Central Asia Region

Operational Plan Report

FY 2012

Operating Unit Overview

OU Executive Summary

HIV infection in the Central Asian Republics (CAR) is concentrated in less than 1% of the population but is expanding rapidly. Fueled by people who inject drugs (PWID) located in urban centers and along drug transport corridors from Afghanistan through Tajikistan (TJ), Turkmenistan (TK), Uzbekistan (UZ) Kyrgyzstan (KG) and Kazakhstan (KZ), there are indications that the epidemic is spreading to bridge populations including sex partners of PWID and sex workers (SWs). With HIV concentrated in small sub-populations, there is still an opportunity to stem the growth of the epidemic with a relatively modest investment of resources, but donors and host governments must act quickly and decisively with programs focused on stopping transmission among and from PWID. The United States Government (USG) has adopted a strategy focused on evidence-based prevention among PWID and their sex partners as the primary drivers of the epidemic; among SWs and persons living with HIV/AIDS (PLWHA) as potential bridging populations; and among men who have sex with men (MSM) and incarcerated people as especially vulnerable groups. In addition, the USG strategy addresses nosocomially acquired infection as a uniquely important route of transmission in CAR. With limited resources spread across five countries but focused in KZ, KG, and TJ, the President's Emergency Plan for AIDS Relief (PEPFAR) agencies have adopted a technical assistance (TA) model, which builds the capacity of host governments and civil society organizations to plan, direct and monitor national HIV programs, with emphasis on prevention among most-at-risk populations (MARPs), HIV/AIDS sentinel surveillance (HASS), testing and counseling, and ensuring the quality of treatment and care. USG interventions concentrate on building a policy and regulatory environment which will facilitate access by MARPs to care, strengthening the technical and management systems needed to support services for MARPs, and addressing issues of stigma and discrimination that affect the quality and availability of services for MARPs. Following the principle of "one USG," PEPFAR agencies coordinate among themselves and with their partners, leveraging the inputs of other donors, particularly the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), for the most efficient use of resources to achieve maximum impact. The Centers for Disease Control and Prevention's (CDC) implementing mechanisms conduct systematic assessments of state-owned activities including surveillance, monitoring and evaluation (M&E), antiretroviral treatment (ART), and injection safety, and identify TA needed to build the capacity of state institutions, particularly Republican and Oblast AIDS Centers, to fulfill their mandate under the national HIV/AIDS strategy. United States Agency for International Development (USAID) implementing mechanisms will strengthen the policies and systems needed to support national AIDS responses and direct capacity-building efforts at governmental HIV/AIDS coordinating bodies and non-governmental organizations (NGOs) tasked with providing and coordinating services for MARPs and PLWHA, and, on a pilot basis, at primary care facilities staff responsible for coordinating referrals between vertical systems of clinical care. To build

sustainability and host country ownership, PEPFAR works to integrate HIV activities into existing health services, and to strengthen human resources in HIV/AIDS, laboratory quality, and the use of strategic information (SI) within the public health system. Peace Corps (PC) volunteers provide education on HIV/AIDS prevention, behavior change, stigma reduction, responsible behavior and consequences of drug use. In addition, PEPFAR CAR interventions strengthen national and local HIV/AIDS governance structures and coordination mechanisms, enhance partnerships between governments and NGOs, and systematically build the capacity of institutions, organizations, and individuals to develop and implement national HIV/AIDS programs that effectively respond to the epidemic and achieve planned outcomes.
Epidemic Overview - In CAR, the HIV epidemic has followed the flow of heroin. The United Nations Office on Drugs and Crime (UNODC) estimates that 20% of heroin shipped from Afghanistan passes through CAR and approximately 11 metric tons per year are consumed in the region, where PWID constitute up to 1% of the adult population. In towns on the Afghan border of TJ the cost of an average dose of heroin is reported to be less than the price of a bottle of beer, although the cost rises each time the contraband crosses a border on its way north to KZ, Russia and beyond. In TJ, where the per capita gross domestic product (GDP) is about $820, the cost of sterile injection supplies compared to the cost of heroin is significant, and the reported prevalence of HIV infection among PWID is 17-23% [Ministry of Health (MOH) data, HASS 2006-2009]. In KZ, where the per capita GDP is about $9,136, the additional cost of a clean syringe is less significant, and HIV prevalence among PWID is 3-4%. While the primary driver of HIV transmission has been the use of contaminated injection supplies, there are indications that the epidemic is expanding, primarily through sexual transmission from PWID to their sex partners, SW and MSM. In KZ, sexually acquired new infections rose from 20% in 2006 to 43% in 2009, accounting for 71% of new HIV infections in women [MOH data]. Data from KG and TJ from the same period show a similar trend, while in UZ the number of new infections that were sexually acquired overtook the number acquired through injection in 2010. TK does not report HIV infections. There is overlap between unsafe injecting practices and unsafe sexual practices: HASS reports that approximately 8% of sex workers from UZ inject drugs, 50% of female PWID in TJ have provided sex services in exchange for money or food [USAID project report], and fewer than 50% of PWID in TJ reported use of a condom during intercourse with commercial sex partners [MOH data]. In KG, syphilis prevalence, another marker for unsafe sexual practices, was 32% among SW, 16% among prisoners, and 13% among MSM and PWID [data, CDC presentations, HASS 2007]. High prevalence of HIV among prisoners and detainees is related to high rates of incarceration of PWID, as well as unsafe injecting and sexual practices during incarceration. In 2010, 3% KZ to 9% TJ of all registered HIV cases were among prison populations.
Need for More Data -Integrated Behavioral and Biological Surveys (IBBS), conducted between 2005 and 2008 with TA from the USG, helped define the epidemiology of HIV infection in CAR at the time. Since 2009, MOHs in most countries have continued to conduct sentinel surveillance without USG assistance; due to staff turnover and lack of protocols, however, the data collected has been of questionable reliability. Recent surveillance data show a decline in HIV incidence in KZ and KG, but triangulation of

these data with information about coverage and quality of prevention programs suggests that this decline may be an artifact. Reliable, current data about HIV among MSM and incarcerated and mobile populations is lacking. Despite the apparent increase in sexual HIV transmission in CAR, no special studies have been conducted on the role of non-injecting sex partners of PWID in HIV transmission in any CAR country. USG interventions are generating a more complete description of the epidemic and key affected populations in CAR, to guide decision-making, including the creation of Standard Operating Procedures (SOP) and other targeted TA. USG has completed comprehensive assessments of IBBS in KZ, KG, and TJ in Fiscal Year (FY) 11, and has focused its effort on improving the quality of HASS systems. In addition, USG conducted Tracking Results Continuously behavioral surveys (TRaC studies) among MARPs to assess determinants of risk, behavior change, and program coverage among PEPFAR-funded programs for PWID, SW, and MSM. The USG has also conducted trainings in the region on MARPs size estimation. However, the availability of, access to and utilization of data, especially surveillance and survey data, remains a major obstacle.

PEPFAR FY2012 focus & country consultations - During January and February 2012, the USG team conducted strategic consultations with major stakeholders in KZ, KG and TJ to inform the development of the FY12 Regional Operational Plan (ROP). Prior to these consultations, the USG evaluated each country's national HIV program strategy, mapped other development partner initiatives, and reviewed current USG programs against CAR PEPFAR strategy objectives. The CAR team used this information to identify strategic areas of intervention to advance the three priorities within the CAR PEPFAR regional strategy. During each consultation, PEPFAR partners, including: government officials (MOH, Republican AIDS, Narcology and Blood Centers); Joint United Nations Programme on HIV/AIDS (UNAIDS); GFATM; UNODC; other multilateral agencies and donors; NGOs; PLWHA coordinating bodies; other civil society representative; and USG implementing partner, provided feedback on the proposed strategic approach. These recommendations have been incorporated into the FY12 ROP. Following submission of the ROP and building on 2012 strategic consultations, the USG will continue on-the-ground discussions with country HIV/AIDS development partners and stakeholders in order to develop detailed country plans for USG assistance. Using the areas of strategic focus endorsed by development partners during consultations as a guiding framework, the USG will tailor country work plans to meet the unique circumstances of each country. Final country work plans will support national program priorities, leverage resources of the GFATM and other donors, and build on areas of USG comparative advantage to further achievement of PEPFAR CAR's overarching goals and objectives.

In FY12, the USG will concentrate its efforts on three strategic priorities. First, the USG will aim to expand access to comprehensive HIV/AIDS prevention, treatment and care services for MARPs. Approaches will include reducing policy, program and attitudinal barriers, especially stigma and discrimination, which limit MARP access to services. Second, the USG will focus on systematically strengthening the capacities of institutions, organizations, and individuals to more effectively plan, deliver, and monitor quality services for MARPs. This effort will include targeted support to ensure the quality of blood systems to prevent

nosocomial transmission of HIV/AIDS in health care settings. Finally, the USG will build the capacity of public health institutions to collect, analyze, disseminate and utilize data to obtain an accurate and complete description of the HIV/AIDS epidemic in CAR; to support policy development, program planning and implementation; and to improve outreach-based prevention efforts and facility-based HIV/AIDS care and treatment services.

Rather than finance a broad range of HIV-related activities, the USG will focus on interventions that capitalize on PEPFAR's comparative advantage and technical strengths to improve results and extend the reach of other resources in the region. USG will assist governments to undertake their own activities and fund them through their own budgets, rather than create the expectations of long-term USG funding. PEPFAR does not engage in the purchase or distribution of antiretroviral (ARV) drugs or of methadone for medication-assisted therapy (MAT). The USG program strategically targets its relatively modest resources to promote best practices and strengthen policies to improve services for populations most at risk of HIV infection. USG activities will include surveillance of MARPs behaviors to guide programming of outreach activities, largely through NGOs, and to link MARPs to services; technical and institutional capacity development of public and nongovernmental organizations to strengthen prevention and treatment services for MARPs; and training of service providers to work more effectively with MARPs. By partnering directly with government health agencies through our cooperative agreements and joint work planning (JWP) meetings, we will enhance the management and coordination of HIV/AIDS services; improve patient referral and case management systems within health systems; and train and mentor key providers and program managers. A goal of the USG will be to improve information systems for monitoring the epidemic by MOHs as well as by NGOs. Capacity building activities will help scale up proven best practices and comprehensive services for MARPs, as well as assist in building the systems and policies key to sustaining these services. Non-PEPFAR funded interventions in tuberculosis (TB), infection prevention, and other areas provide wrap-around support for these activities.

In implementing the FY12 program, PEPFAR CAR will also operationalize core Global Health Initiative (GHI) principles. The USG will strategically coordinate its efforts in support of country programs with those of key development partners, including the GFATM, United Nations (UN) agencies, and other donors in order to enhance efficiencies and returns on USG investments. USG partners will also strive to engage private sector collaborators to support HIV/AIDS programs. PEPFAR CAR activities will further program sustainability by partnering with national and local leaders to build policies that promote gender equity and mitigate gender-related violence for women who inject drugs. Finally, in line with GHI's mandate, the USG will utilize ongoing monitoring processes and targeted evaluations to ensure that program activities and approaches are effective and contribute to the achievement of results.

Policy Environment and Country Ownership -While the five CAR countries occupy different points on the development continuum, all share strategic challenges and opportunities related to country ownership and as well as a number of health systems barriers. All countries in the region face an uphill battle of transforming inefficient structures inherited from Soviet times, including vertical programs for HIV, TB,

sexually transmitted infections (STIs), drug treatment, and blood safety services, with little or no coordination among them, into systems capable of responding to an epidemic concentrated in marginalized groups. Adding to the difficulty is the lack of experience in public sector collaboration and partnership with donors and NGOs. Stigma attached to all MARPs, punitive legislation, and frequent rights violations have delayed the adoption of appropriate interventions and continue to restrict the ability of HIV programs to access people in need of services.

Government commitment to assuming the cost of meeting these daunting public health challenges is weak at best: health expenditures in the region average less than 5% of GDP, with KG the highest at 7%, and TK the lowest at 2%. Each of the CAR countries has a national health program which includes an HIV/AIDS strategy prioritizing prevention and which addresses prevention among MARPs. However, not all governments allocate sufficient technical, human and financial resources essential for targeted HIV/AIDS programming, relying instead on external resources, including externally funded nongovernmental partners, to address program coverage for MARPs. In many cases the host country governments and the oversight bodies for these externally-funded programs such as the Country Coordination Mechanisms (CCM) have not applied sufficient oversight and M&E of programs. Behavioral data from MARPs, people on antiretroviral treatment (ART), or TB patients are rarely used to design and plan services to improve utilization or adherence. A culture of quality improvement is absent across all public health services from prevention and diagnosis to treatment. Most countries do not have a plan or even a responsible body for strategic development of laboratory capacity, quality assurance, or accreditation. Four of the five countries have strategic plans for Blood Safety, but the programs are not fully implemented. Both KG and TJ are facing human resources challenges within the health sector, as many rural health and prison health facilities either do not have qualified health personnel or are understaffed.

The USG team recognizes that country ownership is essential to sustaining HIV programs in CAR. Prior to ROP submission, the USG assessed country ownership in KZ, KG and TJ through joint planning sessions with key stakeholders of the national and oblast HIV/AIDS programs as well as informally over the last year in conversations with donor and government stakeholders. The USG team recognizes that acceleration of country ownership in KZ, KG, and TJ will require a number of intensive, targeted approaches. As each country has unique challenges, progress across the four dimensions will vary and some areas (such as institutional capacity and country ownership) may be more successful than others.

Political Ownership and Sustainability - A primary focus of FY12 USG assistance will be to enhance leadership on, and governance of, national HIV/AIDS programs. Best practice indicates that both national and regional officials should play key roles in planning and overseeing national HIV/AIDS program efforts implemented at the local level. USG support will build on its TA efforts to systematically strengthen the operations, management, and oversight effectiveness of national level CCMs as multi-sectoral governing bodies on HIV/AIDS. USG FY12 resources will also be used to build the planning, coordination, management and advocacy capacities of selected subnational governance structures such as regional

coordinating committees. USG assistance will aim to enable local governance bodies to support local HIV/AIDS efforts in areas such as monitoring the implementation and effectiveness of HIV/AIDS activities; tracking progress against local targets and indicators; managing the collection of sound data; engaging in HIV/AIDS policy advocacy efforts; and, as appropriate, supporting the development of regional HIV/AIDS strategies or plans. KZ, with its significant financial and human resources, may have a greater chance for long-term sustainability of its HIV prevention programs.

In FY12, the USG will support a strategic approach to policy development which will strengthen the capacity of national and local policy makers and stakeholders to analyze and address key policy barriers; improve collaboration between NGOs, private and public stakeholders to address needed policy and legislative reforms; and build the systems needed to ensure transparent and participatory development and implementation of policies. Concentrating on policies that enhance access to more comprehensive quality care for MARPs, the USG will work with key HIV/AIDS stakeholders to undertake a rapid desk review of policy assessments conducted during the past few years. The USG will prioritize policy needs; develop a strategic policy agenda; establish the mechanisms and processes for inclusive development and formulation of evidence-based policies; and advocate to a broad range of policymakers, including parliamentary leadership, to support policy reform. Where appropriate, the USG will leverage programs that support Parliamentary development both to educate HIV/AIDS stakeholders on the complex policy process and engage Parliamentary Health Committees as key participants in this process. KG, with its more progressive policy environment, presents the best opportunity for policy change in the short term. While KZ and TJ may be more challenging, the USG will continue its engagement with policymakers to effect long-term policy reform and strengthen the sustainability of USG investments (See CAR PEPFAR Strategy and Policy Table).

Institutional Ownership - USG activities will systematically enhance the managerial, organizational, programmatic, and technical capabilities of public sector facilities and NGOs. Funding will prioritize NGOs providing services through GFATM grants, and assistance will focus on assisting these organizations to better plan and provide services for MARPs and strengthen approaches to increase MARP access to quality services. Systematic capacity development efforts will be structured to progressively assist NGOs providing HIV services to become stronger and more mature organizations better able to network, collaborate, and contribute to national HIV/AIDS efforts.

The USG will build the leadership capacities of NGOs and other organizations working with PWID, MSM, SW and other MARPs, as well as MARP coordinating bodies such as the KZ Union of People Living with HIV/AIDS. Assistance to strengthen the core competencies of these organizations will enable them to function as advocates for MARPs and participate more effectively in HIV/AIDS policy advocacy and program development, implementation, and management. FY12 funds will support TA to improve financial and accounting systems and capacities within both the public and NGO sector. The USG will give greater focus to enhancing the financial viability and sustainability of select NGOs by assisting them to diversify funding through approaches such as social contracting with governments, corporate support, and

community contributions. FY12 activities will help enhance government partnerships with NGOs as mechanisms through which to reach MARPs, a critical need in CAR. The USG will assist central and local government bodies to develop the policies and financial systems needed to contract with, or provide direct funding to, nongovernmental organizations for MARP service delivery.

Capabilities - Strengthened capacity of public sector facilities and NGOs providing HIV/AIDS services for MARPs will help improve the quality and effectiveness of services. In FY12, the USG will build on current training and mentoring efforts to undertake a more strategic, systematic, and coherent approach to capacity development fostering national and subnational ownership of HIV/AIDS programs. The USG recognizes that capacity building efforts will need to be designed, implemented, and monitored in close collaboration with local partners allowing for the progressive transition of leadership on capacity building to local partners during the next several years. Accordingly, the USG will use FY12 funds to partner with country level stakeholders from MOHs, National HIV/AIDS Programs, GFATM, UN and other donor partners, and NGO and MARP representatives to conduct rapid, structured diagnoses of key institutional and organizational cohorts. Included among the institutions to be assessed are national and subnational CCMs and local governance structures, such as regional coordinating committees, and organizations including Republican AIDS Centers (RAC) and NGOs implementing GFATM HIV/AIDS grants. The USG will also support rapid assessments of training needs for service providers, outreach workers, and NGO technical and management staff. Data from these assessments will guide the collaborative development of capacity building strategies that will contribute to strengthened national HIV/AIDS program performance.

Accountability - To enhance national program accountability, the USG will support approaches to strengthen M&E systems. The USG will provide M&E training to NGOs, Ministries of Health, Labor, Youth, Education, Interior, and international organizations, as well as the ongoing training on next generation indicators to MOH staff. The USG will also continue to strengthen the capacities of MOH staff in CAR to conduct behavioral assessments, and analyze data to inform program development. The USG will strengthen utilization of a USG-provided electronic HIV case-based surveillance management system (EHCMS) to continue to improve data quality, consistency, and system functionality. In FY12 the USG will intensify support for the elaboration and collaborative rollout of a unified ‘one monitoring and reporting system’ that can be utilized by both government and NGO partners in the national HIV/AIDS program. These efforts will serve to enhance the ability to track measurable results of the care, treatment, and prevention efforts supported by the USG.

Integration across the USG - Three USG agencies (CDC, PC, and USAID) directly contribute to the PEPFAR program’s strategic objectives and goals (See CAR PEPFAR Strategy), while the Department of State (DoS) plays a coordinating and facilitating role. CDC and USAID, either directly or through their implementing partners, primarily address technical, policy, and capacity building interventions. PC also contributes through community and peer education and through general stigma reduction.

The CAR PEPFAR Coordinator’s Office serves a coordination and facilitation function across USG

agencies. It works under the leadership of all five U.S. Ambassadors in CAR but reports to the Deputy Chief of Mission in KZ. In 2011, the Coordinator worked with all agencies to establish a PEPFAR Core Team in Almaty, comprised of key personnel from USAID, CDC, and PC. The core team works closely with government, civil society and development partner stakeholders in developing country-specific work plans. The core team also established interagency PEPFAR teams in each CAR country to foster mission-level participation in program planning, management, and oversight. Chiefs of Mission designated a point of contact in each of the five CAR countries to facilitate decision making on issues that impact their respective countries.

The PEPFAR program develops its work plans within the framework of HIV/AIDS national strategies and plans of other key donors in each country including GFATM. This coordination helps ensure that USG contributions to the national HIV programs complement and leverage other resources. It also highlights programmatic gaps and opportunities for further collaboration. In cases where development partners work in similar areas or service networks, each contributes to a specific technical component, system support, or enabling policy to increase overall impact. The USG agencies and their implementing partners conduct joint program reviews to assess progress toward expected results and lessons learned; these are integrated into MOH review processes to enhance local ownership and utilization of results. The USG team also participates in technical working groups (TWGs) with other stakeholders to share and analyze information from across the region and outside CAR, to inform program decisions on key topics, including prison services, nosocomial infection prevention, strategic information, and PWID services. USG PEPFAR teams based in each CAR country meet frequently to share observations on current issues, opportunities and challenges.

Donors and the Private Sector Coordination - GFATM: USG-funded programs in CAR invest in activities to support the GFATM CCMs and Principal Recipients (PRs) to leverage GFATM resources and help bring successful programs to scale. All five CAR countries have current National Health strategies that address HIV/AIDS programs with a five-year planning cycle. These programs, with support from GFATM, take a multi-sectoral approach to HIV prevention among MARPs, prevention of mother-to-child transmission (PMTCT), ART, care and support, infection control, blood safety, and treatment and prevention of opportunistic infections (OI). In 2012, in KZ, the state covers 49% of the budget required for National HIV/AIDS Program implementation. In KG it covers 7%, and in TJ, only 2%. The deficit is partially covered by donor organizations, with a regional total of $386.5 million in GFATM approved grants, including $240.5 million in HIV specific programs.

The USG coordinates closely on all activities with the GFATM, the largest HIV donor in the region, following a three-pronged approach: providing expertise to help GFATM-funded programs function more effectively; assisting recipient countries to become and remain eligible to receive future GFATM grants; and partnering with implementing partners of GFATM and other donors to scale up best practices and improve HIV program quality. Achieving national-level results requires that GFATM-funded programs operate efficiently. USG-funded HIV programs have provided assistance to four CAR countries in

application and management of GFATM HIV grants. To strengthen collaboration between USG, MOH, GFATM and other key partners, USG initiated periodic JWP reviews in KZ, KG, and TJ. These work sessions aim for greater transparency among all parties to clarify gaps or redundancies that need to be addressed in order to ensure coverage and efficiency. USG programs in CAR help improve M&E, support better communication with stakeholders, develop the capacity of local NGOs, and help orient outreach activities toward MARPs. USG also provides technical support to PRs and sub-recipients in supply management and ARV forecasting in KZ, KG and TJ. In four countries, USG projects have initiated model sites for coordinated treatment of TB/HIV patients which are currently being scaled up nationwide with support from the GFATM. Most of the HIV prevention best practices piloted and tested by the USG, including voluntary counseling and testing (VCT) models for PWID and SWs, and condom social marketing activities targeting MARPs and at-risk youth, have been scaled up by the GFATM in four CAR countries.

Governance of GFATM grants in all five CAR is a priority of the USG. In 2010-2012, the CCMs in KZ and KG received intensive TA from the Grants Management Solutions (GMS) project to implement CCM reforms including CCM restructuring and developing conflict of interest and oversight plans. The government of TJ (GoTJ) has recently requested GMS technical support for strengthening CCM oversight, leadership and governance. In FY12 USG support will build on its TA efforts to date to systematically strengthen the operations, management and oversight effectiveness of national level CCMs as multi-sectoral governing bodies on HIV/AIDS primarily in KZ, KG and TJ. The USG will identify management needs of CCMs and will seek to build competencies of CCM members in core CCM functions, strengthen mechanisms for internal and cross-sectoral coordination and communication, and enhance the role of CCM structures in advocating for and shaping policies that support the national HIV/AIDS response.

In UZ, KG, and TJ, the United Nations Development Programme (UNDP) acts as the PR of HIV GFATM grants, while simultaneously increasing government capacity to administer their HIV programs. The USG's longtime collaboration with UNDP is expected to facilitate our technical and management assistance to strengthen these programs in CAR, ultimately improving the likelihood of success of all PEPFAR programs in the region. The USG has hired a full-time Regional CAR GFATM Liaison to work with the CCMs and broker a capacity-building partnership between GFATM Headquarters in Geneva and PEPFAR programs in CAR. The Liaison serves as a GFATM policy and procedures resource for governments and USG teams in all five CAR countries.

Other Donors: The USG provides continuing capacity building to regional centers established by the World Bank's (WB) CAR AIDS Control Project, which ended in December 2010. PEPFAR funding has supported training activities in electronic surveillance (KZ) and harm reduction (KG). UN agencies that provide TA and funding to programs targeting MARPs include UNAIDS, which supports implementation of the national HIV/AIDS control programs, and UNODC. UNODC recently launched a PEPFAR-funded project aimed at implementing HIV prevention activities, including MAT, for PWID and incarcerated

populations in all five CAR countries.

As part of its support to health systems strengthening (HSS) over the past few years, the USG has worked closely with the WB on the KZ Health Sector Technology Transfer and Institutional Reform project. Financial support and TA has been provided to this $300 million project to modernize the governance and financing of HSS and standardize health care policies and procedures. The USG has also been a key TA partner in KG's sector-wide approach to health sector reform and financing. While these efforts have been important in building country support for improved health care models, increased attention will be given to working with donor partners to undertake strategic, targeted interventions that have a direct impact on the systems and policies needed to strengthen the delivery of HIV/AIDS services for MARPs.

Private Sector: The USG will assess the potential for public-private partnerships in CAR and seek opportunities for PEPFAR to build a closer relationship with the private sector in HIV related programming. Extractive industries are large contributors to the economies of CAR and potentially important partners in stopping HIV transmission. In FY12, the USG will fund an ongoing partnership with Chevron Nebitgaz in Turkmenistan to support a drop-in center (DIC) for PWID and SW and other DICs for at-risk youth. Other opportunities for partnerships with local, national, regional and international companies working in CAR will be explored to increase MARPs-focused HIV prevention programming.

Programmatic Focus - Prevention: Each of the governments of CAR has prioritized prevention, specifically prevention among MARPs, in their national health or HIV strategies. In line with these government priorities, the USG concentrates on preventing the spread of HIV among MARPs, including PWID, their sex partners, SWs, MSM and prisoners, providing a combination of TA and direct support to scale up evidence-based interventions.

While the nature of the epidemic itself is similar throughout CAR, political and institutional constraints differ widely in each of the five countries. For example, host government support for MAT and, to some extent, needle and syringe programs is less politically acceptable in KZ, TJ, and TK than in KG, and is not feasible in UZ. Robust approaches to promote legislation and policy change to meet the needs of marginalized populations need further attention. The nascent capacity of institutions and health systems in the poorer CAR countries (TJ & KG) also present special challenges.

In coordination with host government and GFATM-sponsored HIV prevention programs, PEPFAR provides TA to government and civil society to improve the quality and efficiency of outreach activities and behavior change communications. Behavior change interventions are also closely linked to improvements in counseling and testing services and referrals: the USG supports government agencies and civil society organizations to improve the quality of counseling and testing services, ensure that service points are seen as safe places by MARPs, and actively encourage marginalized populations to use these services. The USG is also engaged in assessing the current status of drug treatment efforts, including policy environments. Where possible and appropriate, the USG will engage with governments to advocate for changes in policies and legislation that impede interventions and approaches to prevent HIV transmission

among MARPs.
Throughout the region, coverage rates for all prevention services remain very low. There is still an enormous unmet need for critical services to the highest-risk groups in the region, which are key to achieving real impact on the epidemic. There are an estimated 263,000 PWID in the region. Expert opinion holds that 20-40% of PWID must be reached with MAT to interrupt the epidemic within this group and prevent expansion to the general population; in all of CAR, fewer than 1,500 PWID are currently receiving MAT. The KG MAT program is furthest along, having completed its pilot phase and expanded to 17 sites, including three sites in the prison system, serving just over 1,000 PWID. KG's Round 10 GFATM grant, however, aims to have only 3,000 PWID on MAT, about 10% of the total, after five years. KZ and TJ currently operate MAT pilots serving fewer than 250 PWID combined. UZ's MAT pilot was closed in 2009. TK's president recently announced that MAT will be introduced at several Trust Points (TPs) currently serving PWID, but implementation of this initiative is still in question.
In addition to MAT, PWID must be reached with needle and syringe exchange programs (NSPs). Expert opinion estimates that at least 60% of PWID must use clean needles and syringes consistently to interrupt the epidemic within this group, and experience from Estonia is now showing a marked impact of NSP as a stand-alone intervention. Instituting NSP broadly was one of PEPFAR's primary and earliest interventions among PWID. In light of the recent Congressional prohibition of NSPs, USG will eliminate direct USG support for NSPs and instead seek opportunities to coordinate with and leverage USG-funded MARP outreach and peer-education efforts with GFATM and CAR government resources, and refer clients to these networks for harm reduction, including NSP. The USG also targets nosocomial infections. Clusters of HIV infection in 2004, 2006, 2007 and 2011 were discovered among hospitalized children in UZ, KZ, and KG. USG investigations of the outbreaks determined that major risks included multiple blood transfusions, often given with no clinical indication, and re-use of medical equipment for invasive procedures. The USG has partnered with the WB to assess injection safety and infection prevention practices in four CAR countries. The WB also plans to partner with the USG on a $10 million blood safety and infection prevention program in the region. Other non-PEPFAR USG health activities provide support to integrated infection prevention and control programs with the MOHs in CAR. In addition, the GFATM HIV funding supports infection control and blood safety issues in KG, TJ and UZ.
The USG works with outreach and laboratory services to improve the accessibility and quality of HIV counseling and testing for MARPs, with the primary goal of increasing the number of MARPs who know their HIV serostatus.
Care and Support: Through TA and mentoring, the USG works to improve and extend the reach of non-ARV care services to PLWHA. Comprehensive assessments of care & treatment (C&T) services in FY11 and FY12 provide the basis for recommendations to the AIDS centers on integration of clinical care, nutrition assessment, counseling, support and palliative care, and positive prevention services. The USG will assist MOH-led development of clinical guidelines on palliative care for PLWHA and the organization of a CAR Conference on Palliative Care. The USG will also focus on identifying and providing care and

services to HIV-infected PWID as a critical means of reducing the spread of HIV and supports a limited range of interventions, including outreach and peer education, to ensure that MARPs have access to social support, referral, and follow-up care and treatment services. The USG helps bring together newly identified HIV-positive people through Prevention with People Living with HIV (PwP) programs. The USG will provide in-service trainings on HIV-related care as part of a pilot C&T model implemented by AIDS Centers in KZ, KG, and TJ.

Treatment: ART coverage in the region varies among the CAR countries. Of the total 62,871 estimated PLWHA in the region 8,920 are in need of ART but only 5,616 are currently on ART. PEPFAR invests a modest level of effort in assessing ART programs and advising MOH and GFATM on the application of guidelines (based on WHO standards) for treatment regimens, adherence to therapy, and quality control. In line with our TA model, however, the USG does not directly provide ART. The USG team believes strongly that in this region focusing on HIV prevention among MARPs and building the capacity of state health systems to respond to the HIV/AIDS epidemic are smarter approaches to stopping the spread of infection and creating a sustainable, country-led approach. The USG's limited activities in treatment will focus on providing TA to enhance individual, institutional and organizational capacity for HIV care and treatment, forecasting, planning and procurement of ARV and other treatment commodities, laboratory testing, and implementation and roll out of EHCMS to track the quality and identify gaps in clinical services.

Women and Girl-Centered Approaches: Women and girls make up a significant proportion of MARPs in CAR, although PWID, who are predominantly male, still contribute the largest number of new HIV infections. Globally, sex partners of PWID and PWID who engage in transactional sex play an important role in transforming the epidemic from one concentrated in MARPs to a more generalized, society-wide phenomenon, in which the majority of new infections will be among women. In anticipation of a shift in the CAR epidemic to sexual transmission, PEPFAR CAR programs include PWID, their (predominantly female) sex partners, as well as injecting and non-injecting SW, who represent a growing source of HIV infection and a bridge to the general population. Through the Gender Challenge Fund, the PEPFAR team will provide gender based violence (GBV) training to outreach workers and police to strengthen the multi-sectoral response for GBV in TJ. The USG will also expand current behavioral surveys to obtain information about behaviors of non-injecting sex partners of PWID then use this data to plan additional HIV prevention activities and strengthen awareness and prevention of GBV.

The recent USAID Gender Assessment for CAR highlights the continuing gender-related issues that women confront in the region. Economic pressures and the growth of migrant labor have put increasing stress on women's roles in the family, driving some to commercial sex work (CSW). The region is a source, transit, and destination point for trafficking of women as SW, which preys on economic desperation, women's low social status, and the breakdown of traditional family roles and protections. Both men and women are also trafficked as undocumented laborers, but women and men face different challenges and have different needs in the context of the CAR HIV epidemic. Understanding these

differences and responding to them appropriately is a guiding principle of the USG's approach to HIV/AIDS in CAR.

Other Programs: In addition to HIV/AIDS, TB is a major health problem in CAR. Multi-drug resistant TB (MDRTB) levels are among the highest in the world (27% among new cases of TB for KZ and in KG). Among the 53 countries in the European region, TJ has the highest TB incidence and twice the TB mortality rate of the next highest country in the region. The USG is actively addressing TB and MDRTB in the region, including cases among incarcerated populations and HIV co-infected patients, through the use of non-PEPFAR funds. The USG provides TA on TB to GFATM and other large donor programs, and is promoting referrals between both clinical programs. Given the modest PEPFAR funding available to CAR and significant USG and other non-PEPFAR TB funds already mobilized in the region, PEPFAR resources will not support TB interventions under this ROP, although PEPFAR staff will continue to advise TB programs and gather much-needed data about HIV/TB co-infection.

Population and HIV StatisticsKazakhstan

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	13,000	2009	UNAIDS Report on the global AIDS Epidemic 2010	12,000	2010	2010 Republican AIDS Centers
Adults 15-49 HIV Prevalence Rate	00	2009	UNAIDS Report on the global AIDS Epidemic 2010	00	2010	2010 Republican AIDS Centers
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	500	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based	900	2011	MOH of Republic of Kazakhstan

			on the range provided in the report.			
Estimated new HIV infections among adults	1,900	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults and children	1,900	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated number of pregnant women in the last 12 months	308,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	13,000	2009	UNAIDS Report on the global AIDS Epidemic 2010	15,771	2011	MOH of Republic of Kazakhstan
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	4,400	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report	1,793	2011	MOH of Republic of Kazakhstan

			2011			
Women 15+ living with HIV	7,700	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsKyrgyzstan

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	9,700	2009	UNAIDS Report on the global AIDS Epidemic 2010	4,200	2010	2010 Republican AIDS Centers
Adults 15-49 HIV Prevalence Rate	00	2009	UNAIDS Report on the global AIDS Epidemic 2010	00	2010	2010 Republican AIDS Centers
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	500	2009	UNAIDS Report on the global AIDS Epidemic 2010	427	2011	MOH of Republic of Kyrgyzstan
Estimated new HIV infections among adults	2,600	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV	2,600	2009	UNAIDS Report			

infections among adults and children			on the global AIDS Epidemic 2010			
Estimated number of pregnant women in the last 12 months	122,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	9,800	2009	UNAIDS Report on the global AIDS Epidemic 2010	9,800	2009	CIA World Fact Book
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	4,600	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011	548	2011	MOH of Republic of Kyrgyzstan
Women 15+ living with HIV	2,800	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsTajikistan

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	8,900	2009	UNAIDS Report on the global AIDS Epidemic 2010	10,000	2010	2010 Republican AIDS Centers
Adults 15-49 HIV Prevalence Rate	00	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	500	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.	247	2011	MOH of Republic of Tajikistan
Estimated new HIV infections among adults	1,300	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults and children	1,400	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Estimated number of pregnant women in the last 12 months	195,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	9,100	2009	UNAIDS Report on the global AIDS Epidemic 2010	9,100	2009	CIA World Factbook
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	3,200	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011	579	2011	MOH of Republic of Tajikistan
Women 15+ living with HIV	2,700	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Population and HIV StatisticsTurkmenistan

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source

Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	111,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Population and HIV StatisticsUzbekistan

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	28,000	2009	UNAIDS Report on the global AIDS Epidemic 2010	16,000	2010	2010 Republican AIDS Centers
Adults 15-49 HIV Prevalence Rate	00	2009	UNAIDS Report on the global AIDS Epidemic 2010	00	2010	2010 Republican AIDS Centers
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	500	2009	UNAIDS Report on the global AIDS Epidemic 2010. This mid-point estimate is calculated based on the range provided in the report.	1,909	2011	MOH of Republic of Uzbekistan
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	558,000	2009	State of the World's Children 2011, UNICEF.			

Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	28,000	2009	UNAIDS Report on the global AIDS Epidemic 2010	28,000	2009	CIA World Factbook
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	8,900	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011	6,000	2011	MOH of Republic of Uzbekistan
Women 15+ living with HIV	8,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

In what way does the USG participate in the CCM?
Voting Member

What has been the frequency of contact between the Global Fund Secretariat (Fund Portfolio Manager or other Geneva-based staff) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.
4-6 times

What has been the frequency of contact between the Local Fund Agent (LFA) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.
1-3 times

Has the USG or is the USG planning to provide support for Round 11 proposal development? Support could include staff time, a financial contribution, or technical assistance through USG-funded project.
Yes

In any or all of the following diseases?
Round 11 HIV, Round 11 TB, Round 11 HSS

Are any existing HIV grants approaching the end of their Phase 1, Phase 2, or RCC agreement in the coming 12 months?
No

In your country, what are the 2-3 primary challenges facing the Global Fund grant implementation and performance (for example, poor grant performance, procurement system issues, CCM governance/oversight issues, etc)? Are you planning to address those challenges through any activities listed in this COP?
Redacted

Did you receive funds for the Country Collaboration Initiative this year?
Yes

Is there currently any joint planning with the Global Fund?
Yes

If Yes, please describe how the joint planning takes place (formal/informal settings; the forums

where it takes place (CCM?); timing of when it takes place (during proposal development, grant negotiation, COP development, etc.); and participants/stakeholders). Also describe if this joint planning works well and its effects (has it resulted in changes in PEPFAR programming, better anticipation of stock-outs and/or TA needs, better communication with PR, etc.)
Redacted

Has the USG stepped in to prevent either treatment or service disruptions in Global Fund financed programs in the last year either during or at the end of a grant? Such assistance can take the form of providing pharmaceuticals, ensuring staff salaries are paid, using USG partners to ensure continuity of treatment, , or any other activity to prevent treatment or service disruption.

Public-Private Partnership(s)

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
2012 COP	Youth Centers GDA	13976:Youth Centers GDA (Turkmenistan PPP)	Chevron Nebitgaz B.V.	150,000	0	The Drop-in and Youth Centers Project is a 4-year public-private partnership with Chevron Nebitgaz and USG to provide HIV outreach and prevention for drug users and a forum for at-risk youth to gain skills and knowledge to promote healthy lifestyles. The Drop in Center provides HIV

						outreach services, technical assistance, and training for PWID and SWs who inject drugs. The project also supports two Youth Centers which provide education on HIV/AIDS prevention, stigma reduction, responsible behavior and consequences of drug use. After a 1 year delay in start-up, project is in its 3rd year of operations. Chevron Nebitgaz funds the Youth Centers and outreach activities. PEPFAR funds the Drop-In center and all HIV prevention activities conducted by the project.

						Chevron has several PPPs with USAID in Turkmenistan and is eager to support youth. The project tracks number and type of clients served through outreach and at the Drop-In Center as well as HIV events and number of people trained.

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
N/A	Assessment of data quality in Electronic HIV case Management System in Kazakhstan	Evaluation	Other	Implementation	N/A
N/A	Assessment of data quality in Electronic HIV case Management System in Kyrgyzstan	Evaluation	Other	Planning	N/A
N/A	Assessment of data quality in Electronic HIV case Management System in Tajikistan	Evaluation	Other	Planning	N/A
N/A	Assessment of Health Care Related Injection Practices in	Evaluation	General Population	Data Review	N/A

	Kazakhstan				
N/A	Assessment of Health Care Related Injection Practices in Kyrgyzstan	Evaluation	General Population	Data Review	N/A
N/A	Assessment of Health Care Related Injection Practices in Tajikistan	Evaluation	General Population	Data Review	N/A
N/A	Assessment of policy regaulations for injecting safety practices in Tajikistan	Evaluation	Other	Planning	N/A
N/A	Assessment of policy regulations for injecting safety practices in Kazakhstan	Evaluation	Other	Planning	N/A
N/A	Assessment of policy regulations for injecting safety practices in Kyrgyzstan	Evaluation	Migrant Workers, Other	Planning	N/A
N/A	Assessment of VCT for MARPs (PWID, FCSW, MSM) in Kazakhstan	Evaluation	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Planning	N/A
N/A	Assessment of VCT for MARPs (PWID, FCSW, MSM) in Kyrgyzstan	Evaluation	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Planning	N/A
N/A	Assessment of VCT for MARPs (PWID, FCSW, MSM) in Tajikistan	Evaluation	Female Commercial Sex Workers, Injecting Drug	Planning	N/A

			Users, Men who have Sex with Men		
N/A	Care and Treatment Assessment in Kazakhstan	Evaluation	Other	Implementation	N/A
N/A	Care and Treatment Assessment in Kyrgyzstan	Evaluation	Other	Evaluation	N/A
N/A	Care and Treatment Assessment in Tajikistan	Evaluation	Other	Implementation	N/A
N/A	FGD/IDI for PWID, SWs, PLWHA for Kazakhstan	Qualitative Research	Female Commercial Sex Workers, Injecting Drug Users, Migrant Workers, Men who have Sex with Men, Other	Publishing	N/A
N/A	FGD/IDI for PWID, SWs, PLWHA for Kyrgyzstan	Qualitative Research	Female Commercial Sex Workers, Injecting Drug Users, Migrant Workers, Other	Publishing	N/A
N/A	FGD/IDI for PWID, SWs, PLWHA for Tajikistan	Qualitative Research	Female Commercial Sex Workers, Injecting Drug Users, Migrant Workers, Other	Publishing	N/A
N/A	FGD/IDI for PWID, SWs,	Qualitative	Female	Publishing	N/A

	PLWHA for Uzbekistan	Research	Commercial Sex Workers, Injecting Drug Users, Other		
N/A	IBBS Among MSM in Tajikistan	Sentinel Surveillance (e.g. ANC Surveys)	Men who have Sex with Men	Data Review	N/A
N/A	IBBS among non-injecting sexual partners of PWID for Kazakhstan	Sentinel Surveillance (e.g. ANC Surveys)	Other	Development	N/A
N/A	IBBS among non-injecting sexual partners of PWID for Kyrgyzstan	Sentinel Surveillance (e.g. ANC Surveys)	Other	Development	N/A
N/A	IBBS among non-injecting sexual partners of PWID for Tajikistan	Sentinel Surveillance (e.g. ANC Surveys)	Other	Planning	N/A
N/A	IBBS Assessment for FCSW in Kazakhstan	Evaluation	Female Commercial Sex Workers	Other	N/A
N/A	IBBS Assessment for MSM Kazakhstan	Evaluation	Men who have Sex with Men	Other	N/A
N/A	IBBS Assessment for FCSW for Uzbekistan	Evaluation	Female Commercial Sex Workers	Evaluation	N/A
N/A	IBBS Assessment for FCSW in Kyrgyzstan	Evaluation	Female Commercial Sex Workers	Other	N/A
N/A	IBBS Assessment for IDUs in Kazakhstan	Evaluation	Injecting Drug Users	Other	N/A
N/A	IBBS Assessment for IDUs in	Evaluation	Injecting Drug	Other	N/A

	Kyrgyzstan		Users		
N/A	IBBS Assessment for Migrants for Uzbekistan	Evaluation	Migrant Workers	Evaluation	N/A
N/A	IBBS Assessment for MSM for Uzbekistan	Evaluation	Men who have Sex with Men	Planning	N/A
N/A	IBBS Assessment for PWID for Uzbekistan	Evaluation	Injecting Drug Users	Evaluation	N/A
N/A	Mapping of available services for MARPs (PWID, FCSWs) in Kazakhstan	Other	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Other	N/A
N/A	Mapping of available services for MARPs (PWID, FCSWs) in Kyrgyzstan	Other	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Other	N/A
N/A	Mapping of available services for MARPs (PWID, FCSWs) in Tajikistan	Other	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Other	N/A
N/A	MAT Assessment in Kazakhstan	Evaluation	Injecting Drug Users	Other	N/A
N/A	MAT Assessment in Kyrgyzstan	Evaluation	Injecting Drug Users	Other	N/A
N/A	MAT Assessment in Tajikistan	Evaluation	Injecting Drug Users	Implementation	N/A

N/A	Qualitative study for Migrants for Kazakhstan	Qualitative Research	Migrant Workers	Other	N/A
N/A	Qualitative study for Migrants for Kyrgyzstan	Qualitative Research	Migrant Workers	Other	N/A
N/A	Qualitative study for Migrants for Tajikistan	Qualitative Research	Migrant Workers	Other	N/A
N/A	TRaC study for MSM for Kyrgyzstan	Population-based Behavioral Surveys	Men who have Sex with Men	Planning	N/A
N/A	TRaC study for MSM for Tajikistan	Population-based Behavioral Surveys	Men who have Sex with Men	Planning	N/A
N/A	TRaC study for PWID for Kazakhstan	Population-based Behavioral Surveys	Injecting Drug Users, Mobile Populations	Planning	N/A
N/A	TRaC study for PWID for Kyrgyzstan	Population-based Behavioral Surveys	Injecting Drug Users	Planning	N/A
N/A	TRaC study for PWID for Tajikistan	Population-based Behavioral Surveys	Injecting Drug Users	Planning	N/A
N/A	TRaC study for SW for Kazakhstan	Population-based Behavioral Surveys	Female Commercial Sex Workers	Planning	N/A
N/A	TRaC study for SW for Kyrgyzstan	Population-based Behavioral Surveys	Female Commercial Sex Workers	Planning	N/A
N/A	TRaC study for SW for	Population-ba	Female	Planning	N/A

	Tajikistan	sed Behavioral Surveys	Commercial Sex Workers		
N/A	TRaC survey for IDUs for Tajikistan	Population-based Behavioral Surveys	Injecting Drug Users	Publishing	N/A
N/A	TRaC survey for MSM for Kazakhstan	Population-based Behavioral Surveys	Men who have Sex with Men	Planning	N/A
N/A	TRaC survey for MSM for Tajikistan	Population-based Behavioral Surveys	Men who have Sex with Men	Publishing	N/A
N/A	TRaC survey for SW for Tajikistan	Population-based Behavioral Surveys	Female Commercial Sex Workers	Publishing	N/A
N/A	TRaC surveys for IDUs for Kazakhstan	Population-based Behavioral Surveys	Injecting Drug Users	Publishing	N/A
N/A	TRaC surveys for IDUs for Kyrgyzstan	Population-based Behavioral Surveys	Injecting Drug Users	Publishing	N/A
N/A	TRaC surveys for IDUs for Uzbekistan	Population-based Behavioral Surveys	Injecting Drug Users	Other	N/A
N/A	TRaC surveys for MSM for Kazakhstan	Population-based Behavioral Surveys	Men who have Sex with Men	Publishing	N/A
N/A	TRaC surveys for MSM for	Population-ba	Men who	Publishing	N/A

	Kyrgyzstan	sed Behavioral Surveys	have Sex with Men		
N/A	TRaC surveys for MSM for Uzbekistan	Population-based Behavioral Surveys	Men who have Sex with Men	Other	N/A
N/A	TraC surveys for SW for Kazakhstan	Population-based Behavioral Surveys	Female Commercial Sex Workers	Publishing	N/A
N/A	TRaC surveys for SW for Kyrgyzstan	Population-based Behavioral Surveys	Female Commercial Sex Workers	Publishing	N/A
N/A	TraC surveys for SW for Uzbekistan	Population-based Behavioral Surveys	Female Commercial Sex Workers	Other	N/A

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHP-State	GAP	GHP-State	GHP-USAID	
HHS/CDC		560,000	1,069,292		**1,629,292**
PC			123,000		**123,000**
USAID			2,410,123	1,000,000	**3,410,123**
Total	**0**	**560,000**	**3,602,415**	**1,000,000**	**5,162,415**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency				Total
	HHS/CDC	PC	USAID	AllOther	
HBHC	107,384		50,617		**158,001**
HLAB	496,416				**496,416**
HMBL	17,818				**17,818**
HMIN	21,636				**21,636**
HTXS	162,897				**162,897**
HVCT	100,411		23,008		**123,419**
HVMS	267,277	53,609	800,938		**1,121,824**
HVOP	44,367	69,391	37,141		**150,899**
HVSI	61,256		316,258		**377,514**
IDUP	347,285		122,928		**470,213**
OHSS	2,545		2,059,233		**2,061,778**
	1,629,292	**123,000**	**3,410,123**	**0**	**5,162,415**

National Level Indicators

National Level Indicators and Targets

Kazakhstan

Redacted

National Level Indicators and Targets

Kyrgyzstan

Redacted

National Level Indicators and Targets

Tajikistan

Redacted

National Level Indicators and Targets

Turkmenistan

Redacted

National Level Indicators and Targets

Uzbekistan

Redacted

National Level Indicators and Targets

Central Asia Region

Redacted

Policy Tracking Table

Kazakhstan

Policy Area: Access to high-quality, low-cost medications						
Policy: National ARV Treatment Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	n/a	n/a	n/a	3.1.12	3.1.17	3.1.19
Narrative	The country has recognized that ARVs are an essential part of treatment for PLHIV			At baseline, the country is in stage 4 of the development and implementation of a national ARV treatment policy. The government purchases all ARVs and provides them free of charge.	The program expects to move into stage 5 in a five year period. The country will need time to develop and train health care specialists on ARV treatment protocols including initiation, adherence and use of second line drugs.	The country will need time to fully train and implement its protocols before the services and facilities can be evaluated
Completion Date						
Narrative						

Policy Area: Laboratory Accreditation						
Policy: National Policy on Laboratory Accreditation						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**

Estimated Completion Date	n/a	3.1.12	3.1.14	3.1.16	3.1.18	3.1.20
Narrative	The country does not currently provide accrediation according to internationa l standards. However, there is interest in addressing the issue in order to improve quality of laboratory services for HIV and other health issues	The country is trying to define accredition in a standardize d way with support from CDC	The country will need time to come to agreement on laboratory accreditatio n standards and to develop a policy necessary to elevate the quality of current laboratory services	The country will require time to obtain all legislative and regulatory endorseme nts once it has developed a policy.	The country will need time to train laboratory staff and facilities on accepted standards before it can begin to implement and enforce its policies and standards.	The country will need time for consistent implementat ion before it can evaluate whether or not the quality of laboratory services has increased and whether new laboratory accreditatio n standards are consistently being met by facilitities and staff involved in laboratory services.
Completion Date						
Narrative						

Policy Area: Other Policy

Policy: HIV related laboratory diagnostics						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	n/a	n/a	n/a	n/a	3.1.12	3.1.17
Narrative					At baseline, the development of the policy for HIV related diagnostics is in stage 5.Technologic advances in HIV lab testing are incorporated into exisitng practices to aid in diagnosis and patient monitoring.	An evaluation of the HIV related diagnostics will need to be conducted by independent evaluators to determine the efficiacy of current diagnostic practices.
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: Monitoring and Evaluation Strategy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	na	6.28.11	3.1.12	3.1.15	3.1.17	3.1.19
Narrative	The lack of quality	CDC provided a	At baseline, the country	In five years, the	The country would	The country will require

	monitoring and evaluation services has long been recognized as an impediment to collecting accurate data and to advancing program objectives	monitoring and evaluation workshop to the staff of all MOH in order to strengthen M&E practices throughout the region. Donors and government staff have recognized that factors such as frequent staff turnover and lack of standard operating procedures (SOPs) are reasons for the poor quality of monitoring and evaluation throughout the region. The region also requires	is ready to develop a policy and standard operating procedures for monitoring and evaluation	program expects to have developed a monitoring and evaluation policy. However, such a policy would require legislative and regulatory endorsement from a senior government body.	require time to implement any approved protocols on monitoring and evaluation and to standardize practices	two years to standardize implementation and ensure that M&E practices are routine prior to conducting an evaluation

		greater harmonization of indicators in order to better assess program impact.				
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: National IBBS protocol						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	n/a	n/a	3.1.12	3.1.17	3.1.18	3.1.20
Narrative	CDC provided training on IBBS approximately ten years ago. While the country adopted IBBS practices when the practice was first introduced, data quality has	CDC, through the Columbia ICAP Support Project, recently conducted an assessment in three Central Asian countries. Initial findings suggest that more	After the assessments are completed, CDC and Columbia will promote the development of a policy to standardize the IBBS	The country will need time to develop IBBS protocols and to obtain leglislative and regulatory endorsements from the Ministry of Health	The country will require additional time to implement IBBS with technical support from the USG.	The country will evaluate IBBS only after the country has had sufficient time to routinize the pactice of preparing for and undertaking IBBS for selected key populations annually.

	decreased in recent years due to: (1) lack of standard operating protocols; (2) poor methodology and (3) lack of training and technical assistance to monitor assessment practices	intensive training and the devleopment of standard operationg protocols/procedures (SOPs) are necessary to improve data quality, reliability and usage.				
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: National Policy on Blood Safety						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	n/a	n/a	3.1.12	3.1.17	3.1.19	3.1.22
Narrative	The KZ Republican Blood Center (RBC) recognizes that blood safety is a problem. There have		This policy is at stage 3 at the baseline and beginning of tracking.	We envison that it will take 5 years to engage in advocacy and come to agreement a prikaz and standard	The country wil need time to train individuals on a prikaz and specific protocols for blood safety prior to	We anticipate that the country will need an independent evaluation after the a reasonable period has

	been nosocomial outbreaks in Shymkent among children that has focused media attention on the issues of blood and injection safety in hospital and other facility settings			operating protocols that could be implemented in all health care facilities	implementation and enforcement	been provided for the implementation of the prikaz and standard operating protocols in all health facilities
Completion Date						
Narrative						

Policy Tracking Table

Kyrgyzstan

Policy Area: Access to high-quality, low-cost medications						
Policy: National ARV Treatment Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	n/a	n/a	n/a	3.1.12	3.1.17	3.1.19
Narrative	The country has recognized that ARVs are an essential part of treatment for PLHIV			At baseline, the country is in stage 4 of the development and implementation of a national ARV treatment policy.	The program expects to move into stage 5 in a five year period. The country will need time to develop and train health care specialists on ARV treatment protocols including initiation, adherence and use of second line drugs.	The country will need time to fully train and implement its protocols before the services and facilities can be evaluated
Completion Date						
Narrative						

Policy Area: Laboratory Accreditation						
Policy: National Policy on Laboratory Accreditation						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**

Estimated Completion Date	TBD	TBD	TBD	TBD	TBD	TBD
Narrative	The country does not currently provide accrediation according to internationa l standards. However, there is interest in addressing the issue in order to improve quality of laboratory services for HIV and other health issues	The country is trying to define accredition in a standardize d way with support from CDC	The country will need time to come to agreement on laboratory accreditatio n standards and to develop a policy necessary to elevate the quality of current laboratory services	The country will require time to obtain all legislative and regulatory endorseme nts once it has developed a policy.	The country will need time to train laboratory staff and facilities on accepted standards before it can begin to implement and enforce its policies and standards.	The country will need time for consistent implementat ion before it can evaluate whether or not the quality of laboratory services has increased and whether new laboratory accreditatio n standards are consistently being met by facilitities and staff involved in laboratory services.
Completion Date						
Narrative						

Policy Area: Other Policy

Policy: HIV related Laboratory Diagnostics						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	n/a	n/a	n/a	n/a	3.1.12	3.1.17
Narrative					At baseline, the development of the policy for HIV related diagnostics is in stage 5.Technologic advances in HIV lab testing are incorporated into exisitng practices to aid in diagnosis and patient monitoring.	An evaluation of the HIV related diagnostics will need to be conducted by independent evaluators to determine the efficiacy of current diagnostic practices.
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: National Monitoring and Evaluation Strategy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	na	6.28.11	3.1.12	3.1.15	3.1.17	3.1.19
Narrative	The lack of quality	CDC provided a	At baseline, the country	In five years, the	The country would	The country will require

	monitoring and evaluation services has long been recognized as an impediment to collecting accurate data and to advancing program objectives	monitoring and evaluation workshop to the staff of all MOH in order to strengthen M&E practices throughout the region. Donors and government staff have recognized that factors such as frequent staff turnover and lack of standard operating procedures (SOPs) are reasons for the poor quality of monitoring and evaluation throughout the region. The region also requires	is ready to develop a policy and standard operating procedures for monitoring and evaluation	program expects to have developed a monitoring and evaluation policy. However, such a policy would require legislative and regulatory endorsement from a senior government body.	require time to implement any approved protocols on monitoring and evaluation and to standardize practices	two years to standardize implementation and ensure that M&E practices are routine prior to conducting an evaluation

		greater harmonization of indicators in order to better assess program impact.				
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: National Policy on Blood Safety						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	n/a	n/a	3.1.12	3.1.17	3.1.19	3.1.22
Narrative	The KG Republican Blood Center (RBC) recognizes that blood safety is a problem. There have been nosocomial outbreaks in Osh among children that have focused		This policy is at stage 3 at the baseline and beginning of tracking.	We envison that it will take 5 years to engage in advocacy and come to agreement a prikaz and standard operating protocols that could be implemented in all health care facilities	The country wil need time to train individuals on a prikaz and specific protocols for blood safety prior to implementation and enforcement	We anticipate that the country will need an independent evaluation after the a reasonable period has been provided for the implementation of the prikaz and standard operating

	media attention on both blood and injection safety in hospital settings					protocols in all health facilities
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: National Protocol on IBBS						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	n/a	n/a	3.1.12	3.1.17	3.1.18	3.1.20
Narrative	CDC provided training on IBBS approximately ten years ago. While the country adopted IBBS practices when the practice was first introduced, data quality has decreased	CDC, through the Columbia ICAP Support Project, recently conducted an assessment in three Central Asian countries. Initial findings suggest that more intensive	After the assessments are completed, CDC and Columbia will promote the development of a policy to standardize the IBBS	The country will need time to develop IBBS protocols and to obtain leglislative and regulatory endorsements from the Ministry of Health	The country will require additional time to implement IBBS with technical support from the USG.	The country will evaluate IBBS only after the country has had sufficient time to routinize the pactice of preparing for and undertaking IBBS for selected key populations annually.

	in recent years due to: (1) lack of standard operating protocols; (2) poor methodology and (3) lack of training and technical assistance to monitor assessment practices	training and the devleopment of standard operationg protocols/procedures (SOPs) are necessary to improve data quality, reliability and usage.				
Completion Date						
Narrative						

Policy Tracking Table

Tajikistan

Policy Area: Access to high-quality, low-cost medications						
Policy: National ARV Treatment Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	n/a	n/a	n/a	3.1.12	3.1.17	3.1.19
Narrative	The country has recognized that ARVs are an essential part of treatment for PLHIV			At baseline, the country is in stage 4 of the development and implementation of a national ARV treatment policy.	The program expects to move into stage 5 in a five year period. The country will need time to develop and train health care specialists on ARV treatment protocols including initiation, adherence and use of second line drugs.	The country will need time to fully train and implement its protocols before the services and facilities can be evaluated
Completion Date						
Narrative						

Policy Area: Laboratory Accreditation						
Policy: National Policy on Laboratory Accreditation						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**

Estimated Completion Date	TBD	TBD	TBD	TBD	TBD	TBD
Narrative	The country does not currently provide accrediation according to internationa l standards. However, there is interest in addressing the issue in order to improve quality of laboratory services for HIV and other health issues	The country is trying to define accredition in a standardize d way with support from CDC	The country will need time to come to agreement on laboratory accreditatio n standards and to develop a policy necessary to elevate the quality of current laboratory services	The country will require time to obtain all legislative and regulatory endorseme nts once it has developed a policy.	The country will need time to train laboratory staff and facilities on accepted standards before it can begin to implement and enforce its policies and standards.	The country will need time for consistent implementat ion before it can evaluate whether or not the quality of laboratory services has increased and whether new laboratory accreditatio n standards are consistently being met by facilitities and staff involved in laboratory services.
Completion Date						
Narrative						

Policy Area: Other Policy

Policy: HIV related laboratory diagnostics						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	n/a	n/a	n/a	n/a	3.1.12	3.1.17
Narrative					At baseline, the development of the policy for HIV related diagnostics is in stage 5.Technologic advances in HIV lab testing are incorporated into exisitng practices to aid in diagnosis and patient monitoring.	An evaluation of the HIV related diagnostics will need to be conducted by independent evaluators to determine the efficiacy of current diagnostic practices.
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: National Monitoring and Evaluation Strategy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	na	6.28.11	3.1.12	3.1.15	3.1.17	3.1.19
Narrative	The lack of quality	CDC provided a	At baseline, the country	In five years, the	The country would	The country will require

	monitoring and evaluation services has long been recognized as an impediment to collecting accurate data and to advancing program objectives	monitoring and evaluation workshop to the staff of all MOH in order to strengthen M&E practices throughout the region. Donors and government staff have recognized that factors such as frequent staff turnover and lack of standard operating procedures (SOPs) are reasons for the poor quality of monitoring and evaluation throughout the region. The region also requires	is ready to develop a policy and standard operating procedures for monitoring and evaluation	program expects to have developed a monitoring and evaluation policy. However, such a policy would require legislative and regulatory endorsement from a senior government body.	require time to implement any approved protocols on monitoring and evaluation and to standardize practices	two years to standardize implementation and ensure that M&E practices are routine prior to conducting an evaluation

		greater harmonization of indicators in order to better assess program impact.				
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: National Policy on Blood Safety						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	n/a	n/a	3.1.12	3.1.17	3.1.19	3.1.21
Narrative	The TJ Republican Blood Center (RBC) recognizes that blood safety is a problem.	Tajikistan has unique geographic and fiscal challenges that require an assessment prior to policy development.	This policy is at stage 2 at the baseline and beginning of tracking. The country needs time to discuss and develop a comprehensive policy to address blood safety.	We envison that it will take 5 years to engage in advocacy and come to agreement a prikaz and standard operating protocols that could be implemented in all health care facilities	The country wil need time to train individuals on a prikaz and specific protocols for blood safety prior to implementation and enforcement	We anticipate that the country will need an independent evaluation after the a reasonable period has been provided for the implementation of the prikaz and standard operating

						protocols in all health facilities
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: National Protocol on IBBS						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	n/a	n/a	3.1.12	3.1.17	3.1.18	3.1.20
Narrative	CDC provided training on IBBS approximately ten years ago. While the country adopted IBBS practices when the practice was first introduced, data quality has decreased in recent years due to: (1) lack of standard operating	CDC, through the Columbia ICAP Support Project, recently conducted an assessment in three Central Asian countries. Initial findings suggest that more intensive training and the devleopment of standard	After the assessments are completed, CDC and Columbia will promote the development of a policy to standardize the IBBS	The country will need time to develop IBBS protocols and to obtain leglislative and regulatory endorsements from the Ministry of Health	The country will require additional time to implement IBBS with technical support from the USG.	The country will evaluate IBBS only after the country has had sufficient time to routinize the pactice of preparing for and undertaking IBBS for selected key populations annually.

	protocols; (2) poor methodology and (3) lack of training and technical assistance to monitor assessment practices	operationg protocols/procedures (SOPs) are necessary to improve data quality, reliability and usage.				
Completion Date						
Narrative						

Policy Tracking Table

Turkmenistan

(No data provided.)

Policy Tracking Table

Uzbekistan

Policy Area: Other Policy						
Policy: HIV related laboratory diagnostics						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	TBD	TBD	TBD	TBD	TBD	TBD
Narrative				The government endorses the needed regulatory framework to ensure reliable HIV related laboratory testing.	The country implements endorsed policies in HIV laboratory testing.Technologic advances are incorporated into exisitng practices to aid in diagnosis and patient monitoring.	An evaluation of the HIV related diagnostics will need to be conducted by independent evaluators to determine the efficiacy of current diagnostic practices.
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: National Policy on Blood Safety						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	n/a	n/a	3.1.12	3.1.17	3.1.19	3.1.22
Narrative	The UZ		This policy	We envison	The country	We

	Republican Blood Center (RBC) recognizes that blood safety is a problem.		is at stage 3 at the baseline and beginning of tracking.	that it will take 5 years to engage in advocacy and come to agreement a prikaz and standard operating protocols that could be implemente d in all health care facilities	wil need time to train individuals on a prikaz and specific protocols for blood safety prior to implementat ion and enforcemen t	anticipate that the country will need an independen t evaluation after the a reasonable period has been provided for the implementat ion of the prikaz and standard operating protocols in all health facilities
Completion Date						
Narrative						

Policy Tracking Table

Central Asia Region

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	158,001	0
Total Technical Area Planned Funding:	**158,001**	**0**

Summary:
Note: As a TA model in a MARP driven epidemic, CAR PEPFAR does not program for pediatric care and support, food and nutrition, or orphans and vulnerable children; consequently, these areas are not covered in this technical area narrative.
Overall programmatic strategy in care
For the 62,871 people living with HIV in CAR, the need for care extends through each point from diagnosis of infection; referral to and enrollment in HIV primary care services; prophylaxis, diagnosis and treatment of associated infections; initiation and adherence to antiretroviral treatment (ART); and palliative care for those with advanced HIV disease. The PEPFAR program in CAR primarily focuses on prevention among MARPs and has limited activities targeted at care and treatment, as we believe that building the capacity of state health systems to prevent new infections is a smarter use of our resources and more likely to create a sustainable, country-led approach. The USG provides TA to complement and strengthen the services funded by the local MOH and the GFATM. In Central Asia, PEPFAR supports the implementation of a minimum package of care and support services for PLWHA. This package includes appropriate use of cotrimoxazole prophylaxis, screening for and treatment of TB and other OI, prevention for people living with HIV (including couples-based counseling, RH counseling, and counseling for family members) psychological support and palliative care. Successful implementation of these services complements and enhances ART programs and contributes to national HIV prevention efforts.
Key accomplishments in the last 1-2 years
•USG and the Republican and Provincial (Oblast) AIDS Centers (RACs) jointly conducted baseline HIV Care and Treatment Assessments in KZ, KG, and TJ to obtain data on the scale and quality of existing health care interventions for PLWHA and their partners and to evaluate existing gaps and TA needs for expanding the scope and improving the quality and effectiveness of care and treatment. The USG is using the results of the assessments for program planning for FY12 and beyond.
•In KG, KZ, and TJ, the USG has implemented a multi-disciplinary team (MDT) model to improve treatment adherence among PLWHA. The MDT is a patient-centered approach conducted by a team including doctors, nurses, psychologists, social workers, peer consultants, and narcologists where MAT is available. The MDT provides a range of medical and psycho-social support services. Families of PLWHA are also brought into the team, where possible, for additional support and to build a stable home environment.
•The USG provides TA to medical staff and non-governmental organizations working with PLWHA and PWID in the use of voucher referrals for medical services. As a result, medical staff tested 2,930 PLWHA and PWID for TB in pilot projects during FY11 and diagnosed 159 new cases of active TB.
Key priorities and major goals for next two years
The USG will focus on three strategic priorities in the next two years: improving access to quality care for MARPs and PLWHA; building individual, institutional and organizational capacity in KZ, KG, and TJ to

deliver high-quality facility-based and home/community-based care for HIV-infected adults and children and their families; and strengthening the collection, dissemination and use of reliable data to guide programming. Emphasis will be given to identifying and removing policy barriers to sustainability (e.g. barriers to government-NGO partnerships) and reducing stigma and discrimination experienced by MARPs and PLWHA at all levels. Couples-based counseling and gender-based approaches will be introduced to enhance the effectiveness of prevention with people living with HIV (PwP).
The USG will provide TA in developing clinical guidelines and SOPs for delivering a minimum package of services provided by the AIDS Centers to PLWHA. The SOPs will be based on WHO recommendations for care services and will be developed through the national technical working groups to ensure national ownership. The package of proposed services will include appropriate use of cotrimoxazole prophylaxis; screening and treatment of TB; HIV prevention counseling, including couples-based counseling and counseling and testing for family members; psychological support; reproductive health counseling; treatment of OI; and palliative care for AIDS patients. Trainings on SOPs with follow-up monitoring will be conducted on a regular basis in pilot programs to enhance facility-based care, palliative and home-based care, and HIV PwP.
The USG will continue to strengthen MDTs, build human capacity at the primary care level, and increase community involvement in HIV care through organizational capacity-building for the non-governmental organizations that provide HIV services to PLWHA.
Beginning with FY 12 funds, PEPFAR CAR will work with governments in the region to strengthen country programs, policy, and budgetary support for targeted MARPs programming. Activities will help enhance government partnerships with NGOs as mechanisms through which to reach MARPs. PEPFAR CAR will also assist central and local government bodies to develop the policies and financial systems needed to contract with (or provide direct funding to) nongovernmental organizations for MARPs service delivery.
Alignment with Government Strategy and Priorities
Universal access to ART is a priority for the governments of KZ, KG, TJ, and UZ. The Government of Kazakhstan (GoKZ) purchases ARVs from the state budget under its multi-sectoral health care reform program while the GFATM purchases ARVs for TJ, KG, and UZ.
In FY12, the USG will complete comprehensive assessments of care and treatment services provided to PLWHA by the local AIDS Centers in selected sites of KZ, KG, and TJ. These assessments are conducted in collaboration with the RAC as well as selected provincial (oblast) AIDS Centers. The care and treatment programs assessed are primarily funded by the state health budget in KZ and by the GFATM in KG and TJ. Preliminary results indicate that gaps in care are legion, with services provided to PLWHA limited largely to ART. Cotrimoxazole prophylaxis is generally not provided. Although more than 80% of persons diagnosed with HIV have been enrolled in care, fewer than 50% had at least one visit to the AIDS center during the previous 6 months. Active surveillance of patients enrolled in care for ART-eligibility (at least one CD4 test result in the previous six months) is 27–46% in KZ and less than 30% in KG. Just over half of registered PLWHA are screened for TB several weeks after enrollment in care and every 12 months thereafter. Although those diagnosed with active TB generally receive treatment, referrals between HIV and TB services are inconsistent at best. Very few PLWHA receive isoniazid prophylaxis, and screening and treatment for other OI remains suboptimal. Palliative services are underdeveloped throughout the region with no home-based palliative care services available in CAR.
HIV prevention is not provided as part of routine care for PLWHA outside of USG-supported pilots. Condoms are available through USG and GFATM-supported projects upon request, but active condom promotion is rarely practiced and supplies are inconsistent. Neither effective risk reduction counseling nor safer pregnancy and family planning counseling are systematically integrated into care for PLWHA. Specialists at the AIDS Centers and primary health care providers responsible for providing care and treatment to PLWHA need additional guidelines, training, and SOP to initiate positive prevention counseling on PwP. Aside from terminally ill patients, there are no established requirements to determine which HIV-infected patients are eligible to receive community-based services, and visiting nurses at the AIDS Centers are severely understaffed.
Psychosocial and counseling support services to PLWHA are available through a network of NGOs funded by USG and the GFATM. However, availability of these services is very limited, and high levels of

stigma, especially in rural areas, prevent PLWHA from utilizing them even where they are available. Referrals and linkage systems are weak: while PLWHA are referred from NGOs to facility-based services, it is rare that AIDS Centers refer patients to NGOs for support groups and counseling.
With FY12 resources, the USG will support governments in KZ, KG, and TJ to strengthen the quality of a comprehensive package of care and support services for PLWHA both at the national level through policies and clinical practice guidelines and at the service delivery and community levels. The USG will provide technical assistance to AIDS Centers and NGOs to strengthen the linkages and continuum of care between these two vital components of patient-centered care for PLWHA. Involvement of PLWHA in planning, designing, and delivering services is an essential component of the USG approach.
Adult care and support
USG programming in CAR is directed toward prevention of new infections and building high-quality care and support services for those who are known to be capable of transmitting HIV infection - an important component of prevention efforts. Current care and support services are inadequate with low numbers and proportions on treatment, poor adherence, and high drop-out rates reported by both governmental and non-governmental sources (although hard data is scant), and an unknown number in need of second-line ART. Without targeted interventions to assess and improve care services, PLWHA have little motivation to seek care, and prevention opportunities will continue to be missed. The USG will conduct “missed opportunity studies” on the entire chain of identification and care of HIV-positive individuals from initial screening to second-line ART.
The reasons for poor coverage and loss of continuity are many, yet specific opportunities for closing the gaps have not been systematically explored. HIV-positive patients often leave care, but national statistics are difficult to obtain and definitions of lost-to-follow-up differ among ART sites and countries. In a 2009 USG-sponsored study in Almaty and Temirtau, Kazakhstan, 50% of registered PLWHA not receiving ART were lost to follow-up. The small number of service sites probably contributes to poor coverage: services are centralized in a handful of Oblast AIDS Centers (none in Turkmenistan) in each country, and travel is difficult throughout CAR. In addition, there are virtually no electronic health information management systems in any AIDS Center network in CAR, and indicators used in clinical services monitoring and evaluation vary in number and quality. How well care of HIV-infected pre-ART patients is managed, and linkages to PwP or family planning services, is uncertain, as is the content of pre-ART care.
Although government-issued guidance (prikazes) for management of PLWHA mandates a battery of tests for associated infections (UZ requires testing for hepatitis B and C, toxoplasmosis, herpes, chlamydia and TB), the extent of adherence to these guidelines is unknown. Many of these co-morbidities are likely to be common among PLWHA throughout CAR, especially in PWID. In particular, hepatitis co-infection rates are believed to be high, although few national statistics are available. The CAR HIV sentinel surveillance system provides some data, but numbers of HIV-positive patients are insufficient to give accurate data on hepatitis C virus (HCV)/HIV co-infections. A USG-sponsored study in two sites in KZ found that in Almaty, 79% of HIV-infected patients were co-infected with HCV and 12.5% with TB; in Temirtau, 71% were co-infected with HCV and 38.1% with TB.
The KZ, KG, and TJ, the USG has introduced a patient-centered approach to care for PLWHA, MDT which consists of doctors, nurses, psychologists, social workers, peer counselors and, if MAT is available at the site, a narcologist. Working in coordination with a number of health care sectors, the team provides a range of medical and psycho-social support services. Families of PLWHA are also brought into the team, where possible, for additional support and to build a stable home environment. All members of the team sign an agreement expressing full commitment to participate in the program.
The MDTs are led by UGS supported social workers, who complete a risk assessment with the client, identify barriers to adopting safer behaviors, and develop an action plan designed to support healthier behaviors and increase uptake of “friendly” medical and social services. Services for PLWHA provided by the MDTs also include information, education, and communication (IEC) materials disseminated to reinforce key messages through interpersonal communication (IPC) activities. IPC activities include individual educational sessions, educational mini-sessions, group discussions, educational peer trainings, informational campaigns, and other events held with the help of professional outreach workers, community-based volunteers, and multidisciplinary team specialists. Condoms donated from GFATM,

along with information on their use, are distributed among PLWHA to prevent secondary HIV transmission to their partners.
PLWHA are provided with information on health services with referrals to providers trained in “MARPs friendly” services. Services include testing and treatment of STIs, ART, and TB testing and treatment services as needed. The USG also refers PWID to TPs and NSPs, to DICs, and to MAT, where available. The USG provides reproductive health and family planning service referrals and messages on prevention of mother-to-child transmission (PMTCT). As many PLWHA are distrustful of providers and face discrimination when they reveal their status or behaviors, outreach workers escort PLWHA to services.
With FY12 funds, the USG will continue to support nine MDTs, three each in KZ, KG and TJ to increase coverage of PLWHAs and advocate to institutionalize and scale up this model in other regions of each country. Inclusion of MDTs at the national level will help ensure sustainability and take this approach to scale.
With FY12 funds the USG will use guidelines developed jointly with the MOHs to conduct a series of trainings for clinicians at the Oblast AIDS Centers to deliver high-quality, facility-based and home/community-based care for HIV-infected adults and children and their families. Models of home-based care by MOH providers may be included through a clinic-based visiting nurse program funded by existing national resources or by the GFATM. To further facilitate the use of newly developed guidelines, the USG will target two sites each in KZ, KG, and TJ with direct assistance to the Oblast AIDS Centers in implementing evidence-based care and support services for PLWHA. As part of this technical assistance and capacity building, the USG will establish regular supervisory and monitoring visits to these pilot sites. It is expected that the proposed package of services and integration of the newly developed clinical care guidelines into the daily practice of the AIDS Centers will result in higher retention rates, improved quality of life, and better treatment outcomes for PLWHA.
TB/HIV
Despite the fact that TB is the major cause of mortality among PLWHA in CAR, TB screening in this population is inconsistent. In general, TB screening is not done at ART sites, although according to approved protocols, all PLWHA enrolled in care should be referred out for chest X-rays. In general, there are no TB-related infection control practices in place at ART sites. In Kyrgyzstan, only 56% of PLWHA were screened for TB within the first two weeks following enrollment into HIV care services, and the average time between enrollment and screening was 75 days. In Kazakhstan, the figures are 49-60%, and 60 days, respectively. Isoniazid prevention therapy (IPT) is in theory available at TB centers for PLWHA who are confirmed not to have active TB disease. However, IPT continues to be controversial in CAR, in part due to high Isoniazid (INH) resistance rates among new TB cases. It is not commonly prescribed; when it is prescribed, ART centers do not monitor adherence.
To strengthen TB/HIV clinical services in CAR, USG employs a patient-centered approach to treatment adherence among PLWHA, a MDT which consists of doctors, nurses, psychologists, social workers, peer counselors and, if MAT is available at the site, a narcologists. Patients who are co-infected with HIV and TB enrolled in these programs and receive intensified follow-up and support by outreach workers (supported with non-PEPFAR funds) to monitor TB treatment adherence. Tuberculosis infection control is part of the outreach conducted by NGOs: MARPs are informed about infection control if a TB case is identified, including the need for adequate ventilation, symptoms of active TB, and the need for regular TB testing for contacts. Finally, the USG trains community leaders to act as TB “treatment supporters” and to recruit family members and friends of TB patients as treatment supporters. These volunteers provide direct observation of TB treatment and coach patients to improve adherence. The USG provides counseling on accepting one’s HIV positive status and overcoming internal stigma as well as opportunities for PLWHA to receive added community support through peer and self-help groups.
USG currently supports a regional project to enhance national capacity to implement the Three I’s (intensified case finding, isoniazid preventive therapy and infection control) as part of comprehensive national planning to address TB-HIV co-infection. KZ was selected to participate in an international workshop to develop requests for follow-on TA to strengthen implementation of this important work, and five KZ country representatives have been trained to serve as a resource for scaling-up the Three I’s principals for the entire CAR region.

Significant challenges remain to strengthening TB/HIV services, including lack of coordination between HIV, TB, primary care and other clinical services to better serve the needs of PLWHA; discriminatory attitudes among some health providers in regard to ARV and TB treatment; isolation of penitentiary health services from the civilian system; outdated legislative and clinical protocols on TB/HIV co-infection; and a lack of confidential working space for social workers at the AIDS Centers. With non-PEPFAR funds, the USG will continue advocating and working to improve coordination between HIV, TB, and primary care services at the national through trainings and capacity building for service providers and key stakeholders to address these issues. The USG will continue to build local case management capacity for co-infected patients, including M&E activities, and introduce important new diagnostic instruments for rapid TB diagnosis, particularly for PLWHA, such as the GeneXpert system. The USG will continue to conduct regular trainings for MDT specialists and routine monitoring site visits to support the work of the MDT.

Gender and MARPs

The USG has found that twice as many men have been provided with the minimum of care service as women (as reported in the Annual Program Results). These data are based on a program targeted toward MARPs, primarily PWID, who make up 45-50% of PLWHA across the region. While PWID are more likely to be men, the USG will focus more on identifying female PWID to improve their access to care and support services. In doing so, the USG will build on a recent assessment on women's access to harm reduction and other services in KZ and KG. Current USG care services target PLWHA by providing or referring them to a comprehensive package of medical and psychosocial support services through the multi-disciplinary approach described above, in coordination with a range of healthcare sectors in KZ, KG, and TJ. The MDTs also refer and link PLWHA to community-based support groups.

In FY12, the USG will prioritize reducing the stigma and discrimination that MARPs experience when accessing HIV-related care and support services. The USG supports capacity building for health service providers, which includes training in communication skills to improve the quality of services MARPs receive. This type of capacity building will be expanded to include special attention to female PWID and MSM; both populations face compound barriers to care and support services as a result of transgressing gender norms and engagement in perceived immoral behavior. Through the Gender Challenge Fund, the USG will expand its referral and voucher program to include GBV care and support services. MARPs often face sexual violence and coercion to engage in risky behaviors which puts them at increased risk of acquiring HIV. In TJ, the USG will add a GBV module to the current training program for outreach workers, specifically in relation to female sex workers, female PWID, and MSM. This module will be based on identified needs but may include awareness-raising, the health consequences of GBV, exploration of how the community responds to the issue, understanding where to go for assistance, and self-defense. Outreach workers will be educated on how female SW, female PWID, and MSM are at risk for GBV, how to respond to GBV in their work, and where and how to refer people from these groups for services related to GBV. Outreach workers will in turn transmit this information to their clients as well as provide them referrals for HIV STI testing for sexual assault survivors; crisis housing and/or legal services through USG and PPP supported drop-in centers; and psychosocial support services.

In addition, data from a care and treatment assessment in Kazakhstan, Kyrgyzstan, and Tajikistan will be used to inform development of a comprehensive care and treatment program in pilot sites. This will include analyzing sex-disaggregated data and assessing how the care components can better reach populations currently lacking access.

Human Resources for Health (HRH)

The USG will strengthen the capacity of social workers to serve the unique needs of MARPs, and will support training for medical and non-medical personnel to assess MARP risks and encourage VCT. The USG will work to address the challenges of accessibility and quality of HIV care for MARPs through training, mentoring, and other expert support to providers as well as NGOs and other MARP coordinating bodies to assist in the formation of family support groups for PWID. Issues surrounding the special social support needs of female MARPs will be identified and regular mentoring will be provided to strengthen the quality of services available for female MARPs, including family-based approaches.

Outreach workers play a central role in providing coordinating care and treatment services for PLWHA, yet their role, responsibilities, and development needs are barely acknowledged in CAR. Through the

many activities described above and in other TANs, the USG will work to raise the profile of outreach workers and ensure they are adequately considered in human resource planning to address the epidemic.

Laboratory

In Central Asia, laboratory issues are not coordinated by a special department within the MOH structure, and laboratories operate without a central supervisory or regulatory body. For example, laboratory services related to diagnostics of HIV, TB (including liquid culture) and HIV-related opportunistic infections are provided through a series of vertical systems of the AIDS Centers, TB institutions, Blood Banks, Sanitary–Epidemiology Services, and STI services. The architecture of each vertical laboratory system is a tiered-lab network that includes 3 laboratory levels including the National, Provincial (Oblast) and District (Rayon) levels; these tiers are based on geographic coverage instead of functional capacity. The national level laboratories usually have reference laboratory status within their respective vertical structure; however, none have been accredited by an international accrediting organization. Each country has its own mélange of quality assurance measures, none of which meet International Standards Organization TC212 (ISO/TC212). The designated reference laboratories do not have the capacity to assume responsibility for external quality assurance for the labs they oversee. Coordinating mechanisms directed by MOH are essential for an effective laboratory network, and the lack of integrated management of laboratory services among vertical structures reduces the distribution and sharing of experience, best practices, and common challenges; it precludes opportunities for collective purchasing or distribution arrangements to reduce costs and shortages of supplies.

The USG will encourage CAR countries to develop coherent strategic plans for improving integrated lab services for public health and clinical care services. The USG will also support the review of existing laboratory policies and use the assessments to help each MOH formulate a five-year National Laboratory Strategic Plan.

Laboratory workers in CAR have very few opportunities for pre- and in-service training. Most medical colleges and related institutions lack the ability to train laboratory specialists, and do not provide comprehensive post-graduate programs for these scientists. The USG will provide assistance to fill the training gaps identified at during laboratory assessments.

The CAR Republican AIDS Centers oversee all sites where testing for HIV/AIDS is performed. Each Republican AIDS Center is mandated to monitor the quality of laboratories that diagnose and monitor patients for HIV and co-infections, for example to provide standardized plasma samples for proficiency testing (PT). However, they have difficulty managing quality assurance (QA) even for the Oblast AIDS Centers which they directly oversee. There is an urgent need to expand QA programs to all testing sites including VCT, ART clinics, National Blood Transfusion Centers, and clinical laboratories. The USG will work closely with each MOH to reinforce existing Quality Assurance/Quality Control (QA/QC) programs and to push out external QA programs, including PT and site visits, to the oblast level to ensure broad national coverage. The USG will assist MOH in enrolling in supranational PT for rapid testing, ART clinical monitoring and other monitoring as necessary.

Strategic Information

Currently, the use of unique identification code (UIC) to track the provision of services across facilities and community-based programs at the individual level is geographically limited. The lack of a bidirectional referral tracking system between care and treatment services continues to be a challenge with the limited UIC roll-out. The capacity to collect high quality data and the demand for data use remain limited. In FY12, the USG will continue to support the improvement of strategic information under care and support by continuing to expand integration of UIC into the national HIV programs and national health information system (HIS); strengthening patient tracking systems to improve referral and monitoring among various services; and conducting on-site training, supportive supervision, and data quality assessments to improve data quality and use at facility and community-levels. The USG will also support workshops on M&E at the national and oblast levels to promote the National M&E system; assist the MOH to integrate HIV program monitoring tools and standardize national data collection forms across program areas; provide TA to improve the frequency and content of data feedback to community and facility level staff and program implementers; and train national and local partners on data collection, analysis, and dissemination of data.

Capacity Building
While trying to address the increasingly divergent capacity-building needs of five Central Asian countries, the PEPFAR program's primary approach has been the provision of strategic and targeted TA to local MOHs, to the GFATM, which is the largest funder for HIV/AIDS activities in the region, as well as to other donors. The PEPFAR program in Central Asia primarily focuses on prevention and has limited activities targeted at care, especially as other donors are focused on this issue. Technical assistance to improve the care of PLWHA has focused on the improvement of linkages between treatment and care services and the development of policies and protocols targeted at reducing stigma and discrimination.
The PEPFAR CAR team took its first major step toward a strategic framework in FY11, setting a key objective to strengthen the capacity of the health care system to deliver improved, expanded, equitable, and sustainable HIV services for MARPs, PLWHA, and their families. In FY12, we have continued to critically examine our strategic priorities and refine our activities in order to make more effective gains toward this objective. Sustainability of care services for PLWHA will require much greater attention to removing policy barriers to access and quality of care, to strengthening capacities of institutions, organizations and individuals to plan and manage services for MARPs, and to significantly broadening the basis for collaboration between governmental agencies and non-governmental organizations. Improving access to care by MARPs will require wide-ranging efforts to reduce stigma and discrimination at all levels. Better data collection, aggregation, and analysis for decision-making is a pressing need that cuts across all interventions and objectives.
The USG will focus on responding to requests from the MOH in Kazakhstan, Kyrgyzstan, and Tajikistan, to provide TA to enhance individual, institutional, and organizational capacity for HIV care and treatment. Technical assistance will target provision of high-quality comprehensive HIV care and treatment packages, including ARV, cotrimoxazole prophylaxis, TB screening, and treating persons dually infected with TB/HIV, including when to initiate ART. In FY12, the USG will complete assessments of the care and treatment systems in Kazakhstan, Kyrgyzstan, and Tajikistan. Based upon these three assessments, the USG will develop recommendations for system improvement and conduct in-service trainings for medical staff on ARVs, treatment schemes, and adherence. On-site supervisory visits will follow to ensure that skills and knowledge obtained during trainings are translated into practice.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	496,416	0
HVSI	377,514	0
OHSS	2,061,778	0
Total Technical Area Planned Funding:	**2,935,708**	**0**

Summary:
While each Central Asian republic must be considered individually overall, the region faces a broad range of strategic challenges to implementing effective national HIV/AIDS responses. First, countries have largely vertical, specialized systems of health care delivery that lack the coordination or referral mechanisms needed to facilitate access to a continuum of HIV/AIDS prevention, treatment, and care services. The HIV epidemic in the Central Asia region is concentrated in most at-risk populations (MARPs). Policy, legislative, and regulatory environments and practices across the region fail to address MARP service needs; constrain MARP access to services and violate the rights of MARPs; limit implementation and scale-up of evidence-based prevention, treatment and care services such as medication assisted therapy (MAT) and overdose prevention; and generally overlook the potential role of

non-state actors, including nongovernmental service organizations (NGO) and coordinating bodies, civil society, and the private sector in the delivery of HIV/AIDS services. In countries across CAR, there are high levels of social stigma and institutional discrimination against MARPs, which affect both service supply and demand. Moreover, there is inadequate political commitment, leadership, and fiscal support for HIV programs focused on MARPs. Institutions, organizations, and individuals across the region lack the capacities and systems needed to effectively plan, implement, manage and monitor HIV/AIDS programs.

A number of cross-cutting systems issues also constrain the achievement of national HIV/AIDS program objectives in CAR countries. Uneven capacity in drug and commodity procurement and supply chain management limits the ability of governments to ensure reliable and continuing access to medications and commodities. Service providers, social workers, and other health professionals who interface with MARPs often lack the information and skills needed to provide quality services and referrals. Laboratory diagnostic capacity and quality are also inadequate, and ongoing problems associated with blood and injection safety have continued to result in sporadic nosocomial infections. In addition, CAR does not yet have the systems in place to ensure scientifically sound analyses of, and responses to, this epidemic. There is limited capability to oversee the collection, analysis, dissemination, and use of data, which seriously constrains both monitoring of the epidemic and the development of programs that are appropriately targeted to achieve prevention impact and respond to the epidemiology of HIV/AIDS.

CAR PEPFAR countries have either a national health program, which includes an HIV/AIDS strategy (KZ, KG) or a separate HIV/AIDS Strategy (TJ) that prioritizes and addresses prevention for MARPs. However, governments do not allocate the technical, human, and financial resources essential for targeted HIV/AIDS programming, relying instead on external resources including externally funded nongovernmental partners, to address program coverage for MARPs. Beginning with FY12 funds, PEPFAR CAR will work with governments in the region to strengthen country programs, policy, and budgetary support for targeted MARP programming. Activities will help enhance government partnerships with NGOs as mechanisms through which to reach MARPs. PEPFAR CAR will assist central and local government bodies to develop the policies and financial systems needed to contract with or provide direct funding to NGOs for MARP service delivery.

For the past several years, USG programs have worked with national governance structures such as Country Coordinating Mechanisms (CCM), oversight entities such as Republican AIDS Centers (RAC), public sector facilities, NGOs, and civil society. Activities have supported the targeted delivery of outreach and HIV/AIDS prevention services to MARPS, helped improve the quality of HIV/AIDS care at the facility level, sought to reduce community and organizational stigma related to MARPs, and helped strengthen laboratory systems. While much has been achieved, additional, intensive work is needed to make the inroads necessary to contain the spread of HIV.

The USG will concentrate its efforts on three strategic priorities. First, it will aim to expand the availability of and access to comprehensive HIV/AIDS prevention, treatment, and care services for MARPs and reduce the policy, program, and attitudinal barriers (including stigma and discrimination) that constrain MARP knowledge of their HIV serostatus and limit access to services. Second, the USG will focus on systematically strengthening the capacities of institutions, organizations and individuals to enable them to more effectively plan, deliver, and monitor quality services for MARPs. This effort will include targeted support to ensure the quality of blood and infection control systems to prevent nosocomial transmission of HIV/AIDS in health care settings. Finally, the USG will build the capacity of public health institutions to collect, analyze, disseminate and utilize data in order to obtain accurate and complete information about the HIV/AIDS epidemic in CAR; to support policy development, program planning, and implementation; and to improve outreach prevention efforts and facility-based HIV/AIDS care and treatment services.

In line with these strategic priorities, the USG CAR PEPFAR program will support targeted activities which enhance national and decentralized leadership on HIV/AIDS; improve governance of the national HIV/AIDS response and increase local resources for HIV/AIDS programs; foster health policies and systems that facilitate access to more comprehensive care and address the legislative, regulatory and attitudinal barriers that constrain MARP access to services; strengthen the technical and management capacity of institutions, organizations and individuals to plan, deliver, manage, monitor and sustain

HIV/AIDS services and commodities for MARPs; and develop the information systems needed to support policy and program planning and to measure the quality of, access to, effectiveness, and efficiency of HIV/AIDS services. In developing and implementing programs during the next few years, the USG will pay close attention to ensuring that approaches across the region support national program goals and are leveraged with efforts of other development partners to maximize impact and further the sustainability of USG investments while ensuring efficient use of USG resources.

In implementing FY12 HIV/AIDS programs in line with PEPFAR guiding principles, PEPFAR CAR will also operationalize core Global Health Initiative (GHI) principles. PEPFAR CAR programs will strategically coordinate its efforts to support country programs with those of key development partners including the GFATM, UN multilateral agencies and other donors in order to enhance efficiencies and returns on USG investments. USG partners will also focus on engaging private sector collaborators to support HIV/AIDS programs. PEPFAR CAR activities will further program sustainability by partnering with national and local leaders to build policies that promote gender equity in HIV/AIDS activities and services. For example, through a survey on PWID planned for KZ, KG and TJ, interviewers will also question non-injecting female sexual partners of PWID. These data will help shape HIV prevention programs to address the knowledge, behavioral and attitudinal needs of this group as well as issues of gender-related violence. Finally, in line with GHI's mandate, PEPFAR CAR will utilize ongoing monitoring processes and targeted evaluations to ensure that program activities and approaches are effective and contribute to the achievement of results.

The CAR PEPFAR program was initially developed to provide assistance in all five countries in the region; however, both TK and UZ took steps during the past several years to significantly limit external partner engagement in national HIV/AIDS programs. As a result, the USG PEPFAR program will focus most of its efforts on KZ, KG, and TJ, the three countries where it can currently make an impact. At the same time, the PEPFAR program will use regional activities, including regional meetings, to engage and influence HIV/AIDS policymakers and stakeholders in TK and UZ.

Leadership, Governance and Capacity Building, and Systems Strengthening

PEPFAR CAR's overall regional goal is to reduce new HIV infections and provide adequate treatment and care services for affected populations through strengthened and sustainable health systems. PEPFAR CAR will use FY12 funds to partner with countries to build national HIV/AIDS programs that are inclusive, that have the capabilities to increase access by MARPs to HIV/AIDS services, and that can attain planned results. Achieving this end will require a number of intensive, targeted approaches. PEPFAR CAR will work to advocate for and advance policies that facilitate the expansion of services for MARPs and promote MARP access to these services. CAR interventions will also assist countries to strengthen the technical and management systems that are essential to effective planning, implementation, and monitoring of the national HIV/AIDS response. To improve the continuum of HIV prevention, treatment, and care for MARPS, FY12 funds will support the development of protocols on integrated service delivery and help build the referral systems and linkages across services needed to provide more comprehensive care for MARPs. With FY12 funds, PEPFAR CAR will also strengthen the technical and management capacity of institutions, organizations, and individuals to plan, deliver, manage, and oversee HIV/AIDS services for MARPs. PEPFAR resources will support development of a national laboratory strategy to improve diagnostic effectiveness and lead to laboratory accreditation; the design and dissemination of standards of care that ensure the quality of facility-based HIV/AIDS treatment services; and the development of algorithms to operationalize evidence-based practices in blood safety. The USG will strengthen NGO internal management systems, organizational processes, and leadership and the initial rollout of a unified 'one monitoring and reporting system' that can be utilized by both government and NGO partners to monitor indicators for the national HIV/AIDS programs.

The USG will build on the training and mentoring efforts supported to date to undertake a more strategic, systematic, and coherent approach to capacity development, fostering national and sub-national ownership of HIV/AIDS programs. USG programs will help build the policies, systems, and capacities needed to engender more capable country level institutions, organizations and individuals that are better able to develop and implement national HIV/AIDS programs that can respond to the epidemic and achieve planned outcomes. PEPFAR CAR recognizes that to achieve this end, capacity building efforts

will need to be designed, implemented and monitored in close collaboration with local partners and allow for the progressive transition of leadership to local partners during the next few years. Accordingly, CAR will use FY12 funds to partner with country level stakeholders from MOH, National HIV/AIDS Programs, GFATM, UN and other donor partners, in addition to NGO and MARP representatives to conduct rapid, structured diagnoses of key institutional and organizational cohorts. National and sub-national CCMs, local governance structures such as regional coordinating committees, organizations including RACs and NGOs implementing GFATM grants will be included in the assessments. The USG will also support rapid assessments of training needs for service providers, outreach workers and NGO technical and management staff. Data from these assessments will guide the collaborative development of capacity building strategies that will contribute to strengthened national HIV/AIDS program performance. FY12 funds will also be used to initiate implementation of country level strategies. Through this approach, strategies will guide systematic efforts to progressively enable countries to assume greater leadership, accountability, policy and financial sponsorship of targeted national HIV/AIDS programs. In light of the limited resources, PEPFAR CAR will work with stakeholders to prioritize efforts and identify ways to collaboratively finance and leverage resources in support of capacity building efforts.

A primary focus of USG assistance with FY12 funds will be to enhance leadership and governance of national HIV/AIDS programs. Best practice indicates that both national and regional officials should play key roles in planning and overseeing the national HIV/AIDS program efforts that are implemented at the local level. USG support will build on its TA efforts to systematically strengthen the operations, management and oversight effectiveness of national level CCMs as multi-sectoral governing bodies on HIV/AIDS. FY12 TA will target issues identified during the rapid assessment and will seek to build competencies of CCM members in core CCM functions, strengthen mechanisms for internal and cross-sectoral coordination and communication, and enhance the role of CCM structures in advocating for and shaping policies that support the national HIV/AIDS response. USG FY12 resources will also be used to build the planning, coordination, management and advocacy capacities of selected sub-national governance structures, such as regional coordinating committees. USG assistance will aim to enable local governance bodies to support local HIV/AIDS efforts in areas such as monitoring the implementation and effectiveness of HIV/AIDS activities; tracking progress against local HIV/AIDS targets and indicators; managing the collection of sound data; engaging in HIV/AIDS policy advocacy efforts; and, as appropriate, supporting the development of regional HIV/AIDS strategies or plans.

Strengthened capacity of public sector facilities and NGOs providing HIV/AIDS services for MARPs will improve the quality and effectiveness of services. At the organizational level, USG activities will systematically enhance the management, organizational, programmatic and technical capabilities of public sector facilities and NGOs. Funding will prioritize NGOs providing services through GFATM grants and assistance will focus on assisting these organizations to better plan and provide services to MARPs and strengthen approaches to increase MARPs' access to quality services. Systematic capacity development efforts will be structured to progressively assist HIV/AIDS NGOs to become stronger and more mature organizations that are better able to network, collaborate, and contribute to national HIV/AIDS efforts.

The USG will focus on building the leadership and capacities of NGOs and other organizations working with PWID, MSM, SW and other MARPs, as well as MARP coordinating bodies such as the Kazakhstan Union of People Living with HIV/AIDS. Assistance to strengthen the core competencies of these organizations will enable them to function as advocates for MARPs and participate more effectively in HIV/AIDS policy advocacy and program development, implementation, and management. USG assistance will strengthen capacity to identify policy needs, develop policy advocacy agendas, dialogue with national and local government on advocacy issues, and plan and implement policy advocacy activities. USG assistance will also enable these organizations to actively engage in stigma reduction efforts, help shape MARP services program approaches, and participate in trainings on stigma reduction for health care providers, government bodies, media and selected other groups.

Strategic Information

The USG goal is to strengthen the capacity of public and private sectors to collect, analyze, manage, and utilize data for evidence-based planning and policymaking at all levels. To achieve this goal, the USG will

support (1) the collection, analysis, interpretation, reporting, and use of SI to monitoring trends in the HIV epidemic to plan targeted prevention and focused care and treatment programs; and (2) the use of routine monitoring and survey data to rapidly improve program quality. USG CAR recognizes the need to build functional and integrated national health information systems (HIS) for planning and decision-making, and will leverage contributions of other major development partners in this area while directly contributing to systems that support MARPs programming.

During the past several years, the USG has played a significant role in supporting the governments of Central Asia to strengthen strategic information (SI) systems and outputs through collaboration with MOHs, National AIDS Centers, other government organizations, major international donors, local and international partners, and civil society. HIV/AIDS Sentinel Surveillance (HASS) has been standardized in KZ, KG, TJ, and UZ based on the UNAIDS/WHO Guidelines for Second Generation HASS. Since 2007, MOHs have conducted HASS without technical or financial assistance from the USG. This transition to host government ownership has been only partly successful, as the reliability and usefulness of the data have deteriorated. In FY09, USG renewed its commitment to assisting the MOHs to conduct country-led, high-quality surveillance and will continue to provide technical support in FY12. As HASS systems are now completely government-owned and managed, the USG will focus on continuing to build national capacity to improve the quality and usefulness of surveillance data. TA will be provided to expand HASS coverage in TJ and KG, both geographically (using pilot rural areas) and through additional sentinel groups (e.g., MSM). Standard Operating Procedures (SOPs) will be developed and TA will be provided based on the results from the national HASS assessments.

The USG recently completed comprehensive assessments of Integrated Biological and Behavioral Surveillance (IBBS) in KZ, KG, TJ and UZ; the results will help shape USG interventions to further improve the quality of surveillance data. The USG also provided assistance to produce accurate MARPs size estimations; these data will inform program target setting for specific MARP interventions. It should be noted, however, that the lack of transparency and data sharing by Central Asian governments, especially on surveillance and survey data, remains a major challenge in effective programming for MARPs. In FY12, the USG will intensify efforts to improve the overall IBBS systems. The USG will support MOH staff in revising and developing SOPs for IBBS in KZ, KG, TJ, and UZ. It will provide technical support to MOHs in KZ, KG, and TJ to conduct IBBS among sex partners of PWID, and will assist in the integration of size estimations into IBBS for PWID, SW, and MSM. The USG will support additional surveys and assessments focusing on PWID, SW, and MSM to effectively monitor and track HIV prevalence and related co-infections. In FY12, the USG will also support a survey focusing on non-injecting sexual partners of PWID to be integrated into the existing IBBS among PWIDs in the selected sites only (two per country) in KZ, KG, and TJ. Participants of the survey will be tested for HIV only. This activity will match the activities under the successful application to the Gender Challenge Fund.

As noted, despite the institutionalization of HIV sentinel surveillance in the region, and the elevated importance of routine data collection, publicly available and reliable data on the burden of HIV and reliable size estimations among MARPs are still limited. The lack of a data sharing culture from Central Asian governments remains a major challenge for evidence-based programming in the region. In FY12, the USG will continue to play a leading role to build national capacity in data analysis, dissemination, and use of surveillance data. In collaboration with other donors, including UNAIDS and GFATM, the USG will work closely with MOHs to address the importance of data dissemination and data use to inform evidence-based programming in HIV prevention, care, and treatment.

With little national leadership in developing an integrated HIS, data collection is still largely paper-based and vertical across the health sector. The development of a national HIS to improve the integration and interoperability of data collection and reporting is at a nascent stage in this region, but progress has been made in recent years. The USG introduced the use of unique identifier code (UIC) in PEPFAR-funded MARPs programs as a pilot project in 2009. In FY12, at the request of the host governments, the USG will continue the expansion and roll-out of UIC into HIV programs and national HIS. The integration of UIC and HIS into the national M&E system will serve as a standardized and universal tool for the assessment of enrollment and service coverage in a range of HIV programs. The electronic patient-monitoring HIV case-based management system (EHCMS) is currently being scaled up and strengthened in KZ and KG

with USG support. The USG will provide TA to MOHs in EHCMS in HIV clinical facilities. As part of USG's HIS technical support, PEPFAR will conduct trainings on the effective use of EHCMS to improve surveillance and clinical management of PLWHA and will develop data analysis algorithms and guidelines for EHCMS.

Currently, most nationally-collected and reported data are based on HIV testing and case reporting, and there is a great need to strengthen M&E capacity across CAR. The USG is supporting country-led implementation of national M&E systems and developing standard data collection methods in KZ, KG, and TJ. To enhance national program accountability, the USG will support approaches to strengthen M&E systems. The USG will also continue to improve the quality of routine data through strengthening the monitoring capacity of organizations involved in the national HIV/AIDS response; and developing and supporting routine program monitoring and evaluation capacity with an emphasis on data use and quality will be central to USG support in FY12. The USG will continue to conduct national M&E system strengthening workshops with participants from various ministries (including but not limited to MOH, Labor, Social Protection, Justice, and Education) and NGOs to assess the strengths and weaknesses of the current national M&E systems and to develop M&E strengthening plans to address these gaps. These workshops should result in revision and streamlining of data collection and reporting formats, and targeted TA will be provided to the MOHs in the implementation of these plans. The USG will also continue to strengthen the MARP service monitoring capacity of NGO partners in KZ, KG, and TJ through training on the use of management information system (MIS), supportive supervision, and regular data quality assessments. The USG and its implementing partners will continue to provide TA to improve the frequency and content of data feedback to site-level staff, program implementers, and other stakeholders through regular reporting and dissemination of PEPFAR-supported sites. Local capacity in data collection and analysis will be built through training of representatives from national partners and MOHs on data analysis and dissemination of collected data.

The USG will also provide ongoing training on the Next Generation indicators to MOH staff. The USG will continue to strengthen the abilities of MOH staff to conduct behavioral assessments and analyze data to inform program development. The USG will strengthen utilization of a USG-provided electronic HIV case-based surveillance management system by providing on-site training to continue to improve data quality, consistency, and system functionality. With FY12 resources, the USG will intensify support for the elaboration and collaborative rollout of a unified 'one monitoring and reporting system' that can be utilized by both government and NGO partners to monitor indicators for the national HIV/AIDS program.

The USG will continue to closely monitor the impact of PEPFAR-funded programs by conducting periodic targeted behavioral surveys such as Tracking Results Continuously (TRaC) surveys in geographic areas where USG supported activities are being implemented. These surveys are designed to evaluate the effectiveness of PEPFAR programs for PWID, SW, and MSM based on changes in high-risk behavior and service coverage/uptake for these populations. In addition, the USG will also work closely with GFATM to assess the feasibility of harmonizing, to the extent possible, PEPFAR indicators with GFATM indicators used in the region.

Service Delivery

Throughout CAR, there are a number of challenges to the effective provision of comprehensive prevention, medical, and social support services required to provide quality care for MARPs and in particular for PLWHA. Services are provided through both NGOs and the public sector. For the most part, these services are not well coordinated even within facilities, and NGOs are not linked effectively to public sector facilities. Only limited progress has been made in reaching the prevention, treatment, and care targets needed to make an impact on the HIV epidemic.

Prevention programs for MARPs, which take place through outreach efforts largely outside of facilities, remain inadequate to contain HIV transmission in countries across the region. There are imbalances in geographic coverage as well as coverage of specific risk groups, irregular quality of interventions, and gaps in the availability of interventions. For example, interventions such as MAT are not widely implemented in CAR. Prevention programs are not sufficiently effective in reaching bridge populations nor the most marginalized and hidden MARPs, nor do they systematically address the gender dynamics influencing MARP behaviors.

Medical and social support services for MARPs are provided through vertical public sector facilities, which lack the horizontal linkages needed to ensure a continuum of care. As a result, care is fragmented, and MARPs do not receive the comprehensive services they should be provided in line with international standards and evidence-based best practices. Service quality is irregular due to the lack of updated protocols and guidelines needed to guide the effective delivery of services for MARPs, and due to the widespread stigma and discrimination against MARPs, which influences the care behaviors of many providers.

In response to these challenges, USG assistance to strengthen the effectiveness of service delivery is two-pronged. First, the USG supports limited direct prevention, treatment, and care service delivery through nongovernmental and public sector partners to help address critical gaps in the short term and to develop feasible models for service scale up. Second, the USG strategically targets service delivery resources towards improving the delivery of prevention, treatment, care, and support services supported by governments, the GFATM, and other donors. USG assistance will concentrate its efforts on strengthening key cross-cutting service-related systems that directly improve the availability, quality, and efficiency of services for MARPs. In response to country level needs and priorities, and in close collaboration with country counterparts and stakeholders, USG assistance will strengthen systems such as service referrals, service delivery protocols, drug procurement and supply chain management, quality assurance, HIV testing, blood and injection safety, case management, health information, and supervision and monitoring. In addition, the USG will work with country stakeholders to identify and prioritize key policy needs and catalyze the development of policies that will facilitate MARP access to care and reduce MARP barriers to care. Finally, the USG will systematically build the leadership, capacities, and core competencies of institutions, organizations and individuals to steward, deliver, monitor, and sustain improved quality services.

In addition to building effective referral systems at the facility level, a key focus of USG assistance will be on expanding and strengthening linkages between public and civil society service providers to assure a continuum of care (COC) able to address the needs of vulnerable populations from prevention through care. In FY12, the USG will assess current COC networks to enhance service access by identifying the strengths, weaknesses, and barriers to service expansion. Building on the results of the assessment, the USG will progressively build COC referral networks and strengthen COC network communications to ensure cohesive patient care, follow up, and support.

USG assistance to improve services will target both public sector and NGO entities, particularly NGOs implementing GFATM grants, to strengthen coordination between the public sector and NGOs in the delivery of comprehensive care for MARPs. In FY12, the USG will pilot, monitor, and assess the impact of NGO-public sector collaborative service models as mechanisms to increase access to care. Approaches might include placing NGO counselors or social workers within public sector facilities providing HIV/AIDS services or enabling a public sector physician to work through NGO networks to expand the availability of testing. FY12 funds will also support the design, implementation, and assessment of other small scale pilot activities aimed at improving access to services by selected high risk, highly marginalized populations.

In KZ, KG, and TJ, the USG will provide TA to the National Blood Services aimed at implementing evidence-based practices that ensure the safety of blood collection and supply. At the national and local level, we will undertake efforts to improve facility-based HIV services for MARPs along with HIV-related laboratory services.

Human Resources for Health

To address issues of human resources in health, the USG focuses on improving the systemic weaknesses and capacity deficits that prevent MARPs from accessing high-quality HIV prevention, care, and treatment services. USG activities in FY12 will continue to strengthen the technical knowledge of providers through targeted training and mentoring. The USG will help institutionalize improved practices through the development and dissemination of enhanced standards of practice and continue to build the capacity of national-level providers (e.g. RAC staff) and managers (e.g. NGO directors) to expand the range and quality of services being provided through public and NGO settings. The USG will work to ensure that a range of social support services are introduced and continually improved to meet the needs

of the populations they serve. We will pilot approaches such as using trained social workers for MARPs, services delivered by NGOs and Community Based Organizations (CBOs), and self-help groups, and working with stakeholders to institutionalize these approaches.

Laboratory Strengthening

In post-Soviet countries, including CAR, laboratory issues are not coordinated by a special department within the MOH structure, and laboratories operate independently with a lack of integration between different laboratory systems. Laboratory operations are regulated based on numerous executive orders (prikazes) issued by health care authorities at different (central and local) organizational levels; however, comprehensive strategic plans on the development of laboratory services do not exist. Coordinating mechanisms directed by MOHs are essential for an effective laboratory network and the failure to provide integrated management of laboratory services between the vertical medical services structures (of CAR countries) reduces the distribution and sharing of advanced accumulated laboratory experiences. CAR laboratories have been relatively ignored with respect to pre- and in-service training. Medical colleges and related educational institutions of most CAR countries lack the ability to adequately train laboratory specialists and do not provide comprehensive post-graduate programs for these scientists. Thus, restructuring and strengthening healthcare laboratories, including enhancing laboratory technical and managerial expertise, is a priority for healthcare reform processes in CAR.

The USG will provide TA to improve laboratory capacity in CAR. The USG will encourage CAR countries to develop coherent strategic plans for improving integrated laboratory services for public health care. The USG will support the review of existing laboratory policies and use the assessment documents to collaboratively formulate a national laboratory strategic plan for HIV and other related diseases for CAR countries. The USG will work at the organizational level with different vertical structures of CAR MOHs (HIV/AIDS services, blood transfusion services, TB control services, and others) to ensure integration and broad capacity building. USG efforts will concentrate on providing technical support to implement robust Laboratory Quality Management Systems (LQMS). The USG will help develop laboratory quality indicators and implement internal focused audits to monitor effectiveness of LQMS and quality improvement initiatives. National reference and oblast-level laboratories will be targeted and supported to initiate the unique accreditation process similar to that of the WHO-AFRO laboratory accreditation scheme. The USG will support development and adequate coverage of external quality assessment (EQA)/proficiency testing programs.

The USG will support reinforcement of local referral networks and linkages throughout the vertical systems (HIV/AIDS, TB, blood transfusion services, and others), through development of effective mechanisms for specimens and patients' referrals to ensure laboratory services are easily accessible and able to provide accurate and reliable results in a predictably quick turnaround time.

The USG will collaborate with all national and international partners to coordinate activities and to ensure that donor funds are being leveraged.

Despite the MOH requirement that all laboratories be directed by a medical doctor, there are shortages of trained physicians. In general, senior laboratory staff are committed, enthusiastic, and well-trained in the general laboratory disciplines but lack specialized training in operating modern, state of the art, laboratory equipment. The USG will provide assistance to fill the immediate training gaps identified at laboratories including assistance with laboratory training and development of a quality-assured system associated with providing reliable and accurate CD4 testing and viral load (VL) measurements. The USG will support capacity building of quality management personnel to ensure sustainable and continued expansion of the LQMS that meet internationally accepted standards.

In collaboration with MOHs, USG partners will determine the types of training most appropriate to each country and will incorporate several different methods of training, such as in-service training, mentorship, and preceptor programs at different levels of the laboratory structure. To ensure sustainability and country ownership, the USG will support the development and implementation of curricula for pre-service training for laboratory practitioners. The pre-service curricula will incorporate a full spectrum of testing, LQMS, and HIV-related content in the laboratory curricula.

Health Efficiency and Financing

To strengthen national and sub-national program fiscal accountability, FY12 funds will support TA to

improve financial and accounting systems and capacities within both the public and NGO sector. The USG will also give greater focus to enhancing the financial viability and sustainability of NGOs by assisting NGOs to diversify funding through approaches such as social contracting with governments, corporate support, and community contributions. Targeted TA will strengthen the soundness and transparency of NGO financial management systems. For more mature NGOs, USG assistance will also support the development of financial systems to facilitate NGO funding through a variety of donors to enable these NGOs to provide sub-grants to other NGOs or HIV/AIDS organizations.

Creating an enabling HIV/AIDS policy environment – both at the macro and operational level - and facilitating effective policy implementation are instrumental to efforts to expand access to and utilization of high quality services targeted to MARPs. USG activities will support comprehensive approaches that engage multi-sectoral public, multilateral, nongovernmental and private sector stakeholders to promote policies which expand MARP access to comprehensive care and reduce key policy, legal, regulatory and fiscal barriers that constrain MARP access to services. Where feasible, the USG will leverage policy efforts with those of other USG agencies and programs to intensify impact and results.

The HIV/AIDS policy environment and attention to HIV/AIDS policy issues varies significantly across CAR. However, in all Central Asian countries, MARPs are stigmatized and have limited access to health care institutions. To improve MARP access to HIV services, the USG will also take new steps to address stigma and discrimination in the region.

The USG will support a strategic approach to policy development which will strengthen the capacity of national and local policymakers and stakeholders to analyze and address key policy barriers; improve collaboration between NGO, private and public stakeholders to plan and advocate for needed policy and legislative reforms; and build the systems needed to ensure transparent and participatory policy development and implementation.

Concentrating on fostering policies that enhance access by MARPs to more comprehensive and higher quality care, the USG will work with key HIV/AIDS stakeholders to jointly undertake a rapid desk review of policy assessments conducted during the past few years and prioritize policy needs; develop a strategic policy agenda; establish mechanisms and processes for inclusive development and formulation of evidence-based policies; and advocate to a broad range of policymakers, including parliamentary leadership, to support policy reform. Where appropriate, the USG will leverage programs that support Parliamentary development, both to educate HIV/AIDS stakeholders on the complex policy process and engage Parliamentary Health Committees as key participants to this process.

Reliable costing data is key to the development of HIV/AIDS program policies as well as for program decision-making about service and system priorities. With FY12 funding, the USG will provide targeted TA aimed at enabling national and local HIV/AIDS stakeholders to analyze, interpret, and utilize costing data, to support policy advocacy efforts, and to assess and promote more effective and efficient resource allocation.

The USG will collaborate with government, nongovernmental and donor stakeholders, and decision-makers on targeted activities to inform country resource allocations on HIV/AIDS. The USG will introduce a strategic planning model that links national program goals and resource levels to program outcomes and provides information on the cost and effect of different approaches on the achievement of national goals. The USG will use this activity to improve understanding of the effect of resource allocation on program results and build capacity in developing realistic budgets that support the achievement of national goals.

To strengthen the financial sustainability of the National AIDS Program in CAR, the USG will explore the feasibility and potential to introduce national accounts service assessments (NASA) during the final two years of the regional program. The aim would be to build capacity at the national and local levels in using NASA data to support ongoing programming, financial planning, and budgeting for increased government contributions to HIV/AIDS.

Supply Chain

A critical element of effective service delivery, and a critical component of a national health system, is having the appropriate systems in place to ensure that HIV/AIDS services have reliable access to a steady supply of essential drugs and commodities. CAR governments have uneven capacity in drug and

commodity procurement and supply chain management, which limits their ability to ensure reliable and continuing access to medications and commodities. The GFATM provides resources to support country commodity and drug procurement and distribution. KZ has taken over and resourced, from the government budget, selected procurement functions. However, all countries in CAR would benefit from targeted assistance to enable them to accurately quantify needs, procure quality drugs and commodities from reliable suppliers at reasonable prices, and maintain the supply systems needed to ensure the right commodities in the right place at the right time. The USG will continue and intensify assistance on procurement and supply management with the aim of building country capacity to independently ensure reliable supplies of HIV/AIDS drugs and commodities in years ahead.

Gender

USAID/CAR supported a gender assessment in all five countries in 2009 which revealed the need for gender-related HIV/AIDS training, monitoring of program impact to measure relative changes of interventions on both men and women, and the development of targeted approaches to address gender in the framework of HIV/AIDSAIDS programs. With FY12 resources, the USG will give strategic focus to reaching both male and female MARPs, including sex workers, IDUs, and MSMs, as well as to assisting clinic-based and outreach providers to strengthen how they work with both male and female MARP groups, including MSM. Prevention activities among MARPs will provide both males and females with support and services to prevent sexual transmission while promoting approaches such as peer outreach and positive prevention to access additional MARPs and protect MARP 'bridge' partners from HIV-infection. The core packages of services for MARPs, HIV infected or otherwise, will be expanded to include referrals to reproductive health services as well as screening for gender-based violence.

As one of its key strategic approaches, the USG builds capacity of healthcare providers (including female health care and outreach workers) at all levels of the health system. The USG will continue building health workers' skills in undertaking HSS activities and strengthen competencies in the collection, analysis and use of data. Female health workers have conducted sentinel surveillance on treatment and care, and in FY12, they will use these skills to assess data quality assurance in KZ, KG, and TJ. In addition, female health workers are trained on conducting IBBS. In FY12, through the gender challenge fund, the USG resources will support efforts to survey non-injecting sex partners of PWID, who are often women. In addition to being offered HIV testing, survey subjects will receive information on HIV transmission particularly related to their sexual relationships with PWID. Results from the survey will be used by USG partners to inform HIV programming.

At the community level, the USG trains outreach workers on reaching MARPs, including female sex workers, MSM, and female PWID, with a referral and voucher system for accessing HIV and other services. In FY12 a pilot in TJ, through the gender challenge fund, will provide outreach workers with special training on GBV, designed to equip them with skills to refer MARPs to GBV services and to hold workshop sessions with MARPs on GBV and other health topics. Since GBV is an issue that requires a multi-sectoral response, the project will engage police through special sessions on GBV integrated within a larger program on HIV related to MARPs. These sessions will assist police in better understanding GBV, its roots and health consequence, and local resources available for survivors of GBV. In doing so, police will also be linked with outreach workers, so they can seek their assistance as needed and provide a comprehensive response to GBV. Engaging this sector will promote a more enabling policy environment for MARPs at risk of experiencing GBV and HIV transmission.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	1,121,824	
Total Technical Area Planned Funding:	**1,121,824**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	17,818	0
HMIN	21,636	0
HVCT	123,419	0
HVOP	150,899	0
IDUP	470,213	0
Total Technical Area Planned Funding:	**783,985**	**0**

Summary:
Central Asia is one of the few regions in the world where the HIV epidemic is still on the rise. HIV prevalence rates among the general population are low, estimated at about 0.1%. However, in KZ, HIV prevalence increased from 0.05 % in 2006 to 0.1 % in 2010, although HIV annual estimated incidence has remained fairly constant at approximately 2,000 new registered cases per year. High rates of HIV prevalence are observed among MARPs including PWIDs, SW, MSM, and prisoners.
HIV/AIDS in the region is primarily driven by injection drug use with most HIV cases registered among young, unemployed males. Estimated HIV prevalence among PWID ranges from 3% in KZ to 18% in TJ and 14% in KG (2009 data). The proportion of HIV infection attributed to PWID is estimated at around 60% in Kazakhstan, Tajikistan, and Uzbekistan and 72% in Kyrgyzstan. Data are not available for Turkmenistan.
While these prevalence rates are higher than those reported for other populations, they do not include all PWID-associated HIV cases, e.g., HIV transmission from PWID to their sex partners. High-risk behavior has been confirmed through survey and HIV/AIDS sentinel surveillance (HASS) data, which show a high level of equipment sharing among male PWID and between female SWs and their partners; low levels of condom use by PWID with their regular sex partner; and high levels of sexually transmitted infections (STIs) among PWID. HIV prevention service availability and utilization has increased. In 2010, a majority of PWIDs (67%) surveyed in Kazakhstan during the annual IBBS survey were covered under some form of HIV preventive services, including safe needle supply points; in 2006, only 46% of surveyed PWID had been covered.
Recent data indicate a steady increase in the percentage of sexually transmitted HIV infections in CAR from 2006 to 2009; in KZ, from 20% to 43%, and in KG, from 30% to 33%, respectively (MOH data). Many of the cases are believed to be sexual partners of PWID (UNAIDS Eastern Europe and Central Asia AIDS Epidemic Update Regional Summary 2007). Homosexual transmission among MSM has also increased, though it represents only 1% of total officially registered transmissions in 2010 in Kazakhstan. In Kyrgyzstan, the last IBBS among MSM (2008) showed a 2% prevalence of HIV. Due to restrictive cultural and social environments, reaching MSM with prevention messages and health care services, and collecting related data, remains a challenge not adequately addressed in the region. HIV morbidity and transmission among MSM continue to be understudied. Accordingly, in FY12, the USG will support initial analytical work on this topic.
Prevalence of HIV among prisoners is of concern because of high rates of incarceration of PWID as well as unsafe injection and sexual practices during incarceration. According to the annual IBBS surveys, HIV prevalence among inmates was 3% in Kyrgyzstan (2009), 3% in Kazakhstan (2010), and 9% in Tajikistan

(2010). High rates of migration particularly from Tajikistan and Kyrgyzstan to destinations within and outside the region complicate the epidemic. While migrants are considered to be a risk group in the region, little prevalence data is available. Tajikistan reported 0.5% HIV prevalence in 2008. Both migrants and their partners and family are considered to be at increased risk for HIV infection and other STIs. Reaching itinerant workers with prevention messages and health care services is a challenge not adequately addressed in the region.

While injecting drug use remains the central focus of USG-supported prevention efforts in CAR, addressing the sexual risk behaviors of PWID, SW, MSM, and as feasible, among migrants and prisoners is a critical prevention priority. Ensuring access to a comprehensive range of services including programs supporting primary prevention of drug abuse, outreach, drug and sexual risk reduction counseling, referral for counseling and testing, STI screening and treatment, and drug and ARV treatment remains an HIV prevention imperative in CAR. Stigma, discrimination, gender, and legal and policy barriers pose significant challenges for HIV prevention, especially related to PWID, SW, and MSM populations. The concentration of HIV in stigmatized and marginalized populations has prompted the USG and other donors to prioritize peer outreach approaches to efficiently bring HIV services such as condoms, information, and service referrals to those with the greatest needs. In addition to PEPFAR, GFATM, UNODC, GIZ, AIDS Foundation East West (AFEW), the International Federation of Red Cross (IFRC), and United Nations Population Fund (UNFPA) all fund peer outreach programming in the CAR region, including technical support to strengthen local peer outreach capacity.
Medication Assisted Therapy (MAT) is currently offered on a limited scale in Kazakhstan, Kyrgyzstan and Tajikistan. Of CAR's estimated 263,000 PWID, only 1,225 are receiving MAT. The USG estimates that at least 20-40% of PWID must be on MAT to have an impact on the epidemic. In all countries in Central Asia, with the exception of Kyrgyzstan, many policy makers are reluctant to the scale up methadone programs, so opportunities for increasing the number of individuals on MAT may be a challenge.
In FY11, the CAR PEPFAR team supported interventions to reach 36,725 MARPs with a comprehensive package of HIV and TB prevention, testing and referrals to access health services in KZ, KG, and TJ. In close partnership with the GFATM grants, which supplied condoms, needles and syringes, and other commodities, the USG focused on linking MARPs to HIV and TB prevention, care and treatment services. As a result, 2,930 PLWHA and PWID were tested for TB, and 159 new TB cases were detected among MARPs. The USG trained 591 medical providers on HIV prevention and reduction of stigma and discrimination. The USG team also supported 36 NGOs that provide services for MARPs through grants and training on technical and financial management, and monitoring and evaluation. Despite the efforts by the USG, the GFATM and other development partners, coverage for all services throughout CAR remains low and is only reaching a small number of the estimated number of MARPs.
With HIV still concentrated among a small high-risk group, there is a window of opportunity to stem the growth of the epidemic to the general population. Given the modest PEPFAR resources available to the region, the USG will focus aggressively on leveraging PWID services with PEPFAR-funded expertise and scaling up best practices in collaboration with GFATM, MOHs, and other larger programs. In FY12, the USG will continue efforts to improve MARP access to comprehensive HIV prevention services; strengthen the collection and use of data related to MARP use of HIV prevention services; and strengthen the policies and organizational and individual capacities needed to provide quality, stigma-free prevention services for MARPs. USG support will provide ongoing TA to institutionalize the locally-led application of evidence-based proven interventions, build quality improvement mechanisms that enhance the quality of services provided by governmental and non-governmental organizations, and continue to promote and support outreach to MARPs and referrals to services. The USG will closely monitor and evaluate the performance and results of these interventions to generate evidence on these models and assist governments, GFATM, and other partners to scale up successful approaches to reach more target populations.
HIV Testing and Counseling (HTC) - In programming HIV testing and counseling resources, the USG uses a regional approach based on country environment, various needs of MARPs, and existing resources. Geographic regions are defined by a combination of different factors: HIV-registered cases in

the region, HIV prevalence rates in project sites, available testing services, and areas in which MARPs have insufficient access to services. To address these issues, the USG actively collaborates with national partners and other donor projects to leverage resources to cover MARP service needs (e.g. mobile HIV testing points and Trust Points) and avoid duplication of activities with the GFATM and other donors.
In this region, HTC services are supposed to be provided at all levels of health facilities. However, there are few HTC services provided outside of the national AIDS centers. There is no routine HIV screening of PWID within Narcology services. Since HTC has been targeted towards the general population, the number of MARPs tested is low. MARPs are hesitant to use HTC services due to issues of fear about confidentiality and stigma. In addition, the lack of legal documents or registration can restrict MARPs from receiving the services for free. In Kyrgyzstan, only 10% of total MARPs are estimated to have been tested, but it is unknown how many of them return to receive their test results. There is no similar estimate in other countries, but it is expected to be low as well. TB patients are required to be screened for HIV, but this requirement is not consistently implemented by TB dispensaries.
In Central Asia, NGOs are not allowed to perform HIV testing, thus their role is largely restricted to counseling MARPs on risky behaviors and referring them to testing facilities, which are all government operated. In FY12, the USG will support pilot collaborative public-NGO service delivery interventions to expand MARPs' access to HTC.
The USG supports activities to provide case management assistance and referrals to legal services to help MARPs in obtaining the legal documents required to receive health services. To reduce stigma and discrimination towards MARPs and to improve understanding of MARP service needs, the USG supports training for service providers on communication skills, stigma reduction, provision of accurate information on HIV and HIV/TB co-infection, and the use of a referral system to link MARPs with testing services. In FY12, the USG will continue to support these activities. The USG will also track the effectiveness of voucher referrals in contributing to increased use of HIV services; will advocate for and facilitate government management and funding of service referral vouchers; and will work to address policies related to registration which constrain access to care.
Since there are no national standards for counseling, it is uncertain what quality of counseling MARPs receive. In addition, after testing, MARPs are referred back to NGO sites to receive post-test counseling. Consequently, there is a significant loss to follow-up between pre-test counseling and testing and between testing and post-test counseling. Furthermore, HTC has not been integrated with national testing algorithms, so upon receiving test results, MARPs are referred to testing facilities of National AIDS Centers where they go through another series of HIV tests before their HIV status is confirmed. This further contributes to the significant loss to follow up.
Most of the counseling and testing services for MARPs are provider-initiated, and a system to monitor the quality of the counseling being provided to patients is not in place. Providers have significant missed opportunities to ensure adequate access to risk reduction information and materials for those individuals at high risk of infection. In addition, there is no standardized system to track MARP use of HTC services, which limits understanding of the current epidemic among these populations. USG activities will work with doctors, nurses, and other medical providers, including specialists such as narcologists working with high-risk populations, to increase their engagement in the provision of high quality HIV counseling and testing. The USG will use FY12 funds to support provider-initiated counseling and testing for key MARP groups and other approaches to increase MARP access to HTC services. For example, the USG will work with AIDS Centers in Kyrgyzstan and Kazakhstan to expand government-supported mobile HTC for MARPs not reached by traditional counseling and testing centers. In addition, with non-PEPFAR funds, the USG will advocate that HTC services incorporate TB screening, particularly in prison settings. The USG will train and support HTC providers so that MARPs who are referred to HTC services will encounter a receptive, non-discriminatory environment.
In FY12, the USG will assist countries to incorporate strategies for counseling and testing for MARPs into their National HIV Plans. In addition, the USG will support policy advocacy for the scale up of counseling and testing activities to ensure that PWID, their sex partners, and other MARPs receive access to high-quality and accurate counseling and testing services. Introduction of rapid testing and integration of the rapid test HTC algorithm into the national testing algorithm will be a USG priority. Building on this

effort, the USG will focus on improving the availability of HTC services at both the community and service delivery levels.
A key focus of the USG in FY12 will be to ensure that test results are accurate. The USG will strengthen the government's ability to monitor testing quality and establish proper screening and diagnosis algorithms. A longer term goal is to support country-led development of comprehensive national HTC policies regarding MARPs and to enable national AIDS centers to tailor HTC strategies to each country's context.
The USG also supports efforts designed to ensure that MARPs who receive HTC services are enrolled in HIV prevention programs. This is done through a targeted outreach package of services in which outreach workers and case managers conduct risk assessments with MARPs and develop individual activity plans to link them to all needed services, including providing follow-up and added support.
Condoms - In light of global evidence on the impact of condom availability and use on the transmission of HIV and STIs, condom promotion and distribution is a key component of the core set of HIV prevention interventions for MARPs. The USG supports implementation of outreach services which include distribution of condoms among all target MARPs (PWID, SWs, and MSMs). Condoms are also distributed among PLWHA to prevent secondary HIV transmission to partners. All condom distribution activities are accompanied by information and education to improve knowledge on how to correctly and consistently use condoms to ensure safe sexual behavior.
Through its country level grants, the GFATM supports the procurement of all condoms used in harm reduction programs for the region. The GFATM also donates condoms for distribution through USG programs when supplies are available in countries. Through its outreach activities, the USG builds demand for condoms; through distribution of donated condoms, the USG promotes consistent condom use among MARPs.
There are a number of constraints to the timely and consistent availability of and use of condoms by MARPs. First, since condom procurement is linked to the availability of GFATM funds, gaps in GFATM funding phases have at times led to condom stockouts. Condom quality is also a concern; MARPs comment that they don’t want to use condoms donated by GFATM, as they perceive them to be low quality.
For the longer term, government-supported procurement of condoms will be essential to HIV/AIDS prevention efforts. However, uneven government capacity in drug and commodity procurement and supply chain management, as well as extended government procurement processes that are not transparent, limits the ability of governments in CAR to ensure reliable and continuing access to medications and commodities. This deficiency has important implications for government procurement of condoms, and indicates the need for intensive TA to improve country capacity in forecasting of needs, procurement, and management of HIV/AIDS program commodities.
To increase reliable access to essential HIV/AIDS drugs and commodities such as condoms, the USG will assist, where needed and feasible, to improve the efficiency of government-managed or financed systems for HIV/AIDS drug and commodity quantification, procurement and supply management. With FY 12 funds, the USG will support development of country strategies for HIV/AIDS drug and commodity procurement and supply management and, through targeted TA, develop the functional systems and capacities needed to enable governments to procure the most cost-effective drugs in the right quantities, select reliable suppliers of quality products, ensure the timely delivery of products, and manage the timely distribution of HIV/AIDS drugs and commodities, including monitoring performance of the overall procurement and supply management system. The USG will also promote good governance principles by working with governments to improve transparency and accountability in selecting, procuring, and distributing drugs and commodities. The USG will assist countries to establish enhanced practices for purchase tenders and to involve MARP stakeholders, including representatives of PLWHA, in procurement and tender processes. As appropriate, the USG will assist governments to assess the potential for use of pooled procurement schemes or other approaches to reduce costs and improve quality.
Positive Health Dignity and Prevention (PHDP) - In FY12, the USG will continue to support PHDP services as elements of National AIDS strategies of Central Asian countries. PHDP services are delivered

to PLWHA through the MDT approach, which include doctors, nurses, psychologists, social workers and outreach workers who coordinate with medical facilities to make the health care system more user-friendly and to link PLWHA to more comprehensive services. The assistance provided to clients includes IEC materials, training and educational sessions, condom distribution, referrals for HTC for partners of PLWHA, STIs, and, as needed, drug treatment, ARV treatment, and TB testing and treatment services, as well as referrals to family planning and reproductive health services and self-support groups. For PLWHA who also inject drugs, the USG supports referrals to Trust Points for testing, NSP, DIC, and MAT services where available. To optimize the quality of services, the MDT employs a patient-centered approach, which is based on the individual needs of each client and integrates family and community members, home-based care, and PLWHA support groups.

MARPs - To address the rapidly growing HIV epidemic, Central Asian countries have developed national programs aimed at stopping the spread of the disease through improving and expanding access of MARPs to HIV prevention services. In addition to USG-supported outreach services, in KZ, KG, and TJ, MARPs can receive HIV prevention services through a number of vertical service delivery systems: oblast and city AIDS centers, TB centers, Narcology and STI clinics, polyclinics and through NGOs. Although, in theory, services are available at different facilities, the system and process of accessing services are not patient-friendly and MARPs often face significant barriers to care.

In FY12, the USG will continue providing TA to the MOH in Kazakhstan, Kyrgyzstan, and Tajikistan to implement USG-funded comprehensive HIV prevention services for PWID, their sex partners, and sex workers in selected sites. Technical support will help guide the formulation and implementation of service approaches and provide on-site training and mentorship to build technical competence to initiate and provide quality counseling related to injection and to sexual practices, as well as the ability to monitor and evaluate services provided. Technical assistance will focus on incorporating evidence-based behavioral and combination strategies into daily work. Core interventions implemented by the Republican AIDS Centers in Kazakhstan and Kyrgyzstan and the Republican Narcology Center in Kyrgyzstan include government-run mobile units delivering individual protection items and offering rapid HIV testing (syringes and needles will be provided by GFATM client-friendly drop-in centers for sex workers and PWID, and MAT distribution sites. All interventions will also include HIV and drug use information dissemination and counseling (including gender-based counseling and couple-counseling); counseling for HIV testing; PwP, including sexual prevention education, and ART support for PWID/PLWHA; case management and referral to TB diagnosis and treatment; referral for other medical services not available at the site; peer support; and psychosocial care. USG will promote peer-driven interventions to increase service coverage of MARPs.

Through its MARP outreach services, the USG will continue to support a referral voucher system which plays a key role in strengthening NGO-public sector partnerships and linking MARPs to needed medical, psychological and social support services. Participating service providers are trained to implement referral protocols so that individuals who, for example, enter the system through an AIDS Center with symptoms of TB are referred to the TB Center for testing and further treatment if diagnosed with TB. Social workers and outreach workers escort MARPs through the network, identifying the need for and making referrals to health and social services. Referral vouchers are given to MARPs at the time of referral and collected by the providers at the time of service. Program partner NGOs routinely collect redeemed referral vouchers as a way of monitoring the effectiveness of the referral system and its uptake. Currently, dialogue is underway with government officials in some countries to promote government policy support for and financing of the voucher system. During FY12, the USG plans to assist governments to establish systems for funding, implementing, and managing voucher referral mechanisms. The USG will also work to address policies related to registration which constrain access to care.

To better determine coverage gaps and facilitate partner coordination, the USG is conducting geographical mapping (GIS) of all HIV prevention services for key MARP groups in Kazakhstan, Kyrgyzstan, and Tajikistan. Services for GIS mapping will include sites funded by the national governments, the GFATM, USG, and other donors, and services implemented by both governmental and NGOs. The USG will also map PWID services in pilot areas to determine areas and facilities where PWID can access comprehensive services and assist stakeholders in the appropriate evaluation, interpretation,

dissemination, and use of mapping data. Aside from mapping physical locations, mapping activities will describe the spectrum of services available and assess the physical availability of services against the potential demand for services. Working with the MOHs, Ministries of Justice and community organizations, the USG will develop an M&E program to track PWID service scale-up which assimilates information from both governmental and nongovernmental sites to analyze the performance and impact of MARP service delivery programs.

PWID - The USG prioritizes improving access for MARPs to high-quality HIV services. In FY12, the USG will conduct country-specific consultations to agree on strategies for HIV prevention among PWID and to gain buy-in from policymakers. The USG will work with MOHs, donors and implementers to collectively provide a comprehensive prevention package of services for PWID and sex partners: MAT services and referrals to MAT and other voluntary detoxification assistance; STI screening and treatment; HTC; drug demand reduction and overdose prevention and management; ART; targeted IEC for PWID and their sex partners; and referrals to NSP programs. During FY12, outreach workers will continue to identify and refer PWID to locations that provide a minimum package of HIV prevention services. Targeted IEC will be provided for PWID through street outreach, peer education, interactive events, drop-in centers and support groups to build PWID demand for HTC, STI testing and treatment, drug treatment and TB services. Drug-using SW will be reached with IEC and escorted to gynecologists trained in communicating with SW for STI screening and treatment.

Although the USG will not directly support NSP in light of current Congressional prohibitions, NSP is legal in all CAR countries and within the context of national strategies, serves as a cornerstone of HIV prevention efforts. MAT reduces needle/syringe use and enhances PWID access to ART. ART services that offer MAT achieve higher ART adherence, which in itself may reduce HIV transmission. The USG will conduct intensive policy dialogue at all levels to change the legal framework and build support to scale up MAT services to improve the quality of care for PWID. To foster a policy environment that supports MAT, USG activities in FY12 will sensitize key policymakers, health providers, and community leaders to the essential use of MAT as a medical intervention, increase awareness of the impact of MAT, and reduce stigma and discrimination toward PLWHA and PWID. The USG will also provide assistance to develop operational policy documents, or prikazes, to guide the delivery of MAT services. Further, to improve service delivery for PWID, the USG will support the development of referral linkages and operational policy guidance and the training of providers to ensure that PWID and their sex partners have access to comprehensive care and treatment services. The USG will also support health provider training on stigma and discrimination reduction and HTC, develop protocols and algorithms for appropriate STI care and ART, and establish support and follow up systems to enhance ART adherence. Efforts will be coordinated to enhance coverage and minimize duplication.

As part of its FY12 strategy, to the extent possible, the USG will work closely with oblast and city AIDS Center, Narcology dispensaries and Trust Points to build capacity to deliver patient-friendly services for PWID. Oblast and city AIDS Centers are the key implementers of the National HIV Program on a local level. Every suspected case or confirmed case of HIV is referred to the city/oblast AIDS Center for proper confirmation and further management. AIDS Centers organize a range of preventive and diagnostic services (clinical, biochemical, serological and immunological tests), including outpatient treatment and care for PLWHA, ART, as well as treatment of opportunistic infections. With the support of the GFATM, AIDS Centers also run Trust Points for the distribution of disposable syringes and condoms and Friendly Cabinets to provide specific services to MARPs. Within their prevention terms of reference, AIDS Centers are expected to implement outreach programs for their target populations (PWID, SW, and MSM). Narcology dispensaries are another specialized vertical program with the responsibility of early detection and enrollment of drug-users and alcohol-addicted patients and the organization of counseling, diagnostic, treatment, and rehabilitation services through either outpatient or inpatient services. Among HIV and TB related services, narcological dispensaries draw blood for HIV testing, collect sputum or sometimes perform sputum smear microscopy, and perform Wasserman tests for syphilis. Also, consultation and counseling on HIV/AIDS, TB and STIs are reportedly provided.

Government-run TP operate in medical facilities such as polyclinics and at NGO based facilities. There are a total of 168 TPs in Kazakhstan, 46 in Kyrgyzstan, and 47 in Tajikistan. Despite the wide range of

distribution of TPs, the coverage of PWID with HIV prevention services remains low. According to the data retrieved from HIV Sentinel Surveillance (2009), coverage of PWID in KZ, KG, and TJ, on average is 44%; of SWs is 17%; and MSM is 50% (no data on MSM for Tajikistan). MAT has been piloted in Kyrgyzstan since 2001; however, the coverage of PWID with MAT remains very low (about 4 % of estimated number of PWID). In addition, MAT was just recently piloted in Kazakhstan and Tajikistan and at present covers less than 1 % of PWID.

SWs and MSM - As described for PWIDs, in FY12 the USG PEPFAR team will focus on outreach and capacity development to improve access to high quality HIV services for SWs and MSM. The USG will continue its outreach, policy, and advocacy work to reduce stigma and discrimination to continue to reach more SWs and MSM with HIV prevention packages. At the service delivery level, to the extent possible, the USG will work closely with oblast and city AIDS Centers, STI dispensaries, and friendly clinics to build capacity to deliver patient-friendly services for SWs and MSM. HIV prevention services to SWs are mainly provided through outreach activities conducted by outreach worker of AIDS Centers or NGO AIDS service organizations. In addition, “friendly clinics” provide free diagnosis of STI and treatment for MARPs. A Friendly Clinic is a room in a medical facility specifically focused on providing free-of-charge STI testing and treatment services, HIV testing services, and basic information support and condoms to MARPs. It is usually located at AIDS Centers. Similar to the Trust Points, the original meaning of the term has been diluted in the atmosphere of a post-Soviet clinical facility, which can be described as anything but friendly. Services of local Dermatovenereal Dispensaries (here referred as STI dispensaries) include early detection and all relevant preventive, diagnostic, and treatment services for STIs (both outpatient and inpatient). They also draw blood for HIV testing and require mandatory fluorography for patients referred to inpatient care.

According to reported available data (2009), the size of the MSM population in CAR is relatively small (71,200 total, with 91% residing in Kazakhstan). This group is highly stigmatized and has limited access to HIV prevention services. According to HIV Sentinel Surveillance (2008), 1% of MSM in Kazakhstan were HIV positive. In contrast, preliminary results of surveys using rapid HIV tests have shown 20% HIV prevalence among MSM. There are a few NGOs providing HIV services to MSM in all three countries; these provide approximately 50% coverage of the estimated number of MSM in Kazakhstan and Kyrgyzstan. However, due to the fact, that there is no reliable data on the total MSM population, it can only be assumed that large proportions of MSM remain underserved across the region. USG will provide TA to MOH to estimate the size of MSM populations in Kazakhstan, Tajikistan and Kyrgyzstan and what are the needs for this group to receive necessary HIV prevention services. With FY12 funds, the USG will identify key barriers and opportunities for HIV prevention among this group and, based on the evidence, will provide TA to pilot MSM-friendly HIV services in four sites in KZ based at GFATM/Government –supported friendly clinics. In all three countries, the USG will also support HIV prevention outreach for MSM through NGOs.

Youth - The USG supports limited numbers of programs for youth, since the region faces a concentrated epidemic and USG limited resources must be used for higher at-risk groups. PEPFAR CAR supports limited youth activities in KG, where Peace Corps is present. In KG, national youth health education programs have been developed by the MOH, Ministry of Education and Science, and the Ministry of Youth, Labor, and Occupation. These programs include lectures on HIV/AIDS prevention in training courses of secondary general, vocational, and higher educational institutions and are based on the needs of young people and national cultural traditions. In May 2011, a targeted training course containing HIV prevention information was integrated into the national health education program. It covers sexual and reproductive health, HIV, STI and drug use prevention, tolerance, and life skills to avoid risky behaviors associated with HIV and drugs. A new teacher’s manual has been pilot tested in four schools in Bishkek, Kara-Balta and Karakol.

PC volunteers will help raise awareness of HIV at the community level. In FY12, teaching English as Foreign Language volunteers will continue to integrate themes of HIV/STI/drug use prevention into their English classes. PC recently issued a teacher’s manual “Teach English, Prevent HIV” which will help teachers create a safe environment to talk about HIV and safe sex in addition to building life skills to resist peer pressure and increase self-esteem. Volunteers will organize and implement community-based

projects to increase knowledge of Kyrgyzstani youth about HIV transmission, help them increase tolerance and develop positive attitudes towards people living with HIV/AIDS and most at-risk populations, teach life skills and focus on reducing risky behaviors.
HSS/HRH - HSS and HRH are key cross-cutting areas; specific HSS and HRH interventions are described throughout the TAN. With FY12 funds, the USG will expand the number of facilities where MARPs can access basic care services and the range of services they can receive. The USG will work with civil society partners to increase the range and quality of counseling services available to MARPs through regular mentoring with NGOs on a range of MARPs support topics. The USG will provide a drug counseling train-the-trainer for NGO workers based on the "Pathways to Recovery" model, which provides basic counseling skills to assist drug dependent clients to move towards sustainable abstinence from drug use. The trainings, for over 100 service providers, will be conducted on counseling and communication skills for stigma reduction and communication with MARPs. These trained providers will conduct trainings for the peer service providers in their countries.
Medical Transmission - To build an effective blood safety portfolio, it is critical to have access to and use of accurate and comprehensive information about a country's blood services. Local specialists and institutions must be able to collect and use timely and accurate data to reveal gaps in different parts of the blood process chain and identify the most urgent areas to address to improve and sustain blood safety services. In FY12, the USG will work to address data gaps by increasing local capacity in data collection, data analysis, and interpretation of blood services performance. In FY12, the USG will continue to support blood safety improvements by institutionalizing Transfusion Committees. The USG will support the development of guidelines, protocols, standards of practice, and data collection tools for use by local partners in leading Transfusion Committees. Assistance will include capacity building to improve data quality and use through on-site trainings and routine data quality assessments.
The USG also recognizes the need to address blood safety at the policy level. As such, the USG will work with governments to develop strategies for voluntary non-remunerated blood donor programs (VNRBD) using results of knowledge, attitude, and practice (KAP) surveys conducted by WHO, undertaken in collaboration with the USG. The USG will support the development of an evidence-based strategy on VNRBD, including an IEC campaign for recruitment of blood donors. Throughout this process, the USG will work with stakeholders to develop training materials for donor recruiters, along with recruitment materials for potential donors. In addition, the USG will advocate for closer collaboration between MOHs and nongovernmental organizations on VNRBD recruitment, especially for recruitment efforts involving youth.
The USG also addresses injection safety through its medical transmission program. National assessments of injection and related procedures and practices undertaken in 2010 revealed gaps in practices, trainings, and existing norms and standards. Healthcare workers lack knowledge of the risks of transfusion-transmitted infections through unsafe injections. In FY12, the USG will use the results of these assessments and others to assist MOHs in improving injection safety. The USG will provide TA to MOHs in developing curricula for students of medical schools and nursing colleges. Topics will include injection safety, healthcare worker safety, and healthcare waste management safety, and will be in line with international standards but specific to the local context. The USG will also use this information to support pre-service and in-service training for healthcare workers and support the development of quality management systems. Finally, the USG will provide TA to create IEC materials related to injection safety for distribution to healthcare facilities at national, oblast, and district levels.
Gender - The USG applies gender-specific approaches to both sexual and biomedical prevention activities with MARPs. With the biomedical prevention program, the gender approach focuses on reaching female PWID as well as female sex partners of PWID. A recent USG-funded assessment in KZ and KG helped identify ways to increase the engagement of female PWID in harm reduction and health services. The USG will take steps, including targeted outreach efforts, to increase female PWID use of harm reduction, HIV, STI and TB services through referrals and vouchers for services. Also, in FY12, USG funds will be used to pilot family-friendly services for PWID which facilitate links with reproductive health care services for female PWID.
Through the Gender Challenge Fund, the USG will pilot an activity in TJ to expand access for female

SWs, female PWID, and MSM to gender based violence (GBV) services such as HIV/STI testing for sexual assault survivors; crisis housing and/or legal services through USG-supported and/or partner-run drop-in centers; and psychosocial support services. The USG will support integration of a GBV component into the current voucher and referral program for HIV and other related services. Specially-trained outreach workers will provide referrals and conduct special training sessions with MARPs on GBV. Training sessions will include the health consequences of GBV, how communities can respond to the issue, raise awareness of where to go for assistance, and self-defense approaches. This activity will use Unique Identifier Codes (UIC) to track program activities through a management information system (MIS). Also through the Gender Challenge fund, the USG will pilot a new survey in KZ, KG, and TJ that will be integrated into the existing IBBS for PWID but will be focused on their non-injecting sex partners, the majority of whom are women. Participants of the survey will be tested for HIV and will also receive HIV education sessions, which will include information on the risks of HIV transmission through injecting drug use. Results from the survey will inform HIV programming of USG partners. If found useful and informative, the USG will work with MOHs to integrate this survey into regular IBBS surveys with PWID.

Strategic Information - Accurate and comprehensive information about the epidemic and response is critical to building an effective portfolio of HIV prevention interventions. To increase the effectiveness and sustainability of the USG program with limited resources, local individuals and institutions must be able to collect and use timely and accurate data to identify the right people to receive targeted prevention interventions; the right package of services to address their needs; and the most sustainable and cost-efficient ways to deliver such services. In FY12, the USG will help the region address data gaps, increase the local capacity in strategic information, and identify prevention priorities by assisting MOHs in improving the quality of routine sentinel surveillance surveys and integrated biological and behavior surveys (IBBS) and integrating size estimation into IBBS among MARPs for more effective and focused prevention planning. The USG will provide ongoing technical support in planning and designing the next round of IBBS among MARPs including non-injecting sexual partners of PWID and conduct periodic targeted behavioral surveys (TRaC) to evaluation the effectiveness of PEPFAR prevention and care programs for PWID, SW, and MSM. The USG will also provide technical support for timely and accurate HIV case and routine data reporting at the national, provincial, and district levels and advocate for a more open data sharing culture from host governments and work closely with MOHs to address the importance of data dissemination and use, especially for surveys and surveillance data.

USG assistance will support development of a monitoring and evaluation system, including the elaboration of indicators, development of data collection forms and reporting tools, training of staff, and use of supervisory monitoring visits to the sites. USG assistance will also focus on the establishment and development of central and facility level quality assurance mechanisms that will include peer supervision, client needs, and satisfaction surveys.

Capacity Building – To address the capacity building needs of CAR, the PEPFAR program's primary approach to date has been the provision of targeted training and mentoring of selected organizations and individuals. In FY12, the USG will undertake more strategic and targeted capacity building approaches at different levels of the systems—institutional, organizational, and individual - with the aim of fostering national ownership of prevention programming and enabling countries to lead the process of improving MARP access to prevention services through effective implementation of combination prevention strategies. As part of the planned rapid organizational diagnostic assessments and rapid assessment of training needs planned for FY12, the USG will work closely with a wide range of prevention stakeholders to ensure that their input on prevention capacity needs is included in the development and implementation of country strategies for capacity building. In implementing country strategies, the USG will implement systematic capacity building approaches that enable countries to increase ownership of and leadership on HIV/AIDS prevention efforts through national programs.

At the individual level, the USG will continue to strengthen the capacity of public healthcare providers to deliver prevention services to MARPs. FY12 efforts will include expanded training of health providers to reduce stigma and discrimination, which has been identified as a barrier for MARPs seeking HIV prevention services. The USG will engage MARPs, particularly PLWH, to develop and participate in these

training efforts. In addition, the USG will work at the organizational level, continuing to build skills of NGO outreach workers and clinic-based providers to successfully refer MARPs to HIV prevention and other services. Activities will increase outreach worker knowledge of HIV and related health issues, build understanding of how to encourage MARPs to use health services, and improve communication with health providers at referral facilities. At the organizational level, the USG will also support structured approaches to develop NGO technical and organizational capacities to develop, implement and manage effective programs to prevent HIV transmission among MARPs, including outreach approaches. At the institutional level, the USG will continue to work directly with MOHs and NGOs to enhance and operationalize HIV prevention protocols and services USG programs will also assist CCM sub-committees, MOH institutions and NGOs to advance targeted prevention activities. USG assistance will support policy advocacy and pilot activities to promote improved public sector-NGO collaboration to deliver HIV prevention services for MARPs and provide targeted capacity building activities to strengthen NGO capabilities to partner with government on collaborative prevention services.

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXS	162,897	0
Total Technical Area Planned Funding:	**162,897**	**0**

Summary:

Note: PEPFAR CAR does not program specifically for pediatric treatment, nor for procurement of ARV drugs; consequently, these areas are not covered in this narrative.

Adult treatment

The PEPFAR CAR program primarily focuses on prevention and has limited activities targeted at care and treatment, as other donors are focused on these programs. The primary donor institutions providing treatment services in CAR are the local Ministries of Health (MOH) and the GFATM. Following PEPFAR principles, the USG treatment activities are designed to maximize access to antiretroviral care and treatment programs, while ensuring that quality services are delivered in a timely manner. Effective treatment programs can decrease mortality, morbidity, and improve the quality of life among PLWHA, and also prevent further HIV transmission.

CAR countries have updated their national clinical protocols in accordance with revised WHO guidelines for ART for HIV infection in adults and adolescents. The three approved ARV regimens for first line therapy include zidovudine (AZT) + lamivudine (3TC) + efavirenz (EFV) or nevirapine (NVP); tenofovir (TDF) + 3TC; and emtricitabine (FTC) + EFV or NVP. According to government data in CAR, 5,616 (63%) of 8,920 persons eligible were receiving ART, including 1,336 of 1,793 (75%) in Kazakhstan, 356 of 548 (65%) in Kyrgyzstan, 424 of 579 (73%) in Tajikistan, and 3,500 of 6,000 (58%) in Uzbekistan. Turkmenistan does not report cases of HIV infection. However, these data reflect persons already enrolled in care, and hence are not representative of the true number in need of ART. Based on the preliminary results of USG's Care and Treatment assessments conducted in FY11 in Kazakhstan, Kyrgyzstan, and Tajikistan, enrollment and retention in care, as well as coverage with ARV, remains very low. In Kyrgyzstan, only 43% of eligible PLWHA were receiving ARV in accordance with the approved guidelines. In Kazakhstan, the proportion of eligible PLWHA receiving ARV varied from 23% in Astana, Kazakhstan's capital city, to 77% in Uralsk. Laboratory monitoring of ARV effectiveness is suboptimal – the proportion of PLWHA on ARV who had at least one viral load during the last six months was as low as 23% in one of Kazakhstan's sites and only 7% in one of the surveyed sites in Kyrgyzstan. Access to cotrimoxazole prophylaxis also remains inconsistent, as there is limited awareness among health care providers about the clinical indications for the drug. Preliminary assessment results in Kazakhstan

indicate that 58% of PLWHA in Karaganda, 81% in Uralsk, and 10% in Astana received cotrimoxazole in accordance with approved protocols. In Kyrgyzstan, only 32% of PLWHA were receiving prophylactic cotrimoxazole.
Despite the fact that TB is the main cause of mortality among PLWHA in CAR, TB screening in this population is not done consistently. In general, TB screening is not done at the ART sites, and according to approved protocols, all PLWHA enrolled in care are to be referred out for chest X-ray screenings. There are no TB-related infection control practices in place at ART sites. In Kyrgyzstan, only 56% of PLWHA were screened for TB within the first two weeks following enrollment into HIV care services, and the average time between screening and enrollment was 75 days. In Kazakhstan, figures are 49-60%, and 60 days, respectively. Isoniazid prevention therapy (IPT) is available for PLWHA who are confirmed not to have active TB disease. Isoniazid (INH) prescriptions are written by the TB specialists, and the TB centers are responsible for isoniazid distribution. Antiretroviral therapy centers do not monitor adherence. However, IPT continues to be controversial in CAR and is not commonly prescribed. The USG is actively addressing TB and MDRTB in the region, including cases among incarcerated populations and HIV co-infected patients, through the use of non-PEPFAR funds. The USG provides TA on TB to GFATM and other large donor programs, and is promoting referrals between both clinical programs. Given the modest PEPFAR funding available to CAR and significant USG and other non-PEPFAR TB funds already mobilized in the region, PEPFAR resources will not support TB interventions under this ROP, although PEPFAR staff will continue to advise TB programs and gather much-needed data about HIV/TB co-infection.
In Kazakhstan and Tajikistan, ARV treatment failure is determined predominately by viral load testing, although resistance testing is occasionally performed usually in a research setting. In Kazakhstan, only three second -line drugs are available; didanosine (DDI), lopinavir/ritonavir and abacavir, with DDI being phased out. Outside of these drugs, few other options are available. Currently, 88 people in Kazakhstan, including 25 children, are receiving second-line drugs. In Kyrgyzstan, VL testing is not generally available, and treatment failure is not readily diagnosed.
Antiretrovirals in Kazakhstan are fully funded by the government of Kazakhstan, while the GFATM covers most of the ARV needs in Kyrgyzstan, Tajikistan, and Uzbekistan. PEPFAR plays a major role as the primary provider of TA to support the existing treatment programs. The USG will support national ARV conferences to inform clinicians and MOH staff about new ARVs, the results of latest studies and trends in ARV usage, and recommended regimens.
Based on requests from the MOHs in Kazakhstan, Kyrgyzstan, and Tajikistan, the USG will focus on providing TA to enhance individual, institutional and organizational capacity for HIV care and treatment. Technical assistance includes the provision of high-quality comprehensive HIV care and treatment packages, including ARV, cotrimoxazole prophylaxis, and TB screening. In FY12, the USG will complete assessments (begun in FY11) of the care and treatment systems in Kazakhstan, Kyrgyzstan, and Tajikistan. Based on these three assessments, the USG will develop recommendations for system improvement and conduct in-service trainings for medical staff on proper use of ARVs, treatment schemes (including guidance for ARVs in persons dually infected with TB/HIV), and adherence. On-site supervisory visits will follow to ensure proper use of skills and knowledge obtained during the trainings are properly applied. The USG will support national ARV conferences to inform clinicians and Ministry of Health staff about new ARVs, the results of latest studies and trends in ARV usage, and recommended regimens.
Antiretroviral forecasting and planning remains a challenge throughout the region. In order to make the ARV forecasting and planning process data-driven, transparent and sustainable, the USG will incorporate a forecasting module into the electronic HIV cased-based surveillance management system (EHCMS), now being rolled out at local AIDS Centers in CAR. This will allow automated calculation of ARV needs based on the current ARV demand and predicted enrollment of new clients. This system, once deployed, can also provide a basis for pharmacovigilence. The USG will provide TA to the MOHs in implementing the EHCMS entry of clinical data and will support selected AIDS Centers in Kazakhstan, Kyrgyzstan, and Tajikistan implement comprehensive patient-centered, multidisciplinary, service-delivery approaches. These pilots will seek to improve patient retention and adherence to ARVs, cotrimoxazole prophylaxis,

and TB screening recommendations. The USG's TA will involve strengthening the multidisciplinary team approach (active participation of clinician, nurse, epidemiologist, counselor, and psychologists at the AIDS Center) while managing patients through in-service trainings, task shifting, and development of standard operating procedures. The USG will conduct on-site supervisory visits and develop M&E systems to track and evaluate outcomes using data from EHCMS and client interviews. Adherence obstacles will be addressed using gender-based approaches, and will be closely linked with the GFATM and PEPFAR-supported PLWHA support groups. Couples-based counseling and involvement of treatment supporters will be introduced to improve patient retention. Performance measurement data from the EHCMS will be closely monitored and used to refine treatment programs in each of the countries. All treatment-related activities will be closely coordinated and implemented in collaboration with other PEPFAR partners, as well as Principle Recipients (PRs) of the GFATM projects.

Laboratory

Currently, CD4 and viral load testing is primarily performed at the national level and in some regional (oblast) level laboratories. Due to this centralized laboratory structure, the high cost and irregular delivery of kits and necessary supplies, and lack of trained personnel, only a fraction of people on ART are being properly monitored. The absence of effective and accessible laboratory monitoring for PLWHA (CD4 count testing and viral load testing) prevents effective clinical management of patients. The USG will provide training on proper usage of the laboratory equipment needed for laboratory monitoring for PLWHA on ART to MOH laboratorians. As countries lack SOPs for key patient monitoring tests, the USG will work closely with all partners to develop and implement laboratory quality management systems (QMS), QA and QC procedures, protocols, and SOPs, including those for viral load and CD4 testing. All documents will be developed through national TWGs to ensure sustainability of efforts and national ownership. Following development of the SOPs, the USG will provide on-site training and mentoring on implementation of the SOPs as well as formal national workshops on such topics as viral load testing and improved laboratory diagnostics of OI for HIV laboratory technicians. Technical assistance will also be provided for strengthening referral linkages, networking between clinical and regional and national reference laboratories, and during quarterly monitoring visits at the regional and sub-regional level conducted jointly by USG and national reference laboratory staff. The USG will work closely with the MOH and the GFATM PRs to develop and implement effective systems for forecasting and planning for laboratory supplies, which will include training on how to use the newly developed systems.

Through the provision of TA, in-service trainings, and development, dissemination and implementation of standard operating procedures and other documents, knowledge and skills will be transferred to the host Ministries of Health to assure sustainability of ARV service delivery, including laboratory support.

Laboratory operations in CAR are regulated based on numerous executive orders (prikazes) issued by government health care authorities at central and local organizational levels, but comprehensive strategic plans on the development of laboratory services do not exist. The USG TA will be provided to assist with development of national strategic plans to create sustainable tiered laboratory services and integrated referral networks with uniform quality assurance measures. The USG will assist the MOH to review and revise existing national laboratory policies and guidelines and align them with international standards. To assure quality laboratory testing and services, the USG will support national reference and oblast level laboratories through accreditation training using the Strengthening of Laboratory Management towards Accreditation (SLMTA) scheme. This scheme is designed to strengthen laboratory management, achieve stepwise laboratory improvement, and accelerate the process towards accreditation. The SLMTA process includes the laboratory infrastructure and baseline accreditation assessments, followed by a series of training workshops, and finally implementation of specific improvement projects. As a monitoring and evaluation tool, training follow-up assessments will be conducted to measure the level of improvement on focus areas completed by each laboratory. Upon completion of the training cycle, each laboratory will be assessed by comparing the scores from the baseline assessment to monitor progress made during the program.

At both the national and regional levels, the procurement of laboratory kits, reagents, supplies and equipment in CAR is out of date and poorly managed. Decisions made during the tendering process for kits and reagent purchasing are frequently based not on externally evaluated criteria regarding the quality

of products but simply the cost --the lowest price is accepted. Additionally, many of the test kits that are registered for HIV screening in CAR have not been validated and their quality remains uncertain. The current system requires that testing kits be registered with the government; however, registering a product (reagent, supply, consumable or equipment) does not include a reviewer evaluation of product performance by either local experts or laboratories. Kazakhstan and Tajikistan do not have regulations to prevent product registration with inadequate validation. In Uzbekistan and Kyrgyzstan, reference laboratories provide reliable test kit validation before and after registration. However, these reference laboratories have not been accredited by international organizations and their activity is limited to test kits validation for sero-diagnosis of HIV, viral hepatitis and other infectious diseases.

Supply Chain

The USG will provide TA on mechanisms for commodity procurement of government-registered items including supplies, equipment and reagents, and will support efforts to improve laboratory logistics systems. The USG will also provide TA in development and implementation of an effective system of forecasting and planning for laboratory supplies which will be integrated into SOPs for selected procedures, and local laboratorians will be trained accordingly.

Gender

PEPFAR in CAR does not currently address three of the five gender strategies: engaging men and boys, increasing women's access to income and productive resources and legal rights and protection, and increasing women and girls' access to income and productive resources including education.

Treatment is targeted by the CAR PEPFAR Program only for TA, not implementation, and no APR results are provided in this area. Data on PLWHA receiving ART, adherence, and retention in care in CAR is not available by gender.

The USG provides training and TA to governmental and nongovernmental partners to improve HIV treatment, including adherence to ART. Recognizing that healthcare providers are not always equipped to treat MARPs—including female SW, and female PWID—we will continue to build the capacity of the healthcare workers to better understand these populations and meet their treatment needs. This type of capacity building will include a focus on reducing stigma and discrimination, as these populations face barriers to accessing treatment that are related to their complex identities—ranging from stigma for engaging in drug use or sex work to discrimination for stepping outside of gender norms through differing sexual practices.

In addition, the USG facilitates access to treatment of HIV, STI, and TB through a referral and voucher system. PWID, female SW, and MSM are engaged in this system. In FY12, we will expand our reach to include female PWID based on a recent USG-supported analysis of females' access to drug treatment and other health services in Kazakhstan and Kyrgyzstan. This will include working with NGOs to provide family-friendly MAT services for women—both female PWID and SW who also inject drugs—along with appropriate links to reproductive health (RH) services. MARPs referred for HIV treatment will be linked with relevant support groups to help ensure adherence to ART, which presents unique challenges for PWID.

Lastly, the USG will use sentinel surveillance data and results of care and treatment assessments to inform development of a comprehensive care and treatment program in pilot sites in Kazakhstan, Kyrgyzstan, and Tajikistan. Among the targeted analyses from the assessment will be disaggregation of data by sex and assessment of opportunities to reach populations currently lacking access to treatment components, including female SW and female PWID. These pilots will seek to improve patients' retention and adherence to ART, cotrimoxazole prophylaxis, and TB screening. Adherence obstacles will be addressed using gender-based approaches and will be closely linked with the GFATM and PEPFAR-supported PLWHA support groups. Couples-based counseling and involvement of "treatment supporters" (volunteers who provide direct observation of TB treatment and coach patients to stay on their medicines) will be introduced to improve patients' adherence and retention.

Strategic Information

The lack of a medical record data system to track services across different clinical facilities has hampered the ability of clinicians to closely monitor and manage patients in the continuum of care. The potential for duplicate enrollment of HIV patients also poses a challenge for the countries to estimate coverage

accurately, and loss to follow-up rates for individuals on ART are not tracked. In FY12, the USG will help host governments respond strategically to these challenges by expanding the UIC into HIV information systems to track individuals across community and clinical services while maintaining confidentiality; supporting ongoing quality improvement/quality assurance efforts; expanding the EHCMS in HIV clinical facilities in order to track the quality of services and identify gaps in clinical service at the patient level; improving the use of data for decision-making at the facility level through supportive supervision and on-site M&E TA; strengthen M&E systems by assisting provinces and oblasts to create and maintain databases with the capacity to produce routine reports on key national, oblast, and district level indicators; building capacity to analyze and act based upon routine program data for more effective programming and resource allocation; and training national and local partners on data collection, analysis, and dissemination.

Capacity Building

Given the disparate social and economic conditions across Central Asia, including the role of civil society in the post-Soviet era, local governments differ in capacity building priorities. The diversity across Central Asia makes a single regional approach to providing quality HIV prevention, care, and treatment, services challenging. While trying to address increasingly divergent capacity building needs, the CAR PEPFAR program's primary approach has been the provision of targeted TA both to local Ministries of Health and to recipients working through the GFATM, the largest funder for HIV/AIDS activities in CAR. The USG CAR PEPFAR program does not provide direct treatment services or drugs but prioritizes TA to improve the quality of services. The USG has focused TA on building quality improvement systems and refining treatment protocols to achieve better health outcomes for PLWHA. The USG has provided TA on issues such as ARV forecasting and treatment standards at the facility level as well as at the Republican (national) AIDS Centers. PEPFAR CAR has provided a subject matter expert in HIV treatment to the Kazakh Ministry of Health and will provide the same to the Ministries of Health in Kyrgyzstan and Tajikistan. The vertical nature of the post-Soviet health care systems in Central Asia present significant challenges to integration of services; for example, HIV and TB services are not integrated within primary health care services and cross-referrals across services are inconsistent. The USG has worked with MOH partners to promote better integration of treatment and care services for PLWHA.

The primary institutions involved in the provision of treatment services in Central Asia are the local Ministries of Health and the GFATM. The USG, through its implementing partners, has worked with local governments to improve warehousing of ARV drugs and is increasingly engaged with GFATM to prevent stock outs of key items related to the prevention and treatment of HIV, including methadone, condoms, and lubricants for MARPs, as well as ARVs.

USG assistance also focuses on institutionalizing and standardizing proven treatment practices and building the knowledge base of local providers. One significant challenge to advancing uptake and adherence to ART in Central Asia is the lack of information on ARVs and, in some instances, clear misinformation on ART targeted at PLWHA and health care providers. Because scientific literature is often not available in the local languages in CAR, health care providers do not have access to changing standards of HIV treatment and care. Thus, PEPFAR implementing partners have focused on working with both regional and central representatives of the Ministries of Health to change service protocols and build providers' knowledge on the importance of adhering to these standards of treatment and care.

The PEPFAR CAR team took its first major step toward a strategic framework in FY11, setting a key objective to strengthen the capacity of the health care system to deliver improved, expanded, equitable and sustainable HIV services for MARPs, PLWHA, and their families. In FY11, the USG conducted capacity building trainings targeting Ministry of Health laboratory staff from all oblast (regional) AIDS Centers in Kazakhstan to increase knowledge on CD4 and VL testing. In FY12, sustainability of care services for PLWHA will require much greater attention to building a policy reform and environment that supports the delivery of services to MARPs as well as to significantly broadening collaboration between governmental agencies and NGOs. Improving access to care will require wide-ranging efforts to reduce stigma and discrimination at all levels. Better data collection, aggregation, and analysis for decision-making are pressing needs that cut across all interventions and objectives. While the metrics of evaluating capacity building are varied, the PEPFAR CAR team has developed a strategic framework for

the next five years that drives the development and implementation of its activities. One of the three key objectives within the framework is to strengthen the capacity of the health care system to deliver improved, expanded, equitable, and sustainable HIV services for MARPs, PLWHA and their families. Four key goals support capacity building and sustainability: improving public health technical expertise and program management; integration of HIV/AIDS services with other health services and sectors; improving governance and laboratory infrastructure; and implementing existing national ARV treatment policies.

MARPs

In Central Asia, the predominant mode of HIV transmission is unsafe injecting drug use due to the region's geographical location on key drug trafficking routes from Afghanistan to Russia and Europe. In 2010, it was estimated that approximately 263,000 PWID, 66,380 SWs and 71,200 MSM reside in Central Asia. The majority of PLWHA in CAR are PWID. As of January 2011, PWID accounted for 50% of all newly registered HIV cases in Kazakhstan, 56% in Tajikistan and 64% in Kyrgyzstan. Sexual transmission is on the rise, and there are still a significant proportion of HIV cases with unknown transmission. Of particular concern is the high proportion of HIV-infected children who are believed to have acquired HIV infection nosocomially.

According to national strategies, all countries provide a minimum package of HIV prevention services to MARPs. There are networks of Trust Points for PWID in Kazakhstan, Kyrgyzstan and Tajikistan offering sterile syringes and needles, condoms, educational materials and referrals to HIV counseling, testing and medical care, if needed. There are 168 TPs in Kazakhstan, 46 in Kyrgyzstan and 47 in Tajikistan. However, the majority of HIV prevention services are provided not at the TP sites but by outreach workers who directly contact PWID. Over 80% of contacts with PWID in CAR are done through outreach activities. Medication-assisted therapy has just recently been introduced in Kazakhstan and Tajikistan on a pilot level. In Kyrgyzstan, MAT has been available since 2001, although coverage of PWID remains very low (less that 5%). HIV prevention services for SW and MSM, including provision of condoms and educational materials, are available throughout the region. So-called "friendly clinics" have been identified for referral of sex workers for HIV diagnosis and treatment.

Critical issues to address with regard to provision of high quality HIV prevention and treatment services to MARPs include lack of identity papers hindering access to health care services including ART; high levels of stigma and discrimination among health care providers who generally perceive that MARPs cannot or will not adhere to ART; lack of social support which limits the effectiveness of clinical services, particularly ART; providers' lack of clinical experience, knowledge, and resources to manage hepatitis C and HIV co-infection; and lack of coordination and collaboration between NGOs and government health care facilities needed for effective implementation of ART.

To address these issues, the USG will continue to support the MDT model, which provides social support as well as training to health care providers to improve their perception and understanding of MARPs, and reduce stigma and discrimination issues. It is hoped that the success of this model, currently supported in pilots, will lead to increased use of MDTs by additional AIDS Centers in CAR.

Human Resources for Health

To address issues of human resources in health, the USG focuses on improving the systemic weaknesses and capacity deficits that prevent MARPs from accessing high-quality HIV prevention, care, and treatment services. USG activities in FY12 will continue to strengthen the technical knowledge of providers through targeted training and mentoring. The USG will help institutionalize improved practices through the development and dissemination of enhanced standards of practice and continue to build the capacity of national-level providers (e.g. RAC staff) and managers (e.g. NGO directors) to expand the range and quality of services being provided through public and NGO settings. The USG will work to ensure that a range of social support services are introduced and continually improved to meet the needs of the populations they serve. We will pilot approaches such as using trained social workers for MARPs, services delivered by NGOs and Community Based Organizations (CBOs), and self-help groups, and working with stakeholders to institutionalize these approaches.

The USG will continue its support to MDTs in CAR through training on adherence to ARV and TB treatment, communication skills, use of IEC materials and social support for PLWHA and their families. ARV forecasting technology will be scaled-up nationally in partnership with the Republican AIDS Center,

and Oblast and City AIDS centers will be networked to assure that forecasting is comprehensive and accurate. The USG will continue to support community-based treatment, and will introduce several new options for PWID support services, such as MAT patient organizations which provide peer-to-peer treatment support for MAT patients.

Technical Area Summary Indicators and Targets

Kazakhstan

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	5,250	
	By MARP Type: CSW	550	
	By MARP Type: IDU	1,700	
	By MARP Type: MSM	500	
	Other Vulnerable Populations	2,500	
C1.1.D	Number of adults and children provided with a minimum of one care service	750	Redacted
	By Age/Sex: <18		

	Female		
	By Age/Sex: <18 Male		
	By Age: <18	0	
	By Age/Sex: 18+ Female		
	By Age: 18+	750	
	By Age/Sex: 18+ Male		
	By Sex: Female	0	
	By Sex: Male	0	
H2.3.D	The number of health care workers who successfully completed an in-service training program	975	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

Kyrgyzstan

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	2,750	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the	n/a	Redacted

	minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	6,638	
	By MARP Type: CSW	1,200	
	By MARP Type: IDU	2,250	
	By MARP Type: MSM	300	
	Other Vulnerable Populations	2,888	
C1.1.D	Number of adults and children provided with a minimum of one care service	200	Redacted
	By Age/Sex: <18 Female		
	By Age/Sex: <18 Male		
	By Age: <18	0	
	By Age/Sex: 18+ Female		
	By Age: 18+	200	
	By Age/Sex: 18+ Male		
	By Sex: Female	0	
	By Sex: Male	0	
H2.3.D	The number of health care workers who successfully completed an in-service training	1,316	Redacted

	program		
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

Tajikistan

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	6,850	
	By MARP Type: CSW	1,550	
	By MARP Type: IDU	3,000	
	By MARP Type: MSM	300	
	Other Vulnerable Populations	2,000	
P12.2.D	Number of adults and children reached by an individual, small group, or community-level	2,300	Redacted

	intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS		
	By Age: <15	0	
	By Age: 15-24	0	
	By Age: 25+	0	
	By Sex: Female	1,800	
	By Sex: Male	500	
C1.1.D	Number of adults and children provided with a minimum of one care service	300	Redacted
	By Age/Sex: <18 Female		
	By Age/Sex: <18 Male		
	By Age: <18	0	
	By Age/Sex: 18+ Female		
	By Age: 18+	300	
	By Age/Sex: 18+ Male		
	By Sex: Female	0	
	By Sex: Male	0	
H2.3.D	The number of health care workers who successfully completed an in-service training program	1,307	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training:	0	

	Pediatric Treatment		

Technical Area Summary Indicators and Targets

Turkmenistan

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	1,200	
	By MARP Type: CSW	0	
	By MARP Type: IDU	1,200	
	By MARP Type: MSM	0	
	Other Vulnerable Populations	0	
H2.3.D	The number of health care workers who successfully completed an in-service training	52	Redacted

	program		
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

Uzbekistan

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	2,500	
	By MARP Type: CSW	1,000	
	By MARP Type: IDU	1,500	
	By MARP Type: MSM	0	
	Other Vulnerable Populations	0	
C1.1.D	Number of adults and children provided with a minimum of one care service	300	Redacted
	By Age/Sex: <18		

	Female		
	By Age/Sex: <18 Male		
	By Age: <18	0	
	By Age/Sex: 18+ Female		
	By Age: 18+	300	
	By Age/Sex: 18+ Male		
	By Sex: Female	0	
	By Sex: Male	0	
H2.3.D	The number of health care workers who successfully completed an in-service training program	275	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Technical Area Summary Indicators and Targets

Central Asia Region

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	2,750	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the	n/a	Redacted

	minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	22,438	
	By MARP Type: CSW	4,300	
	By MARP Type: IDU	9,650	
	By MARP Type: MSM	1,100	
	Other Vulnerable Populations	7,388	
P12.2.D	Number of adults and children reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS	2,300	Redacted
	By Age: <15	0	
	By Age: 15-24	0	
	By Age: 25+	0	
	By Sex: Female	1,800	
	By Sex: Male	500	
C1.1.D	Number of adults and children provided with a minimum of one	1,550	Redacted

	care service		
	By Age/Sex: <18 Female		
	By Age/Sex: <18 Male		
	By Age: <18	0	
	By Age/Sex: 18+ Female		
	By Age: 18+	1,550	
	By Age/Sex: 18+ Male		
	By Sex: Female	0	
	By Sex: Male	0	
H2.3.D	The number of health care workers who successfully completed an in-service training program	3,925	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
12026	American Society of Clinical Pathology	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
12027	International Center for AIDS Care and Treatment Programs, Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
12746	Abt Associates	Private Contractor	U.S. Agency for International Development	GHP-State	0
12772	United Nations Office on Drugs and Crime	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
12799	Ministry of Health/Republican AIDS Center	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	0

			Prevention		
12812	Ministry of Health/Republican Narcology Center	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
12841	Research Triangle International	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
12859	Population Services International	NGO	U.S. Agency for International Development	GHP-State, GHP-USAID	0
12872	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	979,042
12889	Ministry of Health/Republican AIDS Center	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	90,250
13217	TBD	TBD	Redacted	Redacted	Redacted
13501	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	58,100
13969	TBD	TBD	Redacted	Redacted	Redacted

13970	Clinical and Laboratory Standards Institute	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
13971	Republican Blood Center of the Ministry of Health of the Republic of Kazakhstan	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
13972	Republican Blood Center of the Ministry of Health of the Kyrgyz Republic	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
13973	Health Policy Project	Private Contractor	U.S. Agency for International Development	GHP-State	0
13974	TBD	TBD	Redacted	Redacted	Redacted
13976	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	0
13977	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-USAID	1,000,000
13978	Republican Blood Center of the Ministry of Health of the Republic of Tajikistan	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease	GHP-State	0

			Control and Prevention		
16552	TBD	TBD	Redacted	Redacted	Redacted
16555	TBD	TBD	Redacted	Redacted	Redacted
16557	TBD	TBD	Redacted	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 12026	Mechanism Name: ASCP
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Kazakhstan	N/A
Kyrgyzstan	N/A
Tajikistan	N/A
Uzbekistan	N/A

Total Funding: 0	Total Mechanism Pipeline: N/A	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism supports CAR's PEPFAR Strategy Objective 2. Restructuring and strengthening laboratory infrastructure is a high priority for the Ministries of Health (MOH) in Kazakhstan (KZ), Kyrgyzstan (KG) and Tajikistan (TJ). The goal is to increase the KZ, KG and TJ MOH's capacity on laboratory issues in relation to HIV/AIDS and related co-infections. The American Society for Clinical Pathology (ASCP) will work with different vertical healthcare structures of CAR MOHs (HIV/AIDS

services, blood transfusion services, tuberculosis control services and others) to ensure integration and broad capacity building. The target population is the MOH and laboratory staff in KZ, KG, and TJ. ASCP will provide TA (TA) to the MOHs for the development and monitoring of laboratory strategic plans; strengthening the technical capacity within MOH laboratories through trainings on internationally-recognized policies; implementing laboratory quality management systems and encouraging the accreditation of laboratories. ASCP will provide direct TA to national reference (and oblast level) laboratories in preparing laboratories for accreditation through the Strengthening Laboratory Management towards Accreditation (SLMTA) program; this activity will be monitored and evaluated under the PEPFAR policy reform area on the development of national policies on laboratory accreditation. The requested funding will target ASCP activities aimed at building the capacity of KZ blood transfusion laboratory services at the national and oblast level and the establishment of the National Reference Laboratory (NRL) for KZ blood transfusion services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12026**		
Mechanism Name:	**ASCP**		
Prime Partner Name:	**American Society of Clinical Pathology**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Governance and Systems	HLAB	0	0

Narrative:

This mechanism supports CAR's PEPFAR Strategy Objective 2 & linked to HLAB/CLSI, IM#13970 & Columbia Univ IM#12872. Reliable diagnosis and effective treatment of HIV infection would be impossible without quality laboratory services. Currently, no CAR country has a strategic plan for improving laboratory quality, a functioning national body overseeing laboratory performance standards, nor any system for laboratory accreditation or licensure for specific levels of competence. There is no culture of service quality, or conception that clinicians who collect samples, order tests, and receive results are the laboratory's clients. This lack of quality management and accountability to other components of the public health system creates barriers for people at risk for HIV infection to get tested, to receive and understand the results, and to have confidence in the accuracy of the testing. It is also detrimental to the success of ART programs. The goal of this project with the American Society for Clinical Pathology (ASCP) is to improve and strengthen laboratory capacity of the MOH in KZ, KG, and TJ in the area of HIV/AIDS and co-infection laboratory testing.

ASCP will offer assistance to the CAR MOHs' national core groups leading the efforts to strengthen laboratory systems by supporting the development of comprehensive national laboratory strategic plans. ASCP will be supporting selected HIV/AIDS, TB, and blood transfusion services national reference and regional (oblast) level laboratories by using the Strengthening of Laboratory Management Towards Accreditation (SLMTA) scheme which is designed to strengthen laboratory quality management, achieve immediate laboratory improvement and accelerate the process toward accreditation. The SLMTA process will include baseline assessments, followed by a series of training workshops and implementation of specific improvement projects in selected laboratories. As a monitoring and evaluation tool, follow-up assessments will be conducted to measure the level of improvement completed by each laboratory in specific focus areas. Upon completion of the training cycle, each laboratory will be visited for a final time by an ASCP assessment team to use the accreditation checklist and compare the scores from the baseline assessment to measure the progress made during the program. The number of SLMTA supported national reference (and oblast) level laboratories will be 4-5 laboratories per country with further expansion of additional laboratories as agreed with the MOHs and as the capacity of the national teams of laboratory managers and assessors are advanced. The SLMTA progress will regularly be documented and reported at national stakeholders' meetings to increase awareness of the strengths and challenges of laboratory operations and facilitate continuous quality improvement. In collaboration with the MOHs, ASCP will determine the types of training most appropriate to each country. Depending on the infrastructure level in each country, basic laboratory operations training, or other content-rich material resources to build capacity and sustainability of personnel will be provided.

The activities listed above will be funded through previous PEPFAR funds. Requested funding for FY12

will target ASCP activities aimed at building the capacity of KZ blood transfusion laboratory services at the national and oblast level and the establishment of the National Reference Laboratory (NRL) for KZ blood transfusion services

Implementing Mechanism Details

Mechanism ID: 12027	**Mechanism Name: Strategic Information**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: International Center for AIDS Care and Treatment Programs, Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Kazakhstan	N/A
Kyrgyzstan	N/A
Tajikistan	N/A
Uzbekistan	N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This ongoing cooperative agreement supports the CAR's PEPFAR Strategy Objective 3. The goal is to provide TA to the MOH staff in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan to strengthen and build local capacity on HIV strategic information, including surveillance, surveys, M&E, and health information systems. Based on assessments conducted in FY11, SOPs will be developed to allow

strategic information systems in the targeted CAR countries operate more efficiently. The project will become more cost-efficient over time as most of the cost intensive activities will take place early in the project. As SOPs are written and incorporated into government “prikaz” (orders), and trainings completed, more local MOH staff will be responsible for on-going implementation and trainings.
Activities funded through this cooperative agreement will primarily target MOH staff (epidemiologists, data management specialists, policy makers, and clinicians) and through the provision of TA, knowledge and skills will be transferred to the host MOHs.
Monitoring and evaluation plans will be developed for all project activities, which will be monitored by USG staff during regular site visits, meetings, and review of monthly activity reports.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVSI	Republican and oblast AIDS centers (PR and SRs) and CCMs	630000	IBBS systems strengthening, M&E System Strengthening activities and Electronic HIV Case Management System (EHCMS) scale-up will allow better monitoring of GFATM grant implementation (both prevention and treatment components) in KZ, KG and TJ.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12027**
Mechanism Name:	**Strategic Information**
Prime Partner Name:	**International Center for AIDS Care and Treatment Programs, Columbia University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

This activity is linked to (1) HVSI BCN/IM # 12746; (2) HVSI BCN/IM 13975; (3)HVSI BCN/IM 12889; (4) HVSI BCN/IM 12799; (5) HVSI BCN/IM 12889. This mechanism supports the CAR PEPFAR Strategy Objective 3. The aim is to strengthen MOH capacity in CAR to collect, manage, analyze, and use HIV data effectively to inform programming and, in turn, impact the epidemic.
Surveillance & Surveys: From 2003-2007, USG helped launch IBBS among MARPs, which has been regularly conducted in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. Before the MOHs in these countries could develop adequate capacity to fully conduct IBBS without TA, funding constraints between 2008 and 2010 forced USG to withdraw support for this activity. Results of USG-supported IBBS assessments in TJ (in 2010) and in KZ and KG (in 2011) revealed the need to improve IBBS practices (sampling, data quality assurance, analysis, and data use) in CAR and to develop SOPs to ensure reliability of results. A similar assessment was conducted in November - December 2011 by the SUPPORT project, in collaboration with a GFATM-funded UNDP project in UZ. In FY12, based on these assessments, the SUPPORT Project, in collaboration with the MOH in the four CAR countries, will develop and introduce detailed SOPs, including pre-surveillance, formative assessment activities; integrate MARPs size estimation into the IBBS; improve data analysis, interpretation, dissemination and use; and pilot electronic data entry and automated data analysis algorithms to reduce data entry errors and improve timeliness.

In addition, the SUPPORT project will provide TA in IBBS expansion, particularly training of staff in sub-regional levels, as well as support piloting IBBS surveys among non-injecting sex partners of PWID in KZ, KG, and TJ. This will be done as a matching activity to the successful Gender Challenge fund proposal. Accurate and timely IBBS are critical to supporting the national strategic plans for HIV response in CAR, as they are an important source of data on the HIV epidemic and allow for informed program planning. Health Information Systems: In FY10-11, an electronic HIV cased-based surveillance management system (EHCMS) was piloted in CAR, and the SUPPORT project provided TA to the national EHCMS rollout in KZ. In FY12, the SUPPORT project will help with the national rollout of EHCMS in KG and TJ, further improve security and safety of EHCMS data, and develop data quality assurance and data analysis algorithms. Expansion of EHCMS will help countries establish standard data collection methods related to HIV surveillance, care & treatment and will improve quality of data used to construct national indicators. Monitoring and Evaluation: In FY11, the SUPPORT Project conducted a national M&E System Strengthening Workshops in KG. Workshop participants from different ministries (MOH; Labor; Social Protection; Justice; Youth; Education) and NGOs assessed components of the national M&E system and developed a joint M&E strengthening plan. In October 2011, the project conducted similar workshops in KZ. The same workshop will be conducted it in TJ. In FY12, USG will support implementation of the national M&E system strengthening plan in CAR. The SUPPORT project will closely collaborate with other PEPFAR-funded programs as well as with GFATM and other development partners to leverage resources and avoid duplication of efforts.

Implementing Mechanism Details

Mechanism ID: 12746	**Mechanism Name: Quality Health Care Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Kazakhstan	N/A

Kyrgyzstan	N/A
Tajikistan	N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	0

Sub Partner Name(s)

AIDS Project Management Group (APMG)		

Overview Narrative

This mechanism supports CAR's PEPFAR Strategy Objectives 1, 2 and 3.

The Quality Health Care Project's overall goal is to support increased use of effective HIV and TB public health services, by vulnerable groups in CAR. The project focuses on improving the continuum of care for MARPs by strengthening the enabling environment, with a focus on building policy environments that support the delivery of care to MARPs and addressing policy and legal barriers that constrain MARP access to health services; governance of GFATM grants and governance of national HIV programs; and capacity of health providers and NGOs to plan, deliver and manage improved services for MARPs.

The project will work closely with the Health Policy Improvement Project in conducting a rapid review of policy assessments and developing and implementing a policy advocacy strategy and interventions. Quality will build on the work of GMS in implementing capacity strengthening activities for country CCMs and regional coordinating bodies. Quality will work with AIDSTAR II to conduct diagnostic assessments of NGOs and develop and implement capacity building strategies to strengthen the role and capacity of NGOs in supporting national AIDS responses.

FY12 activities will be focused in KZ, KG and TJ. Previous year funds will be used in TK and UZ. Target populations are MARPs, health providers, MOHs, NGOs, civil society, and policymakers. All activities will be closely coordinated with the GFATM, MOHs and other USG partners to leverage resources and build ownership and sustainability of project interventions. Baseline assessments are conducted for each intervention, tracking progress during and after the completed intervention. The project provides on-going mentoring and support

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **No**

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Mobile Population

Budget Code Information

Mechanism ID:	**12746**		
Mechanism Name:	**Quality Health Care Project**		
Prime Partner Name:	**Abt Associates**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	0	0
Narrative:			
This mechanism will support the CAR PEPFAR Strategic Objective 3: Strengthen the capacity of public and private sectors to collect, analyze, manage and utilize data for evidence-based planning and policy making at all levels particularly sub-objective 3.1 health information systems. This activity is linked to			

HVSI BCN of Columbia University-ICAP SUPPORT Project, IM # 12027 and HVSI BCN of the Regional Technical Support project IM #13975. Multiple partners are currently collecting data on MARP populations in KZ, TJ and KG. NGOs collect information on MARP outreach, coverage and behaviors. Republican AIDS Centers conduct MARP size estimation studies, annual sentinel surveillance surveys, among other studies. Health facilities collect data for patients. Donors and development partners conduct surveys and assessment. In order to support one M&E system for Central Asian countries, NGO and AIDS Center data need to be consolidated and standardized. By determining ways to share and use data from the community, facility and national level, countries will have a better understanding of the HIV epidemic and will be more effective in programming limited resources.

The Quality Project will leverage broad project resources and experience and use limited funds to improve the use of data for decision making. Specifically, the project will support streamlining data on MARPs services from the community/NGO level to feed into the national M&E system.
In Kyrgyzstan, the Quality Project will build on recent commitment from the government sector, within the scope of the national health sector strategy (Den Sooluk) to create a system by which NGOs report MARPs data to the Republican AIDS Center. This merging of information systems between governmental and non-governmental groups will contribute significantly to clarifying currently unreliable coverage statistics, and should ultimately feed into more accurate population size estimations; it is expected that the dynamic between the governmental and non-governmental sectors will also allow the two groups to hold each other more accountable for accuracy of data. When this system is successfully implemented in Kyrgyzstan, the Quality Project will explore opportunities to introduce a similar system in Tajikistan. The project will work very closely with USG partners, MOHs, development partners, and GFATM Principal Recipients to ensure that these activities support one monitoring and evaluation system for Kyrgyzstan and Tajikistan.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

This mechanism supports CAR PEPFAR Strategy Objective 1 and 2 & is linked to OHSS BCN/IM #13974& IM#13977. The HIV epidemic in CAR is affected by many health systems challenges such as stigma, discrimination, legal and policy barriers to accessing services, lack of coordination between NGOs and the health care system, insufficient program oversight and human resources, and non-coordinated systems of care. These challenges need to be addressed as a coordinated approach with other stakeholders at the national and service delivery levels. In previous ROPs, the Quality Project focused its activities on service delivery and supporting NGO capacity building. In FY12, the project will

re-focus on broader policy and governance issues to build sustainability of national HIV programs. The Quality Health Care Project will focus on Health System Strengthening activities to improve four sub-objectives: Policy Environment: the project will support development and implementation of national health and HIV strategies in KZ, KG, TJ to include more equitable and gender-sensitive services for MARPs. Using results from the barrier analysis, the project will provide TA to support country partners to improve the legal and policy framework, such as improved documentation services for released prisoners. It will also support approaches such as the strengthening of local coordinating councils and the formation of community advisory boards at the National AIDS and Narcology Centers and local levels to strengthen the role of MARPs in shaping health services. Governance: The project will build management capacity of the CCMs and of regional coordinating bodies in KZ, KG and TJ. The project will strengthen national systems that affect efficiency of GFATM grant implementation such as TA to improve procurement and supply management in TJ and KG. It will assist CCMs in KZ, KG, and TJ to use the dashboard data for decision-making. The project will also provide targeted TA and support as identified by the GMS led diagnostic and CCM capacity development framework. The project will continue to support CCM mechanisms (i.e. technical working groups, oversight teams) that bring together NGOs and health providers to strengthen their partnership. Capacity: In collaboration with CDC partners, the project will support USG efforts to strengthen capacity of health providers in primary health care facilities. Activities may include reviewing and updating in-service curricula, rollout of in-service HIV communication skills training (i.e stigma reduction), and applying new training and mentoring models. The project will strengthen counseling and social work skills for in-service professionals. Integration, collaboration and sustainability: The project will provide targeted technical and management TA to address needs identified by the NGO capacity assessment. The project will also support the essential role of NGOs by advocating for introducing a government financing mechanism for NGOs i.e. social contracting in KG and TJ and for expanding KZ's current government NGO financing program, as well as provide TA to develop key aspects of social contracting. Many project activities will be shaped by the results from the reviews of CCM capacity, NGO capacity and stigma and discrimination. The project will work very closely with USG partners, MOHs, development partners and GFATM PRs to ensure that recommended activities from these reviews are implemented and coordinated.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

This mechanism supports CAR PEPFAR Strategy Objective 1 and is linked to (1) HVCT BCN/IM #12859; (2) IM #12872; (3)IM #12889; (4) IM #13217; and (5) IM #12812. The numerous policy and legal barriers for expanded rapid testing for MARPs contribute to very low levels of MARPs who know their HIV status. Most counseling and testing is only available at national AIDS centers, which are difficult for MARPs to

access due to fear, stigma and lack of legal documents or registration. The quality of counseling and loss to follow up also limits MARP access to quality counseling and testing services. One solution is to expand access to rapid testing for MARPs in a variety of settings and to accompany these tests with high quality pre- and post-test counseling.

The Quality Health Care Project will support two PEPFAR sub-objectives of improving access to rapid HTC in KZ, KG and TJ, and improving the policy and legislative environment for HTC. To improve access, the project will coordinate closely with CDC implementing partners and GFATM to expand access to HTC for MARPs, by instituting the pilot use of rapid tests in six target primary health care facilities in KZ, KG and TJ, and expanding use to outreach workers in the field. In close collaboration with CDC implementing partners, the project will establish appropriate rapid testing protocols, including follow-up testing links for those with positive rapid tests in a non-medical setting. The project will continue to train primary health care workers and facility providers in interpersonal communications skills necessary for accurate risk assessment and provider-initiated counseling and testing. Ongoing mentoring will enable health providers to continually increase their responsiveness to both MARPs referred for HTC and MARPs presenting for other health needs. Continuous Quality Improvement processes as well as on-going monitoring and evaluation will measure HTC quality as well will be used to assess the success of these models.

Using data from the secondary review of policy issues related to MARPs as well as experience from successful models of rapid testing, the project will work with USG, government and development partner stakeholders to further policy changes that promote implementation and institutionalization of rapid testing in different settings. The Quality Project will also work with host country partners to update relevant policies and laws to ensure sustainability of the new testing algorithms.

In KZ, the project will work closely with other USG partners and the Almaty City AIDS Center to examine appropriate rapid testing protocols. The project will also explore funding mechanisms within the state budget to assure that purchase of rapid tests is scaled-up in future years. In KG and TJ, the project will work closely with other USG, outreach partners and GFATM PRs to assure that a strategic plan is in place for rolling out rapid testing to reach more MARPs, and appropriate protocols exist for both rapid testing and follow-up for those who test positive.

The project will coordinate closely with MOHs, other USG partners, GFATM and other donors on policy activities, on efforts to expand coverage of HTC services as well as on identifying models and best practices that can be scaled up and sustained.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	IDUP	0	0

Narrative:

This mechanism supports CAR Regional PEPFAR Strategy Objectives 1 and 2 and is linked to: (1) IDUP BCN/IM #12859; (2) IM#12872;(3) IM #12889; (4) IM #13217; (5) IM# 12812; (6) IM #13969; (7) IM# 12772; and (8) IM#13973. The HIV epidemic in Central Asia continues to be primarily driven by injection drug use, with most HIV cases registered among young, unemployed males. The proportion of HIV infection attributed to PWID was around 53% in KZ, 55% in TJ, and 64% in KG. Of CAR's estimated 263,000 PWID, only 1,225 (in KZ, KG, and TJ) are receiving MAT. High levels of stigma and discrimination, a restrictive policy environment, and vertical systems of care for most at risk populations are among the many barriers that prevent access to HIV prevention, treatment and care services.

The primary focus of Quality's work will be in the areas of policy advocacy and capacity strengthening of HIV/AIDS national and regional governance structures, NGOs implementing HIV/AIDS and health providers in targeted primary health care facilities.

Taking recommendations from the Health Policy Project-led rapid review of policy assessments conducted to date, including harm reduction and stigma and discrimination policy reviews, the Quality Project will implement policy change advocacy activities to increase access to PWID services (i.e. expand MAT) and reduce stigma and discrimination at the national and service delivery levels. Among other areas of policy focus, the project will work with other development partners to develop and implement recommended actions to improve the legal and political framework for the expansion of MAT, including assisting in preparation of key policies and protocols, and prikazes and algorithms to implement and expand these services. The project will develop and advocate for adoption of drug treatment legislation that assures right to MAT for treatment of opioid dependence.

In close collaboration with CDC implementing partners, the project will help build the capacity of providers within targeted primary health care facilities to improve and scale-up HIV programs related to drug dependency, including, as available, MAT for PWID. The project will work to improve the capacity of health care workers to address the needs of PWID and improve interpersonal communications skills; follow-up mentoring will be provided and quality of care for PWID will be measured through patient satisfaction surveys and focus groups.

The project will work closely with targeted primary health care facilities to develop and implement service referral systems to promote models of integrated care for MARPs. Attention will be paid to increasing access to these services for women. Quality will also conduct trainings for NGOs and health care workers on family centered approaches for treating females who use injecting drugs.

The project will continue to coordinate with MOHs, other USG and development partners and GFATM grants to ensure coordinated approaches to policy and advocacy and capacity building for health providers can be scaled up and sustained.

Implementing Mechanism Details

Mechanism ID: 12772	**Mechanism Name: UNODC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: United Nations Office on Drugs and Crime	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Kazakhstan	N/A
Kyrgyzstan	N/A
Tajikistan	N/A
Uzbekistan	N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This ongoing cooperative agreement supports the Central Asia Region (CAR)'s PEPFAR Strategy Objectives 1, 2 and 3. The goal of the project is to increase access to a full range of essential and quality HIV and TB prevention and treatment services among MARPs, primarily persons who inject drugs (PWID) and incarcerated populations. The United Nations Office on Drug and Crime (UNODC) will provide

technical assistance, training and professional development, along with multi-sectoral advocacy and policy development. The target populations are PWID, incarcerated people, providers of services to these populations, and government policymakers in KZ, KG, TJ and UZ. The project will engage local experts when possible to help reduce costs, and will assist the governments in developing effective and cost efficient prevention programs to prevent the spread of HIV among PWID and prisoners. Activities are designed to build capacity of local entities (national or regional governments, prisons, and HIV service providers) and develop policies, protocols and laws that will be left behind for local governments after the project ends. All activities will be integrated with those of other USG partners as well as international donors including the EU, DFID, and GFATM to ensure that regulatory documents, models of care and capacity building activities are coordinated and complementary to other programs. To leverage resources and build ownership and sustainability of project interventions, a clear transition strategy will be developed to transfer activities at the conclusion of the project. A comprehensive M&E plan will be developed, using the UN and PEPFAR guidelines for integrating specific indicators of access to HIV-related services into the state monitoring and evaluation systems.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
IDUP	UNODC	20000	Reviewing and updating national guidelines, operational plans and management

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12772		
Mechanism Name:	UNODC		
Prime Partner Name:	United Nations Office on Drugs and Crime		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	IDUP	0	0

Narrative:

This mechanism supports the CAR Regional PEPFAR Strategy Objectives 1, 2 and 3. This activity is linked to: (1) IDUP BCN/PSI IM #12859; (2) Columbia University/IM #12872; (3) RAC-KZ/ IM #12889; (4) RAC-KG/IM #13217; (4) RNC-KG/IM #12812; (5) TBD Harm Reduction Center/IM #13969; (6) Abt Associates/ IM # 12746; and (7)Health Policy Project/IM#13973. UNODC will provide technical assistance (TA) to the host governments of Kazakhstan, Tajikistan, Kyrgyzstan, Turkmenistan and Uzbekistan to improve the availability, coverage and quality of HIV services for drug users and incarcerated populations by: 1) updating regulatory documents (national guidelines, operational plans, management standards, etc.) to ensure that the scale and quality of services conforms to the WHO/UNODC/UNAIDS comprehensive package for the prevention, treatment and care of HIV among PWID; and 2) developing a model for integrated delivery of a comprehensive set of interventions addressing the health needs of people who inject drugs (PWID), including an effective referral mechanism that would ensure continuity of community- and prison-based care. The project contributes to institutional capacity building by updating standards of professional education for those working with PWID in health care, social work and criminal justice, with 120 people as the target number of faculty and national master trainers trained over 2012-2013. This will be paired with in-service trainings for prison health care personnel and community providers on the provision of a comprehensive package of HIV prevention services (target 130 people trained over 2012-2013). TA and capacity building will be based on 2009 WHO/UNODC/UNAIDS guidelines and input from CAR PEPFAR program as frameworks for

planning, monitoring and evaluating services for prisoners, PWID and their sex partners, including: MAT and other drug treatment modalities; HTC; prevention and treatment of STIs, viral hepatitis and TB; and ART. All activities will be integrated with those of other USG partners as well as international donors including the EU, DFID, and GFATM to ensure that regulatory documents, models of care and capacity building activities are coordinated and complementary to other programs. Indicators based on the UN and PEPFAR guidelines will be integrated into the state monitoring and evaluation systems to track uptake of HIV-related services by prisoners and PWID. USG will monitor this project through regular joint field visits with regional and country-based UNODC staff and through periodic joint work plan reviews.

Implementing Mechanism Details

Mechanism ID: 12799	**Mechanism Name: Support to Ministry of Health/Republican AIDS Center of the Republic of Tajikistan**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health/Republican AIDS Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Tajikistan	N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Tajikistan	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This ongoing cooperative agreement supports the Central Asia Region (CAR)'s PEPFAR Strategy Objective 1, 2 and 3. The goal is to provide TA to the Republican AIDS Center of the Ministry of Health (MOH) in Tajikistan to strengthen: their capacity to implement high quality HIV prevention services for MARP and their ability to measure, monitor, and evaluate HIV morbidity and prevention programs. Six HIV prevention demonstration sites will be established to offer MARPs friendly services in underserved areas and deliver comprehensive packages of quality HIV prevention services. Activities funded through this cooperative agreement will primarily target Ministry of Health staff (clinicians, epidemiologists, data management specialists, policy makers) and MARPs, primarily persons who inject drugs (PWID) and sex workers. Sustainability of the program will be fostered through systems strengthening, trainings, and capacity building of the MOH staff at the national, regional, and health care facility level. USG will work with the TJ MOH and GFATM to ensure sustainability of the demonstration sites at the conclusion of the project period. Train the trainer approaches will allow local staff to assume responsibility of activities later in the project, thus increasing cost efficieny. The project will closely coordinate with other PEPFAR-funded programs, GFATM and international partners to leverage funding and avoid duplication of efforts. The program will monitor indicators using electronic databases and internal registration forms and will be evaluated by the MOH and USG on a regular basis.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
IDUP	Republican AIDS Center - Tajikistan	10000	Capacity building on harm reduction services

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12799**
Mechanism Name:	**Support to Ministry of Health/Republican AIDS Center of the Republic of Tajikistan**
Prime Partner Name:	**Ministry of Health/Republican AIDS Center**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

This activity supports CAR PEPFAR Strategy Objective 3: Strengthen the capacity of public and private sectors to collect, analyze, manage and utilize data for evidence-based planning and policymaking at all levels. This activity is linked to (1) HVSI BCN Columbia University-ICAP SUPPORT Project/ IM # 12027; (2) Abt Associates Quality Health Care Project/ IM # 12746; and (3) TBD Regional Technical Support project/ IM 13975. Since 2003, the USG helped to launch regular Integrated Biological and Behavioral Surveillance (IBBS) among MARPs that became a routine practice implemented nationwide in Tajikistan. In FY10, the USG team conducted an assessment of IBBS. The results of the assessment revealed the need to improve IBBS practices to ensure more effective implementation. No FY12 funds are being requested to fund strategic information activities through the Republican AIDS Center. Funds from previous fiscal years will be used in FY12 to support a nationwide IBBS conference to present and discuss the HIV epidemiologic situation in Tajikistan. These funds will also be used to support the Republican AIDS Center to conduct size estimation of MSM, PWID, and SW, which will include data entry, data analyses, report writing, and results distribution. The Project will also closely coordinate its efforts with other PEPFAR-funded programs, GFATM, and donors to leverage funding and avoid

duplication of efforts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

This mechanism supports CAR PEPFAR Strategy Objective 1. This activity is linked to: (1) HVOP BCN Columbia University (Treatment and Care) Project/IM#12872; and (2) PSI/ IM #12859. No ROP FY12 funds are being requested for these activities. In Tajikistan (TJ), HIV is the most commonly transmitted through injecting drug use. The proportion of annual HIV cases reporting injection use as the method of transmission decreased from 64% in 2006 to 56% in 2010. Over the last few years, sexual transmission of HIV has been increasing, accounting for 27% of all HIV cases in the country (2010). The estimated number of sex workers (SW) in Tajikistan has increased from approximately 1,071 in 2006 to over 12,500 in 2010. HIV prevalence among SW has shown no consistent trend from 2006-2010, with HIV prevalence at 3% in 2010, while the percentage of SW tested for HIV who knew their HIV status increased from approximately 27% in 2006 to 44% in 2010. Under this cooperative agreement, using previous year funds, the USG will provide TA to the Republican AIDS Center to improve access and quality of HIV prevention services for SW. This project will support the TJ MOH to establish a Drop-in-Center for SW, which will offer a comprehensive package of HIV prevention services. The services include distribution of free condoms; informational materials on HIV, harm reduction, and sexually transmitted diseases; referral to medical assistance and social services at local public health facilities, such as STI diagnosis and treatment. The location of these facilities will be determined by examining available data and mapping the location of sex workers to existing HIV prevention services. The project will be implemented in collaboration with other USG funded organizations. USG will work with the TJ MOH and GFATM to support community centers and scale up other HIV prevention sites for MARPs to increase coverage of vulnerable groups with HIV prevention services and to improve the quality of services. The program will monitor indicators, including number of people served; number of referrals made; number of people tested and who received results; and the number of people trained, using electronic databases and internal registration forms. The Project will also closely coordinate its efforts with other PEPFAR-funded programs, GFATM and other international partners to ensure leverage of funding to avoid duplication of efforts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	0	0

Narrative:

This ongoing cooperative agreement supports the CAR PEPFAR Strategy Objectives 1 and 2. This activity is linked to: (1) IDUP BCN PSI's/IM #12859; (2) Columbia University/IM#12872; (3) UNODC/IM

#12772; and (4) Health Policy Project/IM #13973. Unsafe injecting practices among PWID accounted for 55% of all HIV cases in Tajikistan (TJ) registered in 2009. High levels of stigma and discrimination, and low levels of HIV knowledge, make the estimated 25,000 PWID in TJ difficult to reach. There are 43 Trust Points (TP) throughout the country, which provide HIV prevention services to PWID. However, only 56% of PWID in TJ have been reached with HIV prevention services. HIV prevalence among PWID averaged 18% across all HIV Sentinel Surveillance sites, with the highest prevalence in Kulyab (34%). Overall, 45% of PWID shared needles the last time they injected drugs, with rates of 91% in Kulyab and 86% in Vahdat. This project has two objectives. The first is to increase access to and coverage of HIV prevention services in areas with underserved PWID. The vast majority of the country is mountainous and without paved roads, which prevent PWID from reaching services. In addition, some geographical areas offer no basic HIV prevention services for PWID. This project will support the TJ MOH to scale-up HIV prevention services to PWID, with the establishment of four TPs and a DIC for PWID. The location of these facilities will be determined by examining available data and mapping the location of PWID to existing HIV prevention services. These new facilities will provide access to individual protection items; free condoms; informational materials on HIV, harm reduction, sexually transmitted diseases, and overdose prevention; referral to medical assistance and social services at local public health facilities, and HIV testing and counseling. These activities will be included into the national HIV plan of TJ to avoid duplication of effort and complement existing services for MARPs. The main project will set up models that can be replicated in the future with support of other donors. A vigorous M&E system will be established to evaluate project implementation and results. The program will monitor indicators, including number of people served; number of referrals made; number of people tested and who received results; and the number of people trained.

The second objective is to increase the capacity of MOH personnel providing HIV prevention services to MARPs, at the local and national level, experience monitoring the impact of HIV prevention services with biomedical outcomes. MOH personnel will be able to link HIV prevention activities to outcomes such as HIV testing, STI treatment, HIV treatment, and other health services. The project will also closely coordinate with other PEPFAR-funded programs, GFATM and international partners. These activities will be included into the national HIV plan of TJ to avoid duplication of effort and complement existing services for MARPs.

In light of recent Congressional directives on NSPs, PEPFAR CAR will eliminate direct USG support for NSPs and instead leverage GFATM resources and networks for NSP procurement and distribution with USG-funded MARP outreach and peer education efforts.

Implementing Mechanism Details

Mechanism ID: 12812	**Mechanism Name: Support to Ministry of Health/Republican Narcology Center of the**

	Kyrgyz Republic
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health/Republican Narcology Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Kyrgyzstan	N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This ongoing cooperative agreement supports CAR PEPFAR Strategy Objectives 2 and 3. The goal is to provide TA to the Kyrgyzstan Republican Narcology Center (RNC) of the Ministry of Health (MOH) to strengthen it's capacity and expand access to high quality HIV prevention services. This project will support the establishment of two demonstration sites to provide high quality, MARPs- friendly Medication Assisted Treatment (MAT). Activities funded through this project will primarily target KG MOH staff and people who inject drugs (PWID). The Republican Narcology Center will establish protocols for MAT provision, using effective and cost efficient programs and processes, and a M&E system to allow tracking of indicators, such as retention rates, and monitoring of progress. Sustainability of the program will be fostered through systems strengthening, training and capacity building of the RNC and MAT site staff, allowing them to monitor and improve the quality and efficiency, including costs, of their program. A vehicle will be purchased to support this activity with the purpose to deliver methadone to MAT sites, and to deliver program tracking materials from the demonstration sites to the RNC. Currently, there is only one functioning vehicle (purchased by GFATM) serving 20 MAT sites across this mountainous,

difficult-to-traverse country. RNC possesses two old vehicles which are essentially non functional.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
IDUP	Republican Narcology Center -KG	20000	Reviewing national protocol on MAT and improving quality of MAT

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12812**

Mechanism Name:	Support to Ministry of Health/Republican Narcology Center of the Kyrgyz Republic
Prime Partner Name:	Ministry of Health/Republican Narcology Center

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

This supports the CAR PEPFAR Strategy Objectives 1 and 2. This activity is linked to: (1) HVCT BCN Columbia University/IM #12872; (2) PSI/IM #12859; (3) RAC-KG /IM #13217; (3) TBD Harm Reduction Center/IM #13969; and (4) UNODC IM #12772. No FY12 ROP funding is being requested. Similar to the other countries in CAR, the predominant mode of HIV transmission in KG is unsafe injecting practices. Injection drug use has become more prevalent in recent years due to the country's geographical location on key drug trafficking routes from Afghanistan to Russia and Europe. In 2010, it was estimated that approximately 26,000 PWID reside in KG. In 2009, HIV infection rates among PWID were 14% nationally, with the highest rate of 30% reported in Osh Oblast. As of January 2011, PWID accounted for 64% of all registered HIV cases, and only 61% were covered by HIV prevention services. PWID comprise almost 20% of the prison population. Data from 2009 show that 3% of KG prisoners are HIV infected; including 10% of prisoners from the Bishkek area. The goal of this cooperative agreement is to provide TA to the Republican Narcology Center to increase access and quality of HIV prevention services for PWID in underserved areas of KG. The project will give the KG MOH experience providing high quality, MARP friendly HIV prevention services via establishment of "demonstration" MAT sites both in community and prison settings. In addition, rapid HIV testing will be piloted at the MAT demonstration sites. KG currently does not use rapid HIV tests in their national testing algorithm and there is no data on how many PWID, who are on MAT, have been tested for HIV and know their HIV status. Through this program, USG will provide TA to pilot the use of rapid HIV testing as part of the HTC at the MAT demonstration sites. Rapid testing will be used for screening, and in the event of a positive screening result, venous blood will be collected and sent for confirmatory Western Blot testing at the National Reference Laboratory. People will receive appropriate post-test counseling and instructions for returning to receive their confirmatory result. For persons tested HIV positive, appropriate medical and social service referrals will be made. To insure quality assurance of counseling, intensive training will be conducted for counselors and laboratory specialists on use of the rapid HIV test kits, and QA/QC. The Project will closely work with other PEPFAR-funded partners, to leverage the resources and avoid duplication. The project indicators will include the number of PWID who are tested for HIV at MAT sites, the number of PWID referred for additional testing, counseling, and treatment services, and the number of persons trained in both the laboratory and counseling aspects of rapid HIV testing. Only FDA approved rapid HIV tests will be purchased. PEPFAR funds will be used to purchase rapid HIV tests to be implemented at the two

demonstration MAT sites. Approximately 160-180 PWID will be tested. Random sample verification will monitor the quality of the rapid test results. These activities will be included into KG's National HIV Strategic Plan to eliminate duplication and complement existing services for MARPs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	0	0

Narrative:

This supports the CAR PEPFAR Strategy Objectives 1 and 2. This activity is linked to: (1) IDUP BCN Columbia University/IM #12872; (2) PSI/IM #12859; (3) UNODC/ IM #12772; (4) and Health Policy Project/IM#13973. Similar to the other countries in CAR, the predominant mode of HIV transmission in KG is unsafe injecting practices. Injection drug use has become more prevalent in recent years due to the country's geographical location on key drug trafficking routes from Afghanistan to Russia and Europe. In 2010, it was estimated that approximately 26,000 PWID reside in KG. In 2009, HIV infection rates among PWID were 14% nationally, with the highest rate of 30% reported in Osh Oblast. As of January 2011, PWID accounted for 64% of all registered HIV cases, and only 61% were covered by HIV prevention services. PWID comprise almost 20% of the prison population. Data from 2009 show that 3% of KG prisoners are HIV infected. The goal of this cooperative agreement is to provide TA to the Republican Narcology Center to increase access and quality of HIV prevention services for PWID in underserved areas of KG. The project will give the KG MOH experience with providing high quality, MARP friendly HIV prevention services via establishment of "demonstration" MAT sites in both community and prison settings. KG was the first country in Central Asia to introduce MAT in 2002, however, less than 5% of PWID receive MAT services. This project will support the KG MOH established two new MAT sites, with enhanced services, such as expanded hours and more accurate methadone dosing, to encourage retention and improve the quality of the program. One MAT site will be established in Osh Oblast and one in a prison setting near Bishkek. These sites were chosen due to the high prevalence of drug users, high HIV infection rates in the target populations, and the clear need to expand access to MAT. The GFATM will purchase methadone for CDC – supported MAT pilots.The program will monitor indicators using electronic databases and internal registration forms. Indicators will include coverage and reach of the services, including the number of people served, number of referrals made and provided, the number enrolling in MAT, retention rates at 3, 6, 9, and 12 months, and the number of people trained. Supervision will be provided by the MOH. Log sheets will be sent to the national MOH on a monthly basis, and shared with USG, for M&E purposes. The Republican Narcology Center works closely with GFATM and other international donors to leverage resources and avoid duplicative efforts. Since this will be a MoH implemented project, USG will work with both GFATM and the KG MOH to support the sites after successful implementation of these demonstration sites.

Implementing Mechanism Details

Mechanism ID: 12841	Mechanism Name: Injection Safety
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: Research Triangle International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Kazakhstan	N/A
Kyrgyzstan	N/A
Tajikistan	N/A

Total Funding: 0	Total Mechanism Pipeline: N/A	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism supports CAR PEPFAR Strategy Objectives 2 and 3. The primary goals of this award are to provide technical assistance to increase the capacity of the MOH in Kazakhstan, Kyrgyzstan, and Tajikistan improve their Injection Safety (IS) strategy and practices in health care facilities, ensure adequate and appropriate injection practices, monitor and evaluate their programs, and sustain these program improvements over time. Sustainability of the program and country ownership will be fostered through training and capacity building of MOH and health care facility staff, and enhanced utility of their quality management and M&E systems, allowing the MOH to monitor and improve the quality and efficiency of their IS activities. Train the trainer methodology will be employed, allowing for cost efficiencies over time, as more local staff serve as trainers. Relevant indicators, such as number of people trained, as well as outcome data, will be tracked for monitoring and evaluation (M&E) of the program.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HMIN	MOH	15000	To provide TA with the development and implementation of curricula on Injection Safety into practice of pre-service and in-service trainings

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12841**

Mechanism Name:	Injection Safety		
Prime Partner Name:	Research Triangle International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	0	0

Narrative:

This mechanism supports PEPFAR CAR Strategy Objectives 2 and 3. Nosocomial transmission of transfusion transmitted infections occur in CAR, with several outbreaks and clusters of HIV and HCV transmission reported among hospitalized children in Kazakhstan (KZ), Kyrgyzstan (KG), and Tajikistan (TJ) in recent years. Recently conducted assessments, with USG technical assistance (TA), of injection practices in health care facilities in KZ, KG, TJ, and Uzbekistan (UZ) revealed that, in general, sterile equipment was used for patient care, but stock-outs of needles/syringes and other commodities were common. The assessment revealed many deficiencies: gaps in injection safety (IS) practices and behavior such as two-handed needle recapping; use of multi-dose vials with needles left in for reconstitution; no reporting or follow-up of needle stick injuries; and improper healthcare waste management (HCWM) practices, such as open burning of waste, which is the main waste disposal method. There is also a lack of health-care worker knowledge relating to safety issues. Thus, adequate injection and injection practices in healthcare settings are important components of the PEPFAR prevention strategy to prevent health care related HIV transmision. The project will provide TA to KZ, KG, and TJ to improve the national strategies for Injection Safety (IS) based on the results of national assessments; help to establish a quality management system (QMS) for hospitals on Injection Safety; reduce non-evidence based clinical use of injections; improve information systems and standardize databases for needle stick injuries among health care workers; strengthen professional development of medical nurses and personnel responsible for health care waste management (HCWM); assist with the development and distribution of Information Education and Communication Campaigns on IS and HCWM to health care facilities; and provide TA to improve HCWM systems. Train the trainer methodology will be employed, and training curricula will include ensuring measurement and forecasting of sustained availability of single-use syringes and needles, lancets and blood drawing equipment, safety boxes, and gloves. M&E tools will be developed to track the number of distributed copies of the national strategies and other guidelines on IS, HCW Safety and HCWM; the number of medical staff trained; the number of reported needle-stick injuries, and resulting provision of post-exposure prophylaxis; number of health care facilities (HCFs) received IEC materialss on Injection Safety. In KG, the activities on the improvement of HCWM will be conducted in collaboration with Sweden's Red Cross Project. These activities will lead to country ownership and sustainablity by working with the national and regional governments to establish new guidelines for IS and HCWM improvement, implementation of QMS, particularly M&E of injection safety activities for hospitals on Injection Safety, health care worker safety,

and HCWM. USG will train HCFs and MOH on how to monitor and evaluate their M&E data, and improve their systems in response to the evaluations. All of these activities will be integrated into HCFs at the national level in order to be integrated into HIV services. Particular attention will be paid to HIV service sites, such as treatment and care, HIV testing sites, and PMTCT programs.

Implementing Mechanism Details

Mechanism ID: 12859	**Mechanism Name: USAID Dialogue on HIV and TB Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Kazakhstan	N/A
Kyrgyzstan	N/A
Tajikistan	N/A
Turkmenistan	N/A
Uzbekistan	N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	0
Kazakhstan	GHP-USAID	0

Sub Partner Name(s)

AIDS Foundation East, West (AFEW)	Kazakh Association of People Living with HIV	

Overview Narrative

This project supports CAR PEPFAR strategy objectives 1 and 2.
The goal of the USAID Dialogue on HIV and TB Project is to increase access to HIV and TB prevention and treatment services among most at risk populations (MARPs) through outreach, TA, and training. The project implements outreach programs in 16 sites in Kazakhstan, Kyrgyzstan, and Tajikistan focusing mainly on people who inject drugs and sex workers, people living with HIV/AIDS, men who have sex with men and migrants. Dialogue consortium member, AIDS Foundation East-West, will target prisoners in eight sites in the three countries. The project will fill the gap between services through direct outreach to MARPs, providing referrals to services throughout the HIV continuum of care, and escorting clients to needed services.

Gender will be addressed through targeted outreach activities, increasing equity in HIV activities, and addressing male norms and behaviors. Since this program is co-funded with TB funds, it will also address TB prevention, treatment and adherence.

During the last two years of the project, the project will reduce the number of sub-partners and key staff in the consortium to reduce program costs. The project will provide organizational capacity building to NGOs by training outreach workers and peer educators and through grants. By building organizational and financial management skills of NGOs, it is expected that they will be able to receive grants from other donors in the future. The project will advocate for innovative models such as multi-disciplinary teams (MDTs) to be institutionalized into the national level program.
The project uses a rigorous monitoring and evaluation system which consists of on-going oversight and monitoring including financial audits and behavior change surveys.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **No**

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Mobile Population

Budget Code Information

Mechanism ID:	12859		
Mechanism Name:	USAID Dialogue on HIV and TB Project		
Prime Partner Name:	Population Services International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0

Narrative:

The mechanism will support CAR Strategy Objectives 1 and 2. This activity is linked to HBHC BCN of Columbia University/IM #12872. In KZ, KG and TJ, there are approximately 35,000 PLWHA and slightly about 2,000 on ART. High levels of stigma and discrimination and other barriers prevent many PLWHA from accessing treatment and social support or PHDP services. The USAID Dialogue on HIV and TB Project will support two objectives. The first is to continue to provide high quality PHDP services to 1,250 PLWHA in KZ, KG, and TJ through five grants and TA to NGOs. The project's geographic area will be focused on PLWHA who are not covered by GFATM or other development partners. Activities will include: social support to encourage uptake and adherence of ART, counseling, referral and escort to medical services including TB, HTC, STI, and RH, comprehensive outreach services for PLWHA, and the formation of self-help groups. The project will mobilize PLWHA to take an active role in addressing stigma through support groups who will work closely with AIDS Centers to assist newly identified HIV positive people in coping with their status and provide coaching to reveal status to family and friends. The project may adjust its program based on the Health Policy Project rapid secondary review of analyses related to policy, regulatory and legal factors affecting MARPs access to care and associated policy advocacy strategy. The second objective is to continue to build the capacity of service providers through nine primary health care facility-based MDTs (3 each in KZ, KG, and TJ) and to advocate for institutionalization of a patient-centered approach into government structures. The project uses the

"Adherence to Treatment Triangle Model for PLWHA", a patient-centered approach that works in coordination with health services, including TB. The MDTs work with 3 points of support: medical, social work and peer support. Peer educators are trained to provide social support and case management for PLWHA and their families, and to build a stable home environment. Medical providers are receive technical training and supportive supervision. The project will continue to provide TA to the 9 MDTs to improve PLWHA recruitment into ART and provide social support while building approaches to assist governments to scale up this model as appropriate. MDTs at primary health care facilities refer and link PLWHA to community-based support groups, which involve PLWHA, family members and partners. Medical specialists provide counseling on ART and TB treatment and on HIV/TB co-infection and other health-related issues. In FY12, USG partners will assess the success of the MDT approach. If the results are favorable, Dialogue Project and partners will advocate for inclusion of MDTs or similar models into HIV National Programs in KZ, KG and TJ, to institutionalize this approach for providing care and support to PLWHA. Inclusion of MDTs at the national level will help ensure sustainability and take this approach to scale. The project will work with development partners to identify and support clinical and in-service training for AIDS Centers and other medical specialists on co-infection issues and treatment regimens. The project will also continue to coordinate with MOHs, other USG partners and GFATM to ensure adequate mapping and coverage of PHDP services

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

This mechanism supports CAR's PEPFAR Strategy Objectives 1 and 2. This activity is linked to: (1) HVCT BCN Abt Associates /IM #12746; and (2) Columbia University/ IM #12872. Access to quality HTC services continues to be a constraint to MARPs' knowledge of their HIV status. In Kyrgyzstan, only 10% of MARPs are estimated to have been tested. NGOs are not allowed to perform HIV tests in CAR so their role is restricted to pre- and post-test counseling and referrals to government-operated testing facilities. With no national standards, the quality of counseling for MARPs is irregular. There is significant loss to follow-up between pre-test counseling and testing and between testing and post-test counseling. HIV prevalence among PWID ranges from 3% in KZ to 18% in TJ and 14% in KG. HIV prevalence among inmates was 3% in KG, 3% in KZ, and 9% in TJ. Sexual transmission is reportedly growing with 43% of HIV infections attributed to sexual transmission in KZ. It is assumed, but not yet validated, that this is largely concentrated in bridge populations.

The USAID Dialogue on HIV and TB Project will support two objectives in KZ, KG and TJ. The first is to continue to link PWID and their sex partners, SWs, prisoners, MSM, and PLWHA to high quality HTC services through 27 grants to NGOs in KZ, KG and TJ. USG will support collaborative public sector-NGO

activities to reach MARPs reluctant to seek HIV testing services in health care facilities. Approaches will build on HTC messages provided during outreach to undertake MARPs-friendly events where AIDS Centers' staff will provide HTC. The project will also provide escort and referrals to HIV stationary and mobile testing facilities and track the number of tests completed using their voucher system.

In program areas, the project will collaborate with AIDS Center mobile HTC units in KZ, KG, and TJ to increase reach to MARPs as well as provide pre- and post-test counseling for all MARPs while receiving a rapid HIV test. The project will bring mobile HTC services to edutainment and events targeting MARPs, where MARPs feel comfortable receiving services and have positive prevention messages reinforced by their peers. Where mobile HTC does not exist, the project will coordinate with other donors to expand their mobile HTC routes to reach additional sites convenient to MARPs, or advocate for establishment of additional mobile units. It is expected that approximately 5,000 MARPs will receive access to testing using mobile and stationary HTC and be provided with pre and post-test counseling by trained NGO staff.

The project's second objective is to continue to build capacity of NGO outreach workers and health personnel to provide quality counseling services. In collaboration with other USG partners, the project will support an HTC practicum to develop improved pre and post-test counseling skills for NGO outreach/social workers. Trainings will also be provided to participants from HIV testing sites and personnel from mobile HTC units where rapid tests are used and counseling is rare.

The project will continue to coordinate with MOHs, other USG partners and GFATM grants to ensure adequate mapping and coverage of HTC services, and to identify models and best practices that can be scaled up and sustained. The project may adjust/adapt its program based on the Health Policy Project's secondary review of analyses on policy, regulatory and legal factors affecting MARPs access to care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

This mechanism supports CAR's PEPFAR Strategy Objectives 1 and 2. This activity is linked to HBHC BCN of Columbia/IM #12872. Sexual HIV transmission in CAR is increasing. Recent data indicate a steady increase in the percentage of sexually transmitted HIV infections (from 20% in 2006 to 43% in 2009 in KZ, and from 30% in 2006 to 33% in 2010 in KG).
HIV transmission among MSM has also increased, though data from different studies vary widely. Migrants are considered to be a risk group but little HIV prevalence data is available.
This project will support two objectives in KZ, KG and TJ. The first objective is to continue to provide high quality HIV outreach services for SWs, MSM and migrants through 9 grants and TA to NGOs, and

through direct outreach by outreach workers hired by the project. The project's geographic area is focused on areas with high densities of SWs, MSM, and migrants that are not covered by GFATM grants or other development partners.
The project will implement a comprehensive package of HIV prevention outreach activities (information, counseling, condoms from the GFATM, negotiation skills, referral and escort to services) for street SWs and SWs in saunas and hotels in target sites through one-on-one sessions, group discussions, peer education and interactive events. Referral to friendly OB/GYNs & STI specialists will be supported through vouchers. Comprehensive outreach activities (IEC materials, condoms from the GFATM, referrals) for MSM will take place through direct outreach, group discussion, events, and through peers and doctors. Families of migrants will receive a targeted package of services (HIV, STI & TB prevention and treatment information) in light of growing indications that wives left behind when husbands migrate often turn to selling sex to support their families. These women will be referred to job skills development training and services to help them exit sex work.
The project's second objective is to continue to build capacity of health providers and NGOs to provide quality services and outreach for SWs, MSM and migrants, address stigma and discrimination, and collect, monitor and use data on outreach in support of one M&E system for the national AIDS response. The project will promote MOH-NGO partnerships and pilot approaches through which NGOs will collaborate with MOHs to extend reach and expand coverage of MARPs who are reluctant to visit MOH facilities due to stigma and provider attitudes.
Friendly OB/GYNs and STI specialists are included in Health Service Provider trainings to address stigma reduction towards MARPs, to orient providers to use the referral voucher system, and to provide these physicians with accurate information on HIV and HIV/TB co-infection. Trainings will sensitize and educate providers on how to communicate with MARPs and how to provide comprehensive, compassionate care , including STI diagnostics, treatment and RH services.
Through the Gender Challenge Fund, the USG will pilot an activity to expand access by female sex workers and MSM to services and information on GBV.
The project will continue to coordinate with MOHs, other USG partners and GFATM grants to ensure adequate mapping and coverage of outreach services, as well as to identify models and best practices that can be scaled up and sustained. The project may adjust/adapt its program based on the Health Policy Project's secondary review of policy, regulatory and legal factors related to MARPs access to care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	0	0

Narrative:

This mechanism supports CAR Strategy Objectives 1 and 2. This activity is linked to: (1) IDUP BCN Abt Associates/ IM # 12746; (2) Columbia/ IM #12872; (3) RAC-KZ/IM #12889; (4) RAC-KG/ IM #13217; (5)

RNC-KG/IM #12812; (6) TBD Harm Reduction Center/IM #13969;(7) UNODC IM #12772; and (8) Health Policy Project/IM #13973. HIV infection attributed to PWID is around 53% in KZ, 55% in TJ, and 64% in KG. Estimated PWID numbers range from 119,000 in KZ to 26,000 in KG and 25,000 in TJ. At special risk are the sub-populations of drug-using SWs and prisoners. The project will support two objectives in KZ, KG and TJ. The first is to continue to provide high quality HIV outreach services for PWID and their partners, SWs and prisoners through 18 grants and TA to NGOs in KZ, KG and TJ. The project will focus in areas with high densities of MARPs who are not covered by GFATM grants or other development partners. NGOs through peer educators, will offer comprehensive outreach services for approximately 5,900 PWID (KZ, KG and TJ) on safer injection and safer sexual behaviors, skill development for refusing requests to assist new injectors to inject, overdose prevention and naloxone use and referrals to MAT if available. In coordination with GFATM and needle/syringe exchange points, the project will refer clients to NSP but per PEPFAR guidance will not engage in direct distribution of NSE. The project will provide information for PWID and their partners on HIV and TB prevention, safe sexual behavior, condoms from the GFATM, HIV counseling and couples counseling, and referral to HIV and TB testing. Edutainment events to attract SWs will provide training on bloodborne infections and sexual prevention of HIV, as well as on drug prevention and treatment. Outreach will cover about 5,000 prisoners many of whom are HIV positive and/or PWID who will soon be released. Social and medical workers and outreach staff in prisons will be trained to work with prisoners on issues related to HIV, TB, viral hepatitis, release preparation and skills development for reintegration into society. Escorts will guide PWID, SWs and prisoners throughout different levels of services- including HIV prevention, ART treatment and adherence, drug treatment, and treatment for TB/HIV co-infection. The project will use non-PEPFAR funds for TB activities. The project's second objective is to continue to build capacity of health providers and NGOs to provide quality services and outreach for PWID, address stigma and discrimination and collect, monitor and use data on outreach. The project will provide TA to support data collection and improve financial management. This data will also support and strengthen one M&E system for MOHs. Through convening technical working groups and national steering committees for project activities, the project will improve the quality and credibility of NGO services as key partners to MOHs for extending coverage and reaching MARPs who are reluctant to visit MOH facilities due to stigma and provider attitudes. Through the Gender Challenge Fund, the project will pilot activities to expand access by female PWID to gender based violence services, such as HIV/STI testing for sexual assault survivors, legal services through drop-in centers and psychosocial services. The project will coordinate with MOHs, other USG partners and GFATM grants to ensure adequate mapping and coverage of outreach services and to identify models and best practices for scale up.

Implementing Mechanism Details

Mechanism ID: 12872	Mechanism Name: Columbia University

	(Columbia Treatment and Care)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Kazakhstan	N/A
Kyrgyzstan	N/A
Tajikistan	N/A
Uzbekistan	N/A

Total Funding: 979,042	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	979,042

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This ongoing cooperative agreement supports the CAR PEPFAR Strategy Objectives 1, 2 and 3. The overarching goal is to provide TA to and build the capacity of the Ministries of Health in CAR so that care, treatment, laboratory, and MARPs prevention services for people at risk for, and living with, HIV/AIDS in CAR will be provided according to accepted international standards, and adapted to the local context. These activities will take place primarily in Kazakhstan, Kyrgyzstan, Tajikistan, and to a lesser extent, Uzbekistan.

The TA is primarily targeted to most-at-risk-populations, people living with HIV/AIDS, their health care and other service providers, and Ministry of Health staff. This mechanism's strategy to become more efficient over time is by developing standard operating procedures, guidelines, and quality management systems,

in partnership with CAR Ministries of Health, which will be institutionalized and incorporated into CAR governmental “prikaz” (orders of the MOHs) to be implemented nationwide, after appropriate USG-supported training of relevant staff. The SUPPORT Project will closely coordinate its efforts with other PEPFAR-supported programs and the GFATM and other development partners to leverage limited resources and avoid duplication of efforts.
USG will monitor the activities funded through this cooperative agreement through regular, ongoing site visits, meetings, and monthly reports. In addition, the implementing indicators included in the monitoring and evaluation plan will be regularly monitored by USG.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HTXS	Republican and oblast AIDS centers (PRs and SRs)	261000	training of staff on ART, review of treatment protocols and guidelines, supervisory visits to GFATM-supported treatment sites in KZ, KG and TJ
HVCT	Republican and oblast AIDS Centers (PR and SRs)	42000	VCT assessment to identify gaps and obstacles to HIV testing among MARPs in KZ, KG and TJ. In KG - also supporting revision of HIV testing algorithims and validation of rapid tests procured by the GFATM
IDUP	GFATM subrecipients -- Narcology Dispensaries	285000	Training of MAT staff and development of MAT M&E systems in KZ, KG, and TJ. TA to GFATM/PEPFAR supported trust points

Cross-Cutting Budget Attribution(s)

Human Resources for Health	391,617

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**12872**
Mechanism Name:	**Columbia University (Columbia Treatment and Care)**
Prime Partner Name:	**Columbia University Mailman School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	90,839	0

Narrative:

This mechanism supports CAR PEPFAR Strategy Objective 1. This activity is linked to HBHC BCN PSI/IM #12859. The goal is to build individual, institutional and organizational capacity in Kazakhstan, Kyrgyzstan, and Tajikistan to provide high-quality facility-based and home/community-based care activities for HIV-infected adults and their families.

In FY 11, The Columbia University's SUPPORT Project completed comprehensive assessments of C&T services in KZ and KG and TJ. In FY12, the project will complete a similar assessment in Uzbekistan, and will then develop recommendations based on the results. The SUPPORT Project will assist the MOHs to develop clinical guidelines on palliative care for PLWHA and organize a CAR Conference on Palliative Care for PLWHA. The project will also provide in-service trainings for AIDS-center's staff (physicians, nurses, physiologists, gynecologists and epidemiologists) on HIV-related care as part of a pilot C&T model that will be implemented by six selected AIDS Centers (two each in KZ, KG, and TJ). As part of the model, the SUPPORT Project will facilitate bi-directional referral systems with other USG

partner's programs, including those implemented through NGOs and will work with the AIDS centers to integrate provision of clinical care, nutrition assessment, counseling, support and palliative care (pain and symptom relief) and positive prevention services into their routine medical HIV care. Most of the services will be facility-based, but if needed, home-based care will be provided through the existing Visiting Nurse program of the AIDS Centers. Couples-based counseling and gender-based approaches will be introduced to ensure effective positive prevention. It is expected that model implementation will result in higher retention rates, improved quality of life and treatment outcomes among PLWHA. All models will include rigorous M&E, including a standard set of indicators, a client data management system (client contact forms and an electronic database), supervisory visits, mid-term and end-line evaluation of results, patient exit interviews and focus group discussions with PLWHA groups (NGO-based and independent). The results of performance measurement data will be used to refine model activities. Upon completion, successful models will be recommended for national rollout using GFATM funds in Kyrgyzstan and Tajikistan and state/local health care funds in Kazakhstan. If accepted, the revised procedures and the extended package of care services will be included into the SOPs to be developed for the HIV clinical departments of the AIDS Centers during FY13.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	428,962	0

Narrative:

This mechanism supports the CAR Regional PEPFAR Strategy Objective 1. This activity is linked to: (1) HLAB ASCP/ IM #12026 and (2) CLSI,/IM#13970. The primary goal is to support the MOHs in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan, to enhance laboratory capacity to provide HIV-related diagnostic and monitoring tests according to international laboratory competency standards. The current HIV testing algorithms in CAR require an excessive number of tests for confirmation of results; existing procedures contribute to delays and difficulties for individuals to obtain their results of laboratory examinations. The SUPPORT Project will provide TA to help MOHs strengthen referral and communication links between laboratories and medical providers, and provide TA to MOHs to examine different HIV screening and diagnostic algorithms, including the incorporation of rapid testing, and the addition of quality assurance procedures.

The lack of effective and accessible laboratory monitoring for PLWHA seriously hinders effective clinical management of patients. The SUPPORT Project will provide training on proper use of laboratory equipment needed for monitoring of people on ART. Currently, CD4 and viral load testing is being performed primarily at the national level, and in a few regional (oblast) level laboratories. Due to this centralized laboratory structure, high cost and irregular delivery of kits and necessary supplies, and lack of trained personnel, only a fraction of people on ART are being properly monitored. The SUPPORT

Project will work closely with all Republican (national) AIDS Centers in KZ, KG, TJ and UZ, as well as with selected regional AIDS Center laboratories, to develop and implement laboratory Quality Management System (QMS), QA/QC procedures, protocols, and SOPs for HIV testing and laboratory monitoring of PLWHA. The project will continue supporting MOH TWGs in CAR to develop and implement SOPs for viral load and CD4 testing, including on-site training and mentoring as well as national workshops for laboratory technicians on a variety of topics. Technical assistance will also be provided for strengthening referral linkages and networking between clinical and regional and national reference laboratories. The SUPPORT Project will work with the MOH in KZ, KG and TJ to plan and implement validation of test-kits adapted to dry-blood spot (DBS) elutes and saliva-based and blood-based rapid tests officially registered in each of the countries. Results of validation will allow improving QA/QC procedures and improve implementation of IBBS and rapid HIV testing. The SUPPORT Project will work with the Laboratory Coalition partners to address remaining gaps and issues on HIV quality testing. The SUPPORT Project TA will include assisting the MOHs develop and implement an effective system of forecasting and planning for laboratory supplies, including training of laboratorians and related staff on how to use the newly developed systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	52,989	0

Narrative:

This mechanism supports the CAR Regional PEPFAR Strategy Objective 1. This activity is linked to: (1) HVCT BCN RAC-KZ/ IM #12889; (2) RNC-KG/ IM #12812; (3) RAC-KG/ IM #13217; (4) PSI /IM #12859; and (5) Abt Associates/IM # 12746. The primary goal is to support the MOHs in Kazakhstan, Kyrgyzstan, Tajikistan to scale up counseling and testing activities to ensure that PWID, their sex partners and other MARPs receive access to high-quality and accurate HTC services.

According to IBBS data, HIV prevalence among female SW in 2010 was 1.5% in Kazakhstan, 2.7% in Tajikistan and 1.6% in Kyrgyzstan. The percentage of SW who were tested for HIV and knew their results ranged from 44% in Tajikistan to 80% in Kazakhstan. The prevalence of HIV among PWID was 2.8% in Kazakhstan, 14% in Kyrgyzstan and 17.6% in Tajikistan, while HIV testing knowledge was 61% in Kazakhstan, 38% in Kyrgyzstan and 27% in Tajikistan. The percentage of MSM tested for HIV who knew the results of their test was 60% in 2010. Based on IBBS assessments results we know that IBBS prevalence data is most likely underestimated, while HIV testing indicators are overestimated, and the actual level of HIV testing among MARPs is very low. Official HIV testing statistics shows that HIV tests among MARPs represent less than 2% of the overall number of tests performed in the region

In FY12, the SUPPORT Project's TA will include activities in which both HTC are provided through provider-initiated and client-initiated approaches in government-run health-facilities, including MAT distribution sites, stationary and mobile Trust points (sites offering specialized prevention services for

PWID) and outpatient departments of the AIDS centers (friendly clinics) in KZ, KG, and TJ. At least 30 medical specialists, counselors, outreach workers, and social workers will be trained on motivational interviewing techniques to increase utilization of HTC by MARPs, including couples-based counseling and gender-based counseling.
The SUPPORT Project will also support strengthening of peer-driven interventions to motivate PWID, their sex partners, and SW to increase HIV testing rates. Quality assurance systems for both testing and counseling will be developed and piloted in USG-funded HIV prevention sites. Activities to track enrollment of HIV-positive people into care will be ensured, including voucher-based referral and monitoring systems and case management activities.
The SUPPORT project will closely collaborate with other PEPFAR-funded programs as well as with GFATM and other development partners to leverage resources and avoid duplication of efforts.
The project will support the MOHs in CAR to evaluate the existing HIV rapid test systems and make recommendations that would allow integration of rapid HIV testing into the national HVCT algorithm.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	20,186	0

Narrative:

This project supports CAR's PEPFAR Strategy Objective 1. This activity is linked to HVOP BCN PSI /IM #12859.
In Central Asia, HIV is most commonly transmitted through injecting drug use. However, heterosexual transmission has been increasing, with the proportion of newly registered cases reporting this mode of transmission rising between 2006 and 2010 from 20% to 43% in Kazakhstan, 17% to 27% in Tajikistan and from 30% to 33% in Kyrgyzstan. HIV transmission from PWID to their sex partners is believed to be the key factor for the increasing number of heterosexually transmitted HIV infections.
Rates of male-to-male sexual transmission are largely unknown. According to the KZ RAC the estimated number of MSM in 2010 was 37,500 in Kazakhstan, however other yet unpublished study indicates that the estimated number of MSM in 4 major cities is 60,000. According to the RAC (2010), the estimated number of MSM is 3,700 in KG: and is 30,000 in TJ. There are currently no good estimates for the size of MSM population in Tajikistan, Kyrgyzstan and Uzbekistan.
In Kazakhstan, the percent of officially registered HIV cases with male-to-male sexual transmission increased from 0.5% of all registered cases in 2006 to 1% in 2010. In Tajikistan 0.03% (4 cases) of registered HIV cases were among MSM. In Kyrgyzstan, official statistics do not separate sexual transmission by heterosexual and male-to-male. Annual IBBS among MSM conducted in 8 sites in Kazakhstan estimated 1% HIV prevalence among MSM, however these figures are underestimated. Results of one study conducted in Almaty showed that HIV prevalence among MSM in Almaty can be as high as 20.2%. According to the IBBS data, 60% of MSM were tested for HIV and know their results.

With funds available from previous years, the SUPPORT project will work with the Ministries of Health of Kyrgyzstan and Tajikistan and local MSM NGOs to develop a protocol and conduct a survey to estimate the size of the MSM population and identify key barriers and opportunities for HIV prevention among this group. Based on existing evidence, the SUPPORT Project will provide TA to the MOH in Kazakhstan to pilot MSM-friendly HIV services in four sites based at GFATM/Government –supported friendly clinics. Technical assistance will include formulation of approaches and implementation, on-site training and mentorship, including technical competence to initiate and provide quality counseling related to sexual practices and ability to monitor and evaluate services provided. Technical assistance will focus on incorporating evidence-based behavioral and combination strategies to daily work, including motivational counseling and couple-counseling.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	239,714	0

Narrative:

This activity is linked to: (1) IM #12889; (2) IM #13217; (3) IM #12812; (4) IM #13969; (5) IM #12799; (6) IM #12772; (7) IM#13973, (8) IM #12859; and (9) IM #12746. This Project supports CAR Strategy Objectives 1 and 2. HIV in CAR is mainly transmitted through unsafe injecting practices. In 2010, the proportion of PWID among officially registered HIV cases was 53% in KZ, 55% in TJ, and 64% in KG. There are about 263,000 PWID in CAR; HIV infection rates range from 3% in KZ to 17% in TJ. The majority of PWID are young, unemployed males. IBBS results for PWID show high frequency of sharing injecting equipment and low levels of condom use. Transmission of HIV from PWID to their sex partners is believed to be a key factor for increasing sexual transmission of HIV in CAR.

In FY12, the project will disseminate results of geographical mapping of HIV services for PWID in KZ, KG and TJ to increase service provider and PWID awareness of service availability and also provide evidence-based recommendations for improving HIV prevention programs. The project will continue to build MOHs capacity to routinely update maps of HIV/AIDS health services. The project will work with local partners to develop a system to collect program data from all partners working with PWID.

The project will provide TA to the MOHs of KZ, KG and TJ to implement HIV prevention services for PWID and their sex partners through mobile Trust Points & a client-friendly drop in center. The project will support the introduction of evidence-based and effective approaches, promotion of peer-driven interventions, development of guidelines, counseling training & mentoring of staff (including gender-based counseling and couples-counseling); motivational counseling for HIV testing; introduction of rapid tests; positive prevention; ART support for PWID/PLWHA; case management and referral to TB diagnoses and treatment; referral for other medical services, peer support and psychosocial care. TA for M&E will include elaboration of indicators, data collection forms and reporting tools, training of staff and supervisory monitoring visits and establishment of quality assurance systems at the central and service

delivery levels.
In close collaboration with USG, GFATM and other partners, this project will organize a Regional Harm Reduction Conference to share best practices and lessons learned in Harm Reduction, including MAT and other evidence-based interventions across Central Asia and the rest of the world.
In FY12, the project will disseminate results of comprehensive assessments of the GFATM-funded MAT programs in KZ, KG, and TJ and work with the MOHs and international partners to improve the quality of MAT implementation by training MAT staff and improving M&E of MAT programs. To further improve understanding of MAT among existing and potential clients, SUPPORT will help MAT sites to develop information education materials for clients and their family members. By disseminating lessons learned and organization of regional meetings, the project will support regional exchange fostering collaboration and knowledge transfer among service providers working on HIV prevention for PWID.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	146,352	0

Narrative:

This cooperative agreement (CoAg) supports the CAR's PEPFAR Strategy Objective 1. The goal is to build individual, institutional and organizational capacity in Kazakhstan, Kyrgyzstan, and Tajikistan to provide high-quality comprehensive C&T packages, including ARV, cotrimoxazole prophylaxis and TB screening. The MOHs in these countries have identified a great need in improving their capacity in ARV treatment, and The SUPPORT Project will be the primary provider of rigorous TA to the AIDS Centers in HIV treatment.
In FY11-12, the project completed a comprehensive baseline evaluation of the HIV C&T Services in KZ, KG, and TJ. The key results show poor levels of knowledge and understanding among clinicians of existing ARV recommendations, low prescription of preventive cotrimoxazole treatment and TB screening, poor efforts to implement positive prevention, absence of a multi-disciplinary approach to patient management, low patient retention, low adherence to treatment, and lack of comprehensive treatment services at the ARV treatment sites. The project will conduct in-service trainings for medical staff on ARVs, treatment schemes, and adherence. On-site supervisory visits will follow to ensure proper use of skills and knowledge obtained during trainings. The project will support national ARV conferences to inform clinicians about new ARVs, results of the latest studies and recommendations for ARV usage, and assist the MOHs develop ARV forecasts for 2012-2015. In order to make the ARV forecasting and planning process data driven, transparent, and sustainable, the SUPPORT Project will incorporate an ARV forecasting module into the Electronic HIV Case Management System (EHCMS) that is now being rolled out to the local AIDS Centers in CAR. This will allow automated calculation of ARV needs, based on the current ARV demand and predicted enrollment of new clients. Furthermore, the project will provide TA to the MOHs in implementing the EHCMS entry of clinical data, and will support

two AIDS Centers each in KZ, KG and TJ (six total) to pilot comprehensive patient-centered C&T service-delivery models. These pilots will seek to improve patient retention and adherence to ARVs, cotrimoxazole prophylaxis, and TB screening by working closely with other PEPFAR-funded programs. Implementation of the models will involve in-service trainings, task shifting, and development of standard operating procedures. The SUPPORT Project will conduct on-site supervisory visits, and develop M&E systems to track evaluation of outcomes using data from the EHCMS and client interviews. Adherence obstacles will be addressed using gender-based approaches, and will be closely linked with PLWHA support groups. Couples-based counseling and involvement of treatment supporters will be introduced to improve patient retention. Performance measurement data from the EHCMS will be closely monitored and used to refine model activities. Project activities will primarily target MOH medical clinic staff (clinicians, epidemiologist, and data management specialists). Through the provision of TA, in-service trainings, and development, dissemination and implementation of standard operating procedures and other documents, knowledge and skills will be transferred to the host MOHs to assure sustainability of ARV service delivery.

Implementing Mechanism Details

Mechanism ID: 12889	**Mechanism Name: Support to Ministry of Health/Republican AIDS Center of the Republic of Kazakhstan**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health/Republican AIDS Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Kazakhstan	N/A

Total Funding: 90,250	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	90,250

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This ongoing cooperative agreement supports the Central Asia Region (CAR)'s PEPFAR Strategy Objectives 1, 2 and 3. The goal is to provide TA to the Republican AIDS Center, Ministry of Health (MOH), of Kazakhstan to provide an expanded and high quality minimum package of essential HIV prevention services for MARPS, particularly people who inject drugs (PWID). The target population is the MOH in KZ, MARPS, especially PWID, and their service providers. Through this project, TA and support will be provided to enhance access to and increase the quality of HIV prevention services to PWID, through rapid HIV testing in mobile units, and additional activities to foster a friendly environment for PWID. These programs will be developed to maximize efficiency and cost effectiveness. Activities are designed to work with the MOH to develop policies and protocols that will be adopted by the KZ government when the project ends. All activities are coordinated with the GFATM, and other USG partners to leverage resources and build ownership and sustainability of project interventions. Monitoring and evaluation plans will be developed for all project activities, which will allow MOH staff to monitor and improve the quality and efficiency of their HIV prevention services. These reports will be monitored by USG staff during regular site visits, meetings, and review of monthly activity reports.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Principal Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVCT	Republican AIDS Center	10000	Reviewing and improving of algorithm of HIV testing
IDUP	Republican AIDS Center	10000	Capacity building on harm reduction services

Cross-Cutting Budget Attribution(s)

Human Resources for Health	10,314

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**12889** **Support to Ministry of Health/Republican AIDS Center of the Republic of Kazakhstan** **Ministry of Health/Republican AIDS Center**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	12,893	0

Narrative:

This activity supports CAR's PEPFAR Strategy Objective 3: Strengthen the capacity of public and private sectors to collect, analyze, manage and utilize data for evidence-based planning and policymaking at all levels. This activity is linked to: (1) HVSI BCN Columbia /IM # 12027; (2)the Abt Associates /IM # 12746; and (3) the Regional Technical Support project/ IM #13975. Since 2003, USG helped to launch regular Integrated Biological and Behavioral Surveillance (IBBS) among MARPs that became a routine practice implemented nationwide in Kazakhstan. In FY 11, the USG team conducted an assessment of IBBS. The results of the assessment revealed the need to improve IBBS practices to ensure its effective

implementation. ROP12 funds will be used in FY12 to support a nationwide IBBS conference to present and discuss the HIV epidemiologic situation in Kazakhstan. The Project will also closely coordinate its efforts with other PEPFAR-funded programs, GFATM and other international partners to ensure leverage of efforts and avoid duplication.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	25,786	0

Narrative:

This supports Central Asia Region (CAR)'s Strategy Objective 1 and 2. This activity is linked to HVCT BCNs (1)Columbia/IM #12872; and (2) Abt Associates/IM # 12746. The predominant mode of HIV transmission in Kazakhstan (KZ) is unsafe injecting practices. As of January 2011, there were an estimated 119,000 PWID in Kazakhstan, of which approximately 17,000 reside in Almaty. Sentinel Surveillance indicates an HIV prevalence among PWID of 3%, accounting for 53% of all registered HIV cases in Kazakhstan in 2010. Only 23% of PWID have been reached by existing, fixed-location HIV prevention services (Trust Points or TP), which are primarily located in medical facilities. Poor coverage of PWID by these Trust Points is attributed to lack of transportation, fear of medical institutions and legal authorities, and MARPs' fears of stigma and discrimination and concerns about patient confidentiality. It is expected that a mobile outreach program would significantly expand services to PWID in underserved areas of Almaty. Kazakhstan does not use rapid HIV tests in their national testing algorithm. Through this program, USG will provide TA to the Kazakh Ministry of Health (MOH) to pilot the use of rapid HIV testing as part of the HIV testing and counseling in the mobile outreach station proposed for Almaty. Rapid testing will be used for screening, and in the event of a positive screening result, venous blood will be collected and sent for confirmatory Western Blot testing at the National Reference Laboratory. In these instances, persons will receive appropriate post-test counseling, and will receive instructions for returning to receive their confirmatory result. For persons testing HIV positive, appropriate medical and social service referrals will be made. To insure quality assurance of counseling, intensive training will be conducted for counselors and laboratory specialists on use of the rapid HIV test kits, and QA/QC. The target for the number of PWID who undergo rapid HIV testing in the mobile unit setting is 950 for this budget period. The project indicators will the number of PWID, their sex partners, and other MARPs who are tested at the mobile unit, the number who were informed of their HIV test result, the number referred for additional testing, counseling, and treatment services, and the number of persons trained in both the laboratory and counseling aspects of rapid HIV testing. Only FDA approved rapid HIV tests will be purchased. PEPFAR funds will be used to purchase rapid HIV tests for the pilot project. Once the use of rapid tests is incorporated into the national algorithm, Government of Kazakhstan will support the use of rapid tests in the country. Random sample verification will monitor the quality of the rapid test results. The Project will also closely coordinate its efforts with other PEPFAR-funded programs, GFATM and other

international partners to leverage funds. These activities will be included into Kazakhstan's National HIV Strategic Plan to eliminate duplication and complement existing services for MARPs. NGOs working with PWID and other MARPs in Almaty will be involved to disseminate information about the availability of the mobile unit and rapid HIV testing for PWID.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	51,571	0

Narrative:

This project supports the Central Asia Region (CAR)'s PEPFAR Strategy Objective 1. This activity is linked to IDUP BCNs of: (1) PSI/ IM #12859; (2) Columbia/IM #12872; (3) UNODC IM #12772; and (4) Health Policy Project, IM #13973. The predominant mode of HIV transmission in Kazakhstan is unsafe injecting practices. However, the proportion of registered cases reporting injecting drug use as the method of transmission decreased from 66% in 2006 to 52%% in 2010. As of January 2011, there were an estimated 119,000 people who inject drugs (PWID) in Kazakhstan, of which approximately 17,000 reside in Almaty. In 2010, Almaty city had the largest number of HIV registered cases (3,204). Almaty city also has the highest HIV prevalence rates with 203.4 HIV cases per 100,000 people. HIV prevention services for PWID are implemented through a network of government and donor supported sites called Trust Points (TP). There are 168 TP in the country, but only 23% of PWID have been reached by existing, fixed-location TPs, which are primarily located in medical facilities. Poor coverage of PWID by these TP is attributed to lack of transportation, fear of medical institutions and legal authorities, and a perceived hostile or unfriendly environment at the TPs themselves. Under this cooperative agreement, USG will provide TA to the Republican AIDS Center (RAC) to establish a Drop-in-Center (DIC) in the city of Almaty, in an area with a high prevalence of drug users and high HIV prevalence. The DIC will provide a comprehensive package of HIV prevention services, including dissemination of individual protection items, educational materials, social support, and referrals to medical services (HIV counseling and testing, narcologist, TB and STI clinics and surgeon). The project will be implemented in collaboration with other USG funded organizations. Data shows the coverage of PWID with mobile teams remains low. USG will also provide TA to RAC on how best to operate mobile units (bringing best practices, developing guidelines, developing messages to PWID, creating schedules, provide trainings for mobile teams). It is expected that establishment of a DIC for PWID and enhancing mobile outreach would significantly expand services to PWID in underserved areas of Almaty. The main purpose of these activities is to set up models that can be demonstrated and replicated in the future with support of the Government of Kazakhstan. A vigorous M&E system will be set up to evaluate implementation and results of the models. The program will monitor indicators, including number of people served; number of referrals made; number of people tested and who received results; and the number of people trained, using electronic databases and internal registration forms. After the 12 month implementation phase, if

successful, these models will be included into the KZ national plan and activities will be supported by the local government budget (it may take another 12 months to approve the support from local budgets. The Project will also closely coordinate its efforts with other PEPFAR-funded programs, GFATM and international partners to ensure leverage funds and avoid duplication of activities. In light of recent Congressional directives on NSPs, PEPFAR CAR will eliminate direct USG support for NSPs and instead leverage GFATM resources and networks for NSP procurement and distribution with USG-funded MARP outreach and peer education efforts.

Implementing Mechanism Details

Mechanism ID: 13217	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13501	**Mechanism Name: Peace Corps**
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Kyrgyzstan	N/A

Total Funding: 58,100	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	58,100

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism supports the CAR Regional PEPFAR Strategy Objective 1.The overall goal of the Peace Corps PEPFAR program in Kyrgyzstan is to provide education on HIV/AIDS prevention, behavior change, stigma reduction, responsible behavior and consequences of drug use, and promotion of healthy lifestyles among youth. Technical assistance is also provided to local organizations to reduce stigma and discrimination in the community and among service providers. Populations targeted by Peace Corps Volunteers and their counterparts will include at-risk youth, trans-migrant population and others at risk for engaging in injecting drug use and commercial sex. The project will be conducted in Chui, Talas, Issyk-Kul and Naryn oblasts. Peace Corps continues to strengthen its approach to development which advances country ownership of PEPFAR program efforts through placement of volunteers in requesting local governmental and non-governmental organizations for specific assignments that are time-limited and designed from the onset to build community capacity to sustain projects. In every instance, this involves day-to-day collaboration with host country national partners and counterparts. Volunteers and their counterparts receive training in monitoring and evaluation and PEPFAR reporting. Peace Corps compiles data on Volunteers' PEPFAR-funded activities on a semi-annual basis and conducts periodic site visits to monitor the implementation of activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID:	**13501**		
Mechanism Name:	**Peace Corps**		
Prime Partner Name:	**U.S. Peace Corps**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	58,100	0

Narrative:

Funds will be used for training and support of volunteers and counterparts to work with communities to design and implement context-appropriate and evidence-based prevention interventions addressing the keys drivers of the epidemic, including sexual and behavioral risk and harmful gender/cultural norms. Programs also include a cross-cutting focus on reduction of stigma and discrimination. Trained volunteers and their counterparts will work with at-risk youth and trans-migrant populations on HIV education, safer behaviors reducing the risk of HIV acquisition and transmission, drug use and alcohol abuse prevention, as well as stigma and discrimination reduction. Activities may include trainings of local service providers, camps for at-risk youth, and stigma reduction campaigns. Volunteers and their counterparts will have access to small grants for community-initiated projects that address HIV prevention through the PEPFAR funded Volunteer Activity Support and Training (VAST) program. They will carry out effective and culturally appropriate HIV/AIDS interventions in their communities.

Implementing Mechanism Details

Mechanism ID: 13969	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13970	**Mechanism Name: CLSI (under the former Lab Coalition mechanism)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Clinical and Laboratory Standards Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Kazakhstan	N/A
Kyrgyzstan	N/A
Tajikistan	N/A
Uzbekistan	N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This ongoing cooperative agreement supports CAR's PEPFAR Strategy Objective 2. The goal of the cooperative agreement with the Clinical and Laboratory Standards Institute (CLSI) is to strengthen the HIV/AIDS and related co-infection laboratory capacity and implement laboratory quality improvement strategies in Kazakhstan, Kyrgyzstan and Tajikistan. CLSI is an international standards-developing and educational organization whose which mission is to develop and promote the use of best practices in clinical and laboratory testing. CLSI will facilitate the development and implementation in CAR laboratories of effective quality management systems (QMS) – a set of key quality elements that must be in place for laboratory operations to deliver consistent, high quality and cost-effective laboratory services. The target populations are the Ministries of Health and other laboratorians in KZ, KG, and TJ.
With the requested additional funding this cooperative agreement will primarily target laboratory managers and quality officers in HIV/AIDS laboratories of the national and oblast levels in KZ and KG. The project will provide short-term targeted TA to implement project activities so there is no need for the project to become more cost-efficient over the longer term.
CLSI mentors will continue working with laboratory quality officers and other designated individuals to identify gaps in current laboratory operations, and to assist in QMS implementation. QMS implementation will be monitored and evaluated based on the number of laboratories supported, number of mentor visits conducted and on review of documented progress on quality improvement projects in those laboratories.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13970**
Mechanism Name:	**CLSI (under the former Lab Coalition mechanism)**
Prime Partner Name:	**Clinical and Laboratory Standards Institute**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:

This mechanism supports CAR's PEPFAR Strategy Objective 2.This activity is linked to HLAB BCNs of: (1) ASCP/ IM #12026 and (2) Columbia/ IM #12872. Reliable diagnosis and effective treatment of HIV infection would be impossible without quality laboratory services. Currently, no Central Asian country has a strategic plan for improving laboratory quality, nor a functioning national body overseeing laboratory performance standards, nor any system for laboratory accreditation or licensure for specific levels of competence. There is no culture of service quality, or any conception that clinicians who collect samples, order tests, and receive results, are the laboratory's clients. This lack of quality management and

accountability to other components of the public health system creates barriers for people at risk for HIV infection to get tested, to receive and understand the results, and to have confidence in the accuracy of the testing. It is also very detrimental to the success of ART programs. Clinical and Laboratory Standards Institute (CLSI) is an international standards-developing and educational organization, which provides TA on standards and guidelines for laboratories to develop internal quality systems. CLSI provides on-going capacity building assistance to the Republican (and oblast level) AIDS Centers and Blood Centers' laboratories in Kazakhstan, Kyrgyzstan and Tajikistan by developing and implementing quality management systems (QMS) as part of strengthening national laboratory services. CLSI will follow up on QMS workshops held in KZ and KG during FY10-FY11 for laboratory leaders from both the central and oblast levels. CLSI mentors work closely with local laboratory quality officers and other designated individuals to identify gaps and begin /continue QMS implementation. Ongoing support includes hands-on assistance as well as facilitation of self-assessments and quality improvement projects in order to give quality managers successful experiences and encourage them to expand their work. To facilitate QMS implementation, laboratories are provided with QMS-related guidelines and companion documents, including the "Key to Quality" reference checklists; additionally, CLSI also offers local institutions CLSI memberships providing full access to all CLSI documents. CLSI's TA on laboratory QMS are linked to other partners' laboratory related activities. For example, Columbia University's capacity-building activities on CD4 and viral load testing will be reinforced by introduction of QMS essentials. With the requested additional funding for ROP12, this cooperative agreement will primarily target laboratory managers and quality officers in HIV/AIDS laboratories in KZ and KG. CLSI mentors will continue working with laboratory quality officers and other designated individuals to identify gaps in current laboratory operations, and to assist in the QMS implementation in two additional oblast level HIV/AIDS labs (KZ) and a national level HIV/AIDS lab (KG). The QMS implementation will be evaluated based on the number of laboratories supported, number of mentor visits conducted and on the review of the documented progress on quality improvement projects in those laboratories.

Implementing Mechanism Details

Mechanism ID: 13971	**Mechanism Name: Republican Blood Center - Kazakhstan**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Republican Blood Center of the Ministry of Health of the Republic of Kazakhstan	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Kazakhstan	N/A

Total Funding: 0	Total Mechanism Pipeline: N/A	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism supports CAR's PEPFAR Strategy Objectives 2 and 3. The primary goals are to increase the capacity of the Republican Blood Center in Kazakhstan (recently re-organized as the Almaty Oblast Blood Center) to improve their blood safety program, ensure an adequate blood supply, perform accurate and appropriate blood screening for the KZ population, and to sustain these program improvements over time. Challenges in blood safety in KZ include lack of voluntary donors, inappropriate clinical use of blood, lack of capacity and high staff turnover, and insufficient quality management systems (QMS). Under this award, TA will be provided to the KZ RBC to improve these deficiencies and to build a QMS covering all stages of the transfusion process. A key element for the QMS will be supported by integrating the International Standards for Blood Transfusions (ISBT) 128 and the blood centers' Excel-based M&E data into the existing health information management software. These improvements will allow the KZ blood centers to improve their efficiency over time. The project will implement a national M&E system for blood service indicators, which will include number of donors served, number of donors tested, number of donors positive for Transfusion Transmissible Infections, and number of trained people over time. Indicators will be monitored by review with a standardized checklist during regularly scheduled site visits. Sustainability of the program and country ownership will be fostered through training and capacity building of RBC staff, and enhanced quality and utility of the electronic databases for both QMS and M&E, which will allow the RBC to monitor and improve the quality and efficiency of their activities.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **No**

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**13971** **Republican Blood Center - Kazakhstan** **Republican Blood Center of the Ministry of Health of the Republic of Kazakhstan**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	0	0
Narrative:			
This ongoing Cooperative Agreement supports CAR's PEPFAR Strategy Objectives 2 and 3. In 2007, CDC re-screened 7500 samples from blood donors in CAR, confirming that contaminated blood is being administered in health facilities. Transfusion of HIV-infected blood is 100 times more efficient for transmitting HIV infection than intravenous injection with a contaminated syringe. An adequate supply of safe blood and the appropriate clinical use of blood are important components of the PEPFAR CAR prevention strategy, as well as a priority for the Government of Kazakhstan. The goals for this activity are to: (1) improve the KZ national strategy for voluntary blood donorship using			

international expertise and results from a KAP survey; (2) help establish a quality management system (QMS) for blood banking, with screening for Transfusion Transmitted Infection (TTI), blood compatibility and typing; (3) reduce non-evidence-based clinical use of blood products; (4) establish national norms, standards and organizational structures for a national blood service; (5) improve information systems and standardize databases for tracking blood donors and donated blood units; and (6) strengthen professional development of blood services staff.
The RBC has developed its own Access-based data management software to track blood donors and blood units, and an Excel-based M&E system for tracking blood service indicators, both of which have limited utility. Technical assistance will be provided to integrate the two databases and improve the software's analytical capacity; assist with the integration of the ISBT 128 standard into existing software; scale up a sustainable electronic database to track blood donations from vein to vein; conduct on-site training workshops on the database; implement and scale up a bar code system and to the Oblast level. These activities address the 1st (Policy), 5th (Training), 6th (Monitoring and Evaluation) and 7th (Sustainability) key elements identified by the Medical Transmission TWG.
The KAP surveys will inform a national strategy on voluntary donorship, including IEC campaigns for recruitment of donors. Trainings and recruitment materials will be developed for donor recruiters on republican, oblast and rayon levels, who will also collect basic donor information. These activities are related to the 1st, 2nd and 5th and 7th elements of the TWG.
Technical Assistance will be provided to assist with the establishment of facility-based transfusion committees (ongoing activity using prior year funds) as well as a national transfusion committee (new activity using FY12 funds). Technical Assistance activities to assist the committees include guideline development, protocols, SOPs and data collection tools. To improve data quality, on-site trainings will be conducted. These activities are related to the 1st, 3rd-7th elements identified by the TWG.
These activities will be conducted in the context of a QMS, currently being developed by the MOH, spanning the entire chain of blood services. They will be integrated with other HIV/AIDS related services, as potential donors who test positive for TTIs will be referred to the KZ AIDS Center for further counseling, testing and treatment. Sustainability of the program and country ownership will be fostered through capacity building (training the Government of Kazakhstan to improve their blood safety program) and technology transfer (the electronic database).

Implementing Mechanism Details

Mechanism ID: 13972	**Mechanism Name: Republican Blood Center - Kyrgyzstan**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: Republican Blood Center of the Ministry of Health of the Kyrgyz Republic	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Kyrgyzstan	N/A

Total Funding: 0	Total Mechanism Pipeline: N/A	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism supports CAR's PEPFAR Strategy Objectives 2 and 3. The primary goals of this award are to increase the capacity of the Republican Blood Center (RBC) in Kyrgyzstan to improve their blood safety program, ensure an adequate blood supply, perform accurate and appropriate blood screening for the KG population, and to sustain these program improvements over time. Challenges in blood safety in KG include lack of voluntary donors, inappropriate clinical use of blood, inadequate maintenance of the cold chain, inadequately trained staff, an outdated, unsustainable electronic blood donor database, and lack of a quality assurance management system (QMS), potentially hindering laboratory performance. Technical assistance will be provided to the KG RBC to improve these deficiencies and to develop a QMS covering all stages of the transfusion process. These improvements will allow the KG blood centers to improve their efficiency over time. Included in this project is implementation of a nationwide M&E system for blood services indicators, and training of staff on the system. The indicators will include number of donors served, number of donors tested, number of donors positive for transfusion transmissible infections, and number of trained people over time. Indicators will be monitored by review with the standardized checklist during regularly scheduled site visits. Sustainability of the program and country ownership will be fostered through training and capacity building of RBC staff, and development of effective and useful electronic databases for both QMS and M&E. These activities will allow the RBC monitor and improve quality and efficiency.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HMBL	Republican Blood Center	80000	Build capacity of health providers to introduce and scale-up transfusion committees for safe clinical use of blood

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13972**
Mechanism Name:	**Republican Blood Center - Kyrgyzstan**
Prime Partner Name:	**Republican Blood Center of the Ministry of Health of the Kyrgyz**

	Republic		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	0	0

Narrative:

This ongoing Cooperative Agreement supports CAR's PEPFAR Strategy Objectives 2 and 3.
In 2007, CDC re-screened 7,500 samples from blood donors in CAR, confirming that contaminated blood is being administered in health facilities. Transfusion of HIV-infected blood is 100 times more efficient for transmitting HIV infection than intravenous injection with a contaminated syringe. An adequate supply of safe blood and the appropriate clinical use of blood are important components of the CAR PEPFAR prevention strategy, as well as a priority for the Government of Kyrgyzstan.
Almost 60% of the blood supply in KG is based on the principle of "donor replacement." The goals for this activity are to: (1) improve the KG strategy for voluntary blood donorship using international expertise and results of a KAP survey; (2) help to establish a quality management system (QMS) for blood banking, including screening for transfusion transmitted infections (TTI), blood compatibility and typing; (3) assure cold chain maintenance, including expansion to the rural areas; (4) reduce non-evidence-based clinical use of blood products; (5) establish national norms, standards and organizational structures for a national blood service; (6) improve information systems and standardize databases for tracking blood donors and donated blood units; and (7) strengthen professional development of blood services staff.
Technical assistance (TA) will be provided to assist with the establishment of a sustainable electronic database to track blood donations (ongoing activity using prior year funding) and scale up this activity nation-wide (new activity using FY12 funds). Scale-up will include on-site workshops, implementation of a bar code system at the Oblast level, and trainings on cold chain maintenance for all levels of blood services. These activities address the 1st (Policy), 5th (Training), 6th (Monitoring and Evaluation) and 7th (Sustainability) key elements identified by the Medical Transmission TWG.
The KAP surveys will inform the national strategy on voluntary donorship, including IEC campaigns for donor recruitment. Trainings and recruitment materials will be developed for donor recruiters on republican, oblast and rayon levels, who will also collect basic donor information. These activities are related to the 1st, 2nd and 5th and 7th elements identified by the TWG.
TA will be provided to assist with the establishment of a KG National Transfusion Committee using FY12 funds. TA activities to assist the committee include development of guidelines, protocols, SOPs and data collection tools. These activities are related to the 1st, 3rd-7th elements identified by the TWG.
These activities will be conducted in the context of a QMS, currently being developed by the MOH, spanning the entire chain of blood services. They will be integrated with other HIV/AIDS related services, as potential donors who test positive for TTIs will be referred to the KG AIDS Center for further counseling and testing and treatment. Sustainability of the program and country ownership will be

fostered through capacity building (training the KG government to improve their blood safety program) and technology transfer (the electronic database).

Implementing Mechanism Details

Mechanism ID: 13973	**Mechanism Name: Health Policy Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Health Policy Project	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Kazakhstan	N/A
Kyrgyzstan	N/A
Tajikistan	N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	0

Sub Partner Name(s)

Partners in Population and Development Africa Regional Office	White Ribbon Alliance for Safe Motherhood	

Overview Narrative

This mechanism supports CAR's PEPFAR Strategy Objective 1.

The goal of the Health Policy Project (HPP) is to improve the enabling environment for MARPs in Central Asia, focusing on identification and reduction of the legal and policy barriers for MARPs to access services. HPP also supports HIV financing as well as capacity development to address gender and

stigma-based inequitable access to health services and to improve measurement of policy impacts on health outcomes.

The project will conduct activities in Kazakhstan, Kyrgyzstan and Tajikistan and will work with policymakers, NGOs and most-at-risk populations.
The project will provide short-term targeted TA to implement project activities so there is no need for the project to become more cost-efficient over the longer term.
Most project activities will be assessments and reviews but any materials that are developed will be incorporated into development partner plans or will be shared with other donors including the GFATM.

The project will develop monitoring and evaluation plans for all project activities, which will be reported to and monitored by USG.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13973**		
Mechanism Name:	**Health Policy Project**		
Prime Partner Name:	**Health Policy Project**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	IDUP	0	0

Narrative:

This mechanism supports the CAR's PEPFAR Strategy Objective 1, with a focus on Sub-objective 1.1 Enabling Environment: Stigma, discrimination, gender, and legal and policy barriers pose significant challenges for HIV prevention, especially for PWID, SW, and MSM. This activity is linked to IDUP BCNs of: (1) PSI/M #12859;(2) Abt Associates/ IM # 12746;(3) Columbia / IM#12872;(4) RAC-KZ/IM #12889; (5) RAC-KG/IM #13217; (6) RNC-KG/IM #12812; (7) TBD Harm Reduction Center/IM #13969;(8) UNODCIM #12772; and HPP/IM #13973. The Ministries of Health (MOHs), USG and other donors currently employ a range of strategies at all levels to help ensure that services are provided for stigmatized and marginalized populations. Through communities, peer outreach approaches are used to efficiently bring HIV services (condoms, information, and referrals) to MARPs. Through service delivery, the USG, GFATM and other donors use vouchers and social escorts, case management teams, training for health providers and salary incentives to improve the quality of services. At the national level, limited policy and advocacy activities have been conducted to improve the legal framework and sensitize policy makers to improve stigma and discrimination.

To develop a more strategic and systematic approach to policy development, the Health Policy Project will conduct a rapid review of policy reviews and assessments completed by the USG and other partners during the last several years. The review will identify any gaps and assist in the development of a strategically-focused policy advocacy agenda, including targeted policy interventions, to guide USG inputs in this area. HPP will assist in the development of focused approaches to engage legislature and parliaments to address MAT issues. HPP will look more closely at policy-related stigma and discrimination in Central Asia. To better inform the MOHs, USG and other development partners, a second rapid review will be conducted in Kazakhstan, Kyrgyzstan and Tajikistan to identify key policy and other barriers constraining MARPs. This review will inform a more strategic approach to addressing stigma and discrimination in all three countries. The project will widely disseminate the findings from the review, and use this information as an advocacy tool for policy makers, NGOs, MARPs and development partners. The project will also identify additional activities that should be conducted by other USG partners to address these barriers. As a result of this review, USG and development partners will be able to more strategically focus limited resources to address these legal and policy barriers.

Strengthening financing of HIV activities is critical to helping to ensure sustainability and country ownership of these programs. The project will provide TA to enable national and local HIV/AIDS stakeholders to analyze, interpret, and utilize costing data, to support policy advocacy efforts, and to assess and promote more effective and efficient resource allocation. The project will introduce a strategic planning model that links national program goals and resource levels to program outcomes and provides information on the cost and effect of different approaches on the achievement of national goals.

The project's activities will be closely coordinated with other USG partners, MOHs, policymakers, development partners and the GFATM to ensure that the findings from the review and HIV financing activities are coordinated and used.

Implementing Mechanism Details

Mechanism ID: 13974	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13976	**Mechanism Name: Youth Centers GDA (Turkmenistan PPP)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Turkmenistan	N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism supports CAR's PEPFAR Strategy Objective 1

The Drop-in and Youth Centers Project's goal is to provide HIV outreach and prevention for drug users and a forum for at-risk youth to gain skills and knowledge to promote healthy lifestyles. The Drop in Center, located in Ashgabat, Turkmenistan, provides HIV outreach services, TA, and training for PWID and SWs who inject drugs. The project also supports two Youth Centers which provide education on HIV/AIDS prevention, stigma reduction, responsible behavior and consequences of drug use.

The program is co-funded through a public-private partnership with Chevron Nebitgaz Company which funds Youth Center activities. PEPFAR funds only support HIV prevention activities.

The project works closely with the National AIDS Center, National Narcology Center and the Youth Organization of Turkmenistan. The program also receives support from international donors such as UNFPA, United Nations Children's Fund (UNICEF), and UNDP which help to share some costs of running these centers. At the end of the project, it is expected that the Government of Turkmenistan will continue to support all Centers.
The project measures use of services at each center using a unique identifier code. Project activities are monitored through client satisfaction surveys as well as through client roundtables.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13976**		
Mechanism Name:	**Youth Centers GDA (Turkmenistan PPP)**		
Prime Partner Name:	**John Snow, Inc.**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	IDUP	0	0

Narrative:

This mechanism supports the CAR Regional PEPFAR Strategy Objective 1: Improve access in public and private sectors to quality HIV prevention, care and treatment services to reduce the transmission and impact of the HIV epidemic in Central Asia with a focus on Sub-objective 1.1: Equitable Access to services. UNODC reports that Turkmenistan has an opiate prevalence (% of people who use illicit opiates) rate of 0.3% in 2010, resulting in an estimated 32,000 heroin users. Of this number, the Government of Turkmenistan (GOTk) estimates that 94 percent are male. Unofficially, the total number of heroin users is likely much higher. According to a 2009 UNDP survey, most sex workers in Turkmenistan start engaging in sex work between the ages of 15-17 and drug addiction among youth is also very common. The Drop-In and Youth Centers project will provide outreach activities through peer educators to vulnerable youth and will target HIV/AIDS prevention, condom use and drug demand reduction. Outreach workers will conduct education and information sessions both in the Drop-In and Youth Centers and on the streets.

PEPFAR Funds will be used to support the activities of the Drop-in Center (DIC) component of the project. The DIC located in Ashgabat will provide PWID with a safe place to receive counseling and social support services and referrals. The Drop-In Center will provide outreach services which will include information, education and communication messages that focus on safer injection and safer sexual behaviors and HIV counseling. PWID will be encouraged to bring their partners for couples counseling where partners will receive information on HIV prevention, treatment, drug abuse treatment, condoms, and social support. Drug using sex workers will also be provided with information on blood borne and sexual prevention of HIV, drug prevention and treatment. The project will assist in introducing opioid substitution therapy in Turkmenistan through negotiations with government officials and international donors. If substitution therapy becomes available, it will be offered at the polyclinic where the DIC is located.

The DIC will use the Unique Identifier Code (UIC) developed previously by the Drug Demand Reduction Project to capture information about individual use of medical consultation services to maintain clients' anonymity and confidentiality. Client data will be entered into a database where data can be aggregated

on periodic basis for both reporting and management services. The project will coordinate with USAID Dialogue on HIV and TB Project, the Red Crescent Society of Turkmenistan, the USAID Quality Project and UNODC which supports HIV/AIDS prevention among drug users and sex workers in other pilot sites of Turkmenistan. In mid-2011, the GOTk pledged to open DIC and provide opioid substitution therapy in every region in the country. This site will serve as a model for other sites throughout the country.

Implementing Mechanism Details

Mechanism ID: 13977	**Mechanism Name: AIDSTAR II (Capacity Building), Task order 1 - MSH**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Kazakhstan	N/A
Kyrgyzstan	N/A
Tajikistan	N/A

Total Funding: 1,000,000	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-USAID	1,000,000

Sub Partner Name(s)

Cardno Emerging Markets	Health and Development Africa	International HIV/AIDS Alliance
New Partner	Save The Children Federation Inc	

Overview Narrative

This mechanism supports CAR's PEPFAR strategy objective 2.

The AIDSTAR II Capacity Building project's goals are to assess NGO capacity in Central Asia and facilitate networking and linkages - especially advocacy campaigns - by indigenous institutions through south-to-south approaches. The project will conduct activities in Kazakhstan, Kyrgyzstan and Tajikistan. The target populations are non-governmental organizations and the most-at-risk populations they serve.

In order to be cost-effective, this project will tap into local experience and expertise and use south-to-south approaches to implement project activities.
Most project activities will be assessments and reviews but any materials that are developed will be incorporated into the local organizations' plans or will be shared with other donors including the GFATM.

The project will develop monitoring and evaluation plans for all project activities, which will be reported to and monitored by USG.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	142,857

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13977**
Mechanism Name:	**AIDSTAR II (Capacity Building), Task order 1 - MSH**
Prime Partner Name:	**Management Sciences for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,000,000	0

Narrative:

This mechanism supports the CAR's PEPFAR Strategy Objective 2, particularly sub-objective 2.1 Capacity building. This activity is linked to OHSS activity of Abt Associates /IM # 12746. In KZ, KG and TJ, donor-funded NGOs, primarily GFATM-funded NGOs, are the primary means for reaching vulnerable and stigmatized populations at risk of acquiring HIV. Although USG partner NGOs have received TA and training to implement prevention and outreach activities, and a wide range of support to implement health MIS and financial management programs, little has been done to strengthen capacity in the wider NGO community, both to enhance technical performance and promote organizational development and sustainability. In addition, NGOs can be powerful advocates for the populations they serve. However, more assistance is needed to improve their communication strategies and tailoring these messages. The AIDSTAR II project will support two objectives: 1) identify key areas for additional technical support to improve sustainability of NGOs and 2) provide TA to improve NGO advocacy and communication. To support objective 1, in FY12 the project will conduct a rapid diagnostic review of a representative sample of NGOs in KZ, KG and TJ. The review will examine the six key functions of sample organizations: governance, human resources, operations and management systems, financial resources, external relations and advocacy, and service delivery. Based on findings, the project will develop a TA plan and identify USG and other development partners who can provide this assistance. The goal of the activity is to ensure that NGOs are receiving a comprehensive package of technical and management assistance that addresses organizational development more broadly and enables NGOs to play a more robust role in the national AIDS response.

Using the findings from the NGO capacity review, the project will use South-to-South approaches (perhaps working with Ukrainian or other NGOs in Eastern Europe) to develop advocacy materials and conduct training for Central Asian NGOs to build their capacity to target and conduct advocacy and policy change activities. These NGOs will build skills to launch campaigns to address stigma and discrimination, support improved harm reduction, including MAT programs, as well as advocate for increased funding for HIV prevention programs.

The AIDSTAR II project will coordinate closely with USG partners, MOHs, development partners and GFATM PRs to ensure a harmonized approach to reviewing NGO capacity and developing strategies to improve advocacy and communication. In Kyrgyzstan, the project will review the DFID Central Asia

Regional HIV/AIDS project (CARHAP) project's quality management instrument that it uses for all of its grant recipients.

Implementing Mechanism Details

Mechanism ID: 13978	**Mechanism Name: Republican Blood Center - Tajikistan**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Republican Blood Center of the Ministry of Health of the Republic of Tajikistan	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Benefiting Country	Benefiting Country Planned Amount
Tajikistan	N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**	
Managing Country	**Funding Source**	**Funding Amount**
Kazakhstan	GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism supports CAR's PEPFAR Strategy Objectives 2 and 3. The primary goals of this award are to increase the capacity of the Republican Blood Center (RBC) in Tajikistan (TJ) to improve their blood safety program, ensure an adequate blood supply, perform accurate and appropriate blood screening for the TJ population, and to sustain these program improvements over time. Challenges in blood safety in TJ include lack of voluntary donors, inappropriate clinical use of blood, inadequate maintenance of the cold chain, inadequately trained staff, an outdated, unsustainable electronic blood donor database, and lack of a quality assurance management system (QMS), potentially hindering

laboratory performance. Under this award, TA will be provided to the Republican Blood Center of TJ to improve these deficiencies and to develop a QMS covering all stages of the transfusion process. These activities will allow the TJ blood centers to improve their services and efficiency over time. The project will implement a nationwide M&E system for blood services indicators. The indicators will include number of donors served, number of donors tested, number of donors positive for transfusion transmissible infections (TTI), and number of trained people over time. Indicators will be monitored by review with the standardized checklist during regularly scheduled site visits. Sustainability of the program and country ownership will be fostered through training and capacity building of RBC staff, and development of effective and useful electronic databases for both QMS and M&E. These activities will allow the RBC monitor and improve the quality and efficiency of their activities.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HMBL	Republican Blood Center	150000	Build capacity of health providers in clinical use of blood, assist with the development of software and M&E system to consolidate data

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13978**
Mechanism Name:	**Republican Blood Center - Tajikistan**
Prime Partner Name:	**Republican Blood Center of the Ministry of Health of the Republic of Tajikistan**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	0	0

Narrative:

This ongoing Cooperative Agreement supports CAR's PEPFAR Strategy Objectives 2 and 3. In 2007, CDC re-screened 7500 samples from blood donors in the Central Asia Region (CAR), confirming that contaminated blood is being administered in health facilities. Transfusion of HIV-infected blood is 100 times more efficient for transmitting HIV infection than intravenous injection with a contaminated syringe. An adequate supply of safe blood and the appropriate clinical use of blood are important components of the CAR PEPFAR prevention strategy, as well as a priority for the Government of Tajikistan (TJ). Almost 98% of the blood supply in TJ is based on the principle of "donor replacement." The goals for this activity are to: (1) improve the TJ strategy for voluntary blood donorship using international expertise and results of a Knowledge Attitude Practices/Behavior (KAP) survey; (2) help to establish a quality management system (QMS) for blood banking, including screening for transfusion transmissible infections (TTI), blood compatibility and typing; (3) assure cold chain maintenance, including expansion to the rural areas; (4) reduce non-evidence-based clinical use of blood products; (5) establish national norms, standards and organizational structures for a national blood service; (6) improve information systems and standardize databases for tracking blood donors and donated blood units; and (7) strengthen professional development of blood services staff. Technical assistance (TA) will be provided to assist with implementation of a newly developed electronic database to track blood donations at the oblast-level blood centers; conduct on-site training workshops on the database, including entering and using donation data; implement a bar code system for blood services at the oblast level; conduct trainings on cold chain maintenance for all levels of blood services, including national, oblast and rayon. These activities address the 1st (Policy), 5th (Training), 6th (Monitoring and Evaluation) and 7th

(Sustainability) key elements identified by the Medical Transmission technical working group (TWG). The KAP surveys will inform the national strategy on voluntary donorship, including Information (IEC) campaigns for recruitment of donors. Trainings and recruitment materials will be developed for donor recruiters on republican, oblast and rayon levels, who will also collect basic donor information. These activities are related to the 1st, 2nd and 5th and 7th elements identified by the TWG. Ongoing activities include laboratory strengthening (using prior year funding). All activities will be conducted in the context of a QMS, currently being developed by the TJ MOH, spanning the entire chain of blood services. They will be integrated with other HIV/AIDS related services, as potential donors who test positive for TTIs will be referred to the TJ AIDS Center for further counseling and testing and treatment. Sustainability of the program and country ownership will be fostered through capacity building (training the TJ government to improve their blood safety program) and technology transfer (the electronic database).

Implementing Mechanism Details

Mechanism ID: 16552	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16555	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16557	**TBD: Yes**
REDACTED	

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		40,528			40,528
ICASS		188,625			188,625
Management Meetings/Professional Developement		96,840			96,840
Non-ICASS Administrative Costs		206,080			206,080
Staff Program Travel		135,576			135,576
USG Staff Salaries and Benefits		482,351			482,351
Total	**0**	**1,150,000**	**0**	**0**	**1,150,000**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services	IT Services	GHP-State		40,528

ICASS		GHP-State		188,625
Management Meetings/Professional Developement		GHP-State		96,840
Non-ICASS Administrative Costs	Mission Levied Tax	GHP-State	USAID/CAR paids 10% of the USAID PEPFAR program cost for services provided by the Mission's Strategy and Program office.	206,080

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Capital Security Cost Sharing		0			0
Computers/IT Services		0			0
ICASS		0			0
Non-ICASS Administrative Costs		0			0
Staff Program Travel		0			0
USG Staff Salaries and Benefits	560,000	0			560,000
Total	**560,000**	**0**	**0**	**0**	**560,000**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security		GHP-State		0

Cost Sharing				
Computers/IT Services		GHP-State		0
ICASS		GHP-State		0
Non-ICASS Administrative Costs		GHP-State		0

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Peace Corps Volunteer Costs		23,500			23,500
USG Staff Salaries and Benefits		41,400			41,400
Total	**0**	**64,900**	**0**	**0**	**64,900**

U.S. Peace Corps Other Costs Details