



SWEDISH INTERNATIONAL DEVELOPMENT  
COOPERATION AGENCY

## **WESTERN BALKANS PROGRAMME TO FIGHT HIV AND AIDS Building Regional HIV Resilience**

**Progress Report  
January – June 2005  
Submitted September 2005**

Submitted to Swedish International Development Cooperation Agency

Contact Bettina Schwethelm, PhD, MPH  
Executive Director  
Fondation Partnerships in Health

60, route des Coudres  
1298 Céligny  
Switzerland

+41 22 776 7887

[bsch@partnershipsinhealth.ch](mailto:bsch@partnershipsinhealth.ch)

[www.partnershipsinhealth.ch](http://www.partnershipsinhealth.ch)

[www.balkans-fight-hiv.org](http://www.balkans-fight-hiv.org)



## TABLE OF CONTENTS

ERROR! CANNOT OPEN FILE REFERENCED ON PAGE 2

<b>ACRONYMS</b> .....	<b>1</b>
<b>I. EXECUTIVE SUMMARY</b> .....	<b>2</b>
<b>II. INTRODUCTION</b> .....	<b>3</b>
<b>III. REGIONAL UPDATE</b> .....	<b>4</b>
<b>A. PROGRESS ON HIV/AIDS POLICIES AND PROGRAMMES</b> .....	<b>4</b>
<i>On Policy</i> .....	<i>4</i>
<i>On Programmes</i> .....	<i>5</i>
<b>B. REGIONAL PROGRAMME IMPLEMENTATION</b> .....	<b>6</b>
<i>Mid-term evaluation of the Programme</i> .....	<i>6</i>
<i>NGO Trustfund (TF)</i> .....	<i>6</i>
<i>Clinical component</i> .....	<i>12</i>

## ACRONYMS

<b>APOHA</b>	Association of People living with HIV/AIDS (Bosnian NGO)
<b>APRAD</b>	Albanian Association for Prevention and Rehabilitation from Alcohol and Drugs
<b>ARV</b>	Anti Retroviral Drugs
<b>BIH</b>	Bosnia and Herzegovina
<b>CAZAS</b>	Montenegrin Association Against AIDS
<b>CCM</b>	Country Coordination Mechanism
<b>CPC</b>	Country Program Coordinator
<b>CSD</b>	Centre for Sustainable Development (Serbian NGO)
<b>CSW</b>	Commercial Sex Worker
<b>FHA</b>	For a Healthy Albania (Albanian NGO)
<b>FM</b>	Family Medicine
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HERA</b>	Health Education and Research Association, Skopje (Macedonian NGO)
<b>HIV</b>	Human Immunodeficiency Virus
<b>HOPS</b>	Healthy Options Project Skopje (Macedonian NGO)
<b>HR</b>	Human resources
<b>IDP</b>	Internally displaced people
<b>IDU</b>	Intravenous drug users
<b>MIA</b>	Macedonian Interethnic Association
<b>MOH</b>	Ministry of Health
<b>MOU</b>	Memorandum of Understanding
<b>MSM</b>	Men having sex with Men
<b>MW</b>	Migrant workers
<b>NGO</b>	Non-governmental Organization
<b>PHC</b>	Primary Health Care
<b>PWHA</b>	People living with HIV/AIDS
<b>TB</b>	Tuberculosis
<b>TF</b>	Trust Fund
<b>TOT</b>	Trainer of Trainers
<b>TSTC</b>	Trainers Skill Training Course
<b>UG PROI</b>	Citizens' Association for the support, treatment and re-socialization of drug addicts (BiH)
<b>VCCT</b>	Voluntary Confidential Counselling and Testing
<b>VCT</b>	Voluntary Counselling and Testing

## I. EXECUTIVE SUMMARY

During the reporting period, January – June 2005, the *Western Balkans Programme to Fight HIV/AIDS* continued to make progress towards achieving its objectives, while at the same time experiencing the significant organizational changes of the implementing agency.

During the reporting period, three countries, Albania, Bosnia and Herzegovina (BiH) Serbia submitted HIV proposals to the Global Fund. The Programme Country Project Coordinator (CPC) for BiH was a key member in the preparation of the BiH proposal. In addition, Serbia approved a National Strategy for HIV/AIDS Prevention, and Albania national VCT guidelines.

During March/April 2005, in agreement and in coordination with the Sida Programme Officer, an early midterm evaluation was conducted by Dr. L. Hsu. Given the changes in the country settings and organizational transition, the Midterm results were used to review programme results for the start-up phase (when Project HOPE US and Europe were providing most of the technical and management inputs) and provide direction to Project HOPE Switzerland (now Fondation PH Suisse – *Partnerships in Health*) for the second half of the project. The Midterm findings were first shared with Sida in April of 2005 and recommendations implemented almost immediately.

All NGOs received detailed guidance during and following the midterm evaluation, and several NGOs were asked to refine their activities to assure a better targeting of their high risk groups and to consider no-cost extensions to achieve the expected results. With Trust Fund support, six community-based VCT sites were established in five countries; four PWHAs networks received support for education, advocacy, and care activities, four NGOs were targeting IDUs; two NGOs worked respectively with MSM and Roma populations; and one NGO with CSWs. Several capacity-building workshops (on human resource management, financial management, and HIV prevention interventions for IDUs) were conducted by the program, and additional capacity-building activities were implemented by the Trust Fund NGOs.

Training needs assessments for primary care providers in Bosnia and Herzegovina and Kosovo regarding HIV/AIDS knowledge, attitudes, and practices were conducted and completed. The negotiations with the local authorities, including ministries of health, National AIDS Coordinators, infectious disease specialists, and adult learning faculty was initiated in BiH for the Training Skills Trainer Course (TSTC) and the Basic Course for primary care providers, and the drafting of the course with BiH input began during this reporting period. The TSTC is scheduled to start in BiH on September 12, 2005.

At the end of the reporting period and the first few days of July, the staff met for a regional planning meeting for a six-month and annual workplan, as well as preparations for the First Western Balkans HIV/AIDS regional Conference.

By June 30, 2005, Project HOPE Switzerland had completed its name change to Fondation PH Suisse – *Partnerships in Health* in Switzerland, and had initiated the registration of country offices in Albania, BiH, Kosovo, Macedonia, and Serbia and Montenegro.

## II. INTRODUCTION

This half year progress report covers the period of January through June 2005 of the second year of this regional program with the goal of contributing to efforts of preventing and managing HIV/AIDS in the Western Balkans.

The program consists of two major components: *Prevention*, and *Care and Support*.

**The Prevention component** assists local non-governmental organizations (NGOs) to:

- Strengthen prevention efforts of information dissemination and behaviour change in order to significantly reduce the risk of additional infections
- Increase the focus on high-risk groups, since effective prevention and care for high-risk groups has the best chance of preventing an epidemic in an overall low-prevalence environment<sup>1</sup>
- Strengthen VCT in order to better identify unknown HIV cases and better estimate the current prevalence of HIV infection. This helps agencies focus their efforts and strengthens their strategies. It contributes to prevention by enabling infected people who have learned about their status to avoid infecting others and allows those infected to obtain care and support

Prevention component specific objectives:

- Increase the technical and managerial capacity of local NGOs to implement HIV/AIDS prevention education and VCT programs
- Support local NGOs in improving the quality of their prevention education activities, and/or increasing their ability to reach hard-to-reach populations, particularly the principal risk groups
- Support local NGOs in establishing and providing quality VCT activities
- Support local NGOs in the development of tools, particularly in the area of Monitoring and Evaluation, to better measure the impact of their work

**The Care and Support component**

- Strengthen the health sector's ability to provide adequate diagnosis, care and support through the training of specialists, link the clinical specialists to the support services in the community provided by NGOs, and establish adequate social referral systems within clinics. The availability of such services is one of the main encouragements for risk populations to engage in VCT, and is therefore a crucial support to prevention.
- Strengthen the primary health care providers' ability to recognize warning signs, refer patients to specialists while also participating in their care and to approach suspected or confirmed HIV/AIDS patients without fear and without discriminatory behaviour

Care and Support component specific objectives

- Promote a consistent and cost-effective approach to the care and support of HIV positive patients

---

<sup>1</sup> See « Effective Prevention Strategies in low HIV prevalence settings » UNAIDS best practice key materials, 2001

- Support the establishment of multi-disciplinary approaches to HIV care and support in each country through training of health care personnel in this model of care and support
- Enhance the clinical skills of a cadre of Infectious Diseases Specialists in each country in the diagnosis and treatment of HIV/AIDS and opportunistic infections.
- Improve infection prevention and workplace safety systems to reduce transmission in the healthcare setting.
- Improve the knowledge of primary care providers about early diagnosis, transmission, basic clinical management of HIV/AIDS and referral of patients to HIV clinics
- Assure the rights of HIV positive patients through stigma and discrimination reduction education of primary care and tertiary care providers
- Improve the care and support networks of those living with HIV

The project is implemented in a changing context relating to the availability of donor and national resources to address HIV/AIDS (e.g., availability and use of Global Fund support); increasing interest and involvement of local NGOs and civil society; the gradual introduction of new services (e.g., VCCT, ARVs); and the continuing need to inform and educate high risk-groups and medical providers. What was pointed to Sida at the negotiation of this project, i.e., the need for flexibility and importance to identify and cover programmatic gaps and to maximize regional synergies remains a pervasive and continuing theme underlying program planning and implementation.

### **III. REGIONAL UPDATE**

#### **A. Progress on HIV/AIDS policies and programmes**

##### ***On Policy***

Countries in the region continue to strengthen their policy and programme guidelines. Two key outcomes in the region during this period are as follows:

(1) Republic of Serbia

The Government accepted the *National Strategy for HIV/AIDS Prevention* on 17<sup>th</sup> February 2005. Key elements of this Strategy include the following:

- Introduction of routine and voluntary HIV testing of pregnant women
- Further development of Voluntary Counselling and Testing (VCT)
- Strengthening local medical centres to deal with HIV patients
- Improving the HIV/AIDS data collection system

(2) Albania

The national VCT guidelines have been approved by the Ministry of Health Institute of Public Health in May 2005.

## ***On Programmes***

### (1) Global Fund to Fight AIDS, TB and Malaria

Albania (HIV and TB), Bosnia and Herzegovina (for HIV and TB), Macedonia (for TB only, has an on-going HIV grant), Serbia<sup>2</sup> (HIV) and Montenegro (TB) submitted their proposal to the call for a fifth round of the Global Fund to fight AIDS, TB and Malaria (GFATM).

#### *Bosnia and Herzegovina*

In preparation for the proposal submission, Bosnia and Herzegovina had taken into account the feedback from the GFATM of their fourth round failed proposal by re-organizing their Country Coordination Mechanism (CCM) to include representation of NGOs. An NGO forum was held from 8-9 March 2005, after a public announcement and invitation to NGOs working on HIV/AIDS in the country. Project HOPE / *Partnerships in Health* (PH) was one of the organizers for this NGO forum. Nine NGOs were selected from among the 28 attending this forum. PH, previously on the CCM since 2002, has been re-elected to the CCM.

The CPCs of PH were actively engaged in the preparation, review and comments of the GFATM proposals in Bosnia and Herzegovina and in Albania. The Elbasan, Albania vulnerable population survey prepared by FHA with support from PH of the Sida NGO Trust Fund, has been used as the background information and attached to the Albanian proposal to GFATM. An executive summary of this study is in Annex A. Lessons-learned from PH's TOT experience in family medicine (FM), preliminary results from the completed survey of primary health care providers in BiH, and plans for the TOT and training of PHC providers were included in the BiH application.

### (2) Bio-behavioural Survey

Albania, supported by FHI/USAID, and Macedonia, supported by GFATM, is currently conducting a rapid bio-behavioural survey among high-risk groups. The results will be analyzed in October 2005. The surveys were conducted only in Tirana and Skopje, and thus will not be representative of the country. However, these are the first such studies for the two capital cities of the countries.

#### **Possible future action:**

It was recently realized that the Institute of Public Health, Macedonia does not have the capacity for data processing and analysis to properly utilize the study data collected. GFATM CCM in its approved programme did not include this part of activities in its budget. There is a risk that these valuable data may not be properly analyzed, made public for wider benefit of other entities working on HIV/AIDS in the country, and used for operational decisions in combating HIV/AIDS.

---

<sup>2</sup> Serbia received one round of GFATM grant for HIV for a two-year period ending in 2005.

PH is considering the possibility of providing support for the data analysis and report of the Macedonia study in collaboration with UNICEF, Macedonia and the Institute of Public Health, Skopje. This support would ensure quality data analysis and reporting as well as making the results available to the wider audience beyond the Institute of Public Health.

(3) New PWHA centre

HERA and HOPS, with funding support from USAID, Norway and UNICEF, opened a PWHA centre in the Skopje Hospital in June 2005. The centre aims to provide counselling, treatment, care and support to PWHAs in Macedonia. The project may explore linkages with this centre.

## **B. Regional Programme implementation**

### *Mid-term evaluation of the Programme<sup>3</sup>*

In consultation with Sida, a mid-term evaluation was conducted between the 18<sup>th</sup> and 31<sup>st</sup> March 2005. A draft report was made available to Sida on 20<sup>th</sup> April. A final report was submitted to Sida at the end of June 2005, after taking into account the feedback from Sida received in June.

Most of the recommendations made by the Midterm evaluator were implemented immediately at the conclusion of the evaluation, following the debriefing of the evaluator with the Executive Director, PH, and the Director of Operations/Deputy Programme Manager in Macedonia.

### *NGO Trustfund (TF)*

Significant progress has been made in the Trustfund activities from January to June 2005. Among the eleven NGOs who received the first round TF in Bosnia and Herzegovina, Serbia and Macedonia, two NGOs (CSD and NSHC) in Serbia and one NGO (XY-APOHA) in BiH were slated to complete their projects as of 30 June – July 15, 2005. APOHA, a PWHA support network, will be able to continue its work until 31<sup>st</sup> December 2005, with a changed focus of working with PWHA recommended by the Mid-term Evaluation.

CSD, as reflected in the Evaluation report, was weak in implementation and has questionable accounting practice, and will not receive further TF support (refer to IDU section below). NSHC is making an in-road into Roma communities. PH is currently discussing with NSHC for potential future support beyond the current first Round TF support.

The activities supported by the TF can be grouped into four categories, as follows:

- VCCT
- PWHA support networks
- Outreach to other vulnerable groups: Roma people, IDUs, MSM, Internally Displaced

<sup>3</sup> Specific details about the mid-term evaluation can be found in the Final Mid-Term Evaluation Report dated 28<sup>th</sup> June 2005 that was submitted to Sida.



Anti-DANS – Prizren VCT Centre, May 2005

People (IDP), military, Commercial Sex Workers (CSW), and other mobile populations

- Capacity building

**a. VCCT**

With the TF support, six community NGO-based VCCT centres have been established in five countries in this region: Albania (APRAD), Bosnia and Herzegovina (Victorija), Kosovo (Labyrinth and Anti-DANS), Macedonia (HOPS) and Montenegro (CAZAS). A total of 614 HIV rapid tests were done with no HIV positive cases. (Refer to table 1). From the counselling and referral by the Macedonian Red Cross (MRC), there were two positive results based on MOH tests<sup>4</sup>. However, among those NGOs which provide both HIV rapid test and Hepatitis B and Hepatitis C screening tests, there are over 20% positives among those tested for either Hep B or Hep C.



APRAD - Testing for HIV, May 2005

*Issue:*

On average less than 10% of people using VCCTs are women. Particular efforts in promoting access for women need to be considered by the NGO partners for the remainder of the Programme. This may include the consideration of ensuring the availability of female VCCT counselors.

The high prevalence of Hepatitis B and C among those tested, particularly the IDUs, reflects the high vulnerability of populations in this region. There is a time bomb ticking for the potential rapid spread of HIV infections based on the high Hepatitis B and C prevalence epidemiologically, the extremely low condom use, thriving commercial sex work in the context of human trafficking, and prevailing IDU practice. Should the HIV be anchored in any one of these risk groups, the potential spread could be explosive. The fact that the recent HIV cases in Macedonia detected are from non-high risk groups further reflects the vulnerability of the general population and not solely high-risk groups. Thus a purely high-risk group focused approach for national HIV/AIDS prevention is no longer efficacious.

**Table 1. Number of HIV tests conducted at TF supported VCCT Centres 1st January- 30<sup>th</sup> Jun 2005<sup>5</sup>**

Test	Albania <sup>6</sup>	BiH	Kosovo	Macedonia	Total number of HIV tests*
HIV	243	87	237	47	614
Hep B**	--	3	28	--	

<sup>4</sup> Based on MoH Macedonia source, five new HIV + cases detected in 2005 were non-high risk people.

<sup>5</sup> Additional details on the statistics in Table one can be provided upon request.

<sup>6</sup> APRAD is currently preparing to start Hep C testing.

Hep C**	--	20	23	--	
Hep B+C**	--		9		

\*There were no positive HIV test results. \*\* The number denotes positive results of each Hepatitis category.

## **b. PWHA**

Four PWHA networks in four countries have been established with the support of the TF: CAZAS in Montenegro, APRAD in Albania, APOHA in BiH and CSD in Serbia. The results are 50-50.

The APOHA PWHA support network has been developed since July 2004. Up to April 2005, APOHA reached only one PWHA. Since revising its project focus and approach in May based on the recommendations of the Mid-term Evaluation, eight PWHAs joined the network. APOHA originally had expected to conclude its activities<sup>7</sup> by end of June 2005. With this revised focus on the PWHA support network (which is unique in BiH), there are cost-savings. APOHA is now able to extend the project activities until 31<sup>st</sup> December 2005.

The CAZAS network has reached 4 PWHAs. More are in contact through anonymous telephone hotline calls. The APRAD has only recruited one PWHA since January 2005. However, APRAD's focus is VCCT, thus it did not place emphasis on PWHA outreach. CSD has a cohort of about 3 to 4 PWHAs who use the premise for socialization and entertainment but lacks broader outreach. In view of its questionable accounting practices despite of repeated feedback from PH, this NGO will not receive further TF support.

### *Issues:*

When the NGOs do not collaborate with infectious diseases specialists who take care of PWHAs, there was minimal progress in reaching PWHAs. This is the reason the Mid-Term Evaluation recommended strengthened collaboration between clinical and NGO communities. The short-term result based on this adjustment applied by APOHA resulted in an eight-fold increase in membership in two months compared to the previous ten months.

## **c. Other vulnerable groups**

### **IDUs**

Five needle and syringe exchange, care and support networks for injection drug users have been established in four countries/territories: UG Proi and Viktorija in BiH, Labyrinth in Kosovo, HOPS in Macedonia and APRAD in Albania.

HOPS (Macedonia) has been working in harm reduction with predominantly Albanian populations in the old town section of the capital city Skopje, Macedonia prior to the TF support.

---

<sup>7</sup> XY-APOHA also has conducted a number of other activities, including medical provider education.

The new counselling centre is located in a middle-class neighbourhood of Skopje and reflects the consequent client base. Only 106 clients were reached, short of the goal of 1000. A total of 274 counselling sessions were conducted, with a 70% average referral rate to the drug treatment centre. There was only a cohort of 5 to 7 people for the group sessions since the opening of the Centre in August 2004.

In comparison, the Old Town centre has a cohort of 288 clients on average per month with 12,354 condoms distributed in the past six months, and 93 new clients recruited. There were 238 episodes of antiseptic and anti-coagulant treatment for a cohort of approximately 35 people during these six months.

UG PROI (BiH) is the only IDU self-help group. Twenty IDUs benefited from five retreats, and 80 Narcotic Anonymous 12-step meetings were held. The NGO also conducted 40 counselling sessions for drug detoxification ward patients in the Kosevo hospital, received 800 calls to the hotline, and 1000 brochures, five posters were distributed. The project was supposed to have concluded by July 2005 but after negotiations with the NGO, there will be a four-month no-cost extension until end of November 2005, while PH provides assistance to prepare a possible proposal to continue the UG PROI activities.



*APRAD - Focus Group Meeting with  
IVDU outreach workers, January 2005*

Viktorija's project will end in July 2005. Since the project began in August 2004, the NGO handled 659 SOS calls, 583 psychotherapy sessions, 92 group therapies for drug users' families, 22 media coverage and assisted 32 drug users to enter a therapeutic community. This is a strong and professional NGO which is expected to mobilize resources to continue its activities.

Labyrinth has been conducting 3 training sessions for a group of 3 to 4 IDUs per month since March for a total of approximately 40 IDUs. Most of the IDUs contacted by this NGO consented to having VCCT. Labyrinth staff learned that the information brochures should be made available at the start of VCCT and training instead of later. PH agreed to adjust the budget allocation for Labyrinth to produce its brochure in March instead of May 2005.

APRAD is weak on IDU outreach. So far only few IDUs showed up for meetings.

#### *Issues:*

For NGOs dealing with IDUs, it provides an excellent synergy if the NGO can also offer VCCT. The effective outreach by Viktorija and Labyrinth are cases in evidence. Unfortunately, at present, HOPS does not provide VCCT at its Skopje old town centre despite of a large cohort of IDU clientele there. PH is exploring with HOPS on their willingness to provide VCCT to its IDU clients at the old town centre. APRAD has been weak in outreach to IDUs thus did not generate this synergy for its VCCT centre.

#### **Roma**

Studies were conducted on Roma populations by MIA in Macedonia and FHA in Elbasan, Albania (Refer to Annex A). ISOP, Albania provides training to Roma population and found that it is more effective to separate training activities for females and males.

FHA reached about 175 Roma, 165 migrant workers, 50 CSW, 98 IDU and 43 MSMs for their survey. FHA also held two trainings on HIV for illiterate groups, including 65 Roma and provided 3000 leaflets and 2500 packs of condoms.

MIA conducted a study with 450 people in the fourth quarter of 2004. MIA held two round table discussions for health care providers and social workers, but Roma NGOs were not present at the second consultation.



*ISOP - Training with Roma females in Korca, March 2005*



*ISOP - Training with Roma males in Korca, March 2005*

#### *Issues:*

MIA has not implemented its condom promotion activity due to its inability to negotiate for a free condom supply. MIA also has not provided its baseline survey report, although the survey was concluded in December 2004.

Juventas in Montenegro experienced an incidence with its selected Roma counterpart NGO. The project has been stalled as a consequence. Juventas is currently conducting its survey, but has not progressed on this project. The CPC is working with Juventas to address these issues.

#### **MSM**

Two NGOs, CSGD in Kosovo and FHA in Albania conducted surveys with MSM. This is a hard-to-reach group. Only 12 were reached in Elbasan, Albania. However, those reached demonstrated relatively good knowledge about HIV/AIDS, and have exhibited some safe sex practices compared to the other high risk groups studied. The CSGD study was organized by MSM themselves and reached 150 subjects. The data collection has been completed, and the data are being analyzed at present. It would be interesting to compare the findings from the Kosovar group to that from Albania.

#### **CSW**

The MRC encountered difficulty in reaching CSWs at Strumica. The project approach was subsequently adjusted to reach CSWs at all MRC sites. Only at the Veles site was it possible to

reach 13 CSWs out of 180 planned for the project, through the pimps. Most CSWs were trafficked and refused to have contact with MRC. Those reached were unable to persuade their clients to use condoms.

*Issues:*

The CSWs were afraid of taking HIV tests for fear of possible results, thus most declined HIV screening tests. Despite their high risk behaviours, they have very low HIV knowledge and minimal condom use rate. The CSWs are a potential bridge population between the IDUs and high-risk groups to the general population.

### **Other groups**

One hundred and sixty-five truck drivers from 18 to 63 years of age, mainly males were reached for HIV/AIDS awareness raising by the MRC, with the support of their transport companies. Ten of the drivers had their ethnics origin in Albania, Bulgaria, Serbia, Montenegro and Turkey. Most drivers are well-informed about HIV/AIDS. Some had HIV tests because the test is required for visa application to certain countries. In addition, 213 rural farming community members and 190 youth from primary and secondary schools, as well as 28 prisoners, 100 military and internally displaced people were also reached by MRC outreach efforts.



*PH, Capacity Building – Human resource management, in Skopje, February, 2005*

#### **d. Capacity building**

The following capacity-building workshops and events were organized with the support of the project:

- ***Human resources management***, Skopje, Macedonia, 14-16 February 2005 organized by PH

There were 22 participants from 8 NGOs receiving NGO TF support for their activities coming from BiH, Serbia and Macedonia.

- ***Budget and financial management***, Belgrad, Serbia, 8-10 March 2005, organized by PH

There were 24 participants from 20 NGOs coming from Croatia, BiH, Serbia and Montenegro, Kosovo and Macedonia. Among the participants there were also potential NGO partners.

- ***HIV and STI preventive interventions among IDU***, Skopje, Macedonia, 17-18 February 2005 organized by PH for field study with HOPS.

- There were 12 participants from four NGOs (UG Proi and Viktorija from BiH, APRAD from Albania and Labyringth from Kosovo) supported. These NGOs receive TF support to work on IDU support network.
- **VCCT training**, conducted by NGOs receiving TF for their VCCT staff counsellors.
  - The five NGOs which established new VCCT centres with TF support all conducted training for the staff and counsellor of the centres. These include: Anti-DANS in Kosovo, in response to the recommendations from the Mid-term Evaluation, conducted refresher courses for the district VCCT counsellors.
  - These counsellors were previously trained by the Ministry of Health but had not had opportunities to practice until the community TF-supported VCCT centres were established.
  - CAZAS in Montenegro conducted three VCCT training seminars. Two for a total of 20 young volunteers and one for physicians and CAZAS staff who will be working in the VCCT.
  - APRAD in Albania developed the VCCT training material and conducted training of its staff for VCCT centre. Labyrinth in Kosovo and Viktorija in BiH also trained their staff for the new VCCT centres.
- **Hotline telephone counselling**, with TF support, telephone counselling training was provided to four NGOs operating hotlines: CAZAS (Montenegro), Labyrinth (Kosovo), Viktorija (BiH) and UG Proi (BiH).
- **Outreach worker training**, supported by the TF, outreach workers for Roma people, IDU, CSW, truck drivers and rural farming populations were trained in Albania, Macedonia and BiH.

**e. Other issues**

Based on the recommendation of the Mid-Term Evaluation and confirmation with the Institute of Public Health, Albania, the proposed activities by AYIS have already been implemented by IOM, UNFPA and other NGOs in the country. To avoid duplicating existing activities, AYIS agreed to cancel the contract. PH is currently exploring with AYIS and other institutions the possibility of soliciting proposals to conduct a pilot HIV vulnerability mapping of migrant populations and their family. The study will explore the vulnerability factors in the home communities with possibility of collaboration with Albanian associations in the host communities to better access this hard-to-reach population. The two neighbouring countries, Greece and Italy, are major recipients of Albanian workers.

***Clinical component***

**a. Practicum**

Following the October 2004 Anti-Retroviral Therapy training course conducted by PH for 31 Infectious Diseases Specialists (IDS), it was clear that many IDS would benefit from practical training. Fifteen IDS were selected for such an opportunity. The one-week practical training opportunities are being conducted in Belgrade, Serbia or Zagreb, Croatia. Each practical training session can accommodate only one or two participants. At present, 11 IDSs have completed the practicum. The remaining four will complete their practical training by September 2005.

**b. PHC needs assessment studies**

In preparation for the Basic HIV/AIDS training of PHC providers, PH conducted surveys with PHC providers in BiH and Kosovo. A summary of these two surveys are in Annex G and H respectively and the full reports are available from PH. The results indicate that there is a great need to provide basic information about HIV/AIDS and work on issues of stigma, discrimination, and workplace safety.

**c. Trainer Skills Training Course (TSTC)**

Planning for the Trainers Skills Training Course (TSTC) is on track. The first country for the course will be BiH. Extensive discussions have already taken place with the MOH and other involved agencies, and MOUs presented to the MOH of the Federation BiH and Republika Srpska. The TSTC training will commence in September, followed by the one-day training-course for physicians and nurses at the PHC level in October. Macedonia will start in October and Montenegro in January with a possibility of starting the process in Albania in March. Since both Kosovo (by UNICEF) and Serbia (by GFATM support) have conducted national primary health care provider Training of Trainer (TOT) courses, PH will give priority to countries which have not had such training. Should there be additional resources available, remedial trainings might be considered for Serbia and/or Kosovo. Based on feedback from trainees, trainers as well as GFATM PR, it was evident that the TOT courses conducted for Serbia mainly provided information about basic HIV, without the necessary training skills development. The situation in Kosovo is being reviewed.

The TSTC is envisioned to include Infectious Diseases specialists, primary health care physicians, nurses and dentists. There will be communications skills and team building training to foster the development of a specialists and primary health care referral network. This is consistent with and in support of the on-going national health system reform process.

**d. One-day Basic HIV/AIDS training course for primary health care providers**

The trainees who have successfully completed both the theoretical and practical components of the TSTC will be certified by their Ministry of Health, together with PH, as certified trainers. These trainers will then work in teams to conduct a basic HIV/AIDS training course for primary health care providers in the countries. Up to 30% of primary health care providers in different regions of each country will be covered by this one-day training. These one-day courses in each country will start immediately after the conclusion of each TSTCs for a period of three months in order to reach primary health care providers in different geographic areas of each country. PH

will work with its local partners to identify resources and approaches to educate the remaining providers

The one-day basic course includes an emphasis on demystifying HIV/AIDS, reducing provider fears, stigma and discrimination against PWHAs and promotion of universal precaution for workplace safety, in addition to fostering primary health care and tertiary care provider networking in HIV/AIDS prevention. Furthermore, the course aims to promote a care and support continuum from hospital to the community.