

“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:

- **2260** 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:** Qurghonteppa; Bokhtar; Vakhsh; Yovon; Kulob; Vose, Danghara, Farkhor and Hamadoni;
- **Sughd region:** Khujand; B.Gafurov; Buston; Guliston; Isfara; Konibodom and Panjakent;
- **GBAO:** Khorugh.

Reporting Period: October 01 – December 31, 2016

Section B: Quantitative Data

Results Analysis Based on Key Indicators from Performance Framework

Indicator	Target	Quarter 5 Report (Oct-Dec,2016)	Total Report (from the beginning of the Project) ¹	% Achievement
Total number of PLHIV reached by Project services	2260	774	2871	127%
# of PLHIV covered by sessions on treatment adherence by self-support groups	1850	722	1960	106%
# of lost to follow patients restored to ART	285	40	217	76%
# of restored patients repetitively dropped out of treatment	-	6	16	
# of key populations (MSM, SWs, PLHIV and PWID) continued ART in other medical facilities (TB, ID hospitals, etc.)	-	457	1194	
# of PWID and / or HIV-infected people who continue ART in penitentiary systems	-	25	211	
# of weekly clinic-based ART adherence sessions for PLHIV on ART conducted	115	38	150	130%
# of self-support groups at each ART health facilities established	185	61	197	106%
# of monthly sessions conducted at CSOs and/or health facilities	300	129	457	152%
# of home visits to dropped out patients	1500	541	1603	107%
# of social workers trained on client management	16	0	17	100%
# of counseling services on social issues to key populations and PLHIV provided by CSOs	6780	4791	14810	218%
# of user service guides disseminated to key populations	1	1	1	100%
# 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 CSOs staff trained on HCT and TB/HIV co-infection adherence support	16	0	16	100%
# of PLHIV on pre-ART and those receiving ART referred to other services – OST, NSEP, TB, OI treatment	-	328	530	
# of prisoners who continue ART after release from prison	-	18	74	
# of TB patients referred and tested for HIV and know their status	-	20	81	
# of TB/HIV co-infected patients supported/counseled to continue ART	-	43	213	

¹ The total indicators of the project calculated taking into account the work of organizations (NGOs “VITA” and “Hayoti nav”) working in the prison system

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 3100. Development of User service Guide

During October-December, 2016 User service Guide was edited according to recommendations provided by UNDP to add the information regarding existent AIDS law and rights of PLHIV for medical and social care. On December 19, 2016 the final version of the Guide was coordinated with UNDP and sent to printing company.

In addition, follow the request of UNDP, AFEW-Tajikistan updated the content of its five IEC materials with new contact information of partner and service provider organizations. Edited versions of IEC materials have been passed to UNDP. IEC materials are following:

- The rights of detained persons;
- HIV and pregnancy;
- Adherence to ART;
- Venus;
- Overdose.

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

During the reporting period 8 sub-sub-grantee CSOs were continuing to provide comprehensive services to PLHIV in 22 regions of Tajikistan. 774 PLHIV were reached by project services and from them 580 PLHIV are receiving ART. 722 PLHIV covered by sessions on treatment adherence by self-support groups. 40 PLHIV has been restored to ART and six restored patients are repeatedly dropped out from ART. Additional information about results achieved in report period Quarter 5:

1. 708 or 91, 5% from 774 PLHIV newly reached by Project passed CD 4 diagnostic. As result 197 PLHIV started ARV treatment.
2. 645 of PLHIV covered by of monthly sessions conducted at CSOs and/or health facilities.
3. 515 or 66, 54% from 774 PLHIV newly reached by Project passed to TB screening. 20 new cases of TB are detected. All clients with diagnosed tuberculosis sent to TB hospitals and initiated TB/HIV treatment.
4. 337 PLHIV or 43, 54% from 774 PLHIV reached by counseling on infectious diseases.
5. 197 new PLHIV were covered by project started to receive ARV treatment and adherent to treatment.
6. 190 of PLHIV covered by weekly clinic based ART adherence sessions for PLHIV on ART.

Activity 3300. Monitoring site visits

During October 17 - November 3, 2016 regular planned monitoring visit was conducted in project sites. The aim of monitoring was verification of the data regarding the performance of project

indicators since the beginning of the project and the reconciliation of information regarding the number of lost to follow patients restored to ART according the statements from AIDS centers.

Monitoring has been organized by team consisting from AFEW-Tajikistan Project specialist and two representatives of Republican AIDS Center. Monitoring team visited all 8 (eight) sub-sub-grantees in Dushanbe, Vahdat, Hissor, Tursun-zoda, Rudaki, Panjakent, Buston, Qurghonteppa, Kulob and Khorugh. Partner organizations were monitored on the achievements reported for the previous quarters and follow up actions after monitoring visit held in July-August 2016.

Monitoring results with recommendations on timely execution of project outputs and regular verification of project data have been passed to eight sub-sub-grantees.

During December, 2016 eight reports on effectuation of recommendations on timely execution of project outputs and regular verification of project data have been received from project sub-sub-grantees.



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?

Project indicator "Number of lost to follow patients restored to ART" is not fulfilled at 100%. Beside the peer consultants of eight sub-sub-grantees funded by present Project funded by GFATM other peer consultants supported by ICAP and GFATM (on the basis of AIDS Centers) were working on restoring the patients who lost to follow the ART. Due to avoid the duplications of patients the series of wide side consultations between AFEW-Tajikistan, UNDP (Consultant on treatment and care), Republican AIDS Center and ICAP have been conducted. Finally, in coordination between partners it was decided to divide those patients among three projects (ICAP, AIDS Center and AFEW-Tajikistan). This action affected on fully execution of Project commitments to reach 285 PLHIV who drop out of ART. Actually, 217 patients were restored to ART. Another reason is the fact that some of patients who lost to follow ART are migrated outside of home places and/or do not live in Tajikistan.

In future, during initial phase of the new projects AFEW-Tajikistan will organize series of consultations with Republican AIDS Center and international partners funding similar activities among PLHIV in regions where AFEW-Tajikistan is going to make interventions. Moreover AFEW-Tajikistan in coordination with partners will develop 'Coordination Matrix of funds and services' which allows avoiding duplication of activities and sources and preventing the situation prevailing in current project. In order to coordinate project activities and update project plans, AFEW-Tajikistan will conduct quarterly consultations with key stakeholders to ensure synchronization of services for PLHIV in project areas.

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.

Changing attitudes prolong the lives

The projects of Global Fund on HIV/AIDS, TB and Malaria control programme in Tajikistan expand access to treatment and change people's attitudes to HIV and life with HIV.

The public organizations in close cooperation with specialists of AIDS centers assist people living with HIV in timely initiation of ARV and adherence to started ARV, and in the case of interruption of ARV help to restore the treatment. Apart from the medical aspects of treatment the important component of collaboration of CSOs and AIDS centers is provision of social and psychological support to people living with HIV at all levels, from family members and close associates.

This is only one example of changing people attitude to life:

In 2013 Rustam learned about his HIV positive status and in the same year he started to take the ARV therapy. He regularly visited the AIDS center and received ARVs, but despite that, doctors noticed that Rustam's health condition became worse. During regular meetings with doctors Rustam did not confess that he does not take ARVs. In 2016 when Rustam contracted tuberculosis, he said doctors that due to problems in the family and the negative attitude of his family members, he could not take the medicines.

"When my brothers and sisters learned about my disease they started to avoid me, trying to stay away from me and did not communicate with me. When in addition I was contracted tuberculosis, they kicked me out of the house and settled me into the pantry, where there was no floor, no ceiling, no doors and windows. My family did not give me anything to eat, and did not allow me to take water from the tap. My medications issued by AIDS center should be taken after a meal, but I did not take them as I had nothing to eat. I'm starving. Day after day I felt worse and worse. In a word I was waiting for my death," - tells his story Rustam.

In 2016 during one of his visit to AIDS center, Rustam met with an outreach worker of public organization "AIDS Foundation East West - Tajikistan" (AFEW-Tajikistan).



In picture: Rustam – client of the project.

"I remember the day of the meeting with the outreach worker of AFEW-Tajikistan very well- it was May 25, 2016. Previously I had no one to admit that I'm starving, I have nothing to eat and my family doesn't support me. Now, thanks to peer consultant I can easily talk about my problems, and I understood that I am not the only person living with HIV and facing the problems due to HIV. First of all, this organization helped me to start and get the necessary TB treatment. Social workers helped me to buy the missing medications and provide me with food so I could eat and take medications on

time" - continues his story Rustam.

Having received Rustam's permission, social workers and peer consultants met with members of his family, talked with them, told them everything about HIV, about life with HIV, they were explained that TB is curable and HIV is not dangerous to others. Relatives of Rustam were explained that if people leaving with HIV take the medicines constantly and regularly they can live very long with HIV. Bringing examples social workers and peer consultants explained to his family how it is important for Rustam to have support of his relatives.

"My life has changed. I felt as if I was reborn. My family accepted me with my HIV status. They began to visit me in the hospital. Now I regularly have my ARV treatment. I feel improvements in health. Now I know for sure that the pledge of long life with HIV is the support and understanding of the family!"- concludes his story Rustam.

At the end of November 2016 with support of social workers of AFEW-Tajikistan Rustam has successfully completed a full course of TB treatment. He was helped to find a job in the local market of Qurghonteppa city as seller assistant. Currently Rustam lives in his own home, surrounded by care and support of his family.

Reference: The project "Strengthen supportive environment and scale up prevention, treatment and care to contain HIV epidemic in the Republic of Tajikistan" financed by Global Fund and UNDP HIV/AIDS, TB and Malaria control programmer in Tajikistan. The project is managed by AFEW-Tajikistan and implemented in 22 regions of Tajikistan together with eight local public organizations.

Lessons Learned and proposed changes to the work plan:

During report period no changes in project work plan made. Project lessons learned are following:

1. Conducting of joint monitoring visits.

During the last quarter of the project AFEW-Tajikistan requested the Republican AIDS Center (letter # 145 from 14.10.2016) to nominate two candidates to jointly monitor sub-sub-grantees activities within the project. On November 18, Republican AIDS Center by its letter # 465 officially nominated two representatives for participation in planned monitoring. Organization of joint monitoring made possible to avoid duplication of registration of clients(PLHIV) covered by similar activities of, ICAP and other GFATM funded activities and get the correct statistic data from AIDS centers in project areas. The joint monitoring usually has the following advantages:

- Accountability and transparency of the work of AFEW-Tajikistan in front of Government;
- Raising the problems of project clients and awareness of Government on the existing problems;
- Support of Government in decision of project related problems.

2. Verification of project data.

To avoid possible risk of mistakes in statistic reports provided by sub-sub-grantees, all AFEW-Tajikistan partners were obligated to verify project data with local AIDS centers. AIDS centers interacting with CSOs provided official references confirming project statistic on numbers of clients reached, patients restored on ART and quantity of PLHIV newly initiated ART. The references from AIDS centers are provided to report as attachments.

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: January 16, 2017, Dushanbe

Organizational Stamp:

