

"STRENGTHEN SUPPORTIVE ENVIRONMENT AND SCALE UP PREVENTION, TREATMENT AND CARE TO CONTAIN HIV EPIDEMIC IN THE REPUBLIC OF TAJIKISTAN"

PROJECT PROGRESS UPDATE



If your organization is implementing projects under more than one grant please make sure to complete a separate 'Project Progress Update' for each signed grant agreement.

Section A Project Information

Name of Sub-Recipient: AIDS Foundation East West – Tajikistan (*AFEW-Tajikistan*)

Grant agreement number: 00092968 TJK-H-UNDP, November, 2015

Programme Period (*from sub-recipient grant agreement*): November 01, 2015 – December 31, 2016

Final Beneficiaries:

- 1882 PLHIV living in 22 project regions

Target groups:

- 48 representatives of eight public organizations, PLHIV communities and initiative groups of PLHIV

Geographic Coverage Areas:

- Dushanbe;
- RRJ: Vahdat, Hisor, Tursunzoda and Rudaki;
- Khatlon region: Qurgonteppa; Bokhtar; Vakhsh; Yovon; Kulob; Vose, Dangara, Farkhor and Hamadoni;
- Sughd region: Khujand; B.Gafurov; Chkalovsk; Kayrakum; Isfara; Konibodom and Panjakent;
- GBAO: Khorugh.

Reporting Period: April 01 – June 30, 2016

Section B: Quantitative Data

Results Analysis Based on Key Indicators from Performance Framework

Indicator	Target	Quarter 3 Report (Apr-June,2016)	Total Report (from the beginning of the Project)	% Achievement
Total number of PLHIV reached by Project services	1882	572	1428	76%
# of PLHIV covered by sessions on treatment adherence by self-support groups	1440	305	678	47%

# of lost to follow patients restored to ART	228	66	129	56.57%
# of restored patients repetitively dropped out of treatment	-	2	2	
# of key populations (MSM, SWs, PLHIV and PWID) continued ART in other medical facilities (TB, ID hospitals, etc.)	-	168	204	
# of PWID and / or HIV-infected people who continue ART in penitentiary systems		3	131	
# of weekly clinic-based ART adherence sessions for PLHIV on ART conducted	74	12	64	86.48%
# of self-support groups at each ART health facilities established	144	36	80	55.55%
# of monthly sessions conducted at CSOs and/or health facilities	256	66	126	49.2%
# of home visits to dropped out patients	1500	291	494	33%
# of social workers trained on client management	16	0	17	106.25%
# of counseling services on social issues to key populations and PLHIV provided by CSOs	5646	2953	5756	102%
# of user service guides disseminated to key populations	1	0	0	
# of CSO staff trained on treatment adherence support of the PLHIV (client management)	16	0	16	100%
# of established appointment system for ART patients	1	0	1	100%
# of PLHIV on pre-ART and those receiving ART referred to other services – OST, NSEP, TB, OI treatment	-	731	778	
# of prisoners who continue ART after release from prison	-	0	4	
# of CSOs staff trained on HCT and TB/HIV co-infection adherence support	16	16	16	100%
# of TB patients referred and tested for HIV and know their status	-	10	14	
# of TB/HIV co-infected patients supported/counseled to continue ART	-	33	70	

Section C

Results Analysis Based on Key Indicators from Performance Framework

Explanation of programmatic performance:

Describe information on indicators and figures given in section B. Explain the planned versus actual results; include reasons for programmatic deviation. Explain the factors affecting these achievements.

Activity 2400. "Prevention and TB_HIV co - infection adherence" training

On 2-3 of June, 2016 the training of "Prevention and TB/HIV co - infection adherence" has been conducted in Dushanbe. Training is aimed to increase the level of knowledge of the participants in prevention and treatment of HIV/TB infections. The training facilitated by medical specialists of Republican AIDS and TB centers (Ibrohimova Dilfuza- TB specialist and Kholnazarov Ramshed – specialist of infectious diseases).

16 social workers and peer consultants from 8 CSO's "Jovidon", "Rohi zindagi", "Buzurg", "Epidemiolog", AFEW-Tajikistan Representative Office in Khatlon region, "Guli Surkh", "Tajikistan Network Women living with HIV" and "SVON Plus" took part at the training.

Participants learned about the key issues and the basic information of HIV/AIDS (transmission, the immune system, measures Cautions), general information about ART, drugs, treatment, tuberculosis issues as a major opportunistic infection in HIV.

The level of participants' knowledge were improved by 4.6%, from 86,7% correct answers before training to 91,3% correct answers in post training evaluation.

The training was organized mainly by the method of interactive (discussions, group work, games, etc.) Some of the participants as peer consultants asked questions of their personal life, with the aim of improving knowledge in the future to provide services to other needy people. The methodology of the training allowed participants during working with PLHIV to be more open, confident and qualified to provide services to patients and bring them to the start of ART followed by compliance adherence. Participants were interested in TB and its effects to health of PLHIV. They also were interested in how patients with co- infection TB/HIV have to take medications and follow all prescriptions of doctors.



Mirzojonova Mohira – the participant of the training presents the results of group work.

"Now I know that TB is curable, earlier I thought that if person has HIV and infected by TB it will be forever. Now I can share this information with patients as peer consultant" - shared her opinion the representative of the PO "Guli surkh.

Activity 3100. Development of User service Guide

On May 20, 2016 AFEW-Tajikistan received the recommendations of the Ministry of the Health and social Protection of the Republic of Tajikistan (letter ##1-6/2961-2701) to change the names of the renamed districts and put the local telephone numbers instead of cell phone numbers. AFEW-Tajikistan in collaboration with sub-sub-grantees CSOs finalized the document. On May

27, 2016 the corrected version of User service Guide was resent for consideration with Ministry of Health and Social Protection of RT.

On June 16, 2016 the corrected version of User service Guide was approved by the Ministry of Health and Social Protection of Population of the Republic of Tajikistan. (Letter #1-6/3466-3112)

AFEW-Tajikistan is decided to hold the small survey among its partners. The survey was conducted in order to determine the optimal size of a convenient brochure, relevant to the needs of end beneficiaries of the project. According to the results of the survey it was decided to design and produce a signal version of brochure in A6 size (105h148 mm). User service Guide was sent to printing company for brochure design.

Activity 3200. Direct services (sub-sub-grants)

During report period eight sub-sub-granter CSOs are continue providing psychosocial services to PLHIV in 22 project regions.

Geographic Coverage Areas:

- "Guli Surkh" provided direct services to PLHIV in Dushanbe and two Districts of Republican Subordination (DRS): Rudaki and Vakhdat;
- "Tajikistan Network Women living with HIV" worked in Dushanbe and two another DRS: Tursunzoda and Hisor;
- "SVON Plus" provided direct services to PLHIV in next districts: Vose, Hamadoni, Dangara and Farkhor;
- "Jovidon" worked with PLHIV in Kulob;
- "AFEW-Tajikistan Representative Office" provided direct services to PLHIV in the districts of Qurghonteppa, Bokhtar, Vakhsh and Yovon;
- "Rohi zindagi" worked with PLHIV in cities of Khujand, Chkalovsk, Kairokum, and districts of B.Gafurov, Isfara and Kanibadam;
- "Buzurg" provided support to PLHIV in Panjakent district;
- "Epidemiolog" provided direct services to PLHIV in Khorogh city.

Results achieved in report period are following:

1. 572 PLHIV were covered by peer counseling, ART adherence support and OI prevention.
2. 343 or 60% from 572 PLHIV reached by Project passed to TB screening. *4 new cases of TB are detected. All clients with diagnosed tuberculosis sent to TB hospitals and initiated TB/HIV treatment.*
3. 123 or 21,5% from 572 PLHIV reached by Project passed CD 4 diagnostic. *As result 118 PLHIV started ARV treatment.*
4. 305 of PLHIV covered by sessions on treatment adherence by self - support groups.
5. 67 of PLHIV covered by weekly clinic based ART adherence sessions for PLHIV on ART.
6. 340 of PLHIV covered by of monthly sessions conducted at CSOs and/or health facilities
7. *66 of lost to follow patients restored to ART.*



Please complete Annex 'A' for monitoring visits undertaken by the SR (to sub-SRs or service

delivery sites) during the reporting period. (If applicable)

Was there a delay or cancellation of planned activities?

There was a problem with passing CD4 diagnostic because of temporary absence of reagents. According to the recommendation of WHO Tajikistan started to introduce the approach of which says to start antiretroviral therapy (ART), irrespective of CD4 count. By using this approach partners of the project reported 220 PLHIV who started ART in the reporting period

Progress and implementation of management actions from previous periods: (Please list all outstanding actions).

N/A

Describe other success stories not reflected in the quantitative data.

“Never give up, believe in life”

Sangimo lost her parents very early. After the death of her parents she moved to Dushanbe to live with her aunt. Since her aunt was from a poor family, she married Sangimo very early. At that time Sangimo just turned 17 years old. Sangimo lived with her husband one year, she gave a birth to a daughter. A year after the childbirth Sangimo went to the hospital, where she needed surgery. Before surgery Sangimo passed the tests, including tests for HIV.

"The head of the clinic called me to her office, and doctors began to ask questions: With how many men I had a sex? If I drink alcohol? If I have used drugs and etc.? Doctors sent me to AIDS center to pass tests for HIV to me and to my daughter "- says Sangimo.

The AIDS center confirmed the diagnosis of HIV infection in Sangimo and her daughter. During pregnancy HIV infection has not been detected as it was "window" period.

"I registered at AIDS center in my city. What kind of things I have heard from doctors of this center like: what kind of mother I am, and that I was going to be jailed because I have infected my baby with HIV. To all of these aggressions my husband said to me: "Do not worry, you will not be jailed for a long period, you have a little child" - says with tears in her eyes Sangimo.

After consultation in AIDS center Sangimo had a protest of acceptance of the diagnosis, hurt, pain, anger, lack of understanding - hence, why it happened to her. There was a strong sense of guilt before her child. Sangimo had a strong depression, she wanted to die. One heard phrase brought her to sense: "If you do not need your child, then who needs her?" And then Sangimo realized that suicide is not the way to solve the problem.

Sangimo accepted diagnosis and felt some relief. Coming to her aunt she told her everything. Her aunt worried a lot, but not abandoned Sangimo and her daughter. Aunt supported her. Sangimo referred to the Republican AIDS Center.

"Many thanks to Tatiana Madzhitova - pediatrician of the Republican AIDS Center. She convinced me that my daughter and I will live a long time, we just have to constantly take medication support. She directed me to the organization of "Guli Surkh", where I was accepted and was told all about ARV. I learned a lot about HIV, its treatment and living with HIV, I started therapy. Now me and my daughter take ARV - therapy, monthly participate in the self-help groups and attending the observation of our physician at the AIDS center" - says Sangimo.

Overcoming difficulties and problems, starting a new life, Sangimo not lost faith in people and a better life. She recently remarried, and she gave a birth to a healthy daughter. Her husband loves her eldest daughter as her own child and accepts her how she is. She is an excellent schoolgirl, engaged in dancing, drawing, she takes an active part in all school activities, and helps her mother to look after her younger sister.

Lessons Learned and proposed changes to the work plan:

During reporting time AFEW-Tajikistan can emphasize such lessons learned:

1. Starting ARV therapy without CD4 diagnostic

Due to recommendation of WHO on initiation of antiretroviral therapy (ART), irrespective of CD4 count and temporary absence of reagents for providing CD4 diagnostic, AFEW- Tajikistan and its partners assisted AIDS centers to contact with and initiate ART among 220 PLHIV without CD4 diagnostic. This approach will allow preventing HIV transmitting and also increasing the number of PLHIV covered by timely ART.

2. Lost to follow patients restored to ART

AFEW-Tajikistan together with its partners uses some approaches to return to treatment the patients who lost to follow ART therapy. These approaches are following:

- Well-functioning cooperation with the AIDS centers
Enhancing cooperation between NGO/CSOs and civilian medical institutions and other service provider organization is the guarantee of achievement of good results. That's why in the framework of this project AFEW Tajikistan is aimed to teach partners to collaborate with AIDS centers in order to cover wider number of clients and attract PLHIV to benefit from the project
- Peer to peer consultations
This approach helps to rise the number of PLHIV adhere to the treatment. Mostly PLHIV believe and trust to those who had already had the experience of taking the treatment and try to follow their peers' experience
- Awareness raising about HIV, treatment and adherence based on clinics and NGOs
PLHIV regularly visit the NGOs to get not only the medical and social services but they also interested in learning and getting more information about their illnesses. Using this approach partners are working to raise awareness of their clients about HIV infection, the importance of treatment and adherence.
- Conduction of self-help groups among PLHIV
Conducted SHGs among PLHIV is also effective method of impact on the consciousness of PLHIV. PLHIV being equal to each other try to share their own experiences. People with the better practice and better results ask others to follow them, to get treatment and adhere to treatment.

3. Development of User service Guide

AFEW-Tajikistan developed the User service Guide for beneficiaries and target groups of the project. Together with 8 sub-sub-grantees of the project partners AFEW-Tajikistan developed the list of medical institutions, local CSO service providers in all 48 regions of the project.

On June 16, 2016 the corrected version of User service Guide was approved by the Ministry of Health and Social Protection of Population of the Republic of Tajikistan. (Letter #1-6/3466-3112)

This User service Guide will help clients of the project to find all necessary information on hospitals, clinics and CSO providers of services.

Section D: Capacity Development

(actions taken towards eliminating omissions and implementing recommendations that are indicated in SR Management Letter)

N/A

Section E: Inventory and Assets Management /

(the report is submitted on semi-annual and annual basis)

N/A

Section F: Authorization

The undersigned authorized representative acknowledges that all information provided in this report is complete and accurate

Signed on behalf of the Sub Recipient *(signature of authorized representative)*

Name: Ikram Ibragimov

Title: Director RPO "AIDS Foundation East West – Tajikistan" (AFEW)

Date and Place: July 15, 2016, Dushanbe

Organizational Stamp:

