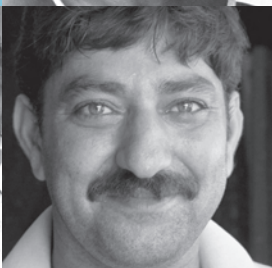


BALTIC SEA HIV/AIDS REGIONAL INITIATIVE

October 2000—September 2004

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



Final Report
for the
Baltic Sea HIV/AIDS Regional Initiative
under the
Implementing AIDS Prevention and Care
(IMPACT)
Project

October 2000 to September 2004

Baltic Sea HIV/AIDS Regional Initiative

Final Report

Submitted to USAID

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April 2005

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Population Services International
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University of North Carolina at Chapel Hill**

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ABBREVIATIONS AND ACRONYMS

AEEB	Assistance for Eastern Europe and the Baltic States
AIDS	Acquired immune deficiency syndrome
BCC	Behavior change communication
CBSS	Council of Baltic Sea States
CDC	Centers for Disease Control and Prevention (U.S.)
CEE-HRN	Central and Eastern Europe Harm Reduction Network
CY	Calendar year
DAPG	Drug and AIDS Prevention Group
E and E	Europe and Eurasia
ESPO	Estonian Positive Society
FGD	Focus group discussion
FHI	Family Health International
FSA	Freedom Support Act
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
IDU	Injection drug user(s) or injection drug use
ITA	International technical advisor
IMPACT	Implementing AIDS Prevention and Care
KMS	Knowledge management system
LAC	Lithuanian AIDS Center
M&E	Monitoring and evaluation
MSM	Men who have sex with men
NGO	Nongovernmental organization
OSI	Open Society Institute
PLHA	Persons living with HIV/AIDS
PTCC	Pupils Technical Creative Center
RAC	Regional Advisory Committee
SEED	Support for East European Democracy Act
SFL	Soros Foundation Latvia
STD	Sexually transmitted diseases
STI	Sexually transmitted infections
SW	Sex worker
TB	Tuberculosis
TF	Task Force
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Family Planning Organization
US	United States
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO	World Health Organization

EXECUTIVE SUMMARY

Background

In May 2000, during a regional consultation on HIV prevention in the Baltic Sea Region, the governments of Latvia, Lithuania and Estonia and the cities of St. Petersburg and Kaliningrad declared their commitment to fully implementing the “Baltic Sea Strategy and Action Plan.” The United States Agency for International Development (USAID) supported this Action Plan by subsidizing an international technical advisor (ITA) and regional HIV/AIDS activities. With funding from USAID, the Implementing AIDS Prevention and Care (IMPACT) Project, managed by Family Health International (FHI), helped establish a Network of Excellence to take advantage of the expertise of organizations in the region and to support the secondment of the HIV/AIDS ITA to the Council of Baltic Sea States (CBSS). Funding for this Baltic Sea HIV/AIDS Regional Initiative was \$2,397,192; the project ran from October 2000 through September 2004.

Design and Implementation

While there are local differences in the stage of the epidemic among the countries of the region, they have common patterns and trends. The epidemics are driven mainly by injection drug use and sex work. The purpose of the Network of Excellence was to support capacity development and establish a networking process aimed at strengthening civil society and multisectoral collaboration across the region. To support this, the design of the Baltic Sea HIV/AIDS Regional Initiative had two levels: 1) to respond to urgent national priorities, especially those that could contribute to cross-border, twinning or regional efforts; and 2) to identify, strengthen and support regional collaboration and a regional knowledge management system.

After an initial assessment, work centered on arranging technical assistance visits, hiring an ITA seconded to the CBSS, establishing a Regional Advisory Committee (RAC) and engaging an IMPACT regional advisor. To respond to urgent national level priorities, IMPACT funded 19 implementing partners within the five sites of the Initiative. The IMPACT office in Vilnius and FHI technical experts outside the region provided technical and organizational capacity building to these implementing partners.

To strengthen regional collaboration, the Initiative supports an advisory group, the RAC, consisting of one elected representative from each country’s AIDS Center or Ministry of Health, a representative from each U.S. Embassy in the Baltic Sea Region and USAID, and representatives from other regional donors and the HIV/AIDS ITA to the CBSS. Four RAC meetings took place over the course of the Initiative. In addition, the Initiative supported a knowledge management assessment, the purchase of computer equipment and software to help link the region electronically, and regional study tours. The report provides complete details of the subprojects and regional activities.

Program Results

The project's accomplishments fall into three major areas of success:

- *Building local technical and programmatic capacity.* IMPACT achieved this by helping local partners implement subprojects and prepare subproject documents and routine programmatic, technical and financial reports. IMPACT also gave local partners technical assistance and technical updates at the RAC meetings. This capacity-building effort helped local partners secure additional funding from other donors and convinced local government agencies to absorb services.
- *Creating cross-border and civil society/government linkages and mechanisms for collaboration.* These activities, which required significant effort, made it possible for both nongovernmental organizations (NGOs) and government agencies to do more regional strategic planning than before. NGOs themselves now use regional and international meetings as opportunities to develop practical mechanisms to link their activities.
- *Ensuring that partners have access to global best practices in HIV/AIDS* was an important function of the Network of Excellence and the RAC.

Lessons Learned and Recommendations

- *Establishing formal and informal partnerships* is possible and ultimately beneficial, but requires additional investment. Funding must be made available to allow governments and NGOs to learn to collaborate in critical new areas, such as TB/HIV co-infection, regional Second Generation Surveillance and sex worker interventions.
- *Informal partnerships and exposure to experience outside an individual country can foster new ideas and approaches.* These can be promoted through strategic use of technical assistance and participation at regional and global meetings.
- *Better integration of NGO and government services is critically important.* Governments and NGOs must work together to address policy and legal issues that inhibit effective prevention on a large scale.
- *NGOs in the region need additional capacity development.* High standards for proposal writing, documentation and reporting are critically important.
- *Many of the subprojects funded under this initiative were too small to have any measurable impact on the HIV epidemic.* These countries have monitoring, evaluation and surveillance activities that are inadequate for capturing the data needed to track or respond to the epidemic appropriately. Surveillance activities in the region must focus systematically on collecting appropriate data on behavior and biological markers of risk, as well as on the size of populations at risk.

PROGRAM STRATEGIES, IMPLEMENTATION AND RESULTS

Introduction

In May 2000, during a regional consultation on HIV prevention in the Baltic Sea Region, the governments of Latvia, Lithuania and Estonia and the cities of St. Petersburg and Kaliningrad declared their support and commitment to fully implementing the “Baltic Sea Strategy and Action Plan.” The Action Plan contains a set of interventions to prevent a widespread HIV epidemic in the region by addressing the needs of injection drug users (IDUs) and by expanding sexually transmitted infection (STI) prevention and control programs as well as comprehensive and sustainable health promotion for youth, with a focus on vulnerable groups. The United States Agency for International Development (USAID) welcomed this Action Plan and agreed to give financial support for an international technical advisor (ITA) and related activities.

With funding¹ from USAID, IMPACT helped establish a Center of Excellence to take advantage of the expertise of regional organizations and to support the the secondment of the ITA to the Council of Baltic Sea States (CBSS). Funding for this Baltic Sea HIV/AIDS Regional Initiative was \$2,397,192.

This report summarizes the overall design, strategy, activities and output of the program. It describes individual subprojects and key regional activities in detail.

Regional Context

Compared with other parts of the world, Eastern Europe has relatively low HIV prevalence. Yet some of the highest HIV incidence – or rate of new infections – in the world is in Eastern Europe, primarily in Estonia, Latvia and the Russian Federation. Eighty percent of those infected in Eastern Europe are young people.

While there are local differences in the stage of the epidemic among the countries of the region, they present common patterns and trends. In the context of political and economic changes in the region, unemployment, labor migration, and rapid social changes, the region is experiencing the unfolding of simultaneous epidemics of drug abuse, HIV infection and STIs.

The first wave of the HIV epidemic occurred among men who have sex with men (MSM). This pattern was rapidly superseded by a second and much larger wave of infection among IDUs. Drug production and trafficking are growing in the region, and injection drug use has increased substantially. More recently the epidemic has been growing among the heterosexual population; with the rapid growth of prostitution in the region, HIV risk is rising in the region. The overlap of the IDU and heterosexual epidemics has continued to increase as the number of female IDUs increases, raising the proportion of IDUs who sell sex for drugs.

¹ The USAID funding was a combination of Freedom Support Act funds from USAID/Washington’s Europe and Eurasia Bureau, designated to support activities in the former Soviet Union, including Kaliningrad and St. Petersburg; and funds from SEED (Support for East European Democracy Act)/AEED (Assistance for Eastern Europe and the Baltic States), designated for Lithuania, Latvia and Estonia.

There has been a relatively weak response at the national levels in all of the Baltic Sea Region countries to support comprehensive prevention and care programs. Weak surveillance, the small number and size of NGOs, and limited technical expertise and resources have limited the effectiveness of these programs. Few programs have experience providing outreach services and working with marginalized populations.

Estonia

Estonia registered its first case of HIV in 1988. In 2001, 90 percent of all HIV infection in Estonia resulted from injection drug use. By August 2004, there were 4,183 registered HIV-positive people, with 54 cases of AIDS diagnosed. WHO estimates that 1.1 percent of the Estonian population is HIV-infected, the highest in Europe. More recently there has been a shift from IDU-related HIV infection toward increasing heterosexual transmission. In 2004, 54 percent of the new 484 HIV-positive cases were IDUs and 20 percent were detainees or prisoners. HIV infection in pregnant women is increasing; in 2003, 64 HIV-infected pregnant women were identified, 63 of whom delivered. Five children were infected perinatally.

Latvia

The first case of HIV infection in Latvia was registered in 1987, and the first case of AIDS was detected in 1990. The year 2000 marked a turning point in Latvia's epidemic, with new cases doubling from the previous year. Currently, 40 percent of HIV cases are among those under 24. By May 2004, Latvia had reported a cumulative total of 2,836 cases of HIV infection, 240 AIDS cases and 70 AIDS-related deaths. Approximately 72 percent of HIV infections are IDUs and 4 percent are MSM; 62 percent of AIDS cases are IDUs, 22 percent are MSM and 1.5 percent are children and newborns. An estimated 6,000 Latvians are living with HIV/AIDS.

Lithuania

The first identified HIV case was in 1988. As of December 2003, 845 HIV cases were reported; of these, 762 are male and 83 are female. However, the actual number of HIV-infected individuals is thought to be three to four times higher than the number of reported cases. The Lithuania AIDS Center reports an increase in the number of HIV cases for each of the past three years. At the Alytus correction facility, 299 prisoners acquired HIV through drug use. The number of female cases is increasing in the country, primarily among IDUs. Most HIV-positive cases were registered in Klaipeda, though recently the cases have been spreading more intensively in major cities.

Russia

Russia is experiencing one of the fastest-growing HIV epidemics in the world. The cumulative total of HIV infections reported was more than 200,000 at the end of 2000, up from 10,993 at the end of 1998. The estimated number of persons now living with HIV/AIDS in Russia is at least four times higher than these reported figures, according to the Russian AIDS Center. Ninety-nine percent of all registered HIV/AIDS cases were identified between 1999 and 2003. More than 70 percent of all people living with HIV/AIDS are young men 15 to 39 years old. Although estimates vary, IDU account for 70 percent to 95 percent of all HIV infections. In St. Petersburg, 4,000 people were diagnosed in 2003 as HIV-positive, more than half of them IDUs.

Program Strategies and Activities

Initial plans called for housing the Center of Excellence for HIV/AIDS prevention in a single NGO. However, after an assessment trip in October 2000, this plan was complicated by three main factors:

- There was no single institution with sufficient organizational strength and a mandate broad enough to play this role.
- Many of the main players at the time were governmental or semi-governmental.
- It was unclear whether there was sufficient funding available to undertake a major institution-building exercise and at the same time set in place concrete activities to further the objectives of the Baltic Sea Action Plan. While the significant long-term benefits of institution building were recognized, there was concern that interrupting funding during the capacity-building process would prevent full realization of those benefits.

In light of this, the assessment team recommended developing effective and sustainable capacity for confronting the emerging epidemic and, at the same time, undertaking activities to reduce HIV incidence in accordance with the Baltic Sea Action Plan. Given the limited resources, it was decided to start building smaller networks (a Network of Excellence) and creating twinning partnerships around technical themes that could later be absorbed into a more formal Center of Excellence, should adequate funding become available. The design of the Baltic Sea HIV/AIDS Regional Initiative had two goals:

- To respond to urgent national level priorities, especially those that could contribute to cross-border, twinning or regional efforts.
- To identify, strengthen and support a regional knowledge management system.

To strengthen civil society and multisectoral collaboration, the Network of Excellence aimed to support capacity development in conjunction with a networking process by:

- Facilitating the exchange of information, experience, skills, lessons learned and research.
- Promoting greater coordination among individuals and programs at the local, national, regional and international levels.
- Developing and sharing experience in program management, technical expertise, training and monitoring, as well as in evaluation and policy formulation.
- Developing the capacities and skills of practitioners through peer-to-peer exchanges.
- Improving the quality of programs by offering technical standards and models of effective interventions.

In conjunction with Network of Excellence activities, IMPACT funded subprojects to increase the capacity to implement HIV/AIDS programs and to strengthen core technical support providers for the entire region. Details of the specific regional activities related to the Network of Excellence are in Regional Activity Highlights.

IMPACT provided technical assistance to these subprojects and helped build their program management skills to improve implementation and facilitate future fundraising. Details of the technical assistance visits are in the accompanying Technical Assistance Roster.

IMPACT supported subprojects in:

- HIV/AIDS prevention for high-risk groups, including IDUs, sex workers, prisoners, at-risk youth and MSM.

- Peer education for youth.
- Voluntary counseling and testing (VCT) training.
- Comprehensive prevention and care programs.
- Prison interventions.
- Support groups and knowledge management systems.

Details of each subproject appear in Subproject Highlights.

Implementation and Management

A team of four professionals – representatives from FHI, the Open Society Institute (OSI)/Soros in New York, USAID and a consultant – undertook the initial assessment in October 2000. This was followed by a consensus-building workshop in March 2001, with over 60 key stakeholders and NGO representatives from the program sites. This workshop was the first step in developing site-specific work plans, identifying technical needs and facilitating regional planning. Staff undertook several additional site-specific visits to work with local implementing agencies on detailed local subproject design.

To support the program, IMPACT recruited a regional advisor to be based in Vilnius, Lithuania. In March 2002 the regional advisor began work, providing technical support to the implementing partners and government institutions in all five implementation sites, through site visits and virtual assistance. This support was in subproject implementation and programmatic capacity building of the implementing partners. A local consultant helped the regional advisor to manage the Vilnius office and the subprojects. The regional advisor also maintained regular contact with the U.S. embassies and the USAID Regional Services Center in Hungary, to apprise them of program implementation and achievements.

The Baltic Sea HIV/AIDS Regional Initiative established a Regional Advisory Committee (RAC) to ensure that the program responded to regional priorities and met the needs of stakeholders and the donor. To increase support for AIDS prevention programs in the region, the RAC consisted of one elected representative from each country's AIDS Center or Ministry of Health, a representative from each U.S. Embassy in the Baltic Sea Region and USAID, and representatives from other regional donors, including OSI/Soros, the United National Development Program (UNDP) and the HIV/AIDS ITA from the CBSS. Representatives from each of the five program sites, NGO partners, donor partners, technical collaborators and other key stakeholders also attended meetings to develop a systematic approach to sharing information and to expand existing HIV/AIDS expertise. The goal was to increase programmatic coverage and to provide a forum for the exchange of best practices and lessons learned. The RAC was one of the central mechanisms of the Network of Excellence.

In April 2002, USAID undertook an assessment of its funding of the Baltic Sea HIV/AIDS Regional Initiative to respond to the concerns of U.S. ambassadors about program implementation and resolution. Based on the assessment's findings, IMPACT improved communication and reporting to U.S. embassies, USAID and RAC members. It also accelerated its assistance to national policymakers and AIDS Centers in strategic planning and program design and management. Considerable time and technical assistance went into subproject design and management throughout the program. IMPACT also raised the profile of the Network of Excellence by publishing various guides, guidelines and manuals and by organizing presentations from IMPACT and implementing

partners on program results at international and regional conferences. For details on presentations and publications, see Regional Project References.

During the course of the program, IMPACT funded 19 implementing partners through subagreements. These implementing partners received technical and organizational capacity building from the IMPACT office in Vilnius and from FHI technical experts outside the region. Given the nascent stage of these NGOs and their limited size and experience in program management, IMPACT's technical support was welcomed and timely. After the IMPACT funding ended, many implementing partners succeeded in securing funds from other donor sources.

However, there is general concern about HIV/AIDS funding in the entire region. With some countries joining the European Union, changes have occurred in the donor environment in the Baltic Sea states. In Russia, the continued underfinancing of the health sector and the political support of NGOs were major concerns.

Baltic Sea Regional Program Timeline by Calendar Year (CY)

	CY00			CY01			CY02			CY03			CY04		
Planning and Organization															
Initial assessment			■												
Consensus-building workshop			■												
Country-specific design visits			■	■	■										
USAID assessment							■								
Placement of regional advisor							■	■	■	■	■	■	■	■	■
Provision of international and regional TA							■	■	■	■	■	■	■	■	■
Subprojects															
Estonia															
NGO Living for Tomorrow							■	■	■	■					
Estonia Anti-AIDS Association							■	■	■	■					
AIDS Information and Support Center									■	■	■				
Convictus Eesti										■	■	■			
Estonia Positive Society											■	■	■		
Narva Rehabilitation Center for Alcoholics and Drug Addicts												■	■	■	
NGO AIDS Prevention Center														■	■
Latvia															
Soros Foundation Latvia									■	■	■	■	■		
Youth Against AIDS									■	■	■	■	■		
DIA+LOGS											■	■	■	■	■
Lithuania															
Lithuania AIDS Center									■	■	■	■	■	■	■
Klaipeda Drug & AIDS Prevention Group									■	■	■	■	■	■	■
Central & Eastern European Harm Reduction Network (CEE-HRN)											■	■	■	■	■
Russia															
St. Petersburg Pasteur Institute									■	■	■	■	■		
Humanitarian Action Foundation														■	■
Vozvrashcheniye NGO														■	■
Kaliningrad Regional AIDS Center									■	■	■	■	■	■	■
Regional Activities															
Regional Advisory Committee Meetings									■		■		■		
International Technical Advisor to Council of Baltic Sea States									■	■	■				
Health Link KMS									■	■	■				
Regional study tours														■	■

Program Results

The project's accomplishments fall into three major areas of success:

Building local technical and programmatic capacity: The program invested considerable time and resources in building the technical and programmatic capacity of the implementing partners and key stakeholders. This included support for implementing subprojects as well as in preparing subproject documents and routine programmatic, technical and financial reports. IMPACT also provided technical and programmatic assistance to implementing partners during site visits and TA visits. Finally, through the RAC meetings, IMPACT, partners and invited technical experts shared technical updates and information in such areas as VCT, TB/HIV co-infection, monitoring and evaluation, and comprehensive prevention and care. These efforts enabled partners to get additional funding from other donors, including the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and convinced local governments to absorb services and activities.

Creating cross-border and civil society/government linkages and mechanisms for collaboration: IMPACT dedicated significant effort to bringing RAC-elected representatives and other major stakeholders together during RAC meetings, although the group initially resisted cross-border collaboration due to historical relationships between the countries. The project also facilitated study tours within the region. Although the process was difficult, it did bear fruit. Through the study tours and exchanges, implementing partners had first-hand exposure to model programs and approaches in the region and were able to apply them to their own programs. As a result of this intervention, both NGOs and government organizations do more strategic regional planning. NGOs themselves now use regional and international meetings as opportunities to develop plans and mechanisms to link their activities. Finally, the project invested in developing hardware and software capabilities, allowing these organizations to post and exchange information on the Internet.

Ensuring that partners have access to global best practices in HIV/AIDS applicable to the region: The creation of the Network of Excellence and the RAC increased the exposure of implementing partners and RAC members to regional and global best practices. These structures established mechanisms for exchanging information and best practices in the region and globally. Through the RAC meetings, IMPACT, the Centers for Disease Control and Prevention (CDC), UN agencies and the CBSS were able to share cutting-edge information on technical and programmatic best practices. Participants also shared new tools and research results.

LESSONS LEARNED AND RECOMMENDATIONS

Establishing formal and informal partnerships among institutions from countries with a historical predilection not to cooperate requires time and attention to the process as well as funds to support related initiatives. The partnerships in this

“The RAC was a good influence. It helped to create collaboration and coordination among countries. The site visits were most useful as they gave concrete ideas on which to model approaches.” -RAC Member

program extended across country borders and technical disciplines and involved both civil society and government bodies. Mechanisms used to foster collaboration included:

- *Establishing a RAC with a broad array of stakeholders from the region.* RAC meetings were a means to share experiences and provide information, direction and technical updates on new issues in HIV/AIDS.
- *Designing funding initiatives that had regional impact,* such as the Youth Peer Education Guides and an exercise to enumerate high-risk groups.
- *Designing funding initiatives that required NGOs and governments to work together.* As the St. Petersburg experience showed, NGOs and the governments really came to understand how each worked and what each could contribute to HIV prevention, medical and psychosocial support, and HIV/AIDS care.
- *Providing opportunities for cross-training among technical disciplines to optimize care for HIV-infected and at-risk persons.* The VCT cross-training of a Latvian TB center representative established enduring linkages between VCT sites for IDUs and TB screening centers. The St. Petersburg program found that training medical subspecialists in drug addiction issues enabled them to better meet the needs of IDUs.
- *Supporting travel to regional conferences and other learning opportunities.* Kaliningrad used the project support resource center at the AIDS Center to train specialists and advocate for a referral network of vulnerable groups.
- *Strengthening regional electronic and Web-based communication by providing hardware and software and by supporting coordination and planning meetings.*

Recommendations:

Cross-border programs should designate funds to support critical areas of coordination, such as TB/HIV, regional second-generation surveillance and sex worker interventions, allowing for opportunities to learn to work together.

Informal partnerships and exposure to experience outside one’s country fostered new ideas and approaches. Most of the countries in the Baltic Sea Region are relatively late in experiencing significant numbers of HIV infections. Globally, many countries have already worked through approaches and solutions to many of the problems that the region is now facing. Project partners learned quite a bit from other countries, including how to scale up prevention services to IDU populations, increase access to VCT for vulnerable populations, address stigma, provide HIV and STI and prevention services to sex workers and link prevention to care.

Recommendations:

Initiatives should foster formal and informal partnerships within and outside the region; sharing experiences from different countries or regions exposes partners to new ideas and approaches. These efforts require translating key documents into Russian or other local languages, targeting technical assistance from international or regional experts, twinning programs for capacity development, sharing lessons learned and exchanging visits both within the region and outside.

NGOs in the region need additional capacity development. Many of the NGOs that IMPACT supported did not have much experience with managing donor resources. IMPACT provided considerable assistance to ensure that these NGOs could articulate their strategy, document their plans and progress, and account for money as international donors require. Limited management capacity notwithstanding, NGOs and governments in the region are doing innovative work that deserves wider dissemination.

NGOs can do more to improve their programs. NGOs in the region need additional capacity development, and much work needs to be done to integrate NGO and government programs and services. Many of the NGOs supported by IMPACT were inexperienced in managing donor resources. FHI provided considerable assistance to ensure that these NGOs could articulate their strategy, document their plans and progress and account for money in a manner consistent with international donor requirements. Limited management capacity notwithstanding, there is innovative work being done in the region both by NGOs and governments that deserves wider dissemination. To be effective, NGOs need to learn how to work with governments more effectively, and governments need to understand how NGOs can complement and enhance their work. NGOs need to think about how to scale up and expand their work through (1) advocacy for policy and legal changes for a more supportive environment for prevention efforts and (2) building innovations into existing systems and structures (including educational systems, uniformed services, medical systems and social services). Comprehensive HIV/AIDS programs cannot be a series of small projects but need to be built into a holistic, systematic program.

Recommendations:

- Require high standards for proposal writing, documentation and reporting by NGOs. This strengthens their ability to compete for funding.
- Disseminate information on the subprojects this program supported.
- Work with NGOs and government bodies to address policy and operational issues that inhibit prevention efforts.
- Ensure the full integration of government and nongovernmental sectors.
- Promote program scale-up by urging governments and NGOs to examine how existing structures could provide better support for higher-level program planning and implementation.
- Consider the strategic use of technical assistance to enhance the management skills of implementing agencies.

Measuring the outcome and impact of interventions is a joint responsibility of implementing agencies and the government. Although the subprojects under this initiative were too small to have a measurable impact on the epidemic, any initial planning process seeking to develop new

models and approaches to respond to the evolving epidemics in these countries must consider how to measure outcome and impact. Most monitoring, evaluation and surveillance activities in these countries are not developed enough to capture the necessary data for tracking or responding to the epidemic. With most countries in the region experiencing an epidemic in high-risk groups, tracking HIV alone is insufficient for monitoring the epidemic, assessing its potential spread or planning interventions.

Recommendations:

Surveillance activities in the region should focus on collecting data from a representative sample of high-risk subpopulations. Information collected should include risk behaviors as well as prevalence of HIV and STIs. Focusing on risk behaviors and markers where there is limited HIV infection has the following advantages:

- Data on behavior and biological markers like STI prevalence or hepatitis B and C prevalence can serve as an early warning system, especially in groups where few HIV infections have been identified. Behavioral data can indicate which groups are at risk and can suggest the pathways the virus might follow if nothing is done to slow or prevent its spread.
- Behavioral information informs program design.
- Tracking behavior helps evaluate programs.

Another key element of surveillance is estimating the size of the populations at risk. This allows for estimates of what percentage of the population is receiving services and serves as a basis for costs.

IMPLEMENTING PARTNER ACTIVITY HIGHLIGHTS

Implementing Partner Matrix

Organization	Organization Type	Geographic Location	Target Population	Budget	Intervention	Project Dates
Global						
HealthLink	NGO	Regional	AIDS program information managers	\$45,631	Knowledge management system regional assessment and meeting	1/1/02-12/31/02
Estonia						
Living for Tomorrow	NGO	Tallinn	Youth	\$27,735	Youth workshops and drama-based education	4/1/02-9/30/03
Estonian Anti-AIDS Association	NGO	Estonia	Youth	\$14,910	Youth HIV/AIDS prevention active learning Workshops	4/15/02-7/30/03
AIDS Information and Support Center	NGO	Tallinn	Sex workers	\$43,662	Outreach, prevention education and STI treatment	4/1/02-8/31/03
Convictus Eesti	NGO	Tallinn	HIV+ prisoners	\$6,364	Support HIV-infected prisoners and prison personnel education	2/24/03-7/31/03
Estonian Positive Society	NGO	Estonia	HIV+ support groups	\$12,501	Organize HIV+ support groups for MSM, IDUs, young women and prisoners	2/24/03-7/31/03
Narva Rehabilitation Center for Alcoholics and Drug Addicts	NGO	Narva	IDUs	\$20,450	Develop a comprehensive care support model for IDUs, including those who are HIV-infected	4/1/03-7/31/03
NGO AIDS Prevention Center	NGO	Regional	HIV/AIDS implementing agencies	\$15,000	Develop Web-based information exchange	3/1/04-7/31/04
Latvia						
Soros/Latvia	NGO	Greater Riga and 4 additional Latvian cities: Ogre, Salaspils, Jurmala, Olaine)	IDUs	\$60,092	Outreach work to IDUs and other vulnerable groups. Work included referral to health and psychosocial assistance.	4/1/02-3/30/03
Youth Against AIDS	NGO	Region	Youth	\$38,255	Develop youth peer education manuals used in regional and country-wide trainings.	4/15/02-2/29/04

DIA+LOGS	NGO	Latvia (VCT) Region (IT)	IDUs	\$45,126	Increase access to VCT for IDUs with links to TB program by developing VCT training materials and training workshops. Improve information sharing and knowledge management among institutions and organizations working in HIV/AIDS.	4/8/03- 8/31/04
Lithuania						
Lithuania AIDS Center	Government	Region	AIDS programs and NGOs	\$39,600	Regional electronic and print dissemination center.	12/14/01- 4/30/03 4/1/04- 7/31/04
Klaipeda Drug and AIDS Prevention Group (DAPG)	NGO	Klaipeda	IDUs	\$43,925	Coordinate with municipal government for outreach for high-risk youth, and outreach and prevention activities for IDUs. Provide assistance for DAPG to begin outreach to sex workers.	4/1/02- 7/31/03
Central and Eastern Harm Reduction Network	NGO	Lithuania	IDU groups working with municipal authorities	\$40,000	Disseminate best practices for prevention activities targeting drug users and develop tool kit for IDU interventions in Lithuania.	6/15/03- 4/30/04
Russia						
Pasteur Institute, St. Petersburg	Government	St. Petersburg	Vulnerable populations (IDUs, sex workers, MSM)	\$98,094	Develop models to integrate vulnerable groups served by NGOs into government health system.	1/7/02- 12/31/03
Vozvrashcheniye	NGO	St. Petersburg	Vulnerable populations (IDUs, sex workers, MSM)	\$30,000	Develop models to integrate vulnerable groups served by NGOs into government health system.	3/1/04 – 8/31/04
Humanitarian Action Foundation	NGO	St. Petersburg	Vulnerable populations (IDUs, sex workers, MSM)	\$28,690	Develop models to integrate vulnerable groups served by NGOs into government health system.	3/15/04 – 8/31/04
Kaliningrad Regional AIDS Center	Government	Kaliningrad Oblast	Vulnerable populations, physicians, policymakers	\$123,000	Develop a resource center, train, create a referral network for vulnerable populations, coordinate TB in PLHA and TB hospital.	1/25/02- 7/31/04

SUBPROJECT HIGHLIGHTS

Estonia: Youth Workshops

Implementing agencies:	Living for Tomorrow (NGO)
Geographic focus:	Tallinn, Estonia
Target population:	Ethnic Russian and Estonian youth
Length of support:	April 1, 2002–September 30, 2003
Level of support:	\$27,735

Background:

While the HIV epidemic in Estonia began early, mainly among IDUs, there was concern that youth were vulnerable, either as potential drug users or partners of active drug users. The epicenter of the epidemic in Estonia was in the northeast section of the country, which is predominantly ethnic Russian. In addition, the educational system in Estonia was felt to be very hierarchical and authoritarian and failed to listen consistently to youth about their issues. Finally, in the post-Soviet era in Estonia gender issues and gender norms were being questioned. This intervention was designed to address HIV/AIDS information and sexual awareness in this context.

The intervention aimed to reach ethnic Estonian and ethnic Russian youth of both sexes to:

- Develop a participatory learning methodology enabling youth involvement.
- Engage the collaboration of all young people to transcend the Russian-Estonian ethnic divide.
- Focus on HIV/AIDS information and sexual health awareness.
- Explore ways that gender beliefs and traditions affect sexual activity and safe sex.

Accomplishments:

Two eight-day sexual health seminars and a widely shown play achieved the goals listed above. The specifics of these activities are outlined below:

- The first eight-day workshop took place in Tallinn and included 30 participants from 15 different schools between the ages of 15 and 17. The group was comprised of 17 females and 13 males, of whom 16 were ethnic Estonian and 14 were ethnic Russian. After the seminar, some of the young people became affiliated with the AIDS Prevention Center and Estonia Positives (ESPO) Society to work on World AIDS Day activities.
- The second eight-day workshop also took place in Tallinn and included 29 participants from 14 different schools. Participants included 18 females and 11 males, of whom 14 were ethnic Estonians and 15 were ethnic Russian. In addition, four volunteers from France and England and two from Canada participated. After the seminar, participants organized a volunteer union to collaborate as peer educators with the AIDS Prevention Center.
- The third activity was the production of a 30-minute play entitled “Out from the Closet.” It dramatized the life of a young girl and boy who were becoming sexually active and portrayed their feelings, fears and hopes, contrasting stereotypes and real life. The play, in Russian, was

performed five times at the Tallinn Russian Cultural Center as well as in area schools; about 700 people saw it.

The team learned much about the teaching methodology used in the seminars. In addition, these intensively trained youth were very active volunteers, peer educators and group supporters.

Recommendations:

- This intervention addressed complex issues—gender issues, ethnic issues, and AIDS and sexuality—and required an eight-day workshop/seminar format. The education system in Estonia should consider incorporating some of the methodological approaches used in these seminars.
- There should be social dialogue around gender and ethnic issues in other venues and channels for youth. Discussion should also reach parents through mass media and other civil society organizations.
- Considerable time and resources went into these seminars. Future work should document more systematically the methodology, the skills acquired and the short-term attitude changes of youth. Since many youth who participated in these workshop and seminars are highly motivated, there should be a more structured program to use their energy and new knowledge.

Estonia: Prevention of High-Risk Behavior in Youth Through Active Learning

Implementing agencies:	Estonian Anti-AIDS Association
Geographic focus:	Country-wide, Estonia
Target population:	Youth
Length of support:	April 15, 2002–July 30, 2003
Level of support:	\$14,910

Background:

In 2001 HIV infection was identified mainly in IDUs from the Narva area and the capital city, Tallinn, but there was also concern about the spread of HIV sexually. Youth were of particular concern, given a reportedly high level of sexually transmitted infections and therapeutic abortions within this group. In addition, recreational and illicit drug use was becoming fashionable among teens and young adults and was used as an avenue to escape from social problems. Given this potential risk, the Estonian Anti-AIDS Association proposed:

- Developing the social skills and knowledge of teenagers through active learning exercises.
- Raising the self-confidence of youth to enable them to make safe and healthy choices.

The Estonian Anti-AIDS Association had been providing HIV/AIDS/STI prevention information through active learning workshops since 1997 and in the schools at the request of teachers.

Accomplishments:

The methodology for this active learning was based on recommendations of the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO). It used a four-hour format with such techniques as brainstorming, role plays, games, inquiries and nonverbal exercises. The workgroups included 12 to 15 participants and took place in schools and summer camps. A total of 132 workshops took place, involving 2,019 teenagers between 13 and 19 years old. The Tallinn City Government requested some of the workshops. Requests for workshops came from schools and camps throughout Estonia.

The Estonian Anti-AIDS Association, in collaboration with the Estonian Health Museum, also prepared and distributed 10,000 copies of an information package on HIV/AIDS. It contains information on the human body, sexual biology and healthy lifestyles, as well as key Internet addresses and contact information for the anonymous VCT centers in Estonia.

Qualitatively, facilitators reported that the questions from the youth participants demonstrated growing self-confidence and ability to discuss sensitive topics as the workshop progressed. Evaluation of the workshop indicated that it was highly rated by both the facilitators and participants and by Russian- and Estonian-speaking groups.

Constraints:

- Participants reported not liking holding these workshops at school. The location may have decreased the impact of these workshops.
- A change in the exchange rate meant fewer resources were available for the project; this required a change in the scope of the work as originally planned.

Recommendations:

- The active learning methodology appears to be well liked by both facilitators and students. Youth are clearly interested in discussing these types of issues in a confidential atmosphere.
- The skills to facilitate such workshops should be transferred to a larger number of individuals in Estonia and be integrated into the school system.

Estonia: HIV/STD Prevention Among Sex Workers

Implementing agencies:	AIDS Information and Support Center
Geographic focus:	Tallinn, Narva and Parnu
Target population:	Female sex workers and IDUs
Length of support:	April 1, 2002–August 31, 2003
Level of support:	\$43,662

Background:

The AIDS Information and Support Center was founded in 1994 by a group of volunteers in Tallinn. The organization focuses on providing HIV/STI prevention and treatment services, with special emphasis on at-risk groups, such as sex workers, IDUs and high-risk youth. The center provides medical, psychosocial and educational services for its clients. The main goals of this subproject were to:

- Provide prevention services to female sex workers, including VCT, STI treatment, peer education and outreach work.
- Support the activities of the drop-in center (health education, counseling and support services).
- Provide medical services for female sex workers and referrals to other service providers.

Accomplishments:

The AIDS Information and Support Center succeeded in providing prevention and care services to female sex workers in Tallinn. Specific accomplishments include the following:

- Maintained services at the Tallinn drop-in center five days a week. The average number of visitors was 40 to 50 per month. Services included personal care services (showering, washing clothes, computer access), psychosocial support and referrals to professional legal and health services. The Center provided materials on safer sex, condoms and lubricants. (The Ministry of Social Welfare, not IMPACT, provided the condoms and lubricants.) Various subproject activities distributed over 18,000 condoms.
- Provided medical services to approximately 20 to 25 clients per month, including gynecological, psychological and necrology services. Male sex workers, although few, also began to use the drop-in center and medical services.
- Provided VCT services to approximately 90 to 100 clients per month.
- Conducted an awareness-raising campaign among sex workers in Narva and Parnu. This included distributing educational materials, condoms and lubricants. (The Ministry of Social Welfare, not IMPACT resources, provided the condoms and lubricants.)
- Meeting with members of the media to raise awareness and knowledge of HIV and the importance of prevention programs among high-risk groups through radio and TV interviews, Internet discussions and newspaper articles.
- Establishing self-help groups for sex workers and training for peer educators among sex workers. Peer education activities reached over 200 sex workers.

Constraints:

- HIV/AIDS stigma is considerable in Estonia, keeping many prospective clients from using the drop-in center.
- Government policies do not provide strong support for prevention programs among high-risk groups. This limits government resources dedicated to these programs and also limits referrals and linkages with NGO-supported interventions.

Recommendations:

- Expand sex worker interventions and services to address the epidemic within this risk group. More information is required about the needs of sex workers, and sex workers who inject intravenous drugs require special attention.

Estonia: Psychosocial Support for HIV-infected Prisoners

Implementing agencies:	Convictus Eesti
Geographic focus:	Tallinn
Target population:	HIV-positive prisoners, general population prisoners, prison staff
Length of support:	February 24, 2003–July 31, 2003
Level of support:	\$6,364

Background:

Convictus Eesti was founded in October 2002 through the support of Convictus Sweden, which has worked with drug-dependent individuals in Stockholm for 15 years. The organization focuses on psychosocial support for HIV-positive individuals in Tallinn, prevention activities targeting drug users and, for former drug users, education in schools and youth camps. Convictus Eesti was the first organization in Estonia to provide support to HIV-positive prisoners. The main goals of this project were to:

- Educate HIV-positive prisoners about their rights and counsel them about their future possibilities after they are released.
- Educate prison staff about HIV and decrease stigma and discrimination against HIV-positive prisoners.
- Increase knowledge of HIV/AIDS and decrease stigma and discrimination among the general prison population.

Accomplishments:

NGO Convictus Eesti was successful in accomplishing its main objective of educating prisoners and prison personnel in Murru Prison (the largest prison in Estonia) about HIV and AIDS and creating self-support groups of HIV-positive prisoners; this provided psychosocial support to the prisoners and reduced stigma inside the prison. The prison holds 1,700 prisoners, of whom 160 were known to be HIV-positive. Specific accomplishments are as follows:

- Established three support groups: drug-dependent prisoners, drug-dependent and HIV-positive prisoners, and non-drug-dependent and HIV-negative prisoners. Fifty percent of HIV-positive prisoners in the prison took an active part in the support group meetings.
- Carried out formative research among prisoners and prison staff to help develop materials and a training program for prisoner peer educators (initiated at the end of the subproject).
- Conducted education seminars for prisoners on basic facts about HIV/AIDS, HIV and STI prevention in the prison context, and HIV/AIDS treatment. Conducted education seminars for prison and health staff on basic facts about HIV/AIDS. (Special emphasis was on reducing stigma and discrimination and increasing understanding and compassion.)
- Created linkages with ESPO in Tallinn and groups in Narva to develop support groups and referral networks for prisoners after their release from prison.
- Established strong working relationships with the Estonian Ministry of Justice and Ministry of Social Affairs.
- As a result of Convictus Eesti's work, HIV-positive prisoners are no longer separated from other prisoners and prison staff do not use masks and gloves when interacting with HIV-positive prisoners.

Convictus Eesti is currently receiving funds from the Estonian Global Fund to continue and expand these activities in prisons around Estonia.

Constraints:

- HIV/AIDS stigma and discrimination are considerable in Estonia, particularly in the prison system. Building buy-in and gaining the trust of key stakeholders, including prison administration and staff and the prisoners themselves, required much time and energy at the start of the subproject.

Recommendations:

- Expand the program to all prisons in Estonia, systematizing education programs for prison administration, prison staff and prisoners.
- Build on Convictus Eesti's experience of maintaining contact with prisoners after their release to continue psychosocial support, expand the reach of educational activities and ensure that they are able to access medical and prevention services.

Estonia: Positive Outlook for HIV-Positive Persons

Implementing agencies:	Estonian Positive (ESPO) Society
Geographic focus:	Country-wide, Estonia
Target population:	HIV-positive persons
Length of support:	February 24, 2003–July 31, 2003
Level of support:	\$12,501

Background:

The Estonian Positive (ESPO) Society has been working with HIV-infected Estonians since 1993. Since its inception, the ESPO Society has been actively engaged in health education and counseling, information dissemination and outreach. In April 2001, the ESPO Society opened a drop-in center for PLHA in Tallinn. The center provides services to all HIV-positive individuals, regardless of the route of transmission. The main goals of this project were to:

- Provide increased access to information about positive living for PLHA, HIV-affected persons and professionals working with PLHA through seminars and educational material.
- Support the activities of the drop-in center (health education, counseling and support services).
- Form a separate support group for HIV-infected women.
- Educate/sensitize the general public on HIV/AIDS-related stigma.

Accomplishments:

The ESPO Society was successful in meeting its stated goals:

- In addition to forming the support group for HIV-infected women, the Society organized three additional self-help groups in collaboration with Convictus Eesti, an Estonian NGO working with prisoners. These self-help groups were for IDUs; prisoners, including released prisoners; and MSM.
- The Society maintained services at the Tallinn drop-in center three days per week. The average number of visitors was 40 to 50 per month. Forty professionals—psychologists, lawyers and hospital workers—also visited the center. Services included referrals to free professional legal and health services. Seminars were about safer sex for HIV-infected persons and developing and distributing nutritional information for PLHA.
- The Society organized street drama and specific events in Tallinn to address the issue of HIV/AIDS-related stigma.
- The Society arranged a meeting with members of the media to present the human face of HIV/AIDS. Society members participated in the Estonian National TV show “Unetus” (Sleepless).
- The Society provided in-hospital outreach support and education at Merimetsa Hospital, where HIV infections are treated.
- It established a self-help group for HIV-positive prisoners in Marru Prison, with weekly meetings in collaboration with Convictus Eesti.
- It participated in educational seminars on HIV/AIDS for prison staff at Marru Prison, with Convictus Eesti.
- The Society held a psychological rehabilitation camp/seminar entitled “Positive Outlook on Life for HIV-Positive Individuals,” with 22 participants. Based on a post-seminar survey,

members of the support groups were generally satisfied with the activities of their respective groups. However, access to medical services is still limited for HIV-infected persons, even with existing medical and social insurance. Specifically, dental care was not available, treatment of opportunistic infections and other HIV/AIDS-related illnesses is expensive and appointments for services are hard to get. Those without medical and social insurance experienced even greater difficulties.

- Staff participated in three regional conferences: (1) the International Conference “Increasing Advocacy Possibilities for the Rights of People Living with HIV/AIDS in the Newly Independent States,” 7–10 May, 2003, Minsk, Belarus, (2) a seminar, “Creating a Regional Relationship,” 16–18 July, 2003, Pskov, Russia, and (3) the Third Baltic Regional Conference, “Together Against AIDS,” 11–13 September, 2003, Riga, Latvia.
- The ESPO Society has procured funds from the Estonian Global Fund to continue some of its activities with PLHA; it is housed in a building the government has provided.

Constraints:

- Stigma is strong in Estonia, hindering many prospective clients from even using the drop-in center.
- The ESPO Society is not perceived by some government bodies as a partner in supporting the complex needs of HIV-infected persons; this has been an obstacle to providing outreach services in the hospital setting.

Recommendations:

- HIV is sufficiently widespread in Estonia that support groups should be created for multiple risk groups: IDUs, MSM, prisoners in prison, released prisoners and HIV-infected women. There should be many more such groups in Estonia, initially targeting the most affected communities; one goal should be to establish links among support groups in different cities.
- NGOs can enhance the overall care of PLHA by providing psychosocial support, education and referral services. These efforts would complement and strengthen government services. Both sides should try harder to create positive working relationships.
- As support groups become more organized and confident, they should discuss policy issues related to HIV/AIDS services and laws. As highlighted above, access to care is one example.
- Ongoing support should be provided to fledgling groups started under this project so they can sustain their efforts.
- To ensure continued relevance, there should be cooperative exploration with the community on the range of services to offer at the drop-in center.

Estonia: Developing Comprehensive Care and Support Model for IDUs

Implementing agencies:	Narva Rehabilitation Center for Alcoholics and Drug Addicts
Geographic focus:	Ida-Virumaa region, Estonia
Target population:	IDUs
Length of support:	April 1, 2003–July 31, 2003
Level of support:	\$20,450

Background:

The Narva Rehabilitation Center for Alcoholics and Drug Addicts was established in 1998. The main purpose of the organization is to provide psychosocial support and services to IDUs and PLHA and their families, and to serve as a resource center on HIV/AIDS. The Center works closely with the city’s hospital, located next door, and an effective referral follow-up exists for both drug addiction treatment and medical care for HIV-infected clients. The main goals of this project were to:

- Improve access to comprehensive medical and social services for IDUs and HIV-infected IDUs.
- Conduct interviews with target population to determine their needs and perceptions in order to design more client-friendly services.

Accomplishments:

Through this subproject, the Narva Rehabilitation Center succeeded in collecting information to document the needs of its clients for use in designing PLHA support groups and adapting counseling strategies. New strategies learned through study tours and consultancies by peer organizations in the area permitted improvement in the Center’s referral network. Coordination with government institutions and other service providers also improved. Specific accomplishments are as follows:

- There were eight focus group discussions (FGDs) with male IDUs, female IDUs, female sex workers, families affected by HIV/AIDS and the general population, along with key informant and in-depth interviews with major stakeholders.
- The Center developed a “Narva Service Network Guide,” disseminating it within the community to improve access to medical services and to ensure follow-up of clients. Discussion of the guide and of a comprehensive strategy for providing service took place at a one-day meeting of key stakeholders.
- The initiative organized study tours to Kaliningrad and St. Petersburg, Russia, to gain more experience in establishing and maintaining a comprehensive approach to providing services and creating a network of services; in establishing effective prevention programs for high-risk groups, including IDUs and female sex workers; and in establishing effective support groups for PLHA.
- An FHI senior technical advisor advised on models and strategies for care and support.

Constraints:

The concept of comprehensive prevention and care programming for HIV/AIDS and referral networks is still rather new in Estonia; creating a functional service provider network requires advocacy and education of government entities.

Recommendations:

- Continue strengthening relationships with local authorities and other service providers in Narva to raise awareness about the effectiveness of comprehensive programming and to identify service needs.

Estonia: Improving Information Sharing and Knowledge Management

Implementing agencies:	NGO AIDS Prevention Center
Geographic focus:	Regional
Target population:	Implementing agencies in the region
Length of support:	March 1, 2004–July 31, 2004
Level of support:	\$15,000

Background:

The former staff of the government AIDS Prevention Center founded the NGO AIDS Prevention Center in September 2003 after the former dissolved in the restructuring of the Ministry of Social Affairs. The main goals of this project were:

- To enhance cooperation and communication between NGOs and government entities working in the field of HIV in Estonia.
- To facilitate information sharing with peer organizations working in HIV/AIDS in the Baltic Sea region.

Accomplishments:

The NGO AIDS Prevention Center accomplished its objectives through the redesign of its Web site for all users and by creating an onsite information exchange mechanism exclusively for the Center's volunteers. The Web site was designed to be user-friendly, current and appropriate for youth and the general population. Specific accomplishments are as follows:

- Participation in the regional design meeting.
- Redesign of the Web site in Estonian, Russian and English to provide up-to-date HIV/AIDS information and epidemiological and programmatic information specific to Estonia.
- Through the Web site, the ability for the NGO AIDS Prevention Center to respond to anonymous questions and concerns.

Latvia: Expanding HIV Prevention for IDUs Through Outreach and Drop-In Centers

Implementing agencies:	Soros Foundation Latvia (in collaboration with the AIDS Prevention Center)
Geographic focus:	Country-wide, Latvia
Target population:	IDUs and other vulnerable groups
Length of support:	February 24, 2002–March 30, 2003
Level of support:	\$60,092

Background:

Latvia has the third highest prevalence of HIV infection in Eastern Europe, and IDUs account for the vast majority of HIV infections. The Latvian HIV/AIDS Prevention strategy in 1997 included prevention activities targeting IDUs. The government, through the AIDS Prevention Center, started the first syringe exchange program in Riga, financed by the Joint United Nations Program on HIV/AIDS (UNAIDS) and WHO. The Soros Foundation Latvia (SFL) began supporting this initiative in 1999 with the aim of reducing the spread of HIV/AIDS among drug users in Riga, Olaine and Jurmala.

In 2002-2003 UNAIDS, in collaboration with the Latvian AIDS Prevention Center, developed a project entitled “Development of a Network of Outreach/Counseling Centers for IDUs” (hereafter referred to as the Network Project). SFL also participated in the Network Project. This project received funding from the Norwegian government and focuses on developing prevention activities targeting drug users (drop-in centers and outreach) and providing training for staff in eight cities—Liepaja, Kuldiga, Tukums, Jelgava, Bauska, Olaine, Jurmala and Jekabpils—in close cooperation with the relevant local municipalities. SFL also supported the Network Project by expanding the reach and depth of the outreach work involving IDUs in four cities (in addition to Riga) where high numbers of IDUs have been identified: Salaspils, Ogre, Olaine and Jurmala. FHI, SFL, UNDP, Norway and the Latvian government, along with the municipal governments, cofunded interventions to ensure that the full complement of appropriate services and materials was available to IDUs (consultations, HIV testing, condoms, disinfectants and sterile injection equipment). The project tried to provide information on prevention activities targeting drug users to the broader Latvian society through videos on national television, radio programs and newspaper interviews. The project also provided a study of HIV seroprevalence and risk behaviors among IDUs.

The aims of this intervention were to:

- Facilitate access to high-quality support services for IDUs to limit the spread of HIV and other blood-borne infections. These services provided free counseling and testing for HIV, consultations for IDU-affected families, free needle exchange, free distribution of disinfectants, condoms, and educational information and consultations with medical professionals.
- Build the capacity of outreach work with IDUs.
- Increase knowledge about HIV/AIDS/STI among IDUs to influence behavior change.
- Strengthen the technical, managerial and professional capacity of the AIDS Prevention Center to facilitate management of this project
- Create a positive public attitude about prevention programs.

In addition, the project conducted an assessment of the behavior and blood-borne infection prevalence in IDUs at the end of 2002, with a total sample size of 250 IDUs.

Accomplishments:

- To facilitate access to quality support services for IDUs, the subproject supported increased numbers of trained staff at the five sites, bringing numbers to 11 outreach workers, 6 social workers, 2 medical staff and 1 psychologist. Over the course of this subproject there was contact with 3,310 new IDUs, with a total of 60,939 IDU contacts (the monthly average was 3,809 client contacts). In all, 123,794 syringes were exchanged.
- To build the capacity of outreach workers, the project manager provided training to outreach workers, volunteers and service providers on a biweekly basis. In addition, the project organized a three-day training session on social welfare issues, drug addiction and HIV in all five cities. Clinic staff attended seminars on clinical and medical issues in HIV and hepatitis and went on site visits to three drug rehabilitation centers.
- In addition to routine services offered at drop-in centers and through outreach workers, there were special events to improve information and awareness of IDUs. These included holiday celebrations with staff, participation in World AIDS Day, and cultural activities and participation in “Open Windows” events held weekly at DIA+LOGS, a Latvian NGO. To prevent provider burnout, staff and volunteers received continuing psychological support.
- To improve public attitudes towards prevention programs, SFL staff participated in a press conference with 16 participants, including eight journalists. The staff also organized a radio program and worked with Latvian TV to broadcast videos and public service announcements about HIV and prevention activities targeting drug users. They presented the behavioral and biomarker assessment of IDUs using the services to local municipal authorities, Network Project Collaborators and the media.
- The project conducted a survey based on a convenience sample of 250 IDUs attending the needle exchange and counseling services and willing to be interviewed or have their blood drawn. Questionnaires and blood samples were independent of each other and unlinked. Seventy percent of the 225 completed questionnaires were from men and 30 percent from women. The majority of the respondents were of Russian descent (63 percent), about one-third were of Latvian descent (33 percent) and a minority were either Lithuanian, Ukrainian, Byelorussian or Roma. Seventy-seven percent of the respondents were from Riga. During the preceding month, 28 percent reported using injection equipment previously used by another person, and a similar percentage reported giving their used equipment to someone else. Injection-equipment sharing was more common among younger IDUs. Eighty-two percent of the clients reported they had been tested for HIV. Respondents indicated that the services they most valued at the centers were free counseling and testing services. They also valued friendly staff, psychological support and information. From the biologic testing of 250 samples, 21 percent were HIV-positive, 73 percent were hepatitis B-positive and 81 percent were hepatitis C-positive. These data indicate a decrease in injection-equipment sharing from 49 percent in 2001 to 28 percent at the end of 2002 and an increase in the number of IDUs who disinfect equipment before use.

At the end of the project, the municipalities of Salapils, Jurmala, Ogre and Olaine took over project implementation costs. Support for the sites in Riga was still under negotiation. Behavior change communication (BCC) products from the project included a video on HIV prevention pPrograms in Latvia, parts 1–4; brochures, stickers and flyers on relevant site information; and a television broadcast (“Temats”).

Constraints:

The ideal outreach workers are members of the community in which they are working. When working with the IDU community, finding reliable outreach workers who are also community members was a constant challenge. Finding mechanisms to monitor and support outreach workers was also difficult.

Recommendations:

- Based on qualitative and quantitative information from the target client group of IDUs, it appears that access to counseling and testing, information and psychological support are priorities. Consequently, projects must strive for a balance between outreach services and drop-in services that can provide more complex medical and psychological assistance. To ensure maximum access, it is critical that these services be low-threshold.
- Engaging volunteers as outreach workers is important to reach these high-risk, marginalized groups. Volunteers require appropriate training and supervision to work effectively.
- Training of staff builds the program’s capacity to respond to the complex medical and social needs of the clients and should be a continuous process.
- Providing psychological support to staff and volunteers is important for maintaining high-quality services, with priority given to front-line workers, including outreach workers.
- Mass media and public relation efforts should avoid such inflammatory terms as “needle exchange program” and use more general terms such as “consultation services,” “prevention program” or “low-threshold centers.”
- Connecting several projects strengthens the capacity of all cooperating organizations. Working in a coordinated network allows the exchange of information and experience and coordinated planning.

Project sustainability:

At the start of the project, implementing agencies were told to establish agreements with national and local government to share costs, thus ensuring coverage. Prevention activities targeting drug users are continuing with government funding and there are plans to enlarge the existing network.

Latvia: Development of Peer Education Training Materials for Youth

Implementing agencies:	Youth Against AIDS
Geographic focus:	Baltic Sea Region
Target population:	Youth
Length of support:	April 15, 2002–February 29, 2004
Level of support:	\$38,255

Background:

Youth Against AIDS was established in 1998 when a group of young people came together after seeking assistance from the AIDS Prevention Center of Latvia, a government institution. The AIDS Prevention Center trained members of Youth Against AIDS in various HIV prevention topics and provided them with office space. The organization's staff consists mainly of volunteers and two staff members funded by the AIDS Prevention Center. Youth Against AIDS has evolved into an umbrella organization for 18 youth NGOs in Latvia.

IMPACT support was part of a larger project, "Coordinated Support to Young People's Health and Development in Latvia," supported by UNDP, the Ministry of Education, State Center for Youth Initiatives and the AIDS Prevention Center.

The main goal of this project was to promote peer education as an effective method for behavioral change by equipping youth leaders of NGOs in the Baltic Sea Region with effective training and methodological tools.

Accomplishments:

Training youth leaders in peer education methodology required developing and publishing various guides and training manuals. The project was implemented in five main phases:

- The first step was developing and publishing a Latvian language handbook on peer education and how to develop peer education programs. It included information on defining peer education, the role of peer educators, strategies to avoid stigmatization of high-risk youth and setting standards for peer education programs.
- Next, a Russian and Latvian train-the-trainers manual was developed and published. It provided a curriculum to train youth trainers for peer education.
- Next came a handbook for peer educators that provided practical information on how to conduct peer education sessions. Published in Russian and Latvian, it included basic information on HIV/AIDS, drug abuse and sexuality.
- The project organized a two-day workshop in Riga, with 23 participants from the Baltic Sea Region. Its purpose was to increase knowledge of BCC and BCC methodologies and strategies and to create a regional network of youth organizations working in BCC. A senior technical officer from FHI/Arlington co-facilitated the workshop.
- Workshops conducted within youth-friendly health services throughout Latvia and elsewhere made further use of the training materials and handbooks. Workshop participants totaled 12,600 youth.

Staff also participated and presented the materials at two regional conferences: the Third Baltic Regional Conference (“Together Against AIDS,” 11–13 September, 2003, Riga, Latvia) and the Second Open Europe AIDS Conference (“Europe and HIV/AIDS: New Challenges, New Opportunities” 16–18 September, 2004, Vilnius, Lithuania).

Constraints:

- The need for multiple reviews and approvals of the handbooks and materials by all the major stakeholders in the larger project was the major constraint encountered; the process delayed final publication of the materials.

Recommendations:

- There should be wider dissemination of the training materials and handbooks throughout the Baltic Sea Region and Russian-speaking countries to increase support for establishing peer education programs among youth, particularly high-risk youth.

Latvia: VCT Training and Capacity Building in Latvia and Improving Information Sharing and Knowledge Management

Implementing agencies:	DIA+LOGs
Geographic focus:	Country-wide & regional
Target population:	Health providers & implementing agencies in the region
Length of support:	April 8, 2003–August 31, 2003 & May 1, 2004–August 31, 2004
Level of support:	\$45,126

Background:

DIA+LOGS was created in 2002 to provide support for PLHA and at-risk groups, as well as those affected by HIV/AIDS, and to serve as a resource center on HIV/AIDS for those working in the field. DIA+LOGS identified the lack of VCT services outside of medical services as a major gap in the HIV/AIDS response in the country, especially for such high-risk groups as IDUs and MSM. The main goals of this project were to:

- Increase the capacity of health providers and NGOs to manage VCT services effectively and increase access to VCT services for IDUs, MSM and sex workers.
- Raise awareness of psychosocial issues and the need for services (STI, HIV and TB) for at-risk groups.
- Enhance cooperation and communication between NGOs and government entities working in the field of HIV/AIDS in Latvia.
- Facilitate information-sharing with peer organizations working in HIV/AIDS in the Baltic Sea region.

Accomplishments:

DIA+LOGS conducted focus group discussions with high-risk groups (IDUs, MSM and female sex workers) to gain information for health providers to use in tailoring services for clients and in developing training materials for VCT training. VCT training also provided questionnaires for VCT counselors addressing TB, in an effort at co-mitigation and enhancement of referrals between prevention services.

Specific accomplishments are as follows:

- FGDs with high-risk groups, IDUs, MSM and female sex workers succeeded in raising awareness of the key issues and barriers to accessing VCT. Training activities used the information gathered on the experiences and needs of the target groups.
- Twenty-two specialists from a broad range of backgrounds (NGO, PLHA, family doctors, prison services and TB services) attended training sessions on the role and nature of VCT in prevention and care and the issues involved in establishing and running VCT services. A VCT senior technical officer from FHI/Arlington co-facilitated this training.
- Twenty specialists received training in practical counseling skills in a follow-up training session.
- The initiative established a multisectoral VCT working group to address national VCT guidelines as well as support, supervision and coordination among various health services and with NGOs.

- The project redesigned the Web site to provide up-to-date HIV/AIDS information and epidemiological and programmatic information specific to Latvia, with special attention on issues related to PLHA and at-risk groups. It developed a strategy to maintain the Web site.

Constraints:

- Government perception of NGOs and of its role vis-à-vis NGOs can inhibit coordination and meaningful collaboration and prevent development of effective referral networks that provide both medical and psychosocial services outside the formal system.
- The lack of national VCT guidelines and Latvian requirements that only medical doctors conduct testing prevented the widespread introduction of VCT services and constrained access to VCT by high-risk groups, who need these services most.

Recommendations:

- Partners from multiple sectors—government, NGO and private—should gather to address policy and operational policy issues to introduce high-quality counseling and testing services quickly and to improve coordination and collaboration among these sectors.
- To strengthen the linkage between VCT and TB services, there should be further training of TB specialists.

Lithuania: Regional Electronic Information Dissemination Center and Improving Information Sharing and Knowledge Management

Implementing agencies:	Lithuanian AIDS Center
Geographic focus:	Country-wide and Regional
Target population:	Implementing agencies in the region
Length of support:	December 14, 2001–April 30, 2003 and April 1, 2004–July 31, 2004
Level of support:	\$39,600

Background:

A decree of the Ministry of Health established the Lithuanian AIDS Center (LAC) in 1989 as the principal institution responsible for HIV/AIDS in Lithuania. The main goals of this project were to:

- Facilitate information sharing among government institutions and NGOs involved in HIV prevention in the Baltic Sea Region through the Internet, seminars, roundtables and distance learning.
- Gather and document best practices in HIV/AIDS and STI and prevention among high-risk groups to make them available to implementing agencies in the region.

Accomplishments:

The original design assessment of the Baltic Sea Regional HIV/AIDS Initiative recommended creating one regional information center, with the LAC as host. During the course of the program it was decided to instead create information centers in each of the countries; this system would facilitate information sharing that was country specific and would be easier to maintain. Consequently each country developed an information center, including one in Lithuania, housed by LAC. Specific accomplishments include the following:

- LAC published ten HIV/AIDS electronic information bulletins in Lithuanian; four of them were translated into Russian and English. Advocacy efforts made use of the newsletter, of which 1,400 copies were distributed. It was also put on the LAC Web site.
- The regional magazine “Between Us” appeared in three editions.
- LAC organized a regional meeting in July 2002, as part of improving regional informational exchange among the implementing partners of the Baltic Sea Region and to provide information for the design of the regional center and its publications.
- In 2004 the LAC organized a technical meeting of several NGOs from Lithuania, Latvia and St. Petersburg to discuss improvements for information exchange via the Internet and publications. Since the LAC Web site is the most developed among its peers in the region, the meeting recommended that an LAC staff person help other NGOs, in particular NGOs from St Petersburg and Latvia, develop tools for improved information exchange. Participants made plans for future cooperation and information exchange.

Constraints:

- The LAC takes on many duties and responsibilities with a limited staff. This sometimes made it hard to assign priority to this subproject, given its other activities.

Recommendations:

- Lithuania hosts numerous regional HIV/AIDS conferences. Since the LAC plays an active role in bringing international and regional attention to the country, it could play a larger role as a center of information exchange for neighboring countries.

Lithuania: Coordination with Municipal Government for Outreach to High-Risk Youth and Prevention Interventions for IDUs

Implementing agencies:	Klaipeda Drug and AIDS Prevention Group
Geographic focus:	Klaipeda
Target population:	High-risk youth and IDUs
Length of support:	April 1, 2002–July 31, 2003
Level of support:	\$43,925

Background:

The Klaipeda Drug and AIDS Prevention Group (DAPG) began in 1995 and has been working actively in drug prevention and treatment, in close collaboration with the local municipal narcological services. In this subproject, DAPG worked closely with the Klaipeda City Pupils Technical Creative Center (PTCC), a municipality-supported organization. The main goals of this project were:

- Developing a comprehensive and multisectoral information center on HIV/AIDS, STI and IDUs, including up-to-date epidemiological data.
- Supporting BCC activities to decrease vulnerability of at-risk youth.
- Expanding and improving services designed to reach young people already experimenting with intravenous drugs and/or engaging in commercial sex.

Accomplishments:

The subproject increased staffing at the drop-in center of the DAPG Drug Addiction Center, which improved outreach, and provided most of the funding for running the Youth Center at the municipality. Specific accomplishments are as follows:

- The subproject maintained services at the drop-in center of the DAPG Drug Addiction Center. The center provided counseling, educational materials, blood collection for HIV testing, medical and psychosocial referrals, and needle exchange and condoms. (IMPACT funding did not provide needles and condoms; other donor resources provided these.)
- Outreach workers from the DAPG Drug Addiction Center participated in two two-week training sessions facilitated by the AIDS Foundation East-West. The topics were effective outreach activities and organizing effective support groups for hard-to-reach populations. There were four workshops for youth.
- The Youth Center purchased equipment and materials to facilitate its work with vulnerable youth and to equip the drop-in center. The Youth Center carried out various outreach activities to discourage youth from engaging in risky behavior, including nine summer camps, Internet and football clubs, and training sessions and materials for parents and teachers on life skills for youth. These activities reached over 800 people.

Constraints:

- Both the DAPG Drug Addiction Center and the Youth Center have limited staff for the scope and intensity of their activities. These staffing constraints and heavy workloads can lead to staff burnout and affect program quality.

Recommendations:

- Outreach work and after-school activities should expand to reach youth experimenting with non-injection drugs to promote behavior change among this risk group.
- Burnout prevention for outreach workers should receive more attention, given the stress of working with high-risk youth and the heavy workload.

Lithuania: Dissemination of HIV/AIDS Best Practices and Strategies for IDU Interventions Throughout the Country

Implementing agencies:	Central and Eastern European Harm Reduction Network (CEE-HRN)
Geographic focus:	Country-wide
Target population:	Government officials and NGOs implementing prevention activities for IDUs
Length of support:	June 15, 2003–April 30, 2004
Level of support:	\$40,000

Background:

The Central and Eastern European Harm Reduction Network (CEE-HRN) is a network of 174 members, including individuals and organizations, from 24 countries throughout Central and Eastern Europe and the former Soviet Union. The main purpose of the network is to advocate for and promote effective HIV prevention methods and policies around prevention, targeting drug users. The main goals of this project were to:

- Identify best practices in HIV prevention programs and disseminate them among health care providers, policymakers and NGOs to mobilize and advocate for effective prevention policies for drug users.
- Build service provider capacity for effective HIV prevention services for high-risk groups (IDUs, sex workers and prisoners).
- Build stronger links between NGO HIV prevention programs and the formal health care system, thereby increasing access of high-risk groups to health care.

Accomplishments:

CEE-HRN published a best-practice collection entitled “HIV/AIDS Prevention among Injection Drug Users in Lithuania: Best Practices,” disseminated among government officials, policymakers and NGOs at the municipal and national levels. The best practices collection appeared in three languages (Lithuanian, English and Russian) and was posted on several national and regional Web sites.

The project produced two toolkits of materials, informational packets and guides on prevention programs for high-risk groups. They included general information on creating prevention programs for specific high-risk groups, HIV-related treatment, organizing PLHA groups, advocacy and policy change for effective HIV prevention programs, fundraising and monitoring and evaluating HIV programs. Other donor funding paid for disseminating the toolkits to high-level municipal officials at roundtables in four cities and also at a conference in the Lithuanian parliament. CEE-HRN has noted a change of attitude among some government officials regarding HIV prevention programs for high-risk groups as a result of these forums.

Through a subgrant from CEE-HRN, the Vilnius Center for Addictive Disorders established a mobile unit (“Blue Bus”) to provide information and social services to IDUs. CEE-HRN also helped the Vilnius Center create a link between the Blue Bus clients and the STI clinic at the Dermatological and Venereologic Dispensary and four primary health care centers. Through an agreement between the Vilnius Center and these health centers, clients of the Blue Bus could access medical assistance despite their social or economic status.

Constraints:

- Lack of data on the size and behaviors of the main high-risk groups in Lithuania (IDUs, sex workers and prisoners) inhibits the design of effective prevention programs and the ability to determine the coverage and impact of existing interventions.
- Negative attitudes of the general population toward PLHA and high-risk groups are the main challenge in garnering political and public support for prevention programs targeting those most at risk.

Recommendations:

- Further coordination and collaboration among the government, NGOs and the private sector are needed to establish comprehensive and flexible HIV/AIDS prevention programs at the municipal and national levels.
- There should be wider dissemination of best practices to demonstrate the effectiveness of HIV prevention programs among high-risk groups. This would increase public support for these programs and decrease stigma, as well as influence government policies and strategies in HIV/AIDS comprehensive prevention and care.

Russia: Creating Low-Threshold Health Services for Vulnerable Populations in St. Petersburg

Implementing agencies:	St. Petersburg's Research Institute (Pasteur) North-West District AIDS Prevention Center, Ministry of Health, "Vozvrashcheniye" NGO, Humanitarian Action Foundation
Geographic focus:	City of St. Petersburg
Target population:	Vulnerable populations (IDUs and sex workers) served by NGO outreach services and health care providers in state-run medical services
Length of support:	Jan 7, 2002–December 31, 2003 and March 1, 2004–August 31, 2004 (three subprojects combined)
Level of support:	\$156,784

Background:

St. Petersburg is the administrative center of Leningrad Oblast of the North-West Federal District. With a population of about 5 million inhabitants, it is the fourth largest city in Europe. By November 2001 St. Petersburg had registered about 17,000 cases of HIV infection, 10,000 in the previous 11 months.

The vast majority of these infections were related to IDU. The city's IDU population is estimated to be 100,000 and the total drug-using population is estimated to be 300,000. Sentinel surveillance had shown that HIV prevalence among those IDUs reached in the largest NGO prevention activity targeting drug users in the city had increased from 12 percent in 1999 to 36 percent in 2001. The same study found that 70 percent of these clients did not use government health care and other support services. While three prevention projects targeting drug users in the city offered needle exchange services, varying degrees of physiological and medical counseling, and on-site social support, it was estimated that these projects covered less than 5 percent of the total need.

Thus a public health system responsive to the complex medical and psychological needs of IDUs and sex workers and the evolving HIV epidemic was urgently needed, a system that would implement lessons learned and best practices to date. Such a system would build upon and create functional links between city health structures and current NGO efforts for vulnerable populations. This subproject brought together three separate NGO-run projects and tested models to link outreach prevention services with public health institutions. The aim of this project was to develop a referral consortium of physicians who would provide client-friendly services for the target population. Over the course of this project, changes in the political and legal environment and monitoring data showing diminished follow-up prompted changes in the approaches used.

Accomplishments:

Changes in the political and legal environment, funding cycles and monitoring data led to interventions in three stages.

- Stage 1: Teams from three outreach projects in the city participated in the Doctors We Trust Project. At encounters with IDUs, NGO outreach workers exchanged injection equipment, provided advice and counseling and, if necessary, referred the client to

medical care from a roster of preselected medical specialists. The client received a referral card allowing him or her to avoid official registration and get treatment with or without health insurance. Monitoring data indicated that a large percentage of referred clients (29 percent) never attended the clinic services to which they were referred, although this varied by specialist.

- Stage 2: Because of the low percentage of IDUs reaching the referral clinic, the project simplified access to medical care. In this stage the new project model was a “minipolyclinic” situated in a convenient city location where physicians from all necessary subspecialties gathered at specific hours. This model of low-threshold polyclinics was more convenient for clients than traveling to various locations to see physicians. However, while more convenient for the clients, this configuration was outside the normal system of state health services. In addition, the political situation related to prevention activities targeting drug users and their relationship to public health services changed.
- Stage 3: During this phase, funding went directly to two of the three NGOs working with IDUs to support services in a consortium. Strong collaboration continued with the Pasteur Institute through weekly meetings. The two NGOs—Humanitarian Action and Vozvrashcheniye—evolved into slightly different models. Vozvrashcheniye supported key personnel in referral settings to act in part as a case manager, facilitating access to the medical specialist and ensuring appropriate referral, if necessary. Humanitarian Action was able to reduce the referral points by making referrals to a major infectious disease hospital that was able to provide comprehensive services at a single location.

Some shared indicators (see figures below) demonstrate that the stage-three models work as well as the minipolyclinics with respect to the number of visits to specialists, hospitalization rates of first attendees and percentage of attendees who are HIV-positive.

Year	2002 (10 months)	2003 (5 months)	2004 (4 months)
Average number of monthly visits to consortium	52.0	77.2	204.0
Percentage of clients hospitalized at initial visit to consortium	30.5	12.4	9.8
Percentage of clients referred to the consortium who were HIV-positive	---	44	63.8

Training for consortium physicians on issues of clinical management of IDU populations enhanced their work.

Constraints:

- Physicians' lack of experience in working with IDU populations makes them reluctant to care for these individuals.
- The constantly changing political and regulatory environment around IDUs and sex workers in Russia makes working with these groups challenging.

Recommendations:

- St. Petersburg has a large number of people vulnerable to HIV infection or who are already HIV-infected. The vulnerable populations of IDUs and sex workers have complex psychological and medical needs but are marginalized and unable to access state medical facilities. This subproject demonstrated that it is possible to link those NGOs that have access to these high-risk populations and a history of providing prevention and support to the appropriate state medical facilities. Both prevention and clinical care service provision are critical. While a significant percentage of IDUs and street-based sex workers populations are already HIV-infected, continuing prevention is necessary to prevent a more severe epidemic. The care critical for these marginalized populations includes first aid services, detection of such common and severe communicable diseases as tuberculosis, and management of HIV-related diseases and AIDS, which will become more evident over time. These models should receive support and grow stronger to meet the needs of large numbers of individuals in St. Petersburg.
- The experience of NGOs and state-run medical institutions yielded lessons learned and training materials; these should be formalized and finalized for wider distribution in the Russian Federation.
- Advocacy work beyond physicians is needed—especially among the police and public health service institutions—if service delivery to these marginalized groups is to succeed. The significant and positive role of NGOs in accessing these marginalized populations should be highlighted and documented to ensure appropriate support.

Russia: HIV Prevention and Mitigation in Kaliningrad Oblast

Implementing agencies:	Kaliningrad Oblast AIDS Prevention Center
Geographic focus:	Oblast-wide
Target population:	Health providers and vulnerable populations
Length of support:	January 25, 2002–July 31, 2004
Level of support:	\$123,000

Background:

HIV/AIDS was first identified in Kaliningrad Oblast in 1988. A significant increase in HIV infections in the IDU community was identified in 1996. That year, 600 new HIV cases were identified, of which more than 95 percent were IDUs. As of July 1, 2004, a cumulative 4,448 HIV infections were registered. Kaliningrad Oblast is one of the seven most affected oblasts in Russia.

IDU predominates among the HIV transmission routes, accounting for 73 percent of all HIV infections, but heterosexual transmission is also a major route. In 2003 the ratio of IDU to heterosexual transmission of newly reported cases was 1:1, much of which results from sexual contact with an IDU.

The Kaliningrad Oblast AIDS Prevention Center was established in 1990. In 2001 an intensive reorganization sought to develop low-threshold services for vulnerable groups while strengthening their role in data gathering/management and education. The reorganization resulted in a new name (Immunopathology Center), a move to new facilities in 2001 and an increase in the number of specialists. Another result was a new network of providers, NGOs and sources of funding. The Center took on an advocacy role to address the problems and issues of vulnerable groups and PLHA. The IMPACT Project supported aspects of this reorganization, as described below.

Accomplishments:

Resource Center:

- With FHI support, the Center was able to equip and fund a resource and training center as a resource for NGOs; youth, including school and university students; regional administration authorities; and the medical community in Kaliningrad. Frequent training and seminars encouraged networking and raised the knowledge levels of health care providers and municipal department heads responsible for social issues in their territories. More than 500 specialists from health care institutions and 50 representatives of administrative departments attended training seminars.
- People working in HIV prevention and mitigation also used the resource and training center as a place to meet and have discussions. The main achievement of these activities was to raise awareness of HIV issues in an effort to change attitudes about AIDS and stigma and discrimination. Seminar participants included 304 specialists from educational institutions, 396 school and university students and 72 volunteers. As part of the TB/HIV effort, 21 medical specialists from correctional facilities in the oblast attended seminars.

- The resource and training center had a telephone hotline for counseling. It provided psychological assistance, consultations and information to more than 3,000 people during 2003 and 2004. Many of them were referred to the center and received high-quality medical, psychological, legal and other assistance. This range of assistance was wider than specialized health institutions in Russia can usually provide. It included help with rehabilitation of personal identification documents (35 for the first quarter of 2004), employment (75), family counseling (98), crisis counseling (13) and other VCT (over 200).
- In addition to on-site seminars and trainings, the Center provided information through mailings to health care specialists, educators, representatives of administrative department, NGOs, school and university students, volunteers, the general population and medical specialists at correctional facilities. The Center, with the support of IMPACT, also established a Web site for posting of materials and reports. Web hits increased from 115 in 2003 to 668 in the first eight months of 2004.
- Resource Center specialists participated in numerous events in Kaliningrad city and other locations in Kaliningrad Oblast where, with the help of youth volunteers, they distributed BCC information and raised public awareness.
- Finally, as part of the Center's role in monitoring the epidemic, it supported in part some data-gathering activities, including behavioral monitoring in SW and seamen traveling abroad, and supported the preparation of HIV/AIDS analytical reports for the period 1997-2002 to be used for advocacy for service delivery and funding requests.

Expanding care for HIV-infection and vulnerable at risk groups: As part of the Center's goals after reorganization, FHI supported their efforts to expand services to HIV-infected persons as well as vulnerable groups by:

- Providing equipment and furnishing for the maternity home Nr. 4 in Kaliningrad, including furniture and laboratory equipment.
- Renovating a youth center for health promotion and sports for at risk-youth in the city of Svetly.
- Providing occupational therapy equipment (woodworking) for a rehabilitation center for addicted children in the village of Pregolski.
- Supporting formative research among families affected by HIV/AIDS to determine their social and psychological support needs.

TB/HIV interventions:

AIDS Center analyses showed a rapidly growing number of HIV-infected persons with diagnosed TB. TB diagnosis in HIV-infected persons was 14.6 times higher than in HIV-uninfected persons. In 14 percent of HIV-infected persons, TB was diagnosed for the first time at autopsy. There was a low effectiveness of TB treatment in HIV-infected persons, who had a mortality rate 27 times that of HIV-uninfected TB patients. The low effectiveness of TB treatment in HIV-infected persons in many cases resulted from stopping treatment because of alcohol or drug addiction or voluntary cessation. The medical community in Kaliningrad also seemed unaware of the HIV/TB synergy and the unique clinical issues of TB in HIV-infected persons.

Working with the TB program in Kaliningrad, the Center, with support from IMPACT, worked to create and educate a network of HIV providers on TB infection in HIV-infected persons. The goal was to ensure early diagnosis of TB among HIV-infected persons. The project undertook the following activities:

- Organizing 14 seminars on HIV and TB for head physicians of regional hospitals and the central government public health surveillance service, deputy head physicians, heads of polyclinics, heads of medical departments, physicians at “trust points,” physician/epidemiologists, infectious disease physicians, pulmonary physicians, radiologists, therapists, paramedics at obstetrical points, nurses, medical personnel of correctional facilities, narcologists, and social workers. (Trust points are service delivery locations and providers that provide care to high-risk groups as part of this program.)
- Developing an “algorithm of cooperation” with physicians at trust points about reporting results of radiological examinations of HIV-infected patients done at the Center.
- Making policy changes at the Kaliningrad maternity home Nr. 4 – which treats HIV-infected pregnant women – about radiological examination of HIV-infected women after childbirth.
- Exchanging information with the regional TB hospital about immunologic assessment of immune status and indicators of infectious diseases of HIV-infected persons hospitalized for TB treatment and about examination of hospital patients by TB physicians specializing in HIV infection.
- Developing a software database to better organize the monitoring of HIV/TB co-infected patients.
- Developing a new form of monitoring of TB/HIV co-infection to ensure early diagnostics and treatment of TB among PLHA.

As a result of outreach to high-risk groups, drop-ins for pretest counseling for HIV increased from 513 in 2002, to 608 in 2003, and to 607 during the first eight months of 2003. Provision of ART prophylaxis to prevent maternal HIV transmission increased from 65.8 percent of known HIV-infected women in 2001, to 83.6 percent in 2002, to 90 percent in 2003. Radiological examination of HIV-infected persons to rule out TB increased by 17 percent in 2003 compared to 2002. The percentage of TB cases diagnosed for the first time at autopsy declined from 14.4 percent to 7.7 percent. The number of radiological examination of HIV-infected women postpartum increased by 53.8 percent. TB diagnoses increased by 9.8 percent compared to 2002. The number of HIV-infected patients who finished a full course of therapy increased from 54.7 percent in 2003 to 81.2 percent in 2004 among those who received treatment. TB diagnosis in HIV-infected persons in various health institutions increased from 61 percent in 2002 to 71 percent in 2003.

Constraints:

- Building consensus and creating a common vision among numerous institutions, structures and officials requires significant time and continuing support.
- The uncertainty of funding causes stress among staff and does not allow for long-term planning or for sustaining current scope and coverage of educational work.
- With regard to HIV/TB co-infection, functions are not clearly divided among TB hospitals and the AIDS Center. This leads to duplication of easily performed activities and transfer to others of the difficult ones.

Recommendations:

- While it is difficult and time-consuming, the effort to educate the medical community about HIV/AIDS issues can ultimately lead to better care for HIV-infected persons and vulnerable persons.
- More careful monitoring data are necessary to track HIV-infected persons, TB patients and HIV-infected pregnant women.
- Stronger electronic information technologies are needed.

REGIONAL ACTIVITY HIGHLIGHTS

Regional: Regional Advisory Committee Meetings

Implementing agency:	IMPACT
Geographic focus:	Baltic Sea Region
Target population:	RAC members, invited technical experts, U.S. Embassy staff, regional donors
Length of support:	October 2001, April 2002, September 2002, June 2003
Level of support:	\$80,000

Background:

The Regional Advisory Committee (RAC) was created to reinforce the increased visibility of and support for AIDS prevention programs in the region. The RAC consisted of one elected representative from each country's AIDS Center or Ministry of Health, a representative from each U.S. Embassy in the Baltic Sea Region and USAID, and representatives from other regional donors including OSI/Soros, UNDP, the HIV/AIDS ITA from the CBSS. Representatives from each of the five program sites, NGO partners, donor partners, technical collaborators and other key stakeholders also attended meetings in an effort to develop a systematic approach to sharing information and increase regional HIV expertise. The ultimate goal was to increase programmatic coverage and to provide a forum for the exchange of best practices and lessons learned. The RAC was one of the central mechanisms of the Network of Excellence.

The first RAC meeting took place in October 2001 in Vilnius, Lithuania. The meeting focused on establishing the framework for the RAC as well as goals and objectives of the initiative. Participants also discussed (1) their priorities and needs and suggested a design for the knowledge management system, (2) funding of subprojects and planning for the Network of Excellence, and (3) and priorities and plans of the Task Force on Communicable Diseases of the CBSS, the Soros Foundation/New York, United Nations agencies active in the region and the IMPACT position.

The second RAC meeting took place in April 2002 in Tallinn, Estonia, and included a review of progress to date and provision of technical assistance in monitoring and evaluation (M&E). There was a press conference in conjunction with the RAC meeting to further public understanding of the epidemic in the region and to raise the profile of the Baltic Sea Regional HIV/AIDS Initiative and the RAC. Drs. Zaza Tsereteli, seconded to the CBSS, and Gina Dallabetta, FHI/Arlington, made presentations on applying for CBSS funds and on lessons learned from the first round of applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Discussions after these presentations focused on the following:

- There was confusion about the role of the Ukrainian representative on the GFATM board and whether or not all proposals from the Newly Independent States should pass through the representative or go directly to the GFATM.
- If assistance were available, RAC members requested support in writing a regional proposal to the GFATM. They felt they had adequate country and regional coordination mechanisms, technical strategies, and management and financial systems to meet GFATM requirements.

- IMPACT agreed to develop a scope of work for a consultant to assist in preparing a proposal in collaboration with regional stakeholders.
- A monitoring and evaluation framework was proposed for the Network of Excellence.
- A discussion of regional links and priorities of the Network of Excellence in the following six months took place.
- Principles and strategies for working with the media were discussed.

The third RAC meeting took place in September 2002 in Vilnius, Lithuania, in conjunction with the Fourth European Conference on HIV/AIDS. Participants at the RAC meeting reviewed subprojects and discussed priorities for IMPACT support in the coming year. RAC members reviewed and refined the draft M&E plan for the Baltic Sea Regional HIV/AIDS Initiative. They discussed models of comprehensive care, including referrals to TB, STI and narcology services, as well as possible collaboration with the Centers for Disease Control and Prevention (CDC) TB initiatives in the region. There was consensus among the RAC members that the RAC was a useful forum and they endorsed its continuation. Action items from the meeting included the following:

- IMPACT to coordinate with Estonia to possibly provide training support on developing a proposal to the GFATM.
- IMPACT to alter the RAC Terms of Reference to clarify roles and responsibilities of RAC members, observer status of donors and the scope of future meetings.
- IMPACT to disseminate surveillance protocols, as requested by RAC members.

The fourth and last RAC meeting took place in June 2003 in Kaliningrad, Russia. RAC members discussed the status of the Network of Excellence and heard reports from the Baltic Sea Regional Advisor, country representatives, U.S. Embassies, USAID and the Open Society Institute. The meeting included presentations on VCT design and implementation, TB/HIV co-infection issues in the region, results of the October 2002 knowledge management system assessment and YouthNet activities. Action items from the meeting included:

- IMPACT to investigate the possibility of GFATM applications for Russian and regional proposals and to disseminate examples of national strategies to RAC members.
- Latvia to disseminate training materials to other RAC members, including VCT training materials.
- RAC members to nominate one country representative for possible communication on regional strategies and/or proposals to donors.

Regional: Support for the Secondment of an International Technical Advisor on HIV/AIDS Advisor to the Council of Baltic Sea States (CBSS)

Implementing agency:	IMPACT
Geographic focus:	Baltic Sea Region
Target population:	HIV/AIDS advisor for CBSS to support the development of HIV/AIDS subprojects to receive support from the CBSS
Length of support:	July 12, 2001–September 29, 2002
Level of support:	\$123,672

Background:

At the request of USAID, FHI hired an ITA for HIV/AIDS to the Task Force (TF) on Communicable Diseases of the CBSS. Dr. Zaza Tsereteli took up the position on a full-time basis on July 12, 2001. The ITA was a member of the TF Secretariat and advised the TF on HIV/AIDS issues. He acted as a liaison with regional donors on HIV/AIDS, with sector colleagues and with stakeholders about programs and activities. He also provided support to projects through site visits, including technical assistance in the areas of peer education, sexually transmitted diseases, injection drug use, VCT and other technical areas as identified by the CBSS strategy. The ITA also served as a member of the Baltic Sea Regional Project’s RAC as a representative of the Scandinavian donors.

Accomplishments:

Dr. Tsereteli traveled extensively in the region, meeting with potential partners and assisting in the design of projects the CBSS was to fund. He was actively involved in preparing and organizing HIV/AIDS/STI working group meetings in the region. Specific supported travel included the following:

Site	Dates	Purpose
Russia	June 2001	To attend Task Force meeting.
Copenhagen, Denmark	August 2001	To attend the meeting of all ITAs for the Task Force on Communicable Disease Control in the Baltic Sea Region.
Tallinn, Estonia	September, 2001	To establish working contacts with governmental and nongovernmental HIV/AIDS prevention centers.
Riga, Latvia	September 2001	Task Force meeting.
Arkhangelsk and Murmansk, Russia	September–October 2001	To participate in the Third International Conference: “Combating Infectious Diseases in the Barents Region.”
Lappeenranta and Helsinki, Finland	October 2001	To attend the Third Northern Dimension Forum, represent the Task Force during the health sector meeting and establish working relationships with Finnish organizations working in HIV/AIDS.
Riga, Latvia	November 2001	To meet with the Latvian AIDS Prevention Center and UNDP Latvia to finalize agreement of planned activities between UNDP Latvia and the Task Force.
Poland	November 2001	To attend Task Force Meeting and Regional HIV/AIDS Conference.

Site	Dates	Purpose
Arlington, VA USA	December 2002	To visit FHI office for orientation.
Copenhagen, Denmark	January 2002	To participate in the regular quarterly meetings of the Secretariat of the Task Force and the ITAs.
St. Petersburg and Moscow, Russia	January–February 2002	To meet with Russian representative of the group of senior health officials, with the head of the Russian Federal AIDS Center and the head of the North-West Regional AIDS Center. Meetings included review and discussion of proposals submitted to the CBSS Task Force for consideration.
Oslo, Norway	February 2002	To participate in a seminar with military officials under the umbrella of the Nord-Balt Personnel Project.
Riga, Latvia	April 2002	To meet with representatives of two projects funded by the Task Force (the NGO Dia+logs and the municipality); to meet with the Deputy Minister of Health and the U.S. Ambassador to Latvia.
Tallin, Estonia	April 2002	To meet with representatives of potential projects.
St. Petersburg, Russia	May 2002	Task Force meeting.
Georgia	May 2002	Home leave.
Tallin, Estonia	July 2002	To meet with representatives of potential projects.
Russia	July 2002	To meet with representatives of potential projects.
Vilnius, Lithuania	September 2002	Task Force meeting.

Overview of HIV/AIDS/STI projects under the CBSS TF Initiative:

Estonia: seven projects

- HIV 002: Collaboration between the City of Narva, the Olafia Clinic and the Oslo City Alcohol and Drug Addiction Service, Norway
- HIV 007: HIV-positives in Estonian prisons
- HIV 009: Improving the prevention and control of STIs in Estonia
- HIV 014: Advising young drug users and exchange of needles in areas of epidemic spread of HIV in Estonia
- HIV 015: Prevention, risk reduction and control of HIV infections in prisons in Estonia
- HIV 038: HIV/STI prevention in Estonian prisons
- HIV 051: The Finnish Gulf HIV Project. Counteracting the HIV epidemic in northwestern Russia and Estonia and strengthening resources of the health care system through training and research cooperation

Latvia: three projects

- HIV 004: Developing the network of outreach/counseling centers for intravenous drug users in Latvia
- HIV 006: DIA+LOGS: Contact and resource center for PLHA and working in the field of HIV/AIDS in Riga, Latvia
- HIV 036: Coordinated support to young people's health and development in Latvia

Lithuania: three projects

- HIV 010: Improving the prevention and control of STIs in Lithuania
- HIV 024: Preventing HIV/AIDS, drug use and related problems in prison institutions
- HIV 029: Cross-border cooperation in providing low-threshold social and medical services for sex workers and victims of human trafficking

Russia: six projects

- HIV 011: Improving the prevention and control of STIs in St Petersburg
- HIV 013: Peer support program for youths in St. Petersburg related to dialogue, quality of life and HIV/AIDS
- HIV 019: Health and protection for women involved in prostitution in St. Petersburg
- HIV 030: Project “13 plus”: To prevent sexually transmitted infections including HIV and unwanted pregnancies among young people in St. Petersburg
- HIV 031: Care for and counseling of HIV patients as a tool against the epidemic
- HIV 049: Peer support program in St. Petersburg related to dialogue, quality of life and HIV/AIDS (follow-up of HIV013 [#62])

Constraints:

Given the number of stakeholders and institutions working in the Baltic Sea Region and Russia, strong coordination and cooperation among international organizations is key to avoiding duplication of effort and resources and to maximizing impact.

Recommendations:

- Although there has been progress in stemming the epidemic in the region, HIV transmission is still a serious threat in the Baltic Sea Region. Societal factors such as poverty, social exclusion and discrimination have fostered the spread of the epidemic. It can best be halted by preventing the spread of infection among high-risk groups such as IDUs, sex workers, prisoners and at-risk youth.
- Several networks at various levels have been established in the region. To make effective use of these networks, it is important that there be transparency and strong coordination and sharing of information. Networking and sharing information are key to identifying effective strategies and best practices for replication.

Regional: The Baltic Sea Region Knowledge Management System in HIV/AIDS

Implementing Agency:	Healthlink Worldwide
Geographic focus:	Baltic Sea Region
Target population:	Information Managers of National AIDS Control Programs and local NGOs
Length of project:	1/1/02–12/31/02
Level of support:	\$45,631

Background:

The initial design of the Network of Excellence project in support of the Baltic Sea Regional HIV/AIDS Initiative was intended to integrate capacity development with networking to promote collective responsibility, strengthen civil society and establish mechanisms for multisectoral collaboration. The networking process offered the opportunity to:

- Facilitate the exchange of information, experience, skills, lessons learned and research among programs.
- Help coordinate greater horizontal exchange among individuals and projects at local, national, regional and international levels.
- Develop and disseminate expertise in program management, training, policymaking and evaluation.
- Expand the capacities and skills of practitioners by facilitating greater involvement and empowerment through peer-to-peer exchange and strengthening of solidarity.
- Improve the quality of programs by offering models of good practice.

To further strengthen and develop information systems in the region, FHI executed a contract with Healthlink Worldwide after a competitive process. Healthlink Worldwide was charged to work with key partners from the Baltic Sea Region to build their internal capacity to serve as focal points within a regionwide knowledge management system (KMS). Using visits, Phase I of the planned subproject assessed key partners on their internal capacity to serve as focal points within a regional KMS. Based on a post-assessment regional meeting in October 2002, participants felt there should not be one regional center for a KMS but rather one in each country, using the local language as well as Russian and English to post country activities and thematic expertise.

Healthlink Worldwide submitted a proposal for Phase 2 of the initiative that would have strengthened each site by providing hardware and software, establishing a management coordination group with regular semiannual meetings, providing information-related trainings initially focusing on database Web site use and approaches to producing health-learning materials, and developing “best practices” publications. Funding was not available to support Phase 2 of Healthlink Worldwide. (Note: Funding from USAID supported a portion of HealthLink’s recommendations directly.)

Accomplishments:

There was comprehensive assessment of all sites in the Baltic Sea Region with key implementing partners. Specific areas addressed included:

- General information about information dissemination and use.

- Organizational strategies for information/knowledge management.
- External environment: potential users and potential links.
- Technical capacity of potential users.
- Organizational resources and capacity.
- M&E strategies for KMS.
- Information technology questions and language questions (for example, Web site, e-mail, Internet access, database use, computer linkages, language of users).
- Information on resource center activities and services.

Assessment visits also resulted in technology transfer on current approaches to information management in various countries.

Constraints:

The main constraint to implementing the assessments came from the complexities of scheduling economical and convenient meetings and site visits.

Recommendations:

- Following the regional workshop, most participants no longer supported the original idea of a single regional Web site. Most thought each center should receive help in developing its own site, each linked to the others. The same approach was favored even for centers, such as Kaliningrad, that did not yet have their own site.
- There was similar support for developing and maintaining a shared database throughout the region, although HealthLink felt this approach was not feasible. Participants recommended that local databases be established using common software, such as Access, so it would be easier to develop any common database in the future.
- Human rather than technical resources are a key requirement in establishing Web-based resource centers. To function effectively, such resource centers require adequate numbers of appropriately trained staff. Information technology, while important, will be effective only if underpinned by human resources.

Regional: Baltic Sea Regional Study Tours

Implementing agency:	IMPACT
Geographic focus:	Baltic Sea Region
Target population:	NGO and AIDS Control Program Staff
Length of project:	January 2003–February 2004
Level of support:	\$19,204

Background:

Among the high-priority areas that members identified at the RAC meeting in Vilnius, Lithuania, in September 2002 was increased regional information exchange. Consequently, funds were reallocated to provide limited support through the Network of Excellence for study tours to further the objectives of the program. Participants had to submit a proposal of two or three pages that included a description of the proposed study tour (outlining proposed sites, goals of the exchange, participant's current position and affiliated organization). The applicant needed to demonstrate how the proposed study tour would further the objectives of the Baltic Sea Action Plan and how the participant and his/her organization would benefit from the activity. In addition, the applicant had to provide a detailed budget and documentation from the host organization agreeing to the study tour.

Participants were asked to select one of the following sites for a visit: Riga, Latvia; Vilnius or Klaipeda, Lithuania; Tallinn, Estonia; or Kaliningrad or St. Petersburg, Russia. These exchanges would allow individuals the opportunity to observe best practices in action at another project site and to integrate this knowledge into current and future organizational activities. Exchanges were to focus on such topics as:

- Comprehensive prevention activities in HIV, TB and sexual health (including prevention activities targeting IDU programs and prevention programs in prisons).
- Harnessing advocacy efforts within countries to exert political pressure and bring greater visibility to HIV/AIDS.
- Collaborative efforts between government and NGOs on HIV/AIDS/STD prevention issues.
- Data collection (active behavioral surveillance, M&E).
- HIV/AIDS care and support issues.
- Efforts to increase sustainability of prevention/care projects beyond current funding, including fundraising efforts such as proposals for the GFATM and other donors.

The RAC distributed the announcement to local agencies. FHI received ten applications and reviewed them in Lithuania and Arlington; USAID reviewed them in Washington.

Accomplishments:

Successful applications took the following study tours:

Estonia

- One staff member of *Convictus Eesti* traveled to St. Petersburg, Russia, to participate in a postgraduate course conducted by the Medical Academy of Postgraduate Education entitled

“Social Aspects of HIV Infection.” The purpose was to increase skills in implementing prevention programs specifically focused on IDUs and prisons. In conjunction with the course, the Convictus Eesti staff member also made site visits to infectious disease hospitals in St. Petersburg and Ust-Uzhora.

Latvia

- Five staff members from DIA+LOGS traveled to St. Petersburg, Russia, and to Tallinn, Estonia, to visit resource centers, IDU project activities, PLHA groups and counseling activities. In St. Petersburg the group met with Vozvrashcheniye and learned about many of its activities, including counseling, needle exchange points and work with PLHA groups. In Estonia the group met with the AIDS Prevention Center and several NGOs, including ESPO, Living for Tomorrow and AIDSi Tugikeskus. The group found the visits extremely useful as they learned new approaches in service delivery and potential pitfalls.

Lithuania

- Two social workers from the Vilnius Substance Abuse Center visited St. Petersburg, Russia, to exchange experience with local NGOs doing similar work. They gathered information about establishing mobile services, working with street children and linking NGO interventions with the formal health system.
- The editor of the magazine “Between Us,” published with IMPACT and UNDP funding under the coordination of the Lithuanian AIDS Center, traveled to the sites of the Baltic Sea program to share experiences, find partners, collect stories and distribute the magazine. (The magazine was originally planned to be regional.) Travel destinations included Riga, Latvia, Tallinn, Estonia, St. Petersburg and Kaliningrad, Russia. The study tour coincided with conferences in St. Petersburg and Riga, which the editor also attended.

Russia

- The Kaliningrad Regional AIDS Center visited St. Petersburg to meet with the North-West AIDS Prevention Center and the St. Petersburg AIDS Prevention Center, the NGO Vozvrashcheniye and the Botkin Infectious Disease Hospital. Participants discussed creating referral networks, VCT counseling and psychosocial support for PLHA.
- Three staff from the NGO Vozvrashcheniye visited Kaliningrad, Russia, and Riga, Latvia. The group met with the Kaliningrad Regional AIDS Center to learn more about providing psychosocial support to PLHA and their families, working with youth and street children and government-NGO collaboration to provide services to IDUs. In Riga, participants met with the Latvian AIDS Prevention Center and several NGOs, including Youth Against AIDS, AGIHAS (a self-support group for PLHA) and Humanus. Discussions centered on HIV prevention activities for IDUs, psychosocial support for PLHA, peer education methodologies and providing social services to IDUs.

Constraints:

Study tour participants cited no major constraints. The only challenge in carrying out the activity was scheduling the necessary time to take the study tours.

Recommendations:

- Study tours are valuable activities, worthy of funding; they allow for peer-to-peer exchange of information, lessons learned and technical advice. By visiting other sites, participants have direct contact with interventions and gain a deeper understanding of how the programs operate and how they could be replicated.
- Such programmed study tours help create collegial and institutional networks that endure after the study tours are over.

Regional: Ad hoc Technical Inputs to Regional and Local Initiatives

IMPACT staff in Lithuania and Arlington provided additional ad hoc technical support to RAC members and embassies and assisted in resource diversification and leveraging as outlined below:

Collaboration with The Synergy Project on Enumeration of High-Risk Groups in the Region: Through The Synergy Project, USAID provided funding to the Center for Drug Misuse Research at the University of Glasgow for an enumeration exercise to estimate the size of target populations in Estonia, Latvia and Lithuania. This exercise focused specifically on the IDU and female sex worker populations, since studying these groups require methodologies aimed at estimating the size of hidden populations. By working directly with national counterparts and holding local seminars, the Center's fieldwork achieved its second objective of transferring skills needed to estimate denominator populations for the program. IMPACT helped the Center develop its scope of work as well as conduct its technical review of the report and facilitation of the Center's in-country team to meet with key individuals.

This effort yielded two reports:

- G. Hay and N. McKeganey. *Enumeration in the Baltic Sea Region*. The Synergy Project, Washington, DC. 2003. (www.fhi.org)
- G. Hay. *Truncated Poisson Analyses of Data from the Riga Needle Exchange*. The Synergy Project, Washington, DC. 2003. (www.fhi.org).

Review of Democracy Commission Small-Grants Proposal, U.S. Embassy, Estonia:

IMPACT provided technical review, technical resources and contacts for a small-grants proposal from the Estonian Anti-AIDS Association, for work on an HIV/AIDS prevention project among recruits of the Estonian Defense Force. IMPACT provided the association draft materials from the Uniformed Services Task Force, an informal technical grouping of institutions working with uniformed services, including the Department of Defense, CDC, UNAIDS, Naval Research Center in San Diego, FHI, Population Services International and The Futures Group. It also provided the applicant a link to the UNAIDS Humanitarian Unit, which was working on HIV/AIDS in the military in Eastern Europe and Central Asia.

Review of proposal to Public Affairs Section of U.S. Embassy, Estonia: IMPACT provided technical review of a proposal from the Ministry of Justice in Estonia aimed at promoting sexual and reproductive health among juvenile and male offenders in detention centers in Estonia to decrease the risk of HIV/AIDS, violence, and recidivism and to increase coping skills.

Provision of tools, Web sites and technical suggestions to Mr. Ain Aaviksoo at the Ministry of Social Protection of Estonia: IMPACT responded to a request from Mr. Ain Aaviksoo for tools and strategies to begin programming Estonia's Global Fund money. IMPACT provided suggestions and Web sites and forwarded relevant publications and tools.

Review of a draft of the Lithuania HIV/AIDS Control Strategy, 2006–2009 and help in drafting strategy: At the request of the Embassy in Lithuania, IMPACT provided technical input into an early draft of the Lithuanian HIV/AIDS Control Strategy, 2002–2005.

Subsequently, IMPACT worked with the Lithuanian government counterpart to redraft the strategy to reflect a comprehensive approach more clearly. The parliament ultimately adopted the strategy in November 2002

Help with identifying potential NGOs in St. Petersburg to participate in the Russia-Russia NGO partnership program through Population Services International: IMPACT helped Population Services International identify St. Petersburg NGOs that would be appropriate for its Russia-Russia partnership program, which links NGOs in a mentoring relationship.

Situational Assessment of Sex Work in Klaipeda: To help the Klaipeda Addiction Treatment Center expand its services to female sex workers more effectively, an expert consultant in sex-worker interventions in Russia and the Newly Independent States worked with local counterparts to conduct a situational assessment. Main findings indicated that sex work in Klaipeda is relatively well-structured. HIV risk perceptions were high but there was little knowledge of other STIs. There were no educational programs with sex workers and they do not have access to STI services. However, current HIV prevention and care structures in the city could be adapted to address their needs. Full findings are available in the assessment report:

- G. Kurmanova. *Sex Work Situation in Klaipeda City, Lithuania: Report on the Outcomes of a Rapid Situational Assessment*. 2003. Arlington, VA: Family Health International (in Russian and English). (www.fhi.org)

Resource leveraging for the region: IMPACT, in collaboration with The Synergy Project, tried to identify additional resources for HIV/AIDS prevention and care for the region. This included:

- *Attempts to leverage CBSS funding for behavioral surveillance in the region.* IMPACT submitted a concept paper to the World AIDS Foundation (WAF) with the goal of building the capacity of AIDS centers in all five sites in the region to design and implement second-generation surveillance. The proposal to the WAF was to support technical assistance from IMPACT, with actual field costs for the data collection to be obtained through application to the CBSS. This application to WAF did not succeed and the project tried to leverage funds from USAID/Washington.
- *Dissemination through the RAC of potential funding opportunities relevant to the region.*
- *Continuing updates on eligibility and potential regional designs for the countries and regions interested in applying for Global Fund money after Round Three.* This involved continuing conversations with representatives of the Global Fund.
- *Input into the scope of work for Mr. Roger Drew, a consultant whom USAID hired through The Synergy Project to assist Estonia in the finalization of its Global Fund application.* IMPACT also provided technical input into the review of the Global Fund proposal.
- *Input into the scope of work for Mr. Roger Drew, a consultant whom USAID hired through The Synergy Project to work with Latvia in its preparation for a Global Fund application.* This trip was ultimately cancelled because of changes in the Global Fund eligibility rules.

ATTACHMENT A: Technical Assistance Roster

Date	Purpose	Person-weeks
International Technical Assistance		
October 2000	Assessment trip for Network of Excellence design with USAID and Open Society Institute, Lithuania	1
March 2001	Consensus-building workshop with stakeholders of the Network of Excellence, Klaipeda, Lithuania	1
June 2001	Consultative regional meeting on HIV/AIDS in the Baltic Sea Region, in Riga	1
June–July 2001	Design meetings with Estonian and St. Petersburg stakeholders for the Network of Excellence Project	3
September 2001	Design work for the Network of Excellence Project in Klaipeda and Kaliningrad & meeting with Council of Baltic Sea States in Copenhagen	3
October 2001	Technical participation to the first RAC meeting, Vilnius	1
November 2001	Local partner project development in St. Petersburg	2
January 2002	Meeting with USAID and ambassadors in Washington, DC	1
April 2002	Participation in second RAC meeting in Estonia	
April–May 2002	Assessment visits for KMS (Lithuania and Kaliningrad)	3
August 2002	Meeting with primary stakeholders of implementing partners for future activities in Latvia, Estonia and Lithuania	4
September 2002	Participation and technical input into third RAC in Lithuania	
October 2002	Assessment visit at final sites (St. Petersburg, Tallinn, Riga) and regional conference on KMS	3
September 2003	Technical assistance to regional peer education workshop held in Latvia	1
February 2003	Technical assistance in Latvia and Estonia for subproject design	2
May 2003	Technical assistance for Lithuanian strategy development, Vilnius	1
May 2003	Participation and technical input into fourth RAC meeting, Kaliningrad	2
July 2003	VCT training and capacity building in Latvia	2
August 2003	Work with Estonian NGOs to identify new potential activities for expansion of comprehensive care and support and conduct a workshop for care and support for representatives of NGOs and government	2
September 2003	Sex Worker situational assessment in Klaipeda, Russia	2
August 2004	Documentation of best practices in Russian sites (Kaliningrad and St. Petersburg)	2
September 2004	Close-out and report writing of Regional Program	4

Date	Site	Person-weeks
Regional Technical Assistance		
July 2002	Klaipeda, Lithuania and Kaliningrad, Russia	One
August 2002	Riga, Latvia and Tallinn, Estonia	One
September 2002	Riga, Latvia	One
September 2002	St. Petersburg, Russia	One
September 2002	Riga, Latvia	Half
October 2002	St. Petersburg, Russia	One
October 2002	Riga, Latvia	One
November 2002	Klaipeda, Lithuania	Two
December 2002	Klaipeda, Lithuania	One
January 2003	Tallinn, Estonia	Half
January 2003	Klaipeda, Lithuania and Kaliningrad, Russia	Half
February 2003	Riga, Latvia	Half
February 2003	Klaipeda, Lithuania	Half
February 2003	Tallinn, Estonia	Two
March 2003	Klaipeda, Lithuania and Kaliningrad, Russia	Half
April 2003	Kaliningrad, Russia	One
April 2003	St. Petersburg, Russia	One
June 2003	St. Petersburg, Russia	One
July 2003	Riga, Latvia	One
July 2003	Tallinn, Estonia	Half
August 2003	St. Petersburg, Russia	One
August 2003	Klaipeda, Lithuania and Kaliningrad, Russia	One
August 2003	Riga, Latvia	Half
August 2003	Klaipeda, Lithuania	One
September 2003	Riga, Latvia	Half
September 2003	Tallinn, Estonia	One
September 2003	Klaipeda, Lithuania	Half
September 2003	Tallinn, Estonia and Narva, Estonia	Half
September 2003	Klaipeda, Lithuania	Half
October 2003	Tallinn, Estonia	Half
December 2003	Riga, Latvia; Tallinn, Estonia; St. Petersburg, Russia	Three
February 2004	Kaliningrad, Russia	One
February 2004	Tallinn, Estonia	Half
May 2004	Kaliningrad, St. Petersburg Russia	One
July 2004	Kaliningrad, Russia	Half
September 2004	Riga, Latvia; Tallinn; Estonia, St. Petersburg, Russia	One

ATTACHMENT B: Regional Project References

Regional

PUBLICATIONS/REPORTS:

Hay G., McKeganey N. *Enumeration in the Baltic Sea Region*. The Synergy Project, Washington, DC. 2003. (www.fhi.org).

Hay G. *Truncated Poisson Analyses of Data from the Riga Needle Exchange*. The Synergy Project, Washington, DC. 2003. (www.fhi.org).

PRESENTATIONS/ARTICLES:

Hughes HAL, Bukhtoyaraov O, Chaplinska S, Ferdats A, Kalikova N, Pinel A, Smolskaya T. *Supporting program collaboration and synergies between nations in specific world regions*. Presented at the XIV International AIDS Conference 7–12 July 2002, Barcelona, Spain. [MoPeG4334].

Estonia

PUBLICATIONS/REPORTS:

Ljudmilla Priimägi. Estonian Association Anti-AIDS. *Twelve Years of Activity*. In Hamad TI, Swarts FA, Smart AR, eds. "Culture of Responsibility and the Role of NGOs," 2003 World Association of NGOs, pp. 361–363.

PRESENTATIONS/ARTICLES:

Alijev, L. *It's time to help!* In Connections, The Newsletter of the European Network of Drug Services in Prison & Central and Eastern European network of Drug Services in Prison. May 2004, Issue 15, pp. 14–15.

Meretäht-Seastar II Project – *HIV/STD Prevention Among Sex Workers* on the Central European University International Policy Fellowship Program Web site. www.policy.hu/kalikov/ESTONIA.html.

Priimägi L. *Health Promotion by the Estonian Association Anti-AIDS*, at the European Conference "Effective Advocacy for Health in Europe," Riga, Latvia, 4 April, 2003.

Priimägi L. *Estonian Association Anti-AIDS—12 years of activity*. Presented at the WANGO Annual Conference 2002 "Culture of Responsibility and the Role of NGOs," Washington D.C., 19 October, 2002.

Latvia

PUBLICATIONS/REPORTS:

Three regional training guides for youth peer education:

Guidelines for Trainers Based on the System of Peer-to-Peer Education. UNDP, FHI, UNAIDS, UNFPA, WHO/Europe, 2003. (Russian and Latvian).

Training Program for Peer Educators. UNDP, FHI, UNAIDS, UNFPA, WHO/Europe, 2003. (Russian and Latvian)

Handbook for Peer Educators. UNDP, FHI, UNAIDS, UNFPA, WHO/Europe, 2003. (Latvian)

PRESENTATIONS/ARTICLES:

Kaupe R, Executive Director, Dialogs. Satellite symposium *Voluntary Counseling and Testing (VCT) Experiences: The NGO perspective: DIA+LOGS and VCT implementation* at the Third Baltic Region Conference, Riga, Latvia, Sept 9–10, 2003.

Inese J. NGO Youth Against AIDS, Peer Project Coordinator. *The Role of Peer Education in HIV/AIDS Primary Prevention among Young People* at the Third Baltic Region Conference, Riga, Latvia, Sept 9–10, 2003.

Inese J. NGO Youth Against AIDS, Peer Project Coordinator. *NGOs' Contribution in HIV/AIDS Primary Prevention and Health Promotion among Young People*. UNESCO Conference "Education for All," Riga, Latvia, 5 April, 2003.

Lithuania

PUBLICATIONS/REPORTS:

HIV/AIDS Prevention among Injecting Drug Users in Lithuania: Best Practices. Central and Eastern Harm Reduction Network, Vilnius, Lithuania, 2003. (Published in English, Russian and Lithuanian). (www.ceehrn.org).

Kurmanova G. *Sex Work Situation in Klaipeda City, Lithuania: Report on the Outcomes of a Rapid Situational Assessment. 18–28 September, 2003*. Family Health International, Arlington, Virginia, USA. (In English and Russian) (www.fhi.org).

Russia

PUBLICATIONS/REPORTS:

Kurmanova G. *Creating low-threshold health services for vulnerable populations in St. Petersburg— Models of NGO and government health service cooperation*. Family Health International, Arlington, USA, 2004. (English and Russian). (www.fhi.org)

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Ostrowski, D, Director of Vozvrashcheniye. *The system of comprehensive and long-term care of HIV-infected people through a consortium of specialized medical institutions and non-governmental organizations [in St. Petersburg]*. Presented at the International Applied Science Conference on HIV Infection and Hepatitis Virus, Suzdal, Russia. 29 September–1 October, 2004.

Smolskaya T.T. *Results of the Project “Integration of IDUs into the public Healthcare Services”*. Third Russian Scientific-practical Conference on Issues of HIV Infection and Parenteral Hepatitis, Suzdal, Russia, 14–16 October, 2003.

Smolskaya T.T., Hughes H., Ogurtsova S. et al. *Integration of IDUs to the Public Healthcare Services by Cooperation between Non-Governmental Harm Reduction Projects and the Consortium of Specialists, working on the functional base*. Materials of the Second Russian Scientific-practical Conference on Issues of HIV Infection and Parenteral Hepatitis, Suzdal, Russia, 1–3 October, 2002, pp. 63-64.

ATTACHMENT C: Implementing Agency Contact Information

Implementing Agency	Country	Name	Title	Phone/Fax	E-mail	Address
NGO Living for Tomorrow	Estonia	Ms. Sirle Blumberg	Director	+372660 7302 fax +372 6607471 +3705287376	l_f_t@hotmail.com	Mardi tn 3, Tallinn 10145
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AIDS Information & Support Center	Estonia	Mr. Jury Kalikov	Director	+37256474501 tel/fax +372 6413165	tugikeskus@hotmail.com	Kopli 32, 10412, Tallinn
Convictus Eesti	Estonia	Ms. Julia Vinckler	Program Manager	+372 6 410 133 +37253410437	julia.vinckler@convictus.org www.convictus.org	Merivälja tee 1-K102, 11911 Tallinn
Estonian Positive Society	Estonia	Mr. Viacheslav Vasiljev	Director	+3725256449	espo@solo.ee www.espo.ee	Mardi tn. 3, Tallinn 10145
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NGO Estonian AIDS Prevention Center	Estonia	Ms. Sirle Blumberg	Director	+372 660 7302 +372 5581946	sirle@aids.ee	Mardi tn 3, Tallinn 10145
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DIA+LOGS	Latvia	Ms. Ruta Kaupe	Director	mob+371 9 412 855 tel/fax +3717243101	rutins@mail.delfi.lv www.diacentrs.lv	135 Dzirnava str., Riga, LV-1050
Lithuanian AIDS Center	Lithuania	Mr. Genrich Pushko	Director of "Mezdu Nami" magazine	tel. +370 5 2300125 fax 370 5 2300123 mob.:370 68258620	enrigue@one.lt www.aids.lt	Nugalėtoju str., 14 D, Vilnius
Klaipeda Drug and AIDS Prevention Group	Lithuania	Dr. Aleksandr Slatvickij	Director	t. 370- 46382044 f. 370- 46410648 mob. +37068723304	kplc@klaipeda.omnitel.net aslatvickis@kplc.w3.lt	Taikos av. 46 Klaipeda 5802,
Central & Eastern Harm Reduction Network	Lithuania	Ms. Raminta Stuikyte	Director	tel. +370-52691 600 fax +370-52611 489 mob+37069966677	raminta@ceehrn.org www.ceehrn.org	Vilniaus str., 25-7a, 2600, Vilnius
St. Petersburg Pasteur Institute, Northwest District AIDS Center of Russian Federation Ministry of Public Health	Russia	Dr. Tatjana Smolskaya	Director	+(7 812) 2337336 +(7 812) 2333483	smolskaya@ts2981.spb.edu	Saint-Petersburg Pasteur Institute 14, Mira Street, Saint- Petersburg, 197101
NGO Vozvrashcheniye	Russia	Mr. Dmitrij Ostrovskij	Director	+7 8123254435 mob 7 9213054208	vozv@sp.ru	9a Bolshaya Monetnaya, St. Petersburg
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ATTACHMENT D: Regional Summary Matrice
IMPACT HIV/AIDS programming in Estonia as part
of the Baltic Sea HIV/AIDS Regional Initiative
October 2000–September 2004

Overall Design	
	As part of the U.S. Government assistance to the Baltic Sea Initiative, IMPACT supported activities to develop local capacity in projects deemed important by stakeholders in conjunction with support for a networking process to strengthen civil society and multisectoral collaboration. The bilateral and regional activities to accomplish this are described below.
Bilateral Activities	
NGO Living for Tomorrow	Conducted a series of two eight-day sexual health seminars for young Estonians of both Estonian and Russian descent between the ages of 15–17, from different schools in Tallinn. A total of 35 girls and 24 boys received training; 30 were of Estonian descent and 21 were of Russian descent. As a result of this training, the NGO Living for Tomorrow has 15-20 very active youth peer educators. The third activity involved producing a 30-minute play called “Out of the Closet.” It was in Russian and played at the Russian cultural center and some high schools in Tallinn. About 700 people saw it. Subgrant funding: \$27,735.
Estonian Anti-AIDS Association	Conducted a series of 132 four-hour educational sessions/workshops for teenagers, ages 12-18. The session included different educational formats with group discussion, role play, videos and printed information. Topics included healthy lifestyle and healthy sexual behavior, HIV/AIDS, STIs, unwanted pregnancy, self-assertion and avoiding drugs. Over 2,000 youth received trained. Subgrant funding: \$14,910.
AIDS Information and Support Center	Provided outreach and clinical services to hard-to-reach populations, mainly female SW in Tallinn. The service provided primary medical care, including basic laboratory services; referral to STI and HIV/AIDS services; distribution of educational material; counseling and psychological support; and education for other physicians working in Estonia who work with SW populations. Also conducted awareness-raising campaigns among SW in Parnu and Narva, including the distribution of education materials, condoms and lubricants. Subgrant funding: \$43,662.
Convictus Eesti	Worked in Murru Vangla prison in Tallinn creating self-help groups for HIV-positive prisoners to provide psychological support. Prevention work and education among general population prisoners and prison personnel resulted in decreased stigma against HIV-positive inmates. Educational work with prison personnel resulted in a regular active exchange of experience with other groups working in prisons regionally. Convictus linked actively with ESPO and groups in Narva to ensure continuous service and referral for services for released prisoners. Subgrant funding: \$6,364.
Estonian Positive Society	Worked to create self-help support groups for HIV+ women, HIV+ IDUs, HIV+ MSM, and for HIV+ prisoners who were released. These self-help groups received trainers to help in self-organization and in sourcing resources and information in the community. The group also maintained a drop-in center in Tallinn that provided counseling, psychological support and educational seminars. ESPO also developed educational material for healthy sexual behavior in HIV+ persons. Subgrant funding: \$12,501.
Narva Rehabilitation Center for Alcoholics and Drug Addicts	Support for comprehensive prevention, care and support continuum for IDUs and their families in Narva. Work included a needs assessment of HIV+ individuals to lay the groundwork for a care network in Narva, to investigate sexual health needs of IDUs, and to build the capacity of project staff to plan and manage PLHA activities. Work also included advocacy with municipality to ensure adequate referral services for HIV+ individuals. Subgrant funding: \$20,450.
NGO AIDS Prevention Center	To assist in the redesign of the AIDS Prevention Center Web site and upgrading of equipment with the goal of improving knowledge management and information sharing among the regional AIDS centers and NGOs. Subgrant funding: \$15,000.

Regional Activities	
Regional Advisory Committee (RAC)	Four RAC meetings took place over the course of the project. Meeting sites were Klaipeda, Tallinn, Vilnius and Kalingrad. The RAC meetings involved the elected representative of the National AIDS control programs, representatives from UNDP, The Baltic Sea Initiative, USAID, Embassy representatives, FHI and technical guests. Members not only discussed achievements and constraints of Network of Excellence Project and other activities taking place in the region but used the opportunity to discuss their possible strategies in a changing political environment, including cross-border cooperation issues. In several RAC meetings participants proposed the list of priorities for international cooperation. A key priority emerged: sharing information. For this purpose several agencies in every country received special Study Tours funding in January 2003. Discussions also took place about fundraising opportunities, including GFATM, Task Force/ CBSS and other donors.
Study Tours	Regional Study Tours were developed upon request of RAC and awarded on the basis of a competitive proposal responding to specific criteria. USAID and FHI made the selection. In Estonia: NGO Convictus Eesti traveled to St. Petersburg to participate in a postgraduate course conducted by the Medical Academy of the Post Graduate Education and entitled "Social Aspects of HIV Infection." Funding for all regional study tours: \$19,204.
Secondment of International Technical Advisor on HIV/AIDS to Council of Baltic Sea States (CBSS)	At the request of USAID, IMPACT supported the secondment of an ITA on HIV/AIDS: Dr. Zaza Tsereteli, to the CBSS. US Government support gave support for the ITA from July 2001 through September 2002, when it passed to European sources of support. The ITA was a member of TF Secretariat and advised the TF on HIV/AIDS issues; she acted as a liaison with regional donors on HIV/AIDS, with sector colleagues and with stakeholders about programs and activities; he provided support to projects through site visits, including providing technical assistance in the areas of peer educations, sexually transmitted diseases, injection drug use, voluntary counseling and testing, and other technical areas as identified by the CBSS strategy. The ITA also served as a member of the Baltic Sea Regional Project's RAC as a representative of the Scandinavian donors. In Estonia eight projects received funding under the CBSS. Funding for ITA: \$123,672.
Direct TA Estonia	<ul style="list-style-type: none"> - Leine Stuart provided assistance to NGOs in developing models of comprehensive care continuum, including articulating the components and developing referral/linkages systems for providers of care and support services. Recommendations went to the government for areas to strengthen. - Denis Jackson provided assistance in developing and designing new subprojects for IDUs, HIV+ persons and prison interventions. - Scott McGill conducted a training of voluntary counseling and testing for HIV in Narva for those healthcare staff directly in contact with target population from six sites in the northeast region, including nurses, social workers and outreach workers. - Country officers, Sergey Gavrilin and Inga Jasulaityte, in the Regional Office in Lithuania provided day-to-day support of all activities within Baltic Sea Projects, including help in developing proper strategy (NGO level to government level), regular financial and technical reporting, M&E, problem solving, sharing information, and much more. - FHI regional staff participated as technical resources in regional technical meetings; these included UNDP Theme Group meetings, a Soros-supported meeting on TB/HIV, the Fourth European Conference on HIV/AIDS, and others. - Technical and program support from the Arlington office.
Leveraging Outside Funding	<ul style="list-style-type: none"> - Provided review and input into the Estonian Global Fund Proposal. - Continuing discussion with the CBSS for co-support of projects. - Applied to the World AIDS Foundation for support for Behavioral Surveillance activities in conjunction with the CBSS. - Through the RAC members, disseminated potential funding opportunities as they were announced.
HealthLink Worldwide— Knowledge Management System	Following a needs assessment of all five sites, Healthlink Worldwide held a participatory workshop with IT and information dissemination staff from all five sites in Riga in November 2002. They presented their recommendations about information sharing in the region. Country participants came up their recommendations, a key one being to strengthen each site rather than directing all resources to a single regional site. Funding to support further development of the idea followed this recommendation; it included funding for hardware procurement; Web site development; and continuing networking of technical specialists, including a follow-up meeting in Vilnius in July 2004. Limited funds prevented funding for the follow-on project design. However, funding did support hardware and software upgrades so that countries could post materials and communicate easily. Healthlink subproject funding: \$45,631.
Enumeration Exercise	With support from Synergy and IMPACT, Dr. Gordon Hay traveled to Lithuania, Latvia and Estonia to share his experience and technology of enumerating hard-to-reach populations like IDUs and female sex workers most useful for the Baltic Region.

Regional and country-specific publications and presentations.	<p>Regional:</p> <ul style="list-style-type: none"> ▪ Hay G, McKeganey N. <i>Enumeration in the Baltic Sea Region</i>. The Synergy Project, Washington, DC. 2003. (www.fhi.org). ▪ Hay G. <i>Truncated Poisson Analyses of Data from the Riga Needle Exchange</i>. The Synergy Project, Washington, DC. 2003. (www.fhi.org). ▪ Hughes HAL, Bukhtoyaraov O, Chaplinska S, Ferdats A, Kalikova N, Pinel A, Smolskaya T. Supporting program collaboration and synergies between nations in specific world regions. Presented at the Fourteenth International AIDS Conference, 7–12 July, 2002, Barcelona, Spain. {MoPeG4334}. <p>Estonia:</p> <ul style="list-style-type: none"> ▪ Ljudmilla Priimägi. <i>Estonian Association Anti-AIDS. Twelve Years of Activity</i>. In Hamad TI, Swarts FA, Smart AR, eds. "Culture of Responsibility and the Role of NGOs," 2003 World Association of NGOs, pp. 361 - 363. ▪ Alijev, L. <i>It's time to help!</i> In Connections, The Newsletter of the European Network of Drug Services in Prison & Central and Eastern European network of Drug Services in Prison. May 2004, Issue 15, pp. 14–15. ▪ Meretäht-Seastar II Project – <i>HIV/STD Prevention Among Sex Workers</i> on the Central European University International Policy Fellowship Program Web site. www.policy.hu/kalikov/ESTONIA.html. ▪ Priimägi L. <i>Health Promotion by the Estonian Association Anti-AIDS</i>, at the European Conference "Effective Advocacy for Health in Europe" Riga, Latvia, 4 April. 2003. ▪ Priimägi L. <i>Estonian Association Anti-AIDS - 12 years of activity</i>. Presented at the WANGO Annual Conference 2002, "Culture of Responsibility and the Role of NGOs," Washington D.C., 19 October, 2002.
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AIDS Information & Support Center	Mr. Jury Kalikov	Director	+37256474501 tel/fax +372 6413165	tugikeskus@hotmail.com	Kopli 32, 10412, Tallin
Estonia Anti-AIDS Association	Ms. Liudmila Primagi	Director	Tel/fax+3726514360	dr.priimagi@mail.ee www.hot.ee/antiaids/	Hiiu tn. 42 Tallinn 11619
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**IMPACT HIV/AIDS Programming in Latvia as part
of the Baltic Sea HIV/AIDS Regional Initiative
October 2000–September 2004**

Overall Design	
	As part of the U.S. Government assistance to the Baltic Sea Initiative, IMPACT supported activities to support local capacity development in projects deemed important by stakeholders in conjunction with support for a networking process to strengthen civil society and multisectoral collaboration. The bilateral and regional activities to accomplish this are described below.
Bilateral Activities	
Youth Against AIDS	Development and production of peer education materials, including peer education guidelines, a peer education manual and a booklet. Staff presented the materials at a Baltic Sea Regional peer education workshop that took place in Riga in 2003, with technical assistance from FHI. Eighteen NGOs from Latvia, Estonia, Lithuania, St. Petersburg and Moscow attended the workshop and received the materials for further dissemination. UNDP collaborated in the program and supported a BCC campaign linked to the materials. An evaluation of the campaign demonstrated that it was successful in reaching young people through multiple channels. Two hundred and ninety-eight peer educators received training and then conducted peer education workshops, reaching 12,600 young adults. Subproject funding: \$37,500.
Soros Foundation/Latvia	The activities focused mainly on extending outreach work among IDUs and vulnerable groups in Riga and four other cities (Ogre, Salaspils, Jurmala, and Olaine). Through the outreach activities, IDUs and other vulnerable groups were referred to health and psychosocial assistance. A media campaign received support to raise awareness around HIV and IDU issues. After completion of the subagreement, the local municipalities took over support of the activities. Subproject funding: \$60,000.
DIA+LOGS	The main focus of the program was to increase access for VCT services for high-risk groups and raise awareness of psychosocial issues specific to these groups. Through the subagreement, over 40 specialists received training in VCT, especially for hard-to-reach groups, based on formative research with these groups. Further funding helped create an electronic network for information sharing among institutions and organizations involved in HIV/AIDS prevention work. Support went for buying computer hardware and software, translating foreign publications and developing electronic informational and educational packages. Subproject funding: \$45,000.
Regional Activities	
Regional Advisory Committee (RAC)	Four RAC meetings took place over the course of the project in Klaipeda, Tallinn, Vilnius and Kaliningrad. The meetings involved the elected representative of the National AIDS control programs, representatives from UNDP, The Baltic Sea Initiative, USAID, Embassy representatives, FHI and technical guests. The members discussed achievements and constraints of Network of Excellence Project and other activities taking place in the region and used the opportunity to discuss possible strategies to change the political environment, including cross-border cooperation issues. In several meetings participants proposed priorities for international cooperation. A key one emerged: sharing information. Special Study Tours funding went to several agencies in every county for this purpose in January 2003. There were also discussions about fundraising opportunities, including GFATM, Task Force/ CBSS and other donors.
Study Tours	RAC requested that Regional Study Tours be developed, with awards on the basis of a competitive proposal responding to specific criteria. USAID and FHI made the selections. In Latvia: Five staff from DIA+LOGS traveled to St. Petersburg, Russia and Tallinn, Estonia to visit resource centers, IDU project activities, PLHA groups and counseling activities. Regional activity funding: \$19,204.

Secondment of International Technical Advisor on HIV/AIDS to Council of Baltic Sea States (CBSS)	<p>At the request of USAID, IMPACT supported the secondment of an ITA on HIV/AIDS, Dr. Zaza Tsereteli, to the CBSS. The U.S. Government provided support for the ITA from July 2001 through September 2002 when it passed to European sources of support. The ITA was a member of the TF Secretariat and advised the TF on HIV/AIDS issues; she acted as a liaison with regional donors on HIV/AIDS, sector colleagues and stakeholders about programs and activities; and he provided support to projects through site visits, including technical assistance in the areas of peer education, sexually transmitted diseases, injection drug use, voluntary counseling and testing, and other technical areas as identified by the CBSS strategy. The ITA also served as a member of the Baltic Sea Regional Project's RAC as a representative of the Scandinavian donors. Under the CBSS three 3 projects in Latvia have received funding. Funding for ITA: \$123,672.</p>
Direct TA Latvia	<ul style="list-style-type: none"> - Dr. Denis Jackson provided technical assistance rapidly to develop subagreements with DIA+LOGS and the AIDS Prevention Center. - Scott McGill provided technical assistance in preparing and conducting three focus group discussions (MSM, IDUs and FSW), collecting information on the needs of these groups in connection with VCT. Based upon this, Scott McGill co-facilitated training for 22 people from a broad range of backgrounds (NGOs, PLHA, family doctors, prison services and TB services). - Paul Nary assisted in facilitating the Youth Against AIDS peer education workshop and presented information about behavior change communication strategies and methodologies, drawing on global experience. - In Lithuania, country officers Sergey Gavrulin and Inga Jasulaityte provided day-to-day support of all activities in Baltic Sea Projects, including helping to develop proper strategy (NGO level to government level), regular financial and technical reporting, M& E, problem solving and sharing information, plus much more. - FHI regional staff participated as a technical resource in regional technical meetings including UNDP Theme Group meetings, the Soros-supported meeting on TB/HIV, the Fourth European Conference on HIV/AIDS, and others. - Technical and program support from Arlington office.
Leveraging Outside Funding	<ul style="list-style-type: none"> - IMPACT provided continuing information and dialoging with the Global Fund Managers on prospects for potential funding and support for a regional proposal. - Continuing discussion with the CBSS for co-support of projects. - Application to the World AIDS Foundation for support for Behavioral Surveillance activities in conjunction with the CBSS. Through the RAC, disseminated potential funding opportunities as they were announced. - Special discussions took place around possible regional GFATM proposal, to include Latvia and Lithuania (which did not qualify for round three because of changes in eligibility requirements) and separate regions of the Russian Federation. Such a regional proposal was to include sex worker and IDU interventions, as well as address TB/HIV regionally.
HealthLink Worldwide - Knowledge Management System	<p>Following a needs assessment of all five sites, Healthlink Worldwide held a participatory workshop with IT and information dissemination staff from all five sites in Riga in November 2002. They presented their recommendations on information sharing in the region. Country participants came up with their recommendations, a key one being to strengthen each site rather than directing all resources at a single regional site. Funding to support further development of the idea followed and included hardware procurement, Web site development, continuing networking of technical specialists, and a follow-up meeting in Vilnius in July 2004. Limited funds prevented funding of the follow-on project design. However, funding did support hardware and software upgrades so that countries could post materials and communicate easily. Healthlink subproject funding: \$45,631.</p>
Enumeration Exercise	<p>With support from Synergy and IMPACT, Dr. Gordon Hay traveled to Lithuania, Latvia and Estonia to share his experience and technology of enumerating hard-to-reach populations like IDUs and female sex workers most useful for the Baltic Region.</p>

Regional and country specific publications and presentations.	<p>Regional:</p> <ul style="list-style-type: none"> ▪ Hay G, McKeganey N. Enumeration in the Baltic Sea Region. The Synergy Project, Washington, DC. 2003. (www.fhi.org). ▪ Hay G. Truncated Poisson Analyses of Data from the Riga Needle Exchange. The Synergy Project, Washington, DC. 2003. (www.fhi.org). ▪ Hughes HAL, Bukhtoyaraov O, Chaplinska S, Ferdats A, Kalikova N, Pinel A, Smolskaya T. Supporting program collaboration and synergies between nations in specific world regions. Presented at the Fourteenth International AIDS Conference 7–12 July, 2002, Barcelona, Spain. {MoPeG4334}. <p>Latvia:</p> <ul style="list-style-type: none"> ▪ Three Regional Training Guides for youth peer education: <ul style="list-style-type: none"> ✓ <i>Guidelines for Trainers Based on the System of Peer-to-Peer Education</i>. UNDP, FHI, UNAIDS, UNFPA, WHO/Europe, 2003. (Russian and Latvian) ✓ <i>Training Program for Peer Educators</i>. UNDP, FHI, UNAIDS, UNFPA, WHO/Europe, 2003. (Russian and Latvian) ✓ <i>Handbook for Peer Educators</i>. UNDP, FHI, UNAIDS, UNFPA, WHO/Europe, 2003. (Latvian) ▪ Kaupe R, Executive Director Dialogs. Satellite symposium <i>Voluntary Counseling and Testing (VCT) Experiences: The NGO perspective: DIA+LOGS and VCT implementation</i> at the Third Baltic Region Conference, Riga, Latvia September 9–10, 2003. ▪ Inese J. NGO Youth Against AIDS, Peer Project Coordinator. The Role of Peer Education in HIV/AIDS Primary Prevention among Young People at the Third Baltic Region Conference, Riga, Latvia, September 9–10, 2003. ▪ Inese J. NGO Youth Against AIDS, Peer Project Coordinator. <i>NGOs' Contribution in HIV/AIDS Primary Prevention and Health Promotion among Young People</i>. UNESCO Conference “Education for All,” Riga, Latvia, 5 April, 2003.
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Implementing Agency	Name	Title	Phone/Fax	E-mail	Address
Soros/Latvia	Ms. Inga Upmace	Project Manager	+371 7378278, mob+371 9162653	inga@latnet.lv	AIDS Prevention center, L. Klijanu 7
Youth Against AIDS	Dr. Gita Gange	Doctor	+3719206014	gita@latnet.lv www.jpa-aids.lv	AIDS Prevention center, L. Klijanu 7
DIA+LOGS	Ms. Ruta Kaupe	Director	mob+371 9 412 855 tel/fax +3717243101	rutins@parks.lv www.diacentrs.lv	135 Dzirnava str., Riga, LV-1050

**IMPACT HIV/AIDS Programming in Lithuania as part
of the Baltic Sea HIV/AIDS Regional Initiative
October 2000–September 2004**

Overall Design	
	As part of the U.S. Government assistance to the Baltic Sea Initiative, IMPACT supported activities to support local capacity development in projects deemed important by stakeholders in conjunction with support for a networking process to strengthen civil society and multisectoral collaboration. The bilateral and regional activities to accomplish this are described below.
Bilateral Activities	
The Lithuanian AIDS Center	The Center published 10 editions of an HIV/AIDS electronic information bulletin. All were in Lithuanian and four were translated into English and Russian. The project distributed over 1,400 copies, mainly among Lithuanian governmental institutions, public organizations, and the media. The Estonian AIDS Center replicated the activity. The English and Russian editions were distributed outside of Lithuania. All newsletters are on the AIDS Center Web site. The Center published three editions of the regional magazine “Between us.” Partners to Estonia, St. Petersburg, Latvia and other locations contributed pieces. One three-day regional technical meeting of heads of resource centers, Web designers, information dissemination officers, and NGO representatives, from the Baltic states and Russia, took place in the Vilnius in July 2002. This was part of an effort to improve the regional magazine and information bulletin. The same representatives attended the HealthLink November 2002 meeting in Riga (see below). Subproject funding: \$24,600.
Klaipeda —Drug and AIDS Prevention Groups (DAPG)	Funding to DAPG supports two activities: the Youth Center in Klaipeda and the Drug Addiction Center of DAPG. The Youth Center in Klaipeda is a municipal institution and received significant support from IMPACT through DAPG in 2002. Money for the youth activities went to support purchase of equipment and materials for the Center’s activities and to support the Center’s activities. Activities focused on providing educational and alternative activities as well as psychosocial support to youth from low-income and at-risk families, to reduce the risk of their drug/alcohol abuse, delinquency and high-risk sexual behavior. Klaipeda Drug Addiction Center received funding to improve and support two drop-in centers, including a team of outreach workers. The drop-in centers provided counseling, clean needles/syringes (not supported by this project), condoms (when available), and literature. The Center facilitated HIV VCT by collecting blood to be sent for testing, and provided referrals for medical and social care through their network. AIDS Foundation East-West, an NGO from Moscow (formerly MSF Holland) provided three one-week trainings to teams of outreach workers from Klaipeda, Vilnius, Kaunas, Panevezhis and Mozheikiai in November 2002 (on outreach), August 2003 (on outreach), August 2003 (on how to organize support groups in hard-to-reach populations). Subproject funding: \$43,925
CEE-HRN Central & Eastern European Harm Reduction Network	Central & Eastern European Harm Reduction Network received funding for advocacy and policy reform. In the Lithuanian context funding for health is allocated to the municipal governments for disbursement according to local needs. In order to get adequate coverage of high-risk groups, especially drug users, the project developed a set of tools for local level advocacy by both GO and NGO. A series of roundtable discussions took place in 2002-2003. As the municipal leaders changed after presidential election in 2002, there was a need for another round of advocacy. IMPACT supported CEE-HRN in gathering and documenting the practical experiences of implementing prevention activities targeting drug users in Lithuania and in gathering tools in a consistent way for these advocacy activities scheduled for November 2003 through May 2004. - ‘Tool Kit’ A collection of practical information, to be used as a manual/ guidelines/ FAQ kit. It will be a handout to those municipalities/players who commit to do the NGO/GO-based prevention work with IDUs and other hard-to-reach risk groups. - ‘Best Practices Collection’ - a part of the above mentioned ‘Tool Kit’ containing the description and contacts of all prevention operations in Lithuania; it is to serve as an example for new projects. Subproject funding: \$40,000.

Regional Activities	
Regional Advisory Committee (RAC)	Four RAC meetings took place over the course of the project. Meeting sites were Klaipeda, Tallinn, Vilnius and Kalingrad. The meetings involved the elected representative of the National AIDS control programs, representatives from UNDP, The Baltic Sea Initiative, USAID, Embassy representatives, FHI and technical guests. Members not only discussed achievements and constraints of Network of Excellence Project and other activities taking place in the region; they used the opportunity to discuss possible strategies to change the political environment, including cross-border cooperation issues. In several meetings participants proposed priorities for international cooperation. A key one emerged: sharing information. For this purpose several agencies in every country received special Study Tours funding in January 2003. Discussions also took place about fundraising opportunities, including GFATM, Task Force/ CBSS and other donors.
Study Tours	RAC requested developing Regional Study Tours, with awards on the basis of a competitive proposal responding to specific criteria. USAID and FHI made the selection. Lithuanian study tours were: <ul style="list-style-type: none"> - To the Vilnius Substance Abuse Center, for two social workers to visit St. Petersburg, Russia to exchange experience with local NGOs doing similar work. - To the editor of the magazine 'Between Us' (published with FHI/USAID/UNDP funding under coordination of the Lithuanian AIDS Center) to share experience, find partners, collect stories and distribute the magazine in the project region. (The magazine was intended to be regional from the outset). Travel destinations: Riga, Latvia, Tallinn, Estonia, St. Petersburg and Kaliningrad, Russia. Regional activity funding: \$19,204
Secondment of International Technical Advisor on HIV/AIDS to Council of Baltic Sea States (CBSS)	At the request of USAID, IMPACT supported the secondment of an ITA on HIV/AIDS, Dr. Zaza Tsereteli, to the CBSS. The U.S. Government provided support for the ITA from July 2001 through September 2002, when it passed to European sources of support. The ITA was a member of TF Secretariat and advised the TF on HIV/AIDS issues; she acted as a liaison with regional donors on HIV/AIDS, sector colleagues and stakeholders regarding programs and activities; he provided support to projects through site visits, including technical assistance in the areas of peer educations, sexually transmitted diseases, injection drug use, voluntary counseling and testing, and other technical areas as identified by the CBSS strategy. The ITA also served as a member of the Baltic Sea Regional Project's RAC as a representative of the Scandinavian donors. CBSS funding for ITA funded four projects in Lithuania. Funding for ITA: \$123,672.
Direct TA Lithuania	<ul style="list-style-type: none"> - Dr. Gina Dallabetta, FHI, provided assistance to the Lithuanian Ministry of Health, to develop new country strategy. (May-June 2003) - Gulnara Kurmanova, consultant, completed a Sex Work Situational Assessment in Klaipeda with DAPG. (September 2003) - Technical Staff of NGO AIDS Center East/West in Moscow trained outreach workers for hard-to-reach populations and methods to establish peer-support groups for hard-to-reach populations (November 2002 and August 2003) - In Lithuania, country officers, Sergey Gavrilin and Inga Jasulaityte, provided day-to-day support of all activities within Baltic Sea Projects, including assistance in developing proper strategy (NGO level to government level), regular financial and technical reporting, M&E, problem solving, sharing information plus much more. - Participated as a technical resource in local and regional technical meetings, including UNDP Theme Group meetings in Lithuania and in the region, Soros-supported meeting on TB/HIV, the Fourth European Conference on HIV/AIDS, and others. - Technical and program support from Arlington office.
Outside Funding - Global Fund proposal development	<ul style="list-style-type: none"> - IMPACT provided continuing information and dialoging with the Global Fund Managers on prospects for potential funding and support for a regional proposal. - Held continuing discussion with the CBSS for co-support of projects. - Applied to the World AIDS Foundation for support for Behavioral Surveillance activities in conjunction with the CBSS. Through the RAC, disseminated potential funding opportunities as they were announced. - Special discussions took place around possible regional GFATM proposal, to include Latvia and Lithuania (which did not qualify for round three because of changes in eligibility requirements) and separate regions of Russian Federation. Such a regional proposal was to include sex worker and IDU interventions as well as address TB/HIV regionally. A letter signed by Lithuanian RAC members about creating the Country Coordinating Mechanism (CCM) went to the prime minister in June 2003.

HealthLink Worldwide - Knowledge Management System	Following a needs assessment of all five sites, Healthlink Worldwide held a participatory workshop with IT and information dissemination staff from all five sites in Riga in November 2002. They presented their recommendations on information sharing in the region. Country participants came up with their recommendations, a key one being to strengthen each site rather than directing all resources at a single regional site. Funding to support further development of the idea followed and included hardware procurement, Web site development, continuing networking of technical specialists, and a follow-up meeting in Vilnius in July 2004. Limited funds prevented funding of the follow-on project design. However, funding did support hardware and software upgrades so that countries could post materials and communicate easily. Healthlink subproject funding: \$45,631.				
Enumeration Exercise	With support from the Synergy Project and FHI/IMPACT Dr. Gordon Hay received an invitation to Lithuania, Latvia and Estonia to share his experience and technology of enumerating hard-to-reach populations most useful for the Baltic Region. IMPACT organized a team of specialists in Lithuania to learn about the methodology to enumerate populations in Lithuania in the future. The team consisted of representatives from six organizations, including the prison department, the AIDS Center and the Substance Abuse Treatment Center.				
Regional and country specific publications and presentations.	<p>Regional:</p> <ul style="list-style-type: none"> ▪ Hay G, McKeganey N. Enumeration in the Baltic Sea Region. The Synergy Project, Washington, DC. 2003. (www.fhi.org). ▪ Hay G. Truncated Poisson Analyses of Data from the Riga Needle Exchange. The Synergy Project, Washington, DC. 2003. (www.fhi.org). ▪ Hughes HAL, Bukhtoyaraov O, Chaplinska S, Ferdats A, Kalikova N, Pinel A, Smolskaya T. Supporting program collaboration and synergies between nations in specific world regions. Presented at the Fourteenth International AIDS Conference, 7–12 July, 2002, Barcelona, Spain. {MoPeG4334}. <p>Lithuania:</p> <ul style="list-style-type: none"> ▪ <i>HIV/AIDS Prevention among Injecting Drug Users in Lithuania: Best Practices.</i> Central and Eastern Harm Reduction Network, Vilnius, Lithuania, 2003. (English, Russian and Lithuanian). (www.ceehrn.org). ▪ Kurmanova G. <i>Sex Work Situation in Klaipeda City, Lithuania: Report on the Outcomes of a Rapid Situational Assessment.</i> 18–28 September, 2003. Family Health International, Arlington, Virginia, USA. (English and Russian). (www.fhi.org). 				
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**IMPACT HIV/AIDS Programming in Kaliningrad and St. Petersburg,
as part of the Baltic Sea HIV/AIDS Regional Initiative
October 2000–September 2004**

Overall Design	
	As part of the U.S. Government assistance to the Baltic Sea Initiative, IMPACT supported activities to support local capacity development in projects deemed important by stakeholders in conjunction with support for a networking process to strengthen civil society and multisectoral collaboration. The bilateral and regional activities to accomplish this are described below.
Bilateral Activities	
Kaliningrad Regional AIDS Center	This project aimed to support the Kaliningrad AIDS Center in reaching its goals, developed after re-organization to develop low-threshold services for vulnerable groups while strengthening their role in data gathering/management and education. FH/IMPACT funds supported the refurbishment of the resource center, which was used for numerous trainings of a wide range of specialists, social workers students and policymakers in the oblast. This training helped create a network of sensitized and trained specialists for a referral network. Supplies and equipment went to the maternity hospital taking care of HIV-positive pregnant women, a youth center, a rehabilitation center for addicted youth, and data collection of families affected by AIDS. Working with the TB program in Kaliningrad, and with support from IMPACT, the Center worked to create and educate a network of HIV providers on TB infection in HIV-infected persons. The goal was to ensure early diagnosis of TB among HIV-infected persons, training, agreement on cooperation between the AIDS Center and the TB hospital, and improved data collection and monitoring. These efforts contributed to some of the improved TB monitoring numbers documented over the course of the project. Subproject funding: \$123,000.
Pasteur Institute, St. Petersburg,, NGO “Vozvrashcheniye” [Reach], Humanitarian Action Foundation	This project aimed to develop a Referral Consortium of physicians who would provide client-friendly services used by the target population, addressing the fact that very few high-risk persons used public services. The project made changes in the approaches used over the course of this project because of changes in the political and legal environment and monitoring data that showed loss to follow-up. Stage 1 involved developing a roster of trusted specialists to whom the NGO would refer clients. Monitoring data showed that a significant number of referred clients never reached the referral point. Stage 2 congregated specialists in a single location to create a minipolyclinic; while this documented more clients getting to referrals, it was an artificial structure outside the current system. In the Stage 3, each of the two NGOs developed a different approach. NGO “Vozvrashcheniye” used NGO staff to act as case managers for clients and Humanitarian Action Foundation reduced the number of referral points by partnering with a major infectious disease hospital that could provide comprehensive services. In addition, the NGOs conducted training on IDU issues to specialists and education of police to allow for better services from physicians and less harassment from the police. Monitoring data showed more visits over time, fewer hospitalizations at the first visit to the Referral Consortium and more HIV seropositivity at first visit—all suggesting increased access to vulnerable populations. Subproject funding: \$156,784.00.
Regional Activities	
Regional Advisory Committee (RAC)	Four RAC meetings were held over the course of the project. Meeting sites were Klaipeda, Tallinn, Vilnius and Kaliningrad. The RAC meetings involved the elected representative of the National AIDS control programs, representatives from UNDP, The Baltic Sea Initiative, USAID, Embassy representatives, FHI and technical guests. The members not only discussed achievements and constraints of Network of Excellence Project and other activities taking place in the region, but they used the opportunity to discuss their possible strategies in changing political environment, including cross-border cooperation issues. In several RAC meetings participants proposed the list of priorities for international cooperation. A key priority emerged which was the sharing information. For this purpose special Study Tours funding was awarded in January 2003 to several agencies in every country. Discussions were also held about fundraising opportunities, including GFATM, Task Force/ CBSS and other donors.

Study Tours	RAC requested that Regional Study Tours be developed, with awards on the basis of a competitive proposal responding to specific criteria. USAID and FHI made the selections. In St. Petersburg and Kaliningrad: The Kalinihrad AIDS Center traveled to St. Petersburg to meet with the North-West AIDS Prevention Center and the St. Petersburg AIDS Prevention Center, the NGO Vozvrashcheniye and the Botkin Infectious Disease Hospital. Participants discussed creation of referral networks, VCT counseling and psych-social support for PLHA. Three staff from the NGO Vozvrashcheniye visited Kaliningrad, Russia and Riga Latvia. The group met with the Kaliningrad Regional AIDS Center to learn more about supporting PLHA and their families, working with high-risk youth and government-NGO collaboration. In Riga participants met with the Latvian AIDS Prevention Center and various NGOs to discuss HIV prevention and service activities for IDUs, peer education and support to PLHA. Regional activity funding: \$19,204
Secondment of International Technical Advisor on HIV/AIDS to Council of Baltic Sea States (CBSS)	At the request of USAID, IMPACT supported the secondment of an ITA on HIV/AIDS, Dr. Zaza Tsereteli, to the CBSS. The U.S. Government provided support for the ITA from July 2001 through September 2002, when it passed to European sources of support. The ITA was a member of TF Secretariat and advised the TF on HIV/AIDS issues; she acted as a liaison with regional donors on HIV/AIDS, sector colleagues and stakeholders regarding programs and activities; he provided support to projects through site visits, including technical assistance in the areas of peer educations, sexually transmitted diseases, injection drug use, voluntary counseling and testing, and other technical areas as identified by the CBSS strategy. The ITA also served as a member of the Baltic Sea Regional Project's RAC as a representative of the Scandinavian donors. CBSS funding for ITA funded six projects in Russia. Funding for ITA: \$123,672.
Direct TA Russia	<ul style="list-style-type: none"> - Gulnara Kurmanova, consultant, developed the best-practices documents of the St. Petersburg and Kaliningrad activities (August 2004). - In Lithuania, country officers Sergey Gavrilin and Inga Jasulaityte, provided day-to-day support of all activities within Baltic Sea Projects, including assistance in developing proper strategy (NGO level to government level), regular financial and technical reporting, M&E, problem solving, sharing information, and much more. - Participated as a technical resource in local and regional technical meetings, including UNDP Theme Group meetings in Lithuania and in the region, Soros-supported meeting on TB/HIV, the Fourth European Conference on HIV/AIDS, and others. - Received technical and program support from Arlington office.
Outside Funding - Global Fund proposal development	<ul style="list-style-type: none"> - IMPACT provided continuing information and dialoging with the Global Fund Managers for potential funding and support for a regional proposal. - Held continuing discussion with the CBSS for co-support of projects. - Applied to the World AIDS Foundation for support of Behavioral Surveillance activities in conjunction with the CBSS. Through the RAC, disseminated potential funding opportunities as they were announced. - Special discussions around possible regional GFATM proposal, to include Latvia and Lithuania (which did not qualify for round three because of changes in eligibility requirement changes) and separate regions of the Russian Federation. Such a regional proposal was to include sex worker and IDU interventions as well as address TB/HIV regionally. A letter signed by Lithuanian RAC members about creating the Country Coordinating Mechanism (CCM) went to the prime minister in June 2003.
HealthLink Worldwide - Knowledge Management System	Following a needs assessment of all five sites, Healthlink Worldwide held a participatory workshop with IT and information dissemination staff from all five sites in Riga in November 2002. They presented their recommendations on information sharing in the region. Country participants came up recommendations, a key one being to strengthen each site rather than directing all resources at a single regional site. Funding to support the further development of the idea followed; it included procuring hardware and developing a Web site and networking of technical specialists, (to include a follow-up meeting in Vilnius in July 2004). Limited funds prevented funding of the follow-on project design. However, funding was provided to support hardware and software upgrades so that countries could post materials and communicate easily. Healthlink sub -project funding: \$45,631.

Regional and country specific publications and presentations	<p>Regional:</p> <ul style="list-style-type: none"> ▪ Hay G, McKeganey N. Enumeration in the Baltic Sea Region. The Synergy Project, Washington, DC. 2003. (www.fhi.org). ▪ Hay G. Truncated Poisson Analyses of Data from the Riga Needle Exchange. The Synergy Project, Washington, DC. 2003. (www.fhi.org). ▪ Hughes HAL, Bukhtoyaraov O, Chaplinska S, Ferdats A, Kalikova N, Pinel A, Smolskaya T. Supporting program collaboration and synergies between nations in specific world regions. Presented at the Fourteenth International AIDS Conference, 7–12 July, 2002, Barcelona, Spain. {MoPeG4334}. <p>Russia:</p> <ul style="list-style-type: none"> ▪ Kurmanova G. <i>Creating low-threshold health services for vulnerable populations in St. Petersburg – Models of NGO and government health service cooperation</i>. Family Health International, Arlington, USA, 2004. (English and Russian). (www.fhi.org) ▪ Kurmanova G. <i>Creating a network of improved services for vulnerable populations and addressing the TB/HIV synergy in Kaliningrad, Russia</i>. Family Health International, Arlington, USA, 2004. (English and Russian). (www.fhi.org). ▪ Smolskaya T.T. <i>Results of the Project “Integration of IDUs into the public Healthcare Services”</i>. Third Russian Scientific-practical Conference on Issues of HIV Infection and Parenteral Hepatitis, Suzdal, Russia, 14–16 October, 2003. ▪ Nikitina T. N., Michalchenko M.V., Doroshko T.Y., Pron V.V. <i>Experience of Provision of Social Assistance to Families, Affected by the HIV Infection</i>, materials of the International Conference on Organization of Approaches of the Comprehensive medical-social patronage of HIV-Infected Children, Mothers and Pregnant Women, Moscow, Russia, 24–26 February, 2004, p. 24. ▪ Ostrofski, D, Director of Vozvrashcheniye. <i>The system of comprehensive and long-term care of HIV-infected people through a consortium of specialized medical institutions and non-governmental organizations [in St. Petersburg]</i>. Presented at the International Applied Science Conference on HIV Infection and Hepatitis Virus, Suzdal, Russia. 29 September –1 October, 2004. ▪ Michalchenko M.V., Pron V.V. <i>Implementation of FHI project “We Are Stronger Together” in Kaliningrad Oblast</i>, materials of the Fourth European AIDS Conference, Vilnius, Lithuania, 19–21 September, 2002, p.170. ▪ Ostrofski, D, Director of Vozvrashcheniye. <i>The system of comprehensive and long-term care of HIV-infected people through a consortium of specialized medical institutions and non-governmental organizations [in St. Petersburg]</i>. Presented at the International Applied Science Conference on HIV Infection and Hepatitis Virus, Suzdal, Russia. 29 September–1 October, 2004. ▪ Smolskaya T.T., Hughes H., Ogurtsova S. et al. <i>Integration of IDUs to the Public Healthcare Services by Cooperation between Non-Governmental Harm Reduction Projects and the Consortium of Specialists, working on the functional base</i>. Materials of the Second Russian Scientific-practical Conference on Issues of HIV Infection and Parenteral Hepatitis, Suzdal, Russia, 1–3 October, 2002, pp. 63-64.
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This publication was funded by USAID's Implementing AIDS Prevention and Care (IMPACT) Project, which is managed by FHI under Cooperative Agreement HRN-A-00-97-00017-00.

Produced May 2005