Annual Report 2013



# HEALTH THROUGH KNOWLEDGE



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# Foreword News from Eastern Europe and Central Asia





Eastern Europe and Central Asia (EECA), the region where AIDS Foundation East-West (AFEW) has been working for 12 years, features prominently in the news nowadays. Laws have been adopted that concern us regarding human rights, the lives of individuals and the work of non-governmental organisations (NGOs). A federal law that bans the spread of 'nontraditional sexual relations propaganda' among minors in the Russian Federation (RF) drew international disapproval during the 2014 Olympic Winter Games in Sochi. In addition, a law forcing NGOs that receive funds from abroad to register as foreign agents has already been adopted in RF and is now nearing adoption in Ukraine. Laws such as these will substantially complicate the work of NGOs. In late 2013, similar initiatives were put forth in the parliament of Kyrgyzstan, but remain unapproved.

In other news, the protests in Kyiv and the remainder of Ukraine, demonstrating the frustrations among people about the lack of improvements in governance and their lives, are dominating headlines at the time of writing. In contrast, some positive news can be found: Ukraine is the first country in the EECA region to report a small decline in new cases of HIV. This decline has been attributed to the extensive scale up of harm reduction measures such as needle and syringe programmes (NSP) and opiate substitution treatment (OST) for people who use drugs. This leaves us optimistic about the introduction of harm reduction measures underway in additional countries in EECA—OST coverage is expanding in countries where pilot projects have been implemented and NSPs are being set up increasingly in prisons.

We are delighted to see that harm reduction is on the agenda of international, domestic and United Nations organisations. In future, we must ensure that these services are used. Key populations at a higher risk for HIV, tuberculosis (TB) and viral hepatitis (i.e., people who use drugs, sex workers, men who have sex with men, prisoners and youth) still face stigma and discrimination. These form significant barriers for individuals seeking help, treatment and care. To address the attitudes of service providers and civil servants such as police officers, it is important to provide knowledge about these groups to society at large and to disseminate evidence about proven effective interventions. These represent the core tasks *AFEW* has carried out for some time now. This annual report for 2013 provides a more in-depth description of *AFEW*'s training programmes for police officers, and summarises *AFEW*'s newer initiatives related to eLearning activities.

Finally, in late 2013, AFEW restructured as a network of independent organisations operating in six countries of EECA. This new structure will help us quickly respond to the changing epidemiological and social environments in the countries in which members work and allow us to compete for national HIV programme funding. At the same time, we will maintain AFEW's high standards for project implementation, transparency and financial accountability. The newly registered national-level AFEW NGOs are fully equipped to meet the needs for training and services of the various groups in society with whom we've worked in the past. The AFEW Network will continue to advocate for access to health and care, the protection of human rights and the freedom to speak out and assemble on issues related to HIV in the region. As always, we accomplish this through our strong and steady work on the ground.

Yours sincerely,

#### Frank de Wolf

Chairman of the Board
AIDS Foundation East-West (AFEW)

#### Anke van Dam

Executive Director

AIDS Foundation East-West (AFEW)

#### Who we are

AIDS Foundation East-West (AFEW) has become a network of independent local organisations working in the countries of EECA. This new status became effective as of November 2013. Currently, the AFEW Network consists of six member organisations operating in Kazakhstan, Kyrgyzstan, the Netherlands, Russia, Tajikistan and Ukraine, with AFEW in the Netherlands serving as the international secretariat of the network. The local organisations are derived from the AFEW representative branches that existed until the structural change; therefore, they constitute the continuation of AFEW's high-quality project implementation and staff expertise.

With the new organisational structure, the *AFEW* Network has expanded its mission and field of engagement. At a meeting of the *AFEW* Network Steering Committee in November in Amsterdam, it was agreed that the priority issues are access to quality healthcare and addressing stigma and discrimination.

The AFEW Network will continue to promote health and increased access to prevention, treatment and care for public health concerns such as HIV, TB, viral hepatitis and sexual and reproductive health and rights. The focus and objectives of members of the AFEW Network have also been updated to reflect the local conditions and needs, including:

- strengthening the capacity of local NGOs and governmental organisations,
- the development of mass media campaigns,
- the development of informational and educational materials and events to inform target populations,
- advocacy,
- serving as effective liaisons and partners to community and governmental structures and
- piloting and expanding innovative approaches to HIV prevention, treatment, care and support.

The AFEW Network works in eight countries across Eastern Europe and Central and Southeast Asia, the only region in the world where the HIV epidemic is still growing and where rates of injecting drug use are some of the highest. Equipped with an annual average of 46 devoted professionals (compared to 55 in 2012), in 2013, AFEW implemented a total of 26 projects in Georgia, Indonesia, Kazakhstan, Kyrgyzstan, Malaysia, Russia, Tajikistan and Ukraine. Employees are located in the following offices (average for 2013):

- The Russian Regional Office (in Moscow) includes six employees (same as 2012), of whom two were on long-term parental leave. Most staff were employed part-time in the Russian office during 2013.
- Central Asia (Regional Office in Almaty, Kazakhstan and two country offices in Bishkek, Kyrgyzstan and Dushanbe, Tajikistan) includes 28 employees (compared to 33 in 2012). By mid-2013, the number of staff decreased in the Almaty regional office as its designation as regional office ended and larger projects were completed. By the end of 2013, staff from all three representative offices moved to work as local independent *AFEW* NGOs.
- The Ukraine Regional Office in Kyiv and the Moldova Country Office include seven employees (compared to 10 in 2012). With the closure of the office in Moldova and the relatively small number of projects in total, the staff was reduced accordingly.
- The international secretariat, serving as the headquarters and situated in the Netherlands, includes five employees (compared to six in 2012), most of whom are employed part-time.

#### **Our Approaches**

AFEW's mission is anchored by Millennium Development Goal 6, which calls upon the global community to step up efforts to halt the spread of HIV and achieve universal access to treatment. Thus, all of the programmes in our extensive portfolio are based on the principle of universal access and exemplify an approach based on human rights and social justice. Put simply, the starting point is that everyone should have equal access to HIV treatment, prevention and care, including services that reduce the harms associated with drug use or other risky behaviours.

AFEW positions itself as a partner organisation. As such, we actively participate in several of the foremost international consortia responding to HIV, as well as assist in building grassroots networks of service providers and local NGOs. AFEW's unique value as a partner lies in its extensive experience of working in local healthcare infrastructures combined with its international-level expertise, especially on harm reduction and prison health.

#### **METHODS**

Through constructive engagement with governments and civil society in the countries where it works, *AFEW* advocates for the basic human right to health and demonstrates why this right must be extended to reach the most marginalised and stigmatised groups in society.

Recognising that civil society can be effective in filling voids in the health and social systems of the EECA region, *AFEW* assists local organisations through the provision of technical support (handson training and customised consultations) so that they can extend their reach to a greater number of people and serve them more effectively.

Working directly with those who live at the sharp end of the epidemic, *AFEW* empowers key populations at higher risk with targeted, accurate information and assists them in building their own support networks.

Where basic treatment and care (for instance, antiretroviral drugs, care for pregnant women, prevention tools, etc.) are absent or inadequate, *AFEW* supports the development of direct services for key populations. In particular, different departments of the healthcare systems in EECA (i.e., TB clinics, AIDS centres and drug treatment centres) often work in isolation from one another, leading to gaps in care for people with complex needs. *AFEW's* client management models and HIV–TB collaborative activities bridge these gaps and help service providers to better structure their responses.

Finally, long-term sustainability lies at the heart of *AFEW*'s programming. Therefore, each project activity comes with a clear strategy for its eventual handover to local authorities, governments or civil society groups.

#### THE PEOPLE WE REACH

People who use drugs AFEW's expenditures on programmes for people using drugs totalled €1,378,265 in 2013 (compared to €1,720,031 in 2012). Support for harm reduction initiatives and the set-up of national networks of harm reduction providers and people who use drugs are at the core of AFEW's effort to reduce the exceptionally high level of HIV transmission among people who inject drugs in EECA. These networks comprise training centres for professionals, NSPs, the introduction of OST programmes and the provision of less harmful alternatives to injecting drug use.

**Prisoners** AFEW's expenditures on programmes for prisoners totalled €354,370 in 2013 (compared to €778,887 in 2012). AFEW works together with Ministries of Justice, prison health experts, inmates and local NGOs to strengthen local capacity and ensure that incarcerated persons have the same access to information and services as those living outside prison walls. This policy is in line with internationally accepted principles put forth by the World Health Organisation (WHO). Given the high rate of injecting drug use in prisons in the region, AFEW also advocates for the provision of NSP and OST in prisons. Another major component of AFEW's prison work is the introduction and scaling up of transitional client management. To ensure the continuity of care for released prisoners, a system has been developed that prepares prisoners for release and guides them to medical and social services and assistance in the community beyond prisons.

Vulnerable women AFEW's expenditures on programmes for vulnerable women totalled €339,805 in 2013 (compared to €411,660 in 2012). Power and economic imbalances related to gender can increase women's vulnerability to HIV. This vulnerability combined with stigma directed at women who use drugs and sex workers leave them with limited access to harm reduction and drug treatment services. Women living with HIV also require specific services for the prevention of mother-to-child HIV transmission and childcare. Activities for sex workers aim to ensure access to non-discriminatory, non-judgmental, and user-friendly medical and psychosocial services including HIV prevention, counselling and testing services.

People living with HIV AFEW's expenditures on programmes for people living with HIV reached €35,517 in 2013 (compared to €283,058 in 2012). Stigma and discrimination directed at people living with HIV remain prevalent in the countries of EECA, even within the very services that they rely on for treatment and care. Breaking through the wall of prejudice directed at HIV-positive persons is vital to addressing the HIV epidemic and is, therefore, a priority area for AFEW. Education, training and

advocacy within state services are combined with the mobilisation of and support to communities of people living with HIV.

**Most-at-risk adolescents** *AFEW's* expenditures on programmes for the most-at-risk adolescents totalled €207,259 in 2013 (compared to €260,315 in 2012). Through mass media campaigns and cultural events, AFEW mobilises young adults encouraging them to take responsibility for their own health, to play an active role in the global response to HIV and to forge future societies based on tolerance and respect for human rights. AFEW develops informational materials, outreach programmes and peer training initiatives especially for young people living in high-risk circumstances. Activities for street children focus on developing support systems for youth who are deprived of family care and protection. Drop-in centres provide all-around safe havens where children can receive basic services such as a shelter, food, warmth, clothing, recreation, family mediation and health services. Activities for young girls engaged in sex work focus on empowerment and making informed choices about their lives. Vocational training is offered to girls who want to find alternatives in life. Activities for young offenders focus on informational materials and education on healthier lifestyles including information on HIV and drug use.

Men who have sex with men (MSM) AFEW's expenditures on programmes for MSM included €36,435 in 2013 (compared to €73,484 in 2012). MSM are one of the key populations at risk for HIV. Due to stigma and discrimination, MSM encounter barriers in accessing information and health services and may be left unable to lead healthy and satisfying sexual lives. Within the framework of the Global Fund to Fight AIDS, Tuberculosis and Malaria's Round 10 programme, AFEW is supporting local lesbian, gay, bisexual and transgender (LGBT) organisations in Kyrgyzstan through capacity building, and reaching out to and offering information and voluntary counselling and testing (VCT) services to MSM.

Governmental and non-governmental organisations (national and international) AFEW's expenditures on programmes for international and national governmental agencies and NGOs totalled €301,881 in 2013 (compared to €199,126 in 2012). As part of AFEW's sustainability strategy, AFEW strengthens the capacity of local governmental and non-governmental partners. AFEW provides technical support in order to equip staff with the necessary knowledge to provide HIV prevention, treatment, care and support, which is up-to-date and based on the best available evidence. For instance. AFEW trains prison staff on HIV prevention and has created a resource centre and a pool of trainers to make the training programme sustainable. Organisational development includes training in management skills, administrative and financial skills, monitoring and evaluation and fundraising. These skills promote the sustainability of our partners and, hence, the sustainability of the approaches that we introduce.

**TB-related activities and TB patients** As a follow up of *AFEW*'s HIV–TB projects in Central Asia, *AFEW* initiated activities for people affected by TB. Total expenditures on these activities reached €117,719 in 2013 (compared to €320,334 in 2012). For instance, *AFEW* is improving knowledge of TB among NGOs in Ukraine. An assessment by KNCV Tuberculosis Foundation (KNCV), *AFEW*'s partner in this project, found that there was a lack of knowledge on the symptoms of TB, its treatment and co-morbidity with HIV.

We invite you to read more about AFEW's projects, both past and present, on our website at **www.afew.org**.















#### **Epidemic at a Glance**

Table 1 HIV incidence and prevalence in EECA				
Country	New registered HIV cases in 2013	Total registered HIV cases		
Georgia	490	4,131		
Kazakhstan	1,974	19,997		
Kyrgyzstan	504	5,115		
Russian Federation	76,219	780,000		
Tajikistan	876	5,550		
Ukraine	21,631	245,161		

Founded in 2001, *AFEW* was the first NGO to focus specifically on the HIV epidemic in EECA. The rapid spread of HIV in this region is, however, a humanitarian catastrophe for those individuals living there and experiencing it first-hand. The HIV epidemic in the region also represents a potential global catastrophe that should concern people everywhere given the high migration rates within and beyond EECA. Today, the HIV epidemic continues to be overlooked by the international community and local governments.<sup>1</sup>

By the end of 2013, more than 1.5 million people were living with HIV in EECA. This figure is 3.5 times the number for 2001 (410,000) and more than 10 times that from 1991. In Central Asia, the annual number of newly diagnosed cases of HIV in 2013 was 14 times that for 2000.

The figures in the table were provided by the national AIDS centres from the respective countries. Note that these figures only reflect the number of officially registered cases—that is, when individuals voluntarily underwent HIV testing. Therefore, these figures may underestimate true prevalence and incidence rates in each country. The figures from RF are accurate as of 1 November 2013.

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#### **Our Achievements**

With the aim of highlighting our project results and illustrating the scope of our reach in the EECA region, we summarise our results with respect to six key indicators. The indicators below are summarised across all eight programme countries and include the following:

- 1. The number of key populations at risk that is, people who use drugs, people living with HIV, prisoners, sex workers, youth, MSM and migrants who received informational sessions or mini trainings on HIV, TB, sexually transmitted infections (STIs), viral hepatitis and other infectious diseases.
- **2.** The number of key populations at risk enrolled in the client management programme and who received medical and/or social services.
- **3.** The number of key populations enrolled in the client management programme, disaggregated (where such information was recorded) by people who use drugs, sex workers and MSM.
- **4.** The number of representatives from governmental agencies and NGOs who participated in *AFEW* trainings.

- **5.** The number of governmental agencies and NGOs reached through training.
- **6.** The number of people who participated in *AFEW*'s awareness-raising events (excluding TV audiences during mass media campaigns or HIV-related talk shows).
- \* Note that not all client management locations gathered information related to the specific key population group to which enrolees belonged. AFEW has reached out to more than 50,000 people with informational materials, training on selfprotection, empowerment, and the means to prevent the transmission of HIV. The majority of those included people who use drugs and sex workers. Nearly 16,000 individuals were followed through AFEW's client management programme, a programme which includes at least six monthly sessions in which the client is supported to seek advice and care for her/his (medical) needs. The figures for 2013 reveal an increase of 30% in terms of the number of individuals AFEW reached with information, via informational sessions or mini-training seminars compared to 2012. Enrolment in the client manage-

Table 2 <b>AFEW</b> results by programme indicator	2012	2013
Indicator type	Number	
• Number of people in key populations at risk participating in informational sessions and/or mini trainings	37,956	50,244
Number of people in key populations at risk enrolled in the client management programme	6,934	15,920
Number of people in key populations who received client management services*:	-	
People who use drugs		6,782
• Sex workers		5,360
• MSM		190
• Prisoners		1,804
Street children		302
Number of representatives of governmental agencies and/or NGOs who participated in trainings	2,006	1,365
Number of governmental agencies and NGOs reached through trainings	-	238
Number of people reached through awareness-raising events	33,232	22,194

ment programme more than doubled compared with 2012, with people who use drugs and sex workers representing the largest numbers. These figures clearly indicate that our efforts to increase access to information and services are working effectively.

In turn, 1,365 individuals received training to improve their knowledge and skills related to the prevention and treatment of HIV. The topics of specific training sessions included harm reduction, client management, project management, advocacy, resource mobilisation, etc. In 2013, AFEW trained 31% fewer service providers, staff from governmental agencies, NGOs and prisons compared to 2012. Training has become more focused on improving the quality of services and strengthening the organisational capacity of our partners. AFEW also trained 238 representatives from governmental agencies and NGOs. These numbers demonstrate the breadth of AFEW's partnerships.

More than 22,000 individuals attended events to raise awareness of HIV and related issues, one-third less than in 2012. Events included round-table meetings and (public) activities on World AIDS Day and World Tuberculosis Day.

There is a clear shift in *AFEW*'s activities towards increasing access to information and services. However, capacity strengthening remains an important component of *AFEW*'s work. As such, *AFEW* aims to strengthen the organisational capacity of NGOs with which we have long-standing relationships and to improve the quality of the services provided by those partners who have historically worked with us through our client management programmes. HIV has become a topic about which professionals and the general population are aware; thus, there is less need for general training and mass media campaigns on basic information about the virus.











#### Projects completed in 2013

- 'USAID Dialogue on HIV and TB Project' funded by the United States Agency for International Development (USAID) with Population Service International (PSI) as principal recipient.
- Strengthen supportive environment and scale up prevention treatment, and care to contain HIV epidemic in the Republic of Tajikistan, funded by United Nations Development Programme (UNDP)
- 'Scaling-up HIV and TB services for most at risk populations in Kazakhstan', funded by European Commission
- Pilot funding for development of an effective model of preventive education and promotion of healthy life style among young inmates in the Republic of Kazakhstan, the project was funded by ViiV Healthcare
- Bridge: Social support of prisoners before and after release, project in Kyrgyzstan, funded by European Commission
- "Institutionalization of activities on training police officers on HIV/AIDS issues and harm reduction" project, funded by Soros Foundation Kyrgyzstan.

- Promoting accessibility and quality of prevention, treatment, detection and care services for HIV among the most vulnerable populations in the Kyrgyz Republic, funded by United Nations Development Programme (UNDP)
- "Improving social and economic situation of young female sex workers and girls from vulnerable families in the cities of Kharkiv and Kiev, Ukraine" funded by Eureko Achmea
- "Improving the access for street children to friendly services using peer leaders from the community in Ukraine", funded by the Royal Dutch Embassy in Kiev
- Improvement of education of law enforcement bodies personnel on social prevention and compliance of civil rights of populations, vulnerable to HIV, funded by International Renessainse Foundation Ukraine
- HIV Prevention among Vulnerable Groups: front Quality Enhancing to Better Advocacy and Integration, run in Russia, funded by Esvero (with financial support from European Commission)

#### Projects initiated and completed in 2013

Despite a difficult funding situation, *AFEW* continued receiving new grants for its work in 2013. Last year's trend towards donors preferring to issue short-term grants continued in 2013. With short-term funding, it is difficult to achieve substantial results and ensure project stability and continuation. Overall, in 2013, *AFEW* launched and finished the following new projects:

- Transitional Funding Mechanism (TFM), funded by the Global Fund/Open Health Institute, the project is a follow up of the Global Found round 3 Globus project in Russia, continuation of project activities of 2004-2012;
- "Increasing access to electronic education as a response to HIV/AIDS epidemics in Russian Federation" project, funded by Estee Lauder Companies;
- "Strengthening Networking of Non-Governmental Organizations Representing HIV-Positive Women in Belarus, Russian Federation and Ukraine", funded by Focus Media for organizing a study tour, the project was supported by UNDEF;
- "Raising Awareness and Knowledge on Treatment and Prophylaxis HIV, HCV and TB Among IDUs in Moscow and Moscow Region", funded by European AIDS Treatment Group.
- 'Positive Environment" project in Kazakhstan, funded by UNAIDS;

- Increasing access to preventive treatment, provision of help and support to people living with HIV, especially to vulnerable populations in the civil and penitentiary sectors, through increasing and enhancing state, nongovernmental and private partnerships, funded by the Republican AIDS Centre in Kazakhstan;
- Development of Manuals for local NGOs on capacity building, funded by Soros Foundation Kazakhstan;
- Distribution and monitoring of food parcels under the program "Short-term course of antituberculosis therapy under the direct control (DOTS) in Kyrgyzstan by assuring Access to tuberculosis diagnostics and treatment resistant to medicines", funded by "Project HOPE in Kyrgyzstan;
- Community Action for Harm Reduction programme in Indonesia and Malaysia, funded by International HIV/AIDS Alliance;
  - With the restructuring into the AFEW Network, the active project below was handed over from the AFEW international secretariat to the local independent NGO, AFEW RF:
- Civic journalists on guard of human rights in Russian penal system project, funded by the Embassy of the Kingdom of the Netherlands in Moscow.

#### Projects initiated in 2014

After completing the restructuring of the *AFEW* Network in 2013, *AFEW*'s international secretariat is continuing to lead the multi-year multi-country project 'Bridging the Gaps: Health and Rights for Key Populations', which includes activities in Georgia, Kyrgyzstan, Tajikistan and Ukraine. This project is funded by the Ministry of Foreign Affairs of the Netherlands.

Agreements for several other small projects are expected to be signed by *AFEW*'s international secretariat during 2014, among which are the City Health Conference 2014, technical assistance to local *AFEW* NGOs and others. *AFEW*'s international secretariat continues receiving small annual donations from AIDS-Fondet Denmark for the 'Drop-in centre for street children' project in Kyiv, Ukraine. This donor provides a contribution to the project depending on Aids Fondet's own fundraising. The project Incorporating the issues of HIV prevention and human rights of the vulnerable groups in the system of training for law enforcement officers, funded by International Renessainse Foundation Ukraine started at the end of 2013.











#### **Key Activities in 2013**

# eLearning: Alleviating the burden of infectious diseases through innovative technologies

In 2013, AFEW launched two web-based platforms for medical and non-medical specialists who work with key populations in Kyrgyzstan and Tajikistan. These platforms were aimed at allowing specialists to quickly and effectively exchange information and practical experiences, as well as to consult with healthcare professionals on issues related to HIV, TB, viral hepatitis, STIs, substance dependence, harm reduction and the legal aspects of these issues.

# Tajikistan: Nearly 3,000 question-and-answer pairs posted in 2013

AFEW, in cooperation with the Ministry of Health of Tajikistan, established a team of 6 national medical experts and 12 information points in 9 regions of the republic, equipping them with computers and access to the internet. Coordinators from these information points consist of staff members from local AIDS centres, all of whom work with key populations on a daily basis. One information point is located at the Police Academy so that questions may be logged from police officers in training. The coordinators are responsible for answering health-related questions. Questions related to drug dependence, TB, STIs and hepatitis which coordinators cannot themselves answer are forwarded to national experts and posted to the web platform at www.afew.tj.

Any user is free to post a question to the web platform, and within a short period of time (normally 1–3 days) it will be answered by one of the national health experts depending upon the specific topic of the query. The national experts are also equipped with the technology they need in order to respond promptly to questions. Information about the national experts and coordinators is available via the platform, and any visitor to the website can access the profiles and contact particulars for these professionals and reach out to them offline with questions.

In 2014, AFEW plans to conduct a 'Planning and Strategy Approval' meeting and will invite 35 health-care professionals, representatives of local NGOs and members of community-based organisations representing people who use drugs to discuss the results of the web platform activities during 2013. In addition, the meeting will be used as a venue for the development of a work plan for 2014. To promote the platform even further and make information available to larger audiences, representatives from NGOs will also be presented with the opportunities available to them through the platform and equip them with information in order to promote it among key populations.



'The web platform significantly contributes to the improvement of access to information about the prevention of infectious diseases, the provision of treatment, care and support to people who use drugs and people living with or affected by HIV and TB.'

 Navruz Dzhaffarov, Deputy Minister of Health and Social Protection of Tajikistan

#### Kyrgyzstan: Coordinators also take questions from prisons

In Kyrgyzstan, the involvement of NGOs that work with key populations began when www. hivplatform.kg was launched. Five trained NGO staff members take questions from clients in two regions of Kyrgyzstan in addition to the capital city of Bishkek. Additionally, five coordinators answer questions from prisoners and prison staff. Similar to the process in Tajikistan, questions that require a more in-depth answer are forwarded to experts and the question-and-answer pairs are posted to the platform. Questions from medical specialists in prisons mostly centre on issues related to HIV, TB, hepatitis and harm reduction.

In 2013, the platform featured 1,250 questions with answers provided by four experienced national experts. In 2014, an additional expert on infectious diseases will be hired given the increasing number of related questions we've received.



'In May 2013, our hospital was restructured and became an in-patient department to treat patients from the whole northern part of the country who have drug-resistant tuberculosis. It was an uneasy time for all of the doctors, nurses and other medical personnel given that we were not technically prepared to treat this category of patients. At that time, the use of the web-based platform was very helpful to us: we posted all of the questions we had which required an immediate response regarding the treatment and care of patients with drug-resistant tuberculosis. Thanks to the professional, detailed and timely answers we received from experts, we readjusted our treatment of patients, especially those with HIV-TB and TB-hepatitis C co-infection and patients undergoing OST. Thanks to expert consultations via the platform, we did not feel isolated and managed to face the challenges of the re-designation of the hospital. The opportunity to have access to experts with a click of the mouse helped us to develop and refine training modules that we use at nurses' conferences and to compile information about the use of various medicines. With the availability of the platform, we can plan the scope of TB testing and treatment and provide emergency medical help to deal with the side effects of second-line TB medications. The introduction of innovative technologies has energised the younger generation of nurses — they now have a robust interest in collectively carrying out activities that are aimed at alleviating the burden of infectious diseases in Kyrgyzstan.'

In the near future, AFEW plans to equip a TB hospital in the Batken region with a computer and access to the internet. The hospital administration has pledged to find a doctor who will manage the flow of questions.

# Equipping law enforcement with knowledge to prevent HIV and promote harm reduction programmes among key populations

One of AFEW's strengths is its solid experience of working with law enforcement. Police officers in the region are among the professionals who most often come into contact with key populations. It is, therefore, essential that officers are educated about the need to support HIV prevention and treatment when working with them. It is also vital that law enforcement officials do not undertake any action that could obstruct HIV prevention programmes, particularly where harm reduction activities are carried out. In order to raise the standard of professional conduct towards people living with HIV or at risk of HIV, reduce discrimination directed at key populations and promote evidence-based interventions, AFEW has initiated several educational projects and activities with police departments across the region. We are particularly proud of our work in Kyrgyzstan, which has resulted in significant improvements in the attitudes of law enforcement officials towards AFEW's target groups, such as people who use drugs, sex workers and former prisoners. This improvement was even highlighted in Human Rights Watch's latest report, They Said We Deserved This<sup>2</sup>. Similarly, AFEW has trained police officers in Tajikistan and Ukraine.

'Since 2009, NGOs focusing on HIV prevention in Kyrgyzstan, in cooperation with AFEW and the Soros Foundation-Kyrgyzstan, have worked with the Ministry of Internal Affairs to develop 'Instruction 417' for police, a directive that would create 'a favourable climate for the participation of vulnerable groups in HIV prevention and harm reduction programmes.' The directive states that police officers should not 'discriminate and infringe upon the rights of vulnerable groups, [display] rudeness or actions or words that would violate their honour and dignity, [...] [and should] act without expressing any negative feelings and in all cases remain peaceful and calm'. However, according to experts involved in the development of the directive, while police have implemented it with respect to certain vulnerable groups such as drug users and sex workers, they have not yet implemented it with respect to gay and bisexual men.'

From 'They Said We Deserved This': Police Violence Against Gay and Bisexual Men in Kyrgyzstan, Human Rights Watch, 2014



 'They Said We Deserved This': Police Violence Against Gay and Bisexual Men in Kyrgyzstan, New York, Human Rights Watch, 2014, http://www.hrw.org/sites/default/files/reports/kyrgyz0114\_ forUpload.pdf. 'I received a lot of new and useful information. Harm reduction programmes were of particular interest. We have formed cooperative links with several NGOs. When I returned to Osh, I immediately met with representatives of the NGO 'Podruga', which provides services to sex workers, to discuss future collaboration. Of course, I will use the knowledge and modules I completed when training our staff.'

Tolkun Ergeshov, Head of the Department of Professional Preparedness, Osh Regional Police Department

All of our projects with law enforcement were aimed at:

- the creation of a favourable climate for the implementation of harm reduction programmes such as NSPs and OST;
- reducing stigma and discrimination directed at people at higher risk for HIV;
- strengthening cooperation between law enforcement and local public organisations; and,
- enhancing the quality of instruction of harm reduction courses at the police academies.

To reach these goals AFEW has completed the following activities summarised by country below.

#### Development of course modules (Kyrgyzstan)

AFEW was instrumental in developing the following modules for law enforcement officials:

- a one-hour course for the staff of law enforcement agencies on harm reduction.
- a two-day training module for Police Academy instructors on teaching methodologies for courses on harm reduction and reducing vulnerability among sex workers.
- A five-day training-of-trainers (ToT) module for the staff of law enforcement agencies responsible for service preparedness.

#### Conducting training

The Role of Law Enforcement in HIV Prevention and Harm Reduction' is a training course that was offered to 11 Police Academy instructors from Kyrgyzstan. The goal of the training was to improve the quality of instruction for existing courses offered by the academy — 'The Legal Basis for Harm Reduction' and 'The Legal Basis for Reducing Vulnerability among Sex Workers' — so that future police officers will receive the most key population—friendly information and guidance.

HIV prevention and harm reduction were also discussed at a series of training seminars among active Kyrgyz police officers in July 2013. More than 30 participants — including police staff trainers from all regions of the country — are now fully equipped to share knowledge and skills with their colleagues. During the training sessions, participants were also given the opportunity to meet with NGO representatives who work with key populations to learn about their needs, existing prevention programmes and harm reduction services.

Similar training activities were conducted in Ukraine. Throughout the year, a team of 19 Police Academy instructors was trained to begin sharing knowledge with their students on issues related to HIV, drug use and the human rights of people who use drugs and sex workers.

In Ukraine, three informational materials were published for law enforcement officers:

- the leaflet 'Human rights: Recommendations for policemen on working with people living with HIV and people who use drugs',
- a manual on drug-related issues and
- a training manual for law enforcement officers which included CD-ROMs.

#### Site visits to NSPs and OST points

Training participants in Kyrgyzstan had a chance to visit NSPs and the sites where clients receive methadone. For many of the participants, this represented the first time they had visited such places. They were given the opportunity to talk with staff and clients and read brochures on methadone and HIV prevention. Participants also visited NGOs in Bishkek where police learned about the client management programme.

# Advocacy, regional cooperation and experience sharing:

Interdepartmental instruction on HIV prevention, which was developed by AFEW in Kyrgyzstan in 2013, was approved by four key agencies: the Ministry of Internal Affairs, the State Drug Control Department, the Department of Corrections and the Ministry of Health. This instruction is now in use and carries two primary goals: to improve knowledge of HIV prevention in the workplace (that is, ensure that police, drug control agencies and prison authorities know how HIV is transmitted and how to protect themselves while on duty) and to ensure that law enforcement officers are acting as channels of information for key populations about HIV and the routes of transmission. In addition, the instruction works towards securing proper and respectful attitudes toward key populations whereby their health is given priority. For example, if an individual receiving OST or treatment for HIV is arrested, the departments involved must provide her/him with access to their medications in a timely manner.



In Kyrgyzstan in November 2013, AFEW, in partnership with UNODC, held a major regional roundtable to discuss the role of law enforcement agencies in the response to the HIV epidemic. A total of 56 participants, including representatives from the interior, health and justice ministries and the drug control agencies from Armenia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan and Ukraine, took part in the meeting. Participants delivered short presentations outlining the current approaches to working with key populations used by law enforcement bodies. Nick Thomson, a representative from the Law Enforcement and HIV Network (LEAHN), an Australia-based NGO that aims to help build sustainable global and local partnerships to work more effectively with vulnerable groups, delivered a presentation on factors which spread HIV and the role of law enforcement agencies in prevention efforts. He talked about the successful experience of Australian law enforcement agencies in working together with civil society organisations to prevent the spread of HIV. As a result of such cooperation, the police have become more aware of the needs of key populations and the number of cases of harassment from police has decreased.

During group work, participants discussed methods police may adopt when interacting with key populations and carried out SWOT (strengths, weaknesses, opportunities and threats) analysis of these methods. Finally, participants from each country worked on developing a work plan for the coming year.

In 2014, we plan to continue our work with law enforcement agencies in the region.

# Bridging the gaps: **Health and rights through knowledge, services and awareness**

AFEW continues to implement the 'Bridging the Gaps: Health and Rights for Key Populations' project, funded by the Dutch Ministry of Foreign Affairs. Currently, this is AFEW's largest project in the EECA region.

With 5 Dutch NGOs, 4 global key population networks and more than 60 grassroots organisations, this project is being implemented in 16 countries. *AFEW* is specifically implementing the people who use drugs project component in Georgia, Kyrgyzstan, Tajikistan and Ukraine, providing technical assistance and strengthening the capacity of local NGOs that deliver direct services to intended priority populations.

### SELECTED PROJECT RESULTS AT A GLANCE

# GEORGIA: WORKING WITH MEDIA TO REDUCE STIGMA AND DISCRIMINATION AND INFORM PEOPLE ABOUT AVAILABLE SERVICES

Client management, a new approach in Georgia, was introduced in the country in 2012. At the moment, two social bureaus operating in Telavi in the Kakheti region (NGO Bemoni) and Tbilisi (NGO Tanadgoma) are carrying out a pilot project that can be further replicated across the entire country. The social bureau in Tbilisi works with prisoners and individuals on probation. In 2013, 476 people who use drugs enrolled in the client management programme, 2,299 representatives of the priority population were informed about the available services and received at least one VCT consultation. In total, the two social bureaus provided 3,054 services.

The community of people who use drugs in Georgia is quite closed due to the high level of stigma and harsh legislation related to drug use. Therefore, the component of raising awareness among the general population about HIV and drug use is of primary importance for Georgian HIV service providers. Project sub-grantees are actively working with national and local media to ensure that information about HIV and drug use is adequately available and accurate. A pool of trained journalists is closely working with local NGOs, and their publications inform potential clients and their family members about the services available at social bureaus while also providing information about HIV and drug use. Specific activities in Georgia included the following:

#### • Two-day training in Tbilisi for nine journalists.

The goal was to raise awareness regarding drug issues and the current drug situation in the country, to broadcast and spread accurate information about HIV and its transmission and to protect and advocate for the rights of people who use drugs. The training was followed by a contest among journalists on issues related to drug use and HIV and the promotion of the human rights of people who use drugs and people living with HIV. Dozens of articles were published in various media outlets and submitted for the contest. On 1 December (World AIDS Day), the jury announced two winners: Maya Tsignadze and Nino Burchuladze.

• Meetings of the Anti-Drug Media Club in the Kakheti Region. The media club aims to focus the vision of medical specialists, lawyers, NGO representatives and journalists on drug policy reform and the provision of adequate medical, legal and social services to people who use drugs. An important outcome of the meetings included the release of two video clips developed and broadcast on Georgian national TV and intended to raise awareness about drug use and HIV.

'My participation in this contest was spontaneous. Previously, I knew very little about drugrelated issues and the lives of people affected by drug use. Cooperation with the NGO 'Bemoni' helped me to discover a new beat and most importantly made me think about HIV prevention and the promotion of the health and human rights of people who use drugs. After the contest, I continued blogging on HIV, hepatitis and drug use. The work that is carried out by 'Bemoni' is vital for Georgian people: the NGO has harm reduction facilities as well as programmes for the prevention of hepatitis C and HIV. The staff provides consultations, medical examinations and mans a free hotline for patients and other interested people. It is very important that all of the services for patients are available free-of-charge.'



# UKRAINE: FILLING THE GAP IN SERVICE PROVISION TO UNDERAGE PEOPLE WHO USE DRUGS

Following an initial needs assessment and consultations with service providers conducted at the beginning of the project, AFEW in Ukraine selected 14-25-year-old people who use drugs as its priority population, with a specific focus on underage people who use drugs. At present, nearly 30% of all individuals enrolled in the client management programme in Ukraine are underage drug users. Services for this age group represent a gap in the country for a variety of reasons: restrictive laws (e.g., harm reduction programmes are not available for this age group and some medical services cannot be provided without parental consent), a lack of governmental support for adequate interventions and a lack of experience among social workers from NGOs working specifically with youth.

In order to improve the quality of services, all project activities were focused on training service providers on contemporary approaches to working with young drug users, informing key populations about safer behaviours, human rights and available services, and facilitating and enhancing cooperation among partner organisations. In 2013, *AFEW* in Ukraine provided the following training seminars for 131 representatives of organisations providing services:

- developing skills in service delivery and improving the quality of services,
- counselling for clients who have experienced violence,
- family counselling as an effective instrument for working with the families of underage clients,
- 'Join-In Circuit on AIDS', an interactive method of working with young clients regarding risky behaviour,
- skills on counselling clients through a solutionfocused approach,
- · the client management approach,
- emergency medical aid,
- Training of Trainers (ToT),
- training on how to involve volunteers and
- the human rights of key populations.

As a result of *AFEW*'s support to five NGOs in five regions of Ukraine, a total of **5,622 young clients** received medical and social services in 2013. Rehabilitation programmes represent the most needed service for young drug users given that there are just a few programmes of this type in Ukraine. The standards for providing services for this priority population do not exist. *AFEW* is aiming to address this gap through the new rehabilitation centre scheduled to open in the city of Chernivtsi. In addition, jointly with UNICEF, *AFEW* will develop standards of working with young people who use drugs.

'I had never heard about a youth friendly clinic, HIV and other diseases before I went to 'Altair'. Certainly, I would have never gone there alone to get tested for HIV. The first time I went to a doctor for counselling was scary. Within two months, I went with my girlfriend and another friend.'

Vasyl, 17 years old, client of social bureau 'Altair' in Poltava

#### TAJIKISTAN: MORE THAN 30,500 KEY POPULA-TIONS REACHED IN 2013, MORE THAN 21,700 THROUGH 'BRIDGING THE GAPS'

AFEW in Tajikistan provides technical assistance and support in the form of sub-grants to a total of 17 public organisations from across the country who, in turn, provide direct support and services to key populations.

In 2013, 11 organisations received sub-grants to provide services to key populations. Within the project:

- 12,548 people (representing 41% of all project beneficiaries) were reached through awarenessraising, advocacy, informational, outreach and counselling services during nation-wide events devoted to the International Day Against Drug Abuse and Illicit Trafficking and World AIDS Day.
- 7,603 people who use drugs (25% of all beneficiaries) including 134 HIV-positive drug users were reached with HIV prevention services, granted access to existing client management, health and social protection and legal support services, and provided with skill building training on healthy lifestyles.
- **4,484 sex workers** (15% of all beneficiaries) were reached with HIV and STI prevention services, information and other educational materials.
- 4,283 at-risk-youth and 515 vulnerable women including the family members of people who use drugs (15% of all beneficiaries) were reached by awareness-raising training sessions and provided with psycho-social support.





- 551 prisoners, 429 people living with HIV and 66 MSM (4% of all beneficiaries) were reached through a comprehensive package of HIV prevention and client management services.
- 6,850 individuals were tested for infectious diseases in 2013 within the framework of the client management programme, including 3,285 individuals during the European HIV Testing Week. As a result, 47 new cases of HIV, 79 new cases of TB, 74 cases of STIs and 11 new cases of hepatitis were diagnosed and officially registered.

'NGO 'Sakhi' helps people who use drugs to learn a skill and, in this way, reintegrate them back in to society. Here, I learned plumbing, home renovation and stone processing. In addition, we make dumplings and supply them to local supermarkets, wash carpets and clean offices and homes. In 2013, AFEW helped us purchase an industrial vacuum cleaner for the stone processing shop. The profit we make is not very big, but what's important is that we keep ourselves busy and learn to work in a team. Everyone who works receives payment. My friends from the past do not recognise me and cannot believe that I am such a different person now.'

Additionally, *AFEW* in Tajikistan is **actively enhancing cooperation with other donors and organisations** to contribute to the project's activities. Thus, in January 2013, *AFEW* entered into an agreement with UNDP to provide HIV prevention materials to the 'Bridging the Gaps' sub-grantees with funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria. As a result of this agreement, *AFEW*'s local partners received 142,206 prevention materials (i.e., sterile syringes, needles, safe injecting kits and condoms), which were distributed by sets among clients.

At the same time, *AFEW* in Tajikistan was involved in **introducing international standards and approaches to promoting the human rights** of key populations and ensuring universal access to HIV prevention, treatment, care and support. In 2013, we took part in national thematic working groups on editing and updating a number of existing state guidelines and procedures, including:

- the law on procedures for compulsory HIV testing,
- national guidelines on the provision of a comprehensive package of harm reduction services to people who use drugs and
- the Department of Corrections' rules and regulations on the provision of medical care to inmates.

An important roundtable entitled 'Access of people who use drugs to treatment and rehabilitation' was held on 18 June in partnership with the State Drug Control Agency. The event brought together 41 representatives of governmental, international, public and community-based organisations of people who use drugs. Members of the communities of people who use drugs shared their opinions about the current situation regarding access to services. Additionally, the results of an assessment of national policies and legislation on the human rights of people who use drugs were presented and a final version was submitted to the State Drug Control Agency for further dissemination among national and international partners. The senior health advisor of the Dutch Ministry of Foreign Affairs, Mr. Ger Steenbergen, took part in this meeting. Later in 2013 at a high-level coordination meeting, to which 18 key stakeholders including the Vice Prime Minister of Tajikistan were invited, the Coordination Council on the Prevention of Drug Dependence in Tajikistan decided to adopt and forward the results of the assessment to the relevant ministries and institutions

# KYRGYZSTAN: REPRODUCTIVE HEALTH SERVICES FOR WOMEN WHO USE DRUGS AND CLIENT MANAGEMENT FOR CURRENT AND FORMER PRISONERS

AFEW in Kyrgyzstan has focused on a variety of activities related to the programme's objectives: technical assistance, improving the capacity of local NGOs which provide services to key populations, working with state institutions and involvement in healthcare and penitentiary reforms. A substantial proportion of AFEW's activities has included work with women to improve their reproductive health, prisoners (both current and former) and distance learning for medical and non-medical staff.

In 2013, AFEW held two **distance learning** courses on HIV, drug dependency and harm reduction for a total of 60 people representing governmental agencies and NGOs involved in the provision of comprehensive services to people who use drugs, including the prevention and treatment of drug use. During interactive sessions that included group work, games and individual assignments, participants received theoretical basics related to working with key populations and analysed several practical cases. The online portion of the distance-learning course was followed by a two-day on-site training practicum. The groups visited organisations that provide services to people who use drugs. Through personal involvement, interaction and the exchange of information, participants enhanced their skills and knowledge.

In 2012, AFEW developed modules on client management for **prisoners** in the transitional period for the framework of the EU-funded project **'Bridge: Social support for prisoners before and after release.'** Based on these modules, in February 2013, AFEW held a series of training sessions for 50 prison

staff and social workers from NGOs that are involved in providing client management services to prisoners. The goal of the training was to provide participants with the basic skills necessary for the re-adaptation and re-socialisation of former prisoners. Concurrently, in June, July and November 2013, AFEW held informational sessions on HIV, TB, drug dependency and harm reduction for **1,000 inmates** in two prison colonies in Kyrgyzstan. The goal of these sessions was to increase awareness among prisoners about infectious diseases, how to prevent overdoses and how to reduce risky behaviours. A survey that was held before and after the information sessions revealed a 27% increase in knowledge among participants.

Within the 'Bridging the Gaps' project, *AFEW* in Kyrgyzstan supported NGO 'Ranar', an organisation that works specifically with former prisoners by providing a full package of medical, social and legal services and offers temporary shelter. During 2013:

- 185 NGO clients (80% of all beneficiaries) were accompanied by a social worker to the AIDS centre and underwent an HIV test, 4 of whom tested positive.
- 172 clients were tested for TB, 6 of whom tested positive, of whom 5 received treatment and 1 subsequently died during treatment.
- 83 people were assisted in replacing their identification papers (national IDs and passports).
- 114 people were provided with assistance in finding employment.
- 373 people received low-threshold services such as showers, food, laundry, etc.
- Only 3 individuals committed crimes while enrolled in the client management programme.



'I work with newcomers since they need support just like I needed it when I first came here in 2012. My main focus is people living with

HIV. For some, it is a challenge to accept a new life, but I always tell them my own story. Since 1993, I have served a total of seven prison terms. In 1995, I started to take drugs in prison and two years later I got HIV. Upon release, I found a temporary shelter here and medical help. I took part in many training programmes offered by the NGO and learned about risky behaviour, harm reduction programmes and STIs. Currently, I am on antiretroviral therapy with a steady CD4 cell count. I also work on human rights violations among people who use drugs and can boast of several cases when my involvement helped my peers. I have a wife and a son and they both

motivate me to do this work that I love with

even more passion.'

Additionally, AFEW in Kyrgyzstan created two centres for women who use drugs based on the needs assessment held in 2012, which had identified four key gaps among this particular group: high stigma and discrimination, problems with admission to hospitals, difficulties in accessing treatment and prevention services and a lack of services for women in crisis situations. As a result, a grant programme to create new or support existing social centres for women who use drugs was announced. In mid-2012, two such centres in Bishkek and Osh welcomed their first clients. The main goal of these centres is to support the reproductive health needs of women and to support pregnant women and women with children. All of the women clients either use drugs or are on OST.

In 2013, both centres provided services to a total of 642 women who use drugs; all of them were tested for HIV and STIs and 343 clients underwent TB screening. Hundreds of women were provided with temporary shelter. Other services included food and hygiene kits, access to the services of narcologists, gynaecologists and psychologists and informational support on reproductive health, harm reduction and HIV. All of the centres are equipped with 'children's corners' and pregnant women are provided with client management services. Regular sessions and consultations on self-development allow clients to control their own lives, minimise risky behaviour and act in accordance with their own self-determination.













#### **Financial Policies**

#### **INVESTMENT POLICY**

To avoid financial risks that may harm the financial stability of the organisation, Stichting AIDS Foundation East-West (AFEW) does not invest freely disposable capital. According to the organisation's policy, liquid assets cannot be invested in equities or bonds. Most major donor contracts require us to keep granted subsidies in cash.

#### **EQUITY POLICY**

AFEW complies with the guidelines for equity policies and equity reporting as described by the Dutch Association of Fundraising Organisations (VFI), which were adopted by the Central Fundraising Bureau in Holland (CBF) in 2008. In addition, AFEW follows the CBF guidelines in building its own reserve. The purpose of the continuity reserve is to ensure that the organisation can continue operating should it experience a sudden drop in its funding, to ensure the sustainability of long-term programmes, to provide pre-financing for some activities and to conduct exploratory missions in new countries. It is becoming increasingly difficult to find funding that will allow AFEW to continue to operate at the same capacity as in previous years. With further funding challenges expected in the future, the AFEW Board decided in 2010 to set aside a restructuring reserve from the continuity reserve in order to cover the costs of any potential organisational re-structuring.

During 2013, €10,000 was spent from and €19,189 was added to the restructuring reserve. At the end of 2013, the restructuring reserve totalled €150,100 to cover any further potential costs related to the downsizing of the international secretariat (*AFEW* in the Netherlands).

With the conclusion of several regional projects in Central Asia in 2013 and the overall planned restructuring of *AFEW*, by the middle of 2013 the Kazakh office no longer functioned as the regional office. In the absence of funding for a larger project in Kazakhstan during the second half of 2013, the Kazakh office was downsized and the staff was reduced.

To ensure that the downsizing and restructuring of the Central Asia offices was carried out properly, in 2012 the AFEW Board decided to set aside  $\in$ 45,000 to cover the legally required severance disbursements. During 2013, the Kazakh office signed several smaller contracts which helped cover office expenses for the second half of 2013. As a result, only  $\in$ 31,681 was spent from the original  $\in$ 45,000 set aside for the Central Asian office restructuring reserve.

With support from the AFEW international secretariat, the now independent NGO AFEW-Kazakhstan is actively seeking new funding. The organisation has a solid chance of receiving USAID funding beginning in April 2014, which is why it was important to maintain a minimal office staff in the Almaty office until at least April 2014. Thus, the AFEW Board took the decision to extend the period during which the Central Asian restructuring reserve could be used through to the beginning of 2014. As a result of redistribution amongst reserves, at the end of 2013, the AFEW continuity reserve was reduced to €12,258. The size of this particular reserve is quite low and well below the standards set by CBF. Normally, AFEW's policy is to increase the continuity reserve to the desired level by transferring any positive balances from the income and expenditures statements.

Financial year 2013 was challenging for AFEW. However, appropriate measures were implemented as planned by the Management Team. To respond to changes in the financial environment, the AFEW Board approved a new structure which became effective in autumn 2013. This new structure entailed the local registration of AFEW's country offices and the closure of regional branches. Therefore, AFEW's country offices became autonomous NGOs with the responsibility of reporting to donors and securing funding independently.

With this restructuring, beginning in 2014, *AFEW* plans to stop using its continuity reserve. Forming a larger continuity reserve becomes a priority for 2014 and beyond, which is required for stable organisational management and the proper development and implementation of new programmes. Complete information about *AFEW*'s reserves and funding is provided in its 2013 Financial Statements.













#### **Financial Results**

#### **FINANCIAL RESULTS**

This financial review covers AFEW's 12th operational year, ending 31 December 2013.

AFEW maintains its accounting records in accordance with the legislative requirements of the countries in which it conducts its operations. This financial statement has been derived from the 2013 Financial Statements.

#### **INCOME AND EXPENDITURE**

The total income available for *AFEW* activities in 2013 was €2,647,675, which was almost 13% less than the latest budgeted amount of €3,042,000. Realised income was less than expected due to modifications to several contracts and the rescheduling of some activities under the project 'Bridging the Gaps: Health and Rights of Key Populations' to 2014.

Accordingly, expenditures were lower than expected during the year. A total amount of  $\leq$ 2,771,251 was spent during the 2013 operational year, which is 12% less than the budgeted amount of  $\leq$ 3,178,000. Expenditures refer to money spent on core programme objectives, the costs of raising income and management and administrative costs.

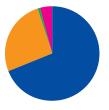
#### **OVERALL EXPENDITURES 2013**

100% = €2,771,251



- Direct objectives (programme expenditure)
   €2,472,774 (89%)
- Costs of raising income €74,131 (3%)
- Management and administration costs €224,347 (8%)

**EXPENDITURE ON CORE PROGRAMME OBJECTIVES** (by programme type)
100% = €2,472,774



- Capacity strengthening (includes training, sub-grants, technical support and client management)
   €1,721,290 (69%)
- Advocacy €649,440 (26%)
- Mass media campaigns €7,876 (1%)
- Other (research, provision of product sets, milk formula, condoms and other materials): €94,167 (4%)

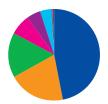
## OVERALL EXPENDITURE BY TARGET GROUP

100% = €2,771,251

Target Group	Expenditure in 2013	Expenditure in 2012
People who use drugs	<b>€1,378,265</b> (50%)	<b>€1,720,031</b> (43%)
Prisoners	<b>€354,370</b> (13%)	<b>€778,887</b> (19%)
Vulnerable women	<b>€339,805</b> (12%)	<b>€411,660</b> (10%)
Most-at-risk adolescents (MARA)	<b>€207,259</b> (8%)	<b>€260,315</b> (6%)
People living with HIV	<b>€35,517</b> (1%)	€283,058 (7%)
Tuberculosis patients	<b>€117,719</b> (4%)	<b>€320,334</b> (8%)
Governmental and non-governmental organisations (international and national)	€301,881 (11%)	<b>€199,126</b> (5%)
Men who have sex with men (MSM)	€36,435 (1%)	<b>€73,484</b> (2%)

#### **OVERALL EXPENDITURE BY COUNTRY**

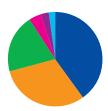
100% = €2,771,251



- **Kyrgyzstan** €1,296,535 (47%)
- **Tajikistan** €548,916 (20%)
- **Ukraine** €457,856 (16%)
- Russian Federation €198,654 (7%)
- Kazakhstan €136,351 (5%)
- **Georgia** €108,872 (4%)
- Malaysia €12,034 (0.5%)
- **Indonesia** €12,033 (0.5%)

# OVERALL EXPENDITURE BY OPERATIONAL TYPE

100% = €2,771,251



- **Sub-grants to partner organisations** €1,106,348 (40%)
- Salaries and personnel costs €869,050 (31%)
- Purchases and acquisitions

   (travel, accommodation, consultancies, information materials development, monitoring and evaluation, conference participation, training and support activities)
   €555,902 (20%)
- Office maintenance, supplies and depreciation
   €116,174 (4%)
- Office rental€84,533 (3%)
- Public relations and communications
   €39,244 (2%)

#### **DIRECT COSTS**

In 2013, AFEW spent €2,472,774 (89%) of its expenditures directly on core programme activities (objectives). With an overall reduction in funding in 2013, the total direct costs decreased compared to 2012 by 32% (from €3,627,412).

The amount spent on core programme objectives includes sub-grants to third parties. *AFEW* strives to strengthen the capacity of its local partners and ensure the long-term sustainability of its initiatives by equipping them with its knowledge and experience. In 2013, we provided €1,106,348 in sub-grants (40% of the total expenditures) to partners in the countries in which we operate.

The money disbursed to sub-grantees was spent on activities which are in line with AFEW's objectives and mission.

#### **COSTS OF RAISING INCOME**

AFEW spent €74,131 on raising income in 2013, which represents 3% of the total expenditures and consists of expenses related to its own fundraising, joint activities and obtaining governmental grants. The cost of raising income in 2013 was in line with the budgeted amount. It was, however, 37% lower compared to 2012 due to the overall funding decrease and the consequent downsizing of the international office in 2013.

#### MANAGEMENT AND ADMINISTRATION

Management and administrative expenses primarily consist of expenditures associated with executive management, the operation of the headquarters, finance and human resources management, a portion of the internal and external communications budget and travel expenses for the *AFEW* Board. Management and administrative expenses in 2013 represented 8% of *AFEW*'s total expenditures, or €224,347, a decrease of 25% compared to 2012. In addition, actual expenditures were 10% higher than the budgeted amount.

The Executive Director's annual gross salary stood at €81,207 with an average of 91% percentage of time worked. In accordance with *AFEW* policy, Board members do not receive remuneration for their time.











#### **Balance Sheet**

#### as of 31 December 2013

#### **Auditors' Endorsement**

The abbreviated financial information for 2013 presented in these pages is derived from the financial statements that were approved by the AFEW Board. KPMG Accountants N.V. expressed an unqualified review opinion on these financial statements on 23 April 2014.

	<b>2013</b> EUR	<b>2012</b> EUR
Tangible fixed assets	-	-
Inventory		
For immediate and full use in		
the context of the objectives	-	175
Accounts receivable and deferred assets	3,413,572	5,696,275
Donors	3,206,270	5,682,231
Other	207,302	14,044
Cash and cash equivalents	840,290	1,067,142
TOTAL ASSETS	4,253,862	6,763,592
Reserves and Funds		
Reserves	175,678	276,561
Continuity reserve	12,258	90,650
Restructuring reserve	150,100	140,911
Restructuring reserve Central Asia	13,320	45,000
Funds		
Special purpose funds	16,424	39,116
Long-term debts		
Subsidy commitments	1,999,896	3,500,415
Short-term debts	2,061,863	2,947,500
Subsidy commitments	2,042,152	2,764,630
Other liabilities	19,711	182,869
TOTAL LIABILITIES	4,253,862	6,763,592

# **Statement of Income and Expenditure** as of 31 December 2013

	Actual 2013 EUR	Budget 2013 EUR	Actual 2012 EUR
INCOME			
Income from own fundraising:	373,234	368,900	518,482
Grants from international foundations/NGOs	221,871	238,400	434,541
Grants from businesses	124,547	126,000	77,374
Other: donations/collections	26,816	4,500	6,567
ncome from joint activities	121,827	130,000	441,810
ncome from third parties' activities	5,361	900	6,726
Subsidies from governments	2,155,237	2,542,200	2,792,522
Other income/ loss	(7,984)		14,891
TOTAL INCOME	2,647,675	3,042,000	3,774,432
EXPENDITURES			
Spent on objectives	2,472,774	2,903,606	3,627,412
Capacity building	1,721,290	1,912,894	2,836,631
Mass media campaigns	7,876	-	103,744
Advocacy	649,440	885,272	432,198
Other (research, provision of product sets,			
milk formula, condoms and other materials)	94,167	105,440	254,839
Costs of raising income	74,131	69,781	118,225
Cost of own fundraising	11,406	11,720	30,164
Cost of joint activities	17,939	17,939	22,258
Cost of third party activities	-		-
Costs of obtaining governmental grants	44,787	40,123	65,804
Management and administration	224,347	204,613	301,257
TOTAL EXPENDITURES	2,771,251	3,178,000	4,046,895
Balance of income and expenditure	(123,576)	(136,000)	(272,463)
Allocation of year-end result			
Continuity reserve	(78,392)	(52,000)	(230,556)
Continuation reserve, RF 2012	-	-	(105,000)
Restructuring reserve, additions	19,189	-	32,661
Restructuring reserve, expenditures	(10,000)		
Restructuring reserve Central Asia	(31,681)	(45,000)	45,000
Special purpose funds, additions	5,361		6,726
Special purpose funds, expenditures	(28,053)	(39,000)	(21,294)
TOTAL ALLOCATION OF YEAR-END RESULT	(123,576)	(136,000)	(272,463)

#### Donate to AFEW





In this annual report, we have striven to present a glimpse into the many important ways that AFEW works in EECA to halt the spread of the HIV epidemic and avert a social, economic and human catastrophe. We kindly ask you to support the work of our staff and partners who work with the most neglected and stigmatised people in their region, and whose work changes lives for the better. Your contribution is vital, because the groups that we represent are so often overlooked in the lists of good causes, corporate charity budgets and national development programmes. AFEW's commitment to financial transparency and accountability is testified to by its long-term relationships with many international and national donors, as well as its seal of approval from Algemeen Nut Beogende Instelling (Public Benefit Institution, ANBI). The ANBI status confirms that AFEW is a charitable organisation that serves the public interests. AFEW is recognised as a charity; therefore, all donations are tax deductible and they are fully exempt from the gift tax and inheritance tax.

Donations can be made online at **www.afew.org**, through a bank transfer in the Netherlands to **giro 8886** or by contacting our international secretariat.

For more information, please visit www.afew.org.

#### List of abbreviations and acronyms

**AFEW** AIDS Foundation East-West

**AIDS** Acquired Immunodeficiency Syndrome

**CAAP** Central Asia AIDS Project

**CBF** Central Bureau of Fundraising

dance4life dance4life International (The Netherlands)

**DOTS** Directly observed treatment short-course

**EECA** Eastern Europe and Central Asia

**KNCV** KNCV Tuberculosis Foundation

**LEAHN** Law Enforcement and HIV Network

LGBT Lesbian, gay, bisexual and transgender

MARA Most at risk adolescents

MSM Men who have sex with men

**NGO** Non-governmental organisation

**NSP** Needle and syringe programme

**OSF** Open Society Foundation

**OST** Opiate substitution treatment

**PSI** Population Services International

**RF** Russian Federation

**SIDA** Swedish International Development Cooperation Agency

**STI** Sexually Transmitted Infection

**SWOT** Strengths, weaknesses, opportunities and threats

**TB** Tuberculosis

**UNDEF** United Nations Democracy Fund

**UNDP** United Nations Development Programme

**USAID** United States Agency for International Development

**VCT** Voluntary Counselling and Testing

**VFI** Dutch Association of Fundraising Organisations

WHO World Health Organisation

#### **Credits**

#### Production

AIDS Foundation East-West (AFEW)

#### **English text**

Ruslan Myatiyev, Anke van Dam and Elena Agapova

#### **Editor**

VL Fuller

#### Russian translation

Ruslan Myatiyev

#### **Graphic design**

Bas van Vuurde

All of the photos appearing in this report belong to AIDS Foundation East-West (AFEW) unless otherwise specified.

AFEW thanks its staff, Board members and partner organisations who have contributed to this annual report.













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