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NEWSLETTER

GRANTS FOR HIV,
TUBERCULOSIS AND MALARIA

 **KYRGYZSTAN**

August 2014

Strengthening the capacity of sub-recipients – the introduction of 1C software.

Under the framework to strengthen the capacity of Global Fund's sub-recipients (SRs), UNDP provided new accounting software and training for 39 accountants from 38 SRs during 4-22 August. UNDP provided 1C *software* in order to introduce common accounting standards of cash and inventory items, as well as to introduce electronic documentation management between SRs and UNDP.

Currently SRs are maintaining inventory accounts at their warehouses with different systems. Moreover, some non-governmental organizations are keeping records only as hard copies. This results in a significant amount of time to validate and collate accurate data. Also, sub-recipients did not have the much-needed quick access to financial information on the existing status of their funds or on the distribution of those funds. Sometimes there are delays on submissions of financial reports from sub-recipients.

The training was held at the training centre of the company 1C KATO Economics, which was selected through a competitive process. As explained by Gulnara Iusupova, a UNDP Finance Specialist, "1C *software* is a registered trademark which can be used to automate any accounting system for any organization. With this program you can easily prepare reports and upload them in an electronic form. This program also allows clients to complete accounting or tax reporting for one or several legal entities. The big advantage of this program is that it can be fully configured by the accountant in line with any changes in legislation and accounting forms. This flexibility in configuration allows the program to be widely applied in different types of organizations both in private and public sectors."

The training was divided into three sessions. Following feedback from participants, it was decided to hold an additional workshop on 1C *software* after the introduction of the program. The additional workshop will provide the SRs the opportunity to improve their skills on how to use the programme for joint accounting of the movement of goods and funds.

As noted by Sanzhar Dzhaibov, the UNDP Information and Communication Technologies

Specialist, "As of today, the infrastructure for the introduction of the project is ready. All organizations have the necessary computers with a connection to the Internet. 1C KATO Economics has developed a unified configuration of the software and also has provided user training. During the training, we received comments and proposals on revisions of the 1C *software*. All proposals will be considered for introduction in the near future."



Training participants during the session.



Training participants during the session.

The road to recovery from heroin addiction

For Vitaly*, freedom had always been fleeting. While in prison for theft in 1989, Vitaly tried opium and became hooked. A few years later he had progressed to injecting heroin.

After being released from his first prison stint, Vitaly began stealing to support his drug habit and was eventually arrested. Crime and punishment became a vicious cycle, which lasted from 1989 to 2010, during which Vitaly was incarcerated six times. Freedom never lasted long, three to four months at most, before he landed in prison again.

Vitaly wanted to quit drugs, but each time he stopped using heroin, he would start drinking. Seven times Vitaly entered various hospital drug treatment programs, where he wound up trying to battle both drug addiction and alcoholism simultaneously. This proved too difficult and each time he would quit the treatment and return to using heroin.



His mother tried to persuade him to quit drugs. Vitaly was the only one of her three children still alive and she didn't want to lose him. But as a drug user, Vitaly couldn't see beyond the heroin. When he was released from prison in 2010, he was homeless and addicted to heroin. One day, Islam Hodjaev, from the public association Ravnyi Ravnomu, saw Vitaly lying on a street in Bishkek.

Ravnyi Ravnomu was founded in 2011 and promotes accessibility, quality of prevention, treatment, and care services for people who inject drugs (PWID's) and people living with HIV (PLHIV) among key populations at higher risk. Additionally, they organize self-help therapy groups and engage clients in volunteer work.

"When I see people like Vitaly on the street," said Hodjaev. "I'll approach them and ask how they're feeling and if they wish to return to a normal life. If they express a desire to change, then I reach out and help them."

"Because I was addicted to drugs, I felt horrible," said Vitaly. "I wanted to change my life."

Islam gave Vitaly a consultation on the street and invited him to the Ravnyi Ravnomu office. A couple of days later, Vitaly began methadone maintenance therapy (MMT). MMT is a treatment program that involves prescribing methadone long-term as a substitute for opioid dependence. In Kyrgyzstan, unless a patient is sick, they must visit a centre each day to receive their dose of methadone. For sick patients, methadone is delivered to their home or hospital.

After 21 years of drug use, the road to recovery was an uphill battle for Vitaly. He tried to inject heroin while undergoing methadone treatment, but stopped because it no longer gave him a high. Some drug users recommended that he inject Diphenhydramine (Dimedrol) so he tried that. But the Dimedrol interacted with the methadone and gave him heart problems, so after a while he gave that up. Finally, he quit taking non-prescribed medications and abided by the MMT treatment.

Islam says that he began to notice a change in Vitaly. His eyes revealed a lust for life. As his overall health improved so did his appetite and when the staff saw how hungry Vitaly was, they collected money from their own salary to buy him food.

In April 2013, Ravnyi Ravnomu signed a direct agreement with UNDP. One of their significant achievements is attracting PWID's to the MMT treatment programs. From 2011

through to March 13, 2014 the organization directed 276 clients to MMT, although they do not know how many eventually entered the programs.

Kyrgyzstan has 30 MMT sites, 23 in public health facilities and 7 in penal colonies. In 2013, 1434 patients received methadone substitution therapy, 972 patients in the public sector and 324 patients in prisons. The Centres for Disease Control and Prevention (CDC), in partnership with UNDP, administered methadone to 138 patients.

Vitaly proudly states that he has been drug free for one year. For the past six months he has been volunteering with Ravnyi Ravnomu and distributing brochures to PWID's. With many friends who still use drugs, he tries to convince them to begin MMT.

Today, Vitaly's life has turned around. He has a job as a street cleaner and has mended his relationship with his mother. With Ravnyi Ravnomu's help, Vitaly restored all his documents and had his identification card replaced.

"If it wasn't for Islam, I would be dead now," said Vitaly.

**Not his real name*

Highlights

- Kyrgyzstan has 30 MMT sites, 23 in public health facilities and 7 in penal colonies.
- In 2013, 1434 patients received methadone substitution therapy, 972 patients in the public sector and 324 patients in prisons. The Centres for Disease Control and Prevention (CDC), in partnership with UNDP, administered methadone to 138 patients.
- Ravnyi Ravnomu promotes accessibility, quality of prevention, treatment, and care services for IDU's and PLHIV among key populations at higher risk. Additionally, they organize self-help therapy groups and engage clients in volunteer work. From 2011 through March 13, 2014 the organization directed 276 clients to MMT, although they do not know how many eventually entered the programs.

Summer camp for children

"I painted it all by myself," proudly declared Tymur, as he stood in front of his picture of a bright green frog squatting on a lily pad seemingly ready to pounce. "Do you like it?" he innocently asked, looking the onlookers directly in their eyes.

Tymur was proudly standing in front of an array of paintings that he and around thirty other children had painted during an arts and crafts session at summer camp. Tymur happily elaborated on everything else he had done during camp. "We played lots of games, ate BBQ, and even went hiking in the mountains," he said and then quickly added, "I also learned a lot about HIV and how important it is to take my medicine."

Tymur is HIV positive and so are the other children who attended camp. The two rounds of camp, six days each, were held for a total of sixty children with HIV, in Arslanbob, Jalalabad, and lasted from 15-21 August



9 year old Nargiza* - participant of the summer camp.

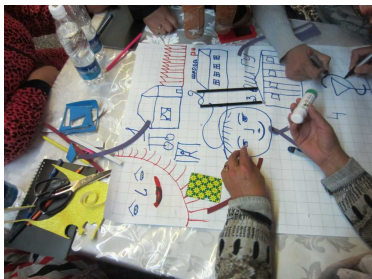
2014 and 21-27 August 2014. The camps enabled caretakers to learn about HIV and better understand how to care for their children. But most importantly, the camps allowed the children simply have fun and also begin the life-long process of coming to terms and living healthily with their HIV status.

According to the National AIDS Centre of Kyrgyzstan, as of August 2014, Kyrgyzstan had a total number of 5,492 registered HIV cases, with a reported 458 of those being children below the age of 18. An overwhelming majority of those children live in the south of Kyrgyzstan; there are only 30 registered HIV positive children in the north.

The problems faced by children growing up with HIV are diverse and complex. Above all, children with HIV are simply kids who go through all of the joys and challenges that every other child experiences – from recovering from the first scraped knee, to the excitement of the first day of school, from cramming for final exams, to finding a first job and going on a first date. But children with HIV have concerns most other children don't experience, such as health issues and deciding if and how they will disclose their HIV status at school and to their friends.

Tymur may be only nine years old, but he is wise beyond his years. His audacious spirit yet mature demeanour make him a leader amongst his friends and a valued ally with adults. Tymur took interest in learning as much about HIV as possible, and is now comfortable explaining his status to others. What makes his strong character all the more amazing is that Tymur and his mother only found out about his status one year ago.

"I was shocked and utterly confused when I found out that he was HIV positive," said Aidai, Tymur's mother. "I cannot express the level of profound despair I felt at that time," she added.



Parents visualize how they see the happy future of their children. House, school, university and work in a healthcare are drawn on the paper.



The works made by children.

Understandably, feelings of sadness and confusion were commonly expressed during counselling sessions for the guardians of the children. Many of the guardians struggled to comprehend the difficult road ahead and felt unable to move forward.

"I need to simply accept the past and move forward," Aidai said, "and think of what is best for my son."

The mood amongst the guardians lightened with evident group support, increasing openness in sharing personal stories, and seeking advice through the experiences of others. Emphasis was placed on planning for the child's future, and to that end staff led open and practical sessions about how to properly caring for their child's health and how to build their self-esteem through love and support.

The guardians soon realized that with proper treatment a bright future lies ahead for their children, and that their children can and will be happy. "Tymur even developed a crush on a fellow camper," Aidai later mentioned with a smile, "there will be no greater joy for me until I see Tymur marry and I get to meet my grandchildren."

The length of the camp was a particular blessing, for the participants were able to spend extended periods of time together, share stories and discuss issues particular to their situation. Several guardians mentioned how their children were sometimes refused medical care and others discussed aspects of government laws regarding people with HIV, HIV education and awareness in the community, and issues of stigma and discrimination. The sessions ultimately ended with a resolution by the guardians "to be brave and speak up for their children." Overall, the caretakers demonstrated a clear projection of hope and resilience in the face of their child's positive HIV status.

The children's experiences were equally meaningful as they were freeing. Though quite young, the children were able to grasp simple explanations of immunity, hygiene, and adherence to medicine. Many games were played in both morning and evening sessions -

including an enthusiastic caretaker-child joint session about teeth brushing (its importance and proper methods), during which a team-competition to properly brush candy-taped "teeth" (other children) with human-sized brushes was a source of loud and happy laughter for guardians and children alike. All children were given brochures featuring the story of "Fairy Vitaminka" with cartoon DVDs in both Russian and Kyrgyz. Additional gifts for the children were purchased with the support of the National Red Crescent



Parents of children with HIV during the training



Parents of children with HIV during the training

Society, which were distributed at the end of the camp to the participants.

The two rounds of the camp were planned and led by the Burull Isaeva from the Association of People Living with HIV, with collaboration from Hurjamal Djoldosheva from the Osh AIDS Centre, Larisa Ozeryansky a Peace Corps volunteer, and UNDP technical support. Noting the importance and success of the of the camp, parents prepared an appeal to the Vice Prime Minister on Social Issues with a request for the camps to be provided by the state in the future.

Training for law enforcement officers on stigma, discrimination and HIV/AIDS prevention

The Constitution of the Kyrgyz Republic guarantees equal rights and non-discrimination for all groups of the population. The Law on HIV and AIDS provides for non-discrimination and the development of prevention programs for key population groups at a higher risk for HIV infection, namely people who inject drugs (PWIDs), men having sex with men (MSM) and sex workers (SWs). However, the protection of human rights for these groups, including those of people living with HIV (PLHIV), remains an important and sensitive issue in the country. PLHIV, their families, and NGOs providing services report that obstacles continue to hinder the smooth implementation of various programs for these population groups. One major hindrance continues to be unauthorized practices by some law enforcement officials, which may contravene the legislation of the Kyrgyz Republic. In order to combat this trend in the Kyrgyz Republic, UNDP initiated training sessions for law enforcement officers focusing on the issues of stigma, discrimination and also HIV/AIDS prevention.

The first training session was held for 70 representatives from the Ministry of Internal Affairs (MIA) and the State Drug Control Service (SDCS) on 26 and 27 August in Bishkek. However the participants came from all walks of life in the law enforcement world including: operational staff, investigators, local and juvenile inspectors, staff from a special

rapid reaction unit, representatives from the MIA's Department on Combatting Drug Trafficking, as well as employees of the SDCS who may have contact with members of key population groups at higher risk for HIV infection.

The training started by informing the participants of their duty to follow a Joint Order of the Ministry of Health, the SDCS, State Service for Execution of Sentences and the MIA, which is to "strengthen the prevention of HIV infection amongst key population groups."

In order to fulfil this order, representatives of NGOs working in the area of HIV came to the training and shared information with the participants. Chynara Bakirova, the Head of the Anti-AIDS Association, gave information to the participants about the nature of HIV infection, the rights of people living with HIV and the possibility of taking a free and anonymous oral fluid-based rapid HIV test at various non-governmental organizations.



Training participants

Several other representatives then discussed the activities that their organisations are carrying out in order to reduce the HIV infection rate and help those already living with HIV. They also discussed numerous problems faced by their clients, including accusations of discrimination by law enforcement officials. Clients have reported how certain law enforcement officers supposedly wait outside opioid substitution therapy (OST) points and target clients for arrest as they leave treatment. The clients are thereby unable to access treatment for several days and experience painful withdrawal symptoms, which negatively affect their ability to follow the OST treatment regime.

These reported acts may be due to common misconceptions about OST that currently exist amongst the general population. Some people believe that one can

never give up using methadone or that in fact methadone is a lethal drug if taken for long periods of time. In order to address these misunderstandings, Irina Pugacheva, the Head of PF Alternative in Narcology, explained the treatment, its numerous benefits, and the social and health conditions for implementation of OST. The participants then watched a video, which included positive feedbacks from participants and close relatives of those participating in OST.

One of the participants of the training Daniel Sayatchinov, a police inspector of the Administration of International Affairs in Svedlovsk District in Bishkek, reflected on the last session of the training by stating, "In our work, we often meet with people with no fixed abode, or with drug and alcohol addictions. Because this category of people leads quite a risky lifestyle, they often commit minor offenses and theft. This training allowed me not only to learn more about HIV, but also to get information about HIV service organizations and other NGOs that can provide free advice for citizens of the Kyrgyz Republic. The information about the methadone program was also very useful for me."

In order to effect substantive change amongst law enforcement officials from across the country, a total of 13 two-day training sessions will be conducted in all seven areas of the Kyrgyz Republic. At the end of the training sessions, a total of 165 participants representing various police units and 110 people representing the SDCS will have been trained.

The overall goal of these training sessions is to increase understanding by police officers and SDS representatives of the struggles that PLHIV and key population groups at higher risk for HIV go through on a daily basis. With greater understanding, it is hoped that the interactions between law enforcement officers and these groups will improve.

Meeting of the Coordinating Mechanism on Reforms in the Penal System

As of 2013, there were just over 10,000 people incarcerated in the prison system of Kyrgyzstan, which is known as the State Service of Execution Punishments (SSEP). SSEP is responsible for 36 penal institutions, including prison camps and investigative detention facilities and in the past has struggled to provide adequate security and health care for its prisoners. One pressing issue is the current lack of services for those currently living with HIV



Training participants

and TB and those at risk for becoming infected. The United Nations Office on Drugs and Crime (UNODC) indicates that approximately 35% of the total prison population in Kyrgyzstan uses drugs, with 50% of this number injecting drugs. As of 2013 up to 57.5% of known HIV cases occurred in those who inject drugs. With such stark statistics, the UNDP on 29 August 2014 supported a meeting of the SSEP's Coordinating Board to discuss reform of the penal system.

Representatives of government agencies, international organizations and NGOs discussed several issues relating to the activities of the Medical Service of the SSEP. They specifically discussed the improvement of the interactions of different government agencies that provide health services to prisoners with tuberculosis and HIV or at risk of infection. Also discussed was the issue of a phased transfer of prison health services to the civil sector.

Representatives of the National TB Centre mentioned the need for closer cooperation between the SSEP and civil health services. One specific need mentioned was the provision of credible information to patients released from prison. Prisoners with HIV or TB are often released from prison and given little to no information as to the array of services available to them. In order to address this issue, parole officers were requested to better advise and more closely monitor parolees with TB and/or HIV after release.

The Ministry of Health and the SSEP have developed an inter-ministerial order-draft regarding the issue of social support for convicts who depend on the penal health services. This order-draft is currently under negotiation. During the meeting, the International Committee of the Red Cross and the international organization "Médecins Sans Frontières (MSF) - Switzerland", informed the attendees of their joint work in this area, which includes activities for the prevention of diseases, assistance to persons released from prison, and assistance to establish and strengthen their family relationships.

Furthermore, there was a suggestion to strengthen the interactions between the State Registration Service and convicts in order to better establish the identity of convicts and upon release, the issuance of passports, which will enable them to more easily find jobs and integrate into civil society.



Participants of the Coordination Council discuss penitentiary system reforms



Results of the HIV oral fluid-based rapid testing for August 2014 in 19 NGOs

We are presenting you an aggregated report on the results of the HIV oral fluid-based rapid testing in 19 NGOs in August 2014.

- 445 clients of NGOs undertook rapid HIV tests
- 5 clients of those clients had positive results
- 2 of those 5 clients with positive rapid test results were sent to AIDS Centres to undergo confirmation tests
- 1 of those 5 clients with positive test results were accompanied by NGO consultants to AIDS Centres and are currently awaiting results of the confirmation tests
- The remaining 2 of 5 NGO clients with positive rapid test results undertook confirmatory tests at AIDS Centres, which confirmed the results of the rapid saliva based HIV testing.



TUBERCULOSIS GRANT

Monitoring visit to Naryn Province

On 18-22 August 2014, a joint team of experts from the UNDP and the Kyrgyz National TB Centre completed monitoring visits at ten healthcare institutions in Naryn Province. The team assessed the ability of the institutions to identify and treat TB as part of an agreement between UNDP and the Naryn TB Centre to analyse grant indicators.



Staff of the Naryn TB Center

Despite the improvement of work in some areas, the current reported indicators for the successful treatment of multi-drug resistant (MDR) patients and new sputum smear-positive cases do not meet the target indicators. It was also revealed that Family Medicine Centres (FMCs) in Naryn and Ak-Talin Districts are not compliant with the principles of controlled treatment, since anti-TB drugs are simply handed for them to take on their own. The Coordinator on MDR-TB was advised by UNDP in writing to address and monitor this aspect of the treatment program. Currently UNDP is waiting for a response from the Coordinator on

MDR-TB with an outline of measures that will be undertaken to prevent such cases in the future.

Laboratory component in Naryn Province:

- No deviations from laboratory procedures were detected during the visit to the laboratory of the Naryn TB Centre.
- The laboratories of primary health care (PHC) institutions detected a low number of new sputum smear positive TB cases.
- Since January 2014, UNDP has coordinated biochemical studies for DR-TB patients at a private laboratory called Intelmed. In the 2nd quarter this service covered 13 patients with DR-TB.



District pharmaceutical warehouse

Social support and compensation for transportation costs:

Under the agreement between UNDP and the Naryn TB Centre, 271,007 soms were paid in the 2nd quarter to 37 patients and six medical workers to reimburse costs of transporting patients and blood samples to and from the clinic, and motivational payments to patients and staff.

As a result of the monitoring visit it was recommended that:

- PHC doctors should improve the process of selecting patients to have a sputum culture and PHC nurses should establish controlled sampling of sputum. PHC doctors also should strictly follow diagnostics algorithms and more closely monitor the number of TB examinations.
- Naryn TB Centre supervisors control outpatient treatment of DR-TB patients in all institutions, including their treatment regimes, dosages of medication, duration of the injection phase, and total duration of treatment. Also, staff members need to promptly report to the central panel of doctors for decisions regarding the outcomes of the treatment.

MALARIA GRANT

The Kyrgyz government has approved the National Programme for the Prevention of Cross-Border Malaria Transmission (2014–2018)

Malaria in Kyrgyzstan has declined rapidly since 2002 and with no local cases of malaria transmission being reported from 2011 to 2013, Kyrgyzstan is now in the elimination phase of the disease. Malaria was once eliminated in Kyrgyzstan, but has been reintroduced at least twice since the 1980s from infected people coming from abroad. Cross-border migration and ideal ecological conditions for mosquito breeding in the south of Kyrgyzstan remain as challenges for Kyrgyzstan but the country is on track to completely eliminate malaria by 2015. In order to meet this goal, the Kyrgyz government has approved the Programme for the Prevention of Cross-Border Malaria Transmission for the years 2014 to 2018. The Prime Minister of the Kyrgyz Republic Joomart Otorbayev signed the corresponding decree on 31 July 2014

The program focuses on the prevention of malaria cross-border transmission by: expanding and accelerating malaria-transmission prevention measures at the national level, strengthening the national capacity for decision-making, improving the opportunities and capacity for early diagnosis and timely treatment of malaria, strengthening deterrence and the prevention of outbreaks or epidemics of malaria, taking the necessary steps to control the carriers of infection, and strengthening the supervision and opportunities for operational research, social mobilization and expansion of intersectoral coordinated actions in the post-elimination period.

From 2006 to date, the Global Fund has supported the Kyrgyz government in stabilizing the epidemiological situation and reducing the social and economic damage caused by malaria. Due to the success of such measures, the Kyrgyz Republic has addressed the World Health Organization (WHO) with a request to start the process of preparing for an international peer review and subsequent certification of the Kyrgyz Republic as a country free from malaria.

The transfer of equipment for the Polymerase Chain Reaction laboratory in the Department of Disease Prevention and Sanitary Inspection

On 5 August 2014, UNDP transferred equipment for the Polymerase Chain Reaction (PCR) laboratory in the Department of Disease Prevention and Sanitary Inspection under Ministry of Health of the Kyrgyz Republic. This equipment was purchased with the funds from the Global Fund in order to ensure timely diagnosis of malaria. The PCR laboratory is necessary for the country, as during the process of international certification of malaria elimination there must be proof provided of the country's ability to detect all cases of malaria and implement timely and appropriate antimalarial activities.



Transportation of PCR laboratory equipment

With the help of this equipment there are plans to carry out random PCR studies of patients in the epidemiological malaria season (April - October), and more than 41,000 people out of 100,000 febrile patients will be tested from 47 hospitals.

Procurement information for August 2014

HIV Grant:

1. A contract to conduct a summer camp for children living with HIV was signed: \$37,986 USD.
2. A contract to supply computers and office equipment was signed: \$90,127 USD.
3. A contract with UNICEF to supply ARV drugs for six months in 2015 was signed: \$118,605 USD.
4. A contract with RAN-SNMP (France) to test medicines in line with the Quality Assurance Plan was signed: \$50,000 USD.
5. A contract to deliver general goods is at the stage of signing: \$38,000 USD.
6. A contract to procure transportation services (land services) with fridges is at the stage of signing: \$20,614 USD.
7. A contract to procure the diagnostic HVC, syphilis, and HIV 1 and 2 test systems is at the stage of signing: \$20,103 USD.
8. A request for tender for the supply of office furniture and equipment for sub-recipients has been announced.
9. A request for tender for the supply of prepaid cards (for mobile communication) as a motivational package has been announced.

TB Grant:

- 1) Contracts to supply anti-TB 2nd line drugs for 530 patients were signed: \$1,881,882 USD.

Information on deliveries for August 2014

HIV Grant:

- Health products and medicines to AIDS Centres, NGOs and other state institutions: \$115,242 USD.
- Informational-education materials for NGOs: \$3,081 USD.
- Metal beds with mattresses (3 pieces) for NGOs: \$183 USD

TB Grant:

- Medicines to TB facilities: \$86,825 USD

Malaria Grant:

- Health products and medicines for Department of Disease Prevention and State Sanitary Epidemiological Surveillance and provincial centres: \$43,281 USD



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