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August 2012
Issue 01

Newsletter

UNDP/GFATM Programmes in Montenegro

The Global Fund to Fight AIDS, Tuberculosis
and Malaria
www.theglobalfund.org

United Nations Development Programme
Country Office Montenegro
www.undp.org.me



Dear Reader,

I am pleased to introduce the first issue of UNDP GFATM Programmes in Montenegro Newsletter. The Newsletter will try to endeavour to put additional focus on activities conducted, but also on challenges faced, during the implementation of the abovementioned programmes.

Before coming to Montenegro, I had served as UNDP Country Director in Tajikistan where I was overseeing implementation of the largest GFATM programme in Europe and CIS. There we had a similar successful newsletter with a comparable mission and I am confident that this Newsletter will follow the same path.

Currently, there are two GFATM funded grants in Montenegro where UNDP Montenegro is acting as the Principal Recipient, being in charge of coordination and supervision of programme implementation. The first one is *Scale up of the national response to HIV/AIDS among most at risk populations in Montenegro*, funded from Round 9. At the moment, this Grant is pending approval for continuation and renewal for Phase II. The second one is *Establishing and Pursuing a High Quality of Tuberculosis Control Program in Montenegro*, funded through Round 6. This Grant is being implemented since 2007 and is in the close out stage.

I wish to point out that the GFATM has been providing financial support to HIV and TB related programmes in Montenegro since 2006.

More information about these grants is provided in the following sections of the Newsletter.

The activities and topics to be presented here are very interesting but also challenging as they concern people with specific needs and their life stories. At the same time, familiarisation with these topics will contribute to better understanding of the global situation related to HIV and TB policies, epidemiological trends, innovative approaches in working with the most-at-risk populations and will hopefully help in accepting cultural, sexual and gender differences. We will do our best in conveying the human aspect of the story, with all of its hopes, joys, fears, uncertainties and prejudices, as well as informing wider audience on programme activities, results and impact achieved.

Hopefully, the Newsletter will contribute and help readers and their friends/families to gain necessary knowledge in the global fight against HIV/AIDS and Tuberculosis in Montenegro.

I wish you a pleasant reading.

Rastislav Vrbensky
UN Resident Coordinator &
UNDP Resident Representative



Dear Reader,

I am very pleased that from this moment you will be able to have the very last news concerning implementation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) grants in Montenegro from UNDP GFATM Programs in Montenegro Newsletter.

UNDP is the Principal Recipient (PR) of HIV and TB grants in Montenegro from 2006.

The PR has strong program management capacity, especially in the areas of programme monitoring and evaluation, and procurement.

It is very important to say that the PR has worked actively to establish strong relations with relevant national stakeholders which is the key for the successful implementation of the National HIV and TB Programmes.

The PR has also developed relations with number of NGOs to facilitate outreach to and screening of vulnerable groups difficult to reach through the national health care system.

On behalf of the Secretariat of the GFATM I wish all the possible success to all who are involved in the implementation of the GFATM grants in Montenegro.

Dr. Valery Chernyavskiy PhD, MPH
Senior Fund Portfolio Manager
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The Global Fund to Fight AIDS, Tuberculosis and Malaria

GFATM in Montenegro – Overview



The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) approved the HIV/AIDS grant to Montenegro “Scale up of the national HIV response among most at risk population groups in Montenegro” in Round 9 in amount of 4,798,957 €. The total amount of approved funding for two years (Phase 1) was 2,332,012 €. The starting date of the Grant was July 1, 2010 and the Grant Agreement was signed on August 2010.

Round 9 HIV Grant is a continuation of activities and scale up of already established services under the Round 5 HIV Grant “Support to implementation of the National HIV/AIDS Strategy in Montenegro” implemented from August 2006 till July 2010 and worthed 2,424,124 €.

At the moment, it is expected to be signed the Phase II of the Grant covering period July 2012-June 2015.

United Nations Development Programme in Montenegro (UNDP) was designated to be a Principal Recipient (PR) of the Grant. Round 9 GFATM programme was designed in accordance with the National response to HIV/AIDS in Montenegro 2010-2014, strategic document adopted by the Montenegrin government in December 2010, and represents a significant part of the overall HIV response in Montenegro.

The overall goal of the Rd 9 program, the same as it was in the Rd 5 program, is to maintain low HIV prevalence in Montenegro and provide care and support for those already affected by HIV/AIDS. Distinctive features of the program approach to reach this goal included expansion of prevention efforts, particularly among most-at-risk groups, seeking to keep HIV prevalence below 1% in all identified groups. In addition, the program has been tailored to particularly strengthen behavioural and biologic surveillance activities.

The goal should be achieved through three objectives, focused on prevention; care, support and treatment of PLHIV and creating a more supportive environment for those infected, affected and under increased risk of HIV transmission, under the following service delivery areas (SDAs):

- HIV prevention activities among IDUs, MSM, SWs, RAE young people, prisoners and merchant marines,
- Voluntary Counselling and Testing,
- Introduction and implementation of Healthy Life Stiles,
- Condom promotion,
- Stigma reduction activities,
- Psychosocial support to PLHIV,
- Gender within HIV response,
- HIV surveillance,
- Capacity building of national partners.

Main partners in the Rd 9 HIV Grant implementation have been the following governmental institutions:

- Institute of Public Health of Montenegro;
- Clinical Centre of Montenegro – Clinic for Infectious Diseases;
- Bureau for Education of Montenegro;
- Primary Health Care Centre (PHCC) Podgorica;
- State Textbook Publishing Agency;
- Primary Health Care Centre (PHCC) Kotor.

These six institutions have been directly involved in the implementation of project activities. Also, through activities in Voluntary Counselling and Testing (VCT) centers, PHC Centers in Herceg Novi, Berane, Kotor, Bijelo Polje, Pljevlja, Niksic, and Bar have been indirectly involved in the program implementation.

In the NGO sector, the following organizations have been the Sub-recipients (SRs):

- “CAZAS” from Podgorica,
- Youth Cultural Centre “Juventas” from Podgorica;
- “Zastita” from Bar;
- “SOS” from Podgorica,;
- “MonteVita” from Bijelo Polje;
- Montenegrin HIV Foundation;
- “Mladi i zdravlje” from Tivat;
- “Otvori srce” from Herceg Novi;
- Association of Private Dentists of Montenegro.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has also provided funds in the amount of 1.3 million EUR for the implementation of Tuberculosis Round 6 Programme contributing to the large extent to the implementation of the National TB control program (2006).

The programme started in July 2007 and is now in the close-out stage. The programme activities have been implemented in three areas:

1. **Improving TB surveillance system** and its integration into the national general system which allowed more precise and regular data collection leading to improved program planning.
2. **Strengthening TB diagnosis and treatment** - building human and system capacity for all actors involved in the national TB control programme and the national health system. resulted in an improved base of knowledge for professionals involved in the fight against TB including doctors, nurses, lab technicians, social workers and policy decision makers. In terms of detection, strengthening of the National Reference Laboratory has been one of the main objectives.
3. **Community Advocacy and Mobilization** should have increased public awareness in regard to TB. It should have contributed to the decrease of the discrimination of those affected with the disease as well as to increased awareness regarding the benefits of TB screening, early detection and timely treatment.

TB patients and their families have been the primary beneficiaries of the programme. Approximately 2000 individuals (families of TB patients, youth and peer trainers) attended lectures and workshops about TB issues. Prisoners in Montenegrin penal facilities also benefited from detection and treatment efforts under the programme. Unfortunately, police has not always been willing or able to transport prisoners to and from detection facilities, so a mobile x-ray machine was purchased to rectify the problem. The programme is also currently implemented within the psychiatric hospital in Kotor to provide detection and treatment for its patients.

Capacity building of all stakeholders consisted of specific train-

ings covering 240 health care professionals, including doctors, nurses and laboratory personnel leading to increased sharing of information about TB problems in the country and region by doctors trained. An informed community of professionals engaged in the fight against TB – including health care professionals, social workers and decision makers - has been created and strengthened resulting in the community working cooperatively and communicating efficiently in an integrated manner, instead of duplicating efforts or possibly even working at cross purposes in a haphazard manner, as it was the practice before the introduction of the programme.

The programme is nationally owned. However, because the disease does not respect geographic borders and because those who are affected travel between countries, TB should be tackled on a regional basis. Montenegro is cooperating very closely with TB programs in Serbia, Bosnia and Herzegovina and Macedo-

nia.

Because the programme has been largely successful, the main goal now is to ensure its sustainability after the closure of the GFATM programme. UNDP Montenegro has enjoyed an excellent relationship with the government during its implementation and is very confident into the commitment of the MoH, primarily, to continue the successful TB control program implementation.

The Country Coordinating Mechanism (CCM) oversees the GFATM HIV/AIDS and Tuberculosis Grants' implementation. The entity is chaired by the Minister of Health. CCM is comprised of 25 representatives of three line ministries (the Ministry of Education and Science, Ministry of Labour and Social Welfare and Ministry of Health), representatives of people living with HIV/AIDS, representatives of NGOs, UN Agencies and media.

Healthy Life Styles Leading to a Healthier Nation

There are many taboos in every society, but there are many more taboos in societies that have been more traditional. Exposure to other societies emboldens people to dare to question the wisdom and validity of widely accepted taboos within their own societies. The dawning of the age of information, with the 500 TV channel universe and the Internet, has opened formerly isolated societies to the rest of the world and a lot of people are asking a lot of questions about a lot of things, including social taboos, now.

However, for every individual who dares to question, there are legions who are content to accept the status quo. Maintaining the status quo can be a *good* thing, a *harmless* thing, or, in some cases, a *very dangerous* thing. If ignorance about HIV/AIDS is wide spread in a society, maintaining the status quo is a very dangerous thing.

Montenegro has a low prevalence of HIV. Although the Institute for Public Health estimates that there may be as many as 300 - 500 cases of HIV in Montenegro there have only been 129 confirmed cases from a population of just over 600,000 as of Dec 2011. Health authorities (and everyone else in the country) would like to keep it that way.

The old saying that an ounce of prevention is worth a pound of cure has survived over the years because it is true. The ounce of prevention needed to immunize people from all manner of harmful things is almost always a cocktail of numerous elements, of which education is often the dominant ingredient. But, because

the most common ways to contract HIV – men having sex with men, having sex with sex workers and intravenous drug use – are severely frowned upon in the socially conservative country, HIV is a taboo subject in Montenegro.

Montenegrians, of course, are not oblivious to the reality of HIV but reality is not for the squeamish and because HIV is a taboo subject, discourse about the disease is challenged by the high degree of inertia present in the society. So, how do we educate people about things they would rather not think about, never mind talk about? Logically, such efforts should start at the beginning: with the kids.

There are an estimated 200,000 young people in Montenegro. One of the biggest success since the programme's inception has been the design and implementation of a 'healthy lifestyles' course for grade 8 and 9 students (13 – 15 years of age) in primary schools.

Plan and program for subject "Healthy Life Styles" was officially adopted by Ministry of Education and Science in January 2007. The multi-sector team

that developed the program also developed the Manual for teachers.

The pilot course - which included a section on HIV, other sexually transmitted infections (STIs) and safe sex practices - **reached even 964 students (7.3% of all students of 8th and 9th grade) in the 2008/2009 school year.** The pilot has been universally

**Zdravi stilovi života
u srednjim školama**

ZDRAVO ... MOŽE LI JOŠ ZDRAVIJE?

hailed as a success and became part of the curriculum of all Montenegrin elementary schools in the 2009 – 2010 school year. Unfortunately, there is currently no room within the compulsory curriculum for the course and it has been offered as an optional subject. However this number steadily increased, **with 2,512 students (13% of all students of 8th and 9th grade) in 2009/2010 school year and around 4,071 students (18% of all students of 8th and 9th grade) during 2010/2011**, opted for the subject. In the last school year **(2011/2012) 3,344 students (23.4% of all students of 8th and 9th grade)** chose to study the subject.

Healthy Lifestyles is one of the rare optional subjects for which there is a designed and printed textbook for children and a handbook for teachers in both Montenegrin and Albanian language.

The course is unique in Montenegro for two reasons: education professionals were not solely responsible for its design (physicians, psychologists, sociologists and other professionals were all instrumental in the effort), but it was the first time in Montenegro that prevention approach used in and promoted by the health sector has been institutionalized within the education sector.

Some of the achievements accomplished during the subject's implementation in primary schools were:

- A textbook for students and a handbook for teachers were prepared, both in Montenegrin and Albanian;
- A promotional video and a poster were designed and communicated to public;
- 187 teachers from 95 primary schools were educated on teaching the subject;

After a success that this project made in Round 5 of GFATM Grant, it was decided to go one step further and introduce the subject to high schools. The National Council for Education adopted the curriculum in February 2011. Based on the curriculum, the subject programme was prepared and submitted to National Council for Education which adopted it in August 2011. Also, the subject will be studied in vocational schools, not separately, but as a part of other subjects.

Around 50 high school teachers have already been trained in the subject.

At the moment, textbook for students is in the final stage of development and expected to be ready for the next academic year

(2012/2013).

In addition to safeguarding against an increased prevalence of HIV/AIDS in Montenegro, the course should also lead to increased tolerance with Montenegrin society. Social evolution can be a painfully slow process, especially for minorities who suffer from stigma and discrimination, e.g. LGBTQ community members. Of course, one section in one optional healthy lifestyles course will not eradicate prejudice against individuals based on their sexual preferences but it is a start and one day, maybe in the not-too-distant future, the prevalence of homophobia will be as low as the prevalence of HIV/AIDS in Montenegro.

Our counterpart from the Bureau for Education, Mr. Radoje Novovic pointed out:

„The project had an initial idea of having students equipped with necessary knowledge and information, which would help them to develop a certain attitude, adopt a system of values and master specific skills aimed at evolving into a healthy personality. Topics covered by the subject are diverse and go from reproductive health with sexual education, violence, HIV/AIDS, sexually transmitted infections, communication, physical health, smoking, alcoholism and everything that children could not learn through regular subjects. The most important goal we wanted to achieve is that convey that it is critical to nurture a healthy life style as a precondition for a healthy life and safe path towards developing a healthy personality. We started step by step, from 900 students in 2008/2009 school year to 4,100 students in 2010/2011 school year, which is almost 60% of all students in one grade. Preparation for the subject was systematic, meaning that all the prerequisites had been put in place, such as handbook for teachers, students' book, teachers well trained through several training modules, a survey that confirmed the importance of the subject, a promotional video and information material, which altogether resulted in high interest and attention of students for this subject. Out of 37 optional subjects, the Healthy Life Styles holds either 3rd or 4th position. Such a high position is a result of extraordinary work done by all stakeholders and good promotion of the subject. To be honest, I was not expecting such a success, but having in mind the amount of efforts invested and an excellent cooperation between the Bureau for Education and UNDP, the failure was not an option. Each euro invested in this socially responsible endeavour produced an important benefit for all children and for the future of Montenegro.

Drop-in centers for IDUs

“It started out of curiosity, but eventually I became addicted to heroin – at first I was taking it by sniffing it but gradually I found myself injecting it. It took me a while to realize that I was slowly destroying myself and my family. Finally, I got infected with Hepatitis C and at that point I knew I had to change something very soon, otherwise I would die. I enrolled to a rehabilitation treatment to Kakaritska Gora, a special institution for injecting drug users (IDUs) who are determined to quit with drug addiction. The program lasts for one year. It was not easy at the beginning, but now I am proud to say that I have been “clean” for four years. Meanwhile, I got married and now I have an 8-month baby, which gave a completely new, joyful perspective to my life. I know that there are no cured IDUs, since they are considered to be only abstinent because the possibility of taking drugs again is always





there, but I am determined to keep it this way. I've stopped taking things for granted, started to live healthy and to take care of my body, trying to enjoy precious moments with my family.”

This bold testimony came from Dino – a young and vivacious person whom we met when we visited drop-in center for IDUs in Bar. The drop-in center is part of a harm reduction concept, which proved to be very effective in prevention of HIV/AIDS and other blood borne infections, common among IDUs, due to share of non-sterile drug injecting kit. There are now three drop-in centers for IDUs in Montenegro – 2 in Podgorica, run by NGO CAZAS and NGO Juventas respectively and one in Bar, run by NGO CAZAS. Establishment of drop-in centers resulted from outreach work and talks to IDUs, since it was obvious that they had no strict habit of using sterile injecting kit and that outreach work could not entirely solve this issue. The range of services offered by drop-in centers is versatile. A client IDU can always get a sterile injecting kit there, but a client is also offered condoms, psychosocial support and medical advice and finally a client can get a referral to a health institution, if needed. A doctor, social worker and/or a

psychologist is present in the center at least twice a week. The place is equipped with kitchen and a living room, IT equipment and social games that make clients relaxed and willing to come on a regular basis. However, there are simple but rigid rules in the drop-in center. Any drug abuse in the premises is strictly prohibited and no drug or alcohol intake is allowed. Centers are opened 6 days a week during evening hours. It should be noted that work of those centers resulted in having around 15 IDUs included in the treatment in Kakaricka Gora which is really a great achievement by itself and a confirmation that such concept was worth of implementing. Therefore, additional two drop-in centers are planned to be opened in Niksic and Pljevlja.

Harm reduction concept and many other activities are defined in the National HIV/AIDS Strategy 2010-2014, which is to a great extent funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) through, so called, Round Grants. Currently, Round 9 Grant is being implemented in Montenegro, following the successful implementation of Round 5 Grant during 2006-2010.



International AIDS Candlelight Memorial in Podgorica



On Sunday, May 27, 2012, the NGO CAZAS marked the International AIDS Candlelight Memorial in Podgorica.

Having in mind that this event has been marked throughout the world since 1983, the NGO CAZAS marked the event in the similar manner. A large red ribbon, the symbol of fight against HIV/AIDS was made, followed by the candle lighting.

As in the past, NGO CAZAS' volunteers took part in this year's event, too. Furthermore, volunteers from the State Faculty of Economics, citizens and teenagers passing by joined. The fact that other people spontaneously took part in the activity was indicative in terms of raising social consciousness about HIV/AIDS.

Note: The International AIDS Candlelight Memorial is much more than just a memorial. The International AIDS Candlelight Memorial serves as a community mobilization campaign to raise social consciousness about HIV and AIDS. With 33 million people living with HIV today, the International AIDS Candlelight Memorial serves as an important intervention for global solidarity, breaking down barriers of stigma and discrimination, and giving hope to new generations.

