populations with higher risk of HIV infection.

The organization aims to promote health and access to public health services in the area of prevention, treatment and care for HIV, tuberculosis, hepatitis C, as well as sexual and reproductive health.

To achieve this objective organization:

- advocates and protects the rights of key populations to health;
- raises awareness and creates a favorable supportive environment that allows to reduce stigmatization of key populations with increased risk of HIV infection;
- uses advanced strategies to promote healthy lifestyles.

IV. Technology of work

AFEW's strength is the evidence-proved, effective program of client management for key populations. Client Management is a technology that helps person in a difficult situation, to solve medical, social, psychological and legal problems. Client Management can be used in the management of patients with various diseases, people with disabilities and people in conflict with the law and those who are in prison.

V. Geographically coverage

Currently "AIDS Foundation East West - Tajikistan" operates in 15 cities and districts of the Republic of Tajikistan. The organization aims to expand the geography of the implementation of targeted projects and activities aimed to ensure universal access to comprehensive services for key populations.

VI. For whom we work. The final beneficiaries

In the next three years, *AFEW* activities will be focused on the satisfaction of medico-social and legal needs of key populations with higher risk of HIV infection.

The main groups of the population in terms of the dynamics of the epidemic and the response to the epidemic are injecting drug users, sex workers, people living with HIV, prisoners and persons released from prison, men who have sex with men.

The growth trend in labor migration among the male population increase the social burden on women who are also the most vulnerable, have limited access to basic health care and social services. **Women**, in the absence of men, bear the burden of responsibility for the housekeeping and education of children. In this situation, women are not able to pay attention to their own health and personal growth. In this connection, *AFEW*-Tajikistan will focus on issues related to health, legal and social protection of vulnerable women.

VII. What we plan to do. Priorities

AFEW-Tajikistan will implement programs for prevention, care and support for key populations that have proven effective and adapted to the socio-economic and cultural realities of Tajikistan. *AFEW* will focus the following programs in the next three years:

- ***Integration of services of Client management into general health services.***

Preventive Client management is aimed at the prevention of socially significant diseases among drug users, sex workers and vulnerable women. *Supportive Client management* is aimed to support and care for HIV, prevention and early diagnosis of opportunistic infections among people living with HIV, to ensure adherence to antiretroviral treatment. *Transitional Client management* ("Start Plus" program) is aimed at the prevention of socially significant diseases among prisoners, adherence to treatment and social integration of ex-convicts.

- ***Health care in penitentiary system.***

Sanitary and educational work among the prisoners. Inflectional control. Education of medical and non-medical staff of prisons. Social support during the transition period ("Start Plus" program).

- ***Harm reduction for injecting drug users.***

Prevention of HIV, STIs, hepatitis and overdose among injecting drug users. Non-drug social rehabilitation, professional orientation and employment of drug addicts.

- ***Sexual and reproductive health and family planning.***

Prevention of HIV and STIs. Family planning, sexual and reproductive health of vulnerable women.

VIII. How this will be done. Types of services.

AFEW-Tajikistan will pay particular attention to the sustainability of introduced technologies and ensure continuity of services of key populations at increased risk of HIV infection.

AFEW-Tajikistan's programs will contain five interrelated elements:

- Advocacy of rights and interests of the final beneficiaries
- Enhance the capacity of service providers
- Provide direct services to final beneficiaries
- Integration of services and sustainability of services
- Raising awareness of the general population, with a focus on raising awareness of the social environment of final beneficiaries

Advocacy of rights and interests of the final beneficiaries

- Organization of media campaigns
- Advocacy events devoted to World AIDS and TB days, World Remembrance Day of AIDS Victims and the fight against drug abuse and trafficking.

Enhance the capacity of service providers

- Organization of trainings and seminars.
- Distance learning courses and technical assistance in the places
- Provision of online counseling and improved access to information resources on the organization web - platform (www.afew.tj)
- Development and introduction of guidelines and manuals for organizing services for specialists
- Monitoring of programs and evaluation of the quality of services

Providing direct services to final beneficiaries

- Harm reduction services, and social support
- Organization of mini-trainings for the prevention of socially significant diseases, sexual and reproductive health, adherence, care and support.
- Services on treatment adherence, social assistance and legal support
- Development and printing of visual aids, information and prevention materials
- Visibility, souvenir and promo production

Integration of services

- Working groups and coordination meetings
- Introduction of harm reduction services and client management in general health services
- Introduction of public monitoring approach of HIV prevention programs
- Implementation of the Model of Continuum Care in the practice of non-profit organizations

Raising awareness of the general population, with a focus on raising awareness of the social environment of final beneficiaries

- Health education and information work among the population
- Development and printing of visual aids, information and prevention materials
- Motivational and consulting work with the social environment of the final beneficiaries.

IX. Priorities for the transition period

- Provision of functionality of internal systems of organization. Adaptation policies and procedures that ensure the functionality, quality control and monitoring of the program, administrative and financial activities of the organization.
- Visibility
Development and implementation of visibility tools of organization activities, promotion of website of AFEW-Tajikistan, production and distribution of promo production.
- Improvement of image of the organization and expansion of partnership. Visibility of original organization's style associated with quality, commitment and orientation to an open and equal partnership. Presentation and promotion of the interests of AFEW -Tajikistan at the national, regional and international levels
- Ensure the financial sustainability of the organization. Measures to mobilize financing, introducing income-generating models and direct services. Opening of branches /representative offices in places that provide direct services to the final beneficiaries.

