

# BOSNIA AND HERZEGOVINA

## International Forum of Solidarity/UNICEF



## VOLUNTARY CONFIDENTIAL COUNSELLING AND TESTING Project evaluation

Hilary Homans, June 2003

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## Acronyms

AIDS	Acquired immune deficiency syndrome
ARV	Anti retroviral
BiH	Bosnia and Herzegovina
CAB	Community Advisory Board
CIDA	Canadian International Development Agency
EVYP	Especially vulnerable young people
HIV	Human immuno-deficiency virus
HPV	Human papilloma virus
HSV	Herpes simplex virus
IAG	Inter agency group
IDU	Injecting drug user
IFS	International Forum of Solidarity
IOM	International Organisation of Migration
IPTF	International Police Task Force
MoH	Ministry of Health
MSM	Men who have sex with men
NEP	Needle exchange programme
NGO	Non governmental organisation
OSCE	Organisation of Security and Cooperation in Europe
PSI	Population Services International
RAR	Rapid assessment and response
RS	Republic Srpska
SMART	Specific, measurable, achievable, relevant and time-bound
STIs	Sexually transmitted infections
SW	Sex worker
UN	United Nations
UNAIDS	UN joint programme on HIV/AIDS
UNFPA	UN population fund
UNICEF	UN children and emergencies fund
UNODC	UN Office of Drugs and Crime
USAID	United States Agency for International Development
VCCT	Voluntary confidential counselling and testing

## EXECUTIVE SUMMARY

The UNICEF supported one-year pilot project implemented by the International Forum of Solidarity (IFS) on voluntary confidential counselling and testing (VCCT)<sup>1</sup> for HIV started on June 2002 at a cost of approximately US\$ 43,000 for the year. During May 2003, the project was formally evaluated by an international consultant for the United Nations Inter Agency Group (IAG) on Youth Friendly Services (YFS), Dr Hilary Homans. The aim of the evaluation was to assess the extent to which the project had achieved its objectives and to make recommendations for the continuation of the project and going to scale with specific activities and increased coverage.

The evaluation was conducted through interviews with key project staff (counsellors, outreach workers, volunteers, contacts/gatekeepers and beneficiaries), as well as a representative of the Cantonal health authority in Tuzla<sup>2</sup> and doctors working on the project in both sites - Tuzla and Zenica (**Annex 1** contains a list of persons met). A review of background documents was also included in the evaluation.

The evaluation shows that the project had clearly met its targets and had developed a workable system of providing VCCT services to especially vulnerable young people (EVYP) in Tuzla and Zenica cantons through innovative cooperation between a non governmental organisation (NGO) IFS, the local health authority and an international agency (UNICEF). In one canton (Tuzla), health workers are supporting the project through working on a voluntary basis to take blood samples in their own free time; that is, outside official working hours and without payment. This level of commitment and collaboration is a model of good practice.

The project is an exemplary model of using outreach workers (to identify EVYP and inform them of the risk of HIV), peer counsellors (for pre and post test counselling), and health workers (to provide the blood testing and diagnostic facilities). Beneficiaries of the project expressed satisfaction with the services received. There are promising signs of broader local involvement in the project through the Mayor's office and the about to be established Youth Councils. This report documents the key achievements during the first year of implementation, constraints encountered and makes recommendations for going to scale in the future.

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<sup>1</sup> VCCT plays an important role in HIV prevention and can help people make changes in their sexual behaviour so as to avoid transmitting HIV to sexual partners if seropositive, and to remain seronegative if negative. The other major role of VCT is in facilitating the early and appropriate uptake of services for those people testing HIV positive and negative, including medical care, family planning, emotional and social support, legal advice and counselling for positive living. VCCT is also essential if women and their families are to benefit from interventions to prevent mother-to-child transmission of HIV. Increasing access to VCT can also be important in challenging stigma, promoting awareness and supporting human rights (UNAIDS, 2001).

<sup>2</sup> The representative of the Cantonal Health Authority in Zenica cancelled the proposed meeting due to another engagement.

## Project background

The **goal** of the project is to ensure the protection of human rights through the provision of quality anonymous HIV pre-and post-test counselling services and education for especially vulnerable young people (EVYP): men having sex with men (MSM), and injecting drug users (IDUs) in Tuzla and Zenica Cantons.

There are **three project objectives**:

1. To provide anonymous HIV pre-and post-test counselling and testing for 400 to 440 EVYP (MSM and IDU) over a period of 42 weeks.
2. To counsel 1200 (minimum) EVYP (MSM and IDUs) about HIV voluntary testing opportunities, safe sex practices and prevention of sexually transmitted infections (STIs).
3. To inform between 11,000 and 11,200 EVYP (MSM and IDUs) about HIV/AIDS and voluntary and anonymous testing opportunities through outreach educational activities at private parties, clubs, discotheques and other places where they gather.

The project has **three components** related to each of the project objectives:

- ◆ **Outreach educational and counselling activities** for EVYP (MSM and IDUs) focusing on HIV voluntary testing opportunities, safe sex practices and the prevention of STIs for 11,000 to 11,200 EVYP.
- ◆ **Pre-and post-test HIV counselling and education sessions** on HIV voluntary testing opportunities, safe sex practices and prevention of STIs for 1,200 at drop-in centres run by IFS.
- ◆ **Anonymous HIV testing** for between 400 and 440 EVYP (MSM and IDUs)<sup>3</sup>.

## Summary of the way the project works:

1. Out reach workers go into the community to identify EVYP.
2. EVYP are given written information about VCCT (out reach workers also put posters in places where EVYP congregate, and disseminate information at rave or condom parties, and on radio programmes).
3. Interested EVYP come to the IFS centre for group counselling and decide whether they have put themselves at risk of HIV and want to have an HIV test. If so, they are asked to complete an anonymous questionnaire. They can also have an individual counselling session if they prefer.
4. An HIV test is taken (either at IFS centre in Tuzla, or the hospital in Zenica) for EVYP who request it.
5. EVYP return to the IFS centre after a few days for test results and individual post-test counselling.

## Project achievements

“It was important for Tuzla to start the project and it has implications for BiH as a whole. From an epidemiological point of view, the project provides important insights on the behaviour and situation of EVYP.”  
(Epidemiologist and volunteer doctor for IFS)

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<sup>3</sup> The above numbers were calculated on the assumption that about five people would be tested and counselled at each site over a 42 week period, (total 10 people per week in each site).

For beneficiaries of the project and IFS volunteers and staff, the **main achievement** of the project is that **HIV tests are offered free of charge to EVYP**. Through out reach activities, many young people have found out about the project and been offered free of charge anonymous and confidential testing – before they had to pay and it was not anonymous <sup>4</sup>.

### Achievement of targets

From data available, it is clear that the project has met the project objectives and targets for working with hard to reach groups. This is a notable achievement and reflects the dedication of the two project teams in Tuzla and Zenica working in difficult conditions, their capacity to adapt and change to local conditions, and the support received from the local health authorities. The extent to which the project had achieved its targets by the end of April (after 10 months of project implementation) is shown in **Table 1**.

**Table 1: Targets achieved July 2002 to 30<sup>th</sup> April 2003  
(10 months of project implementation)**

	Target	Total achieved	Tuzla	Zenica
HIV pre-and post-test counselling and testing for EVYP	400-440	409 <sup>5</sup>	219	190
Counsel EVYP on VCCT opportunities, safe sex practices and STI prevention	1200	1070 <sup>6</sup>	562	508
Individual counselling (post test and on request)		385	200	185
Group counselling (pre test)		685	362	323
Inform EVYP about HIV/AIDS and VCCT opportunities through outreach	11,000 to 11,200	10,437 <sup>7</sup>	5088	5349

Source: IFS project data, 2003

The out reach figures also include students attending condom or rave parties and do not only represent EVYP. Project staff considered the young people attending these parties to be at risk of unsafe sex, drug use, or sharing injecting drug equipment. The location for the parties was chosen as places where high-risk young people “hang out” and therefore were not likely to attract young people who were not part of the drug scene. The parties were advertised by posters and promoted through out reach activities. At the condom parties the VCCT team had a stand and out reach workers and volunteers gave out condoms and literature. There have been three condom parties to date in Tuzla on *Slana banja* (August/September) and two in

<sup>4</sup> These tests were paid for at a cost of KM 107 if the person did not have health protection. The Law on Health Protection provides health protection for everyone who pays health insurance (with the exception of testing for HIV). School children are covered up until 18 years of age. Unemployed people who are registered with a job centre are covered by health insurance and are thus health protected. Treatment of infectious diseases is free of charge for all including health care for HIV positive people. However, anti retroviral (ARV) medicines are not routinely available to all HIV positive people - some ARVs are available, but only during periods of hospitalisation. When patients are discharged from hospital, they have to purchase the medicines themselves, if they can afford them.

<sup>5</sup> The numbers represent the actual numbers tested all of which will have received pre test information and group sessions, some may have received individual pre test counselling and between 91 to 97% returned for post test counselling.

<sup>6</sup> Numbers are an over-representation (about double) as they include those receiving group “counselling” as well as individual sessions. These sessions do not necessarily include safer sex and STI prevention.

<sup>7</sup> The figures represent the number of leaflets given out and may include double counting due to conditions under which outreach is conducted and variety of out reach events undertaken by different workers.

association with World AIDS Day activities when there were parties and stands in the city, with street music and a mobile team, posters and a sound system connected to a project ambulance<sup>8</sup>. For the rave parties, out reach workers find out when they are being held and then go to them to make contact with at-risk young people.

Considerable attention was paid during the first year of the project to the development of appropriate materials and literature for EVYP. Ten different leaflets and brochures were produced with specific information for different target groups.

The figures for Tuzla and Zenica are not directly comparable: the two cities are of a different population size<sup>9</sup>; and in Tuzla they were already providing out reach information and education services before the HIV testing component began. Tuzla had a well-established IFS office (six years) with out reach staff and volunteers in place. Whereas, the project activities in Zenica had to start from scratch and much effort in the first months was spent in establishing an office, making links with the local health authority, appointing staff and recruiting volunteers. Tuzla also benefited from having been included in another UNICEF/CIDA project the *Rapid assessment and response* (RAR) which collected and analysed data and made recommendations on appropriate local responses to HIV prevention in six cities in Bosnia and Herzegovina on EVYP (IDUs, MSM and sex workers, SWs).

### **Youth participation**

Young people are actively involved in the design, implementation and monitoring of the VCCT project. The out reach workers are predominantly young people and all the volunteers are young people (either students, or project beneficiaries). In both Tuzla and Zenica, weekly meetings are held between project staff and volunteers to review the previous week's activities and to plan for the coming week. In Tuzla other project activities are discussed at these meetings, as they are coordinating a range of other projects (see later).

### **Appropriateness of the methodology used**

#### ***Targeted interventions for EVYP***

AIDS prevalence is currently low in Bosnia and Herzegovina, although it has been noted that the rate of HIV infection is increasing (UNDP, 2001). BiH has been identified by UNAIDS as a priority country for preventative investment in sexual and reproductive health education and services to avert a more generalised epidemic in the future (IRC, 2002). By the end of 2001, UNAIDS estimated that 900 people were living with HIV/AIDS in BiH. However, the officially reported cases showed a cumulative total of 40 cases of HIV infection, including 25 AIDS cases, by mid 2001. Most of the AIDS cases are younger than 35 years of age and reported HIV transmission is primarily through IDU drug use and sexual routes (UNAIDS, 2002)<sup>10</sup>.

In the context of low HIV prevalence rates, targeted interventions to EVYP are an entirely appropriate intervention for raising their awareness of the risks of HIV and promoting behaviour change from risky to safer behaviours, such as safer sex and harm reduction. Data from the RAR showed that IDUs were not practising safer sex and were sharing injecting equipment. VCCT has long been advocated as a key component of HIV prevention work and

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<sup>8</sup> No condom parties were held in 2003 due to lack of condoms and funds for hiring the music system.

<sup>9</sup> Tuzla is the larger city with a population of about 163,000, compared with Zenica (about 140,000).

<sup>10</sup> The 2002 official data show that 40% of people infected with HIV were MSM, 20% through heterosexual activity, 17% through IDU and 7% from blood.

in assisting people who are sero negative to remain so, whilst at the same time help HIV positive people to reduce the risk of HIV transmission to others.

### ***Counselling***

The young people spoken to as part of this evaluation who had had an HIV test were satisfied with the group pre-test counselling and did not feel that this compromised their confidentiality and anonymity because the sessions were mainly information giving. If they wanted to discuss any issues in more detail then they could avail themselves of an individual pre-test counselling session which was offered to everyone. The group counselling method was chosen in order to be able to provide counselling at a set time of day with testing immediately afterwards for those who wanted it. It was noted that the target group wanted to get the test over with and some were in a hurry to leave.

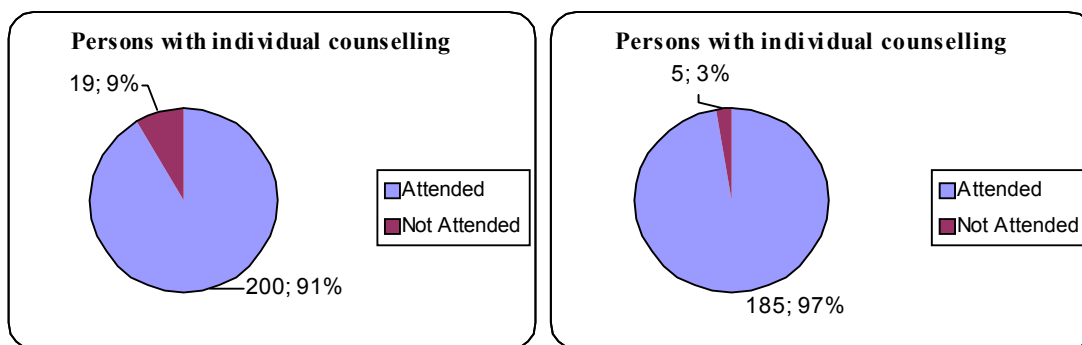
“Before I was tested I was counselled...I think it was last July. I received general information from the posters. I had group counselling – you can choose whether you have individual or group counselling. I was given information on HIV, Hepatitis B and C ...”

Individual counselling was given to all EVYP who had an HIV test as part of post-test counselling when the test results were given. It was not possible to make a personal assessment of the quality of the counselling given, but the beneficiaries spoken to, said they were satisfied. The high rate of return for post test counselling and the results are an indication of this: 91% of EVYP in Tuzla and 97% in Zenica who received the HIV test came back for their results at an individual counselling session.

**Figure 1: Numbers coming for post test counselling and results**  
**Tuzla:** **Zenica:**

Out of 219 persons who were tested, 200 (91%) of them returned to get their HIV test results and attend an individual counselling session. 19 (9%) did not return.

Out of 190 persons who were tested, 185 (97%) of them returned to get their HIV test results and attend an individual counselling session. 5 (3%) did not return.



Source: IFS Project data, 2003

### ***Satisfaction with services received***

The very high number of people returning for individual counselling and HIV test results in both project sites provides an indicator of satisfaction with the services received. This figure is much higher than would normally be expected.<sup>11</sup>

Project beneficiaries also noted their satisfaction with services received and often this led them to becoming involved in the project as a volunteer.

“...we prefer anonymous testing with no names... I received general information from the posters.” (17 year project beneficiary Tuzla, heroin user for 3 years)

“ The project has given me lots of support and I am now able to re-socialise as there was a taboo against IDUs. Now I have a job again.” (Ex IDU who lost her job whilst undergoing rehabilitation (one year) in Sarajevo and now works as a volunteer in Zenica).

“I found out about HIV testing at a rave party and came for HIV testing. There is nothing else like this in the city. The experience of counselling and testing was good...I did not know others in the group (being counselled).” (Zenica volunteer who found out about the services at a rave party)

### ***Peer education***

The peer to peer approach has worked well, as young people are encouraged to talk among themselves and have developed trust with the IFS staff. The project approach is appropriate to young people as they conduct out reach in places where they congregate and have hosted condom parties and attended rave parties, which are interesting to them.

### **Awareness raising and attitude change**

In Zenica the project “shook the public with information and has reduced stigma and discrimination towards IDUs”. Awareness raising was conducted in both sites through advocacy work: leaflets, posters, the development of a web page, discussion with local politicians, and radio programmes. Many young people are aware that free and anonymous testing for HIV exists and where they can go to be tested. When they come for counselling they receive information, which they pass on to others.

The work of the IFS centre has influenced professionals too and they have become "youth friendly" - for example, the Director of the Electro Technical School and the two doctors (Dr Sana Sabovic and Dr Gordana Kovacevic) who provide blood taking services for HIV on a voluntary basis at the school.

### **Behaviour change**

The counselling sessions have led to better knowledge of HIV and in some cases have led to behaviour change:

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<sup>11</sup> To varying degrees, all countries have struggled with providing sufficient quality counselling, low rates of uptake even after counselling, and low rates of return for results. This last loss to follow-up is crucial since it is only with knowledge of whether one is infected or not that decisions can be made to remain HIV-uninfected, or prevent further HIV infection (UNICEF, 2002).

“I used to shoot up with others so felt at risk of infection...now I don't. That was after I received information from here (IFS centre) and anonymous HIV testing and needle exchange.”

“It is a very conservative environment. Before the project, people would not go for testing - they thought it was terrible. Now they will go.”

Raising awareness with young people has worked well: “They used to be shy of condoms, now they ask for them for preventing pregnancy as well as HIV. They also ask for clean needles”.

#### **Coordination with canton/district**

A local Community Advisory Board (CAB) was established in Tuzla to support the RAR. Through actively participating in the RAR, members of the Advisory Board began to recognise the importance of HIV prevention activities within the community and allocated two doctors to work with IFS. The CAB is informed of all the activities of the centre and includes representatives of four ministries, high schools and the Red Cross. IFS provides CAB members with information regarding their work and have held public discussions on a range of issues.

The VCCT project cooperates closely with municipal staff and has managed to establish a Youth Council in Zenica and a youth drug prevention centre is on the horizon with municipal support.

#### **Coordination with health authority**

The fact that two hospital doctors in Tuzla (one infectologist and one epidemiologist) have worked on a voluntary basis for the project (taking blood at the IFS project centre) is a key achievement of the project. At the end of 2002, the IFS Advisory Board decided that the epidemiologist should work on another project on trafficking and she ceased working on the VCCT project. However the infectologist continued to work on a voluntary basis for the project for the whole of the first year. She also started going on evening field visits with the project out reach workers to take blood samples from EVYP living in towns outside Tuzla.

Coordination with the health authority in Zenica started off well and they had two initial meetings, but there were staff changes at the Ministry of Health (MoH) in October 2002. Since then there has only been limited contact between the MoH and that was associated with gaining approval for the HIV test kits. The health authority allocated a separate space in the “civilian part” of the Cantonal hospital for the sole purpose of taking blood samples from EVYP brought there by the IFS project. The staff (infectologist and nurse) working with the IFS project have good relations with the project and are available to take blood samples at 1300 on those days when there people who have been counselled and want an HIV test. Unlike the Tuzla site, the health workers do this on a paid basis as part of their normal working day.

#### **Coordination with UN agencies and other NGOs**

IFS is a member of the BiH Federation UN Technical Working Group on HIV/AIDS and has close coordination with different UN agencies and donors. IFS has worked with UNICEF and CIDA on the *Rapid Assessment and Response* (RAR) project, has also been supported by UNICEF and Save the Children Fund (UK) for work on child labour and trafficking and is currently working with UNICEF on its *Right to Know* project.

UNFPA donated 5000 male and 3000 female condoms to IFS in 2002. IFS is implementing a component of the UNODC project on drug prevention education in secondary schools in three cantons.

IFS is about to begin implementation of a Population Services International (PSI)/United States Agency for International Development (USAID) funded harm reduction project which will complement the VCCT project.

Youth NGO Network is working on HIV/AIDS prevention activities in Tuzla. This provides a good coordination mechanism, although there is an element of competition between the NGOs. There is a network called "48 hours" which aims to place IDUs who want to come off drugs in a commune within 48 hours of making their decision. Another network "Ring" is working to coordinate activities on the sexual trafficking of women and children.

### **Coordination with other IFS projects**

There is good coordination between the VCCT project and other IFS supported projects (such as, HIV/AIDS awareness, the harm reduction and commune referral for substance abuse projects). Many of the activities are complementary and as it is the same IFS staff working on these projects, beneficiaries perceive them to be part of the same overall project. IFS is trying to provide a holistic service to EVYP, but different donor priorities and funding constraints do not always permit this.

### **Capacity building and local ownership**

There are 28 volunteers working on the VCCT project in Zenica - "a force for the future" - and 16 in Tuzla. The Zenica volunteers will soon become members of the Youth Forum and in this capacity will be able to influence local decision-making.

### **Working with hard to reach groups**

The project has managed to establish a good entrance into the IDU community and helped them to become aware of HIV prevention and harm reduction. Having an out reach worker who is an ex IDU in Zenica has given the project credibility within the underground IDU scene. IFS staff recognise the need to also focus on Hepatitis B and C prevention and detection with IDUs. Whilst staff are pleased that they have met the VCCT project targets, they are aware there is still much to do and activities need to be intensified and extended. They have developed good relationships with beneficiaries who know they can always depend on project staff if they need help: "they know we will not let them down."

Out reach workers are paid travel expenses and meal allowances for fieldwork. They receive 480 BAM a month plus travel costs - 300 BAM a month for both sites. However, as the project extends its coverage, further consideration should be given to the mode of transport used, as the IFS ambulance is not the most economical vehicle for travelling longer distances.

### **Working on primary prevention in schools**

Work on HIV and substance use prevention with 14 to 20 year olds in secondary schools in Zenica is complementing the VCCT project. They will start training peer educators in September so that their activities can be extended. They have developed a leaflet on the services provided by the project *VCCT what it is and how to obtain counselling and testing* which includes the telephone number of the counsellor for further information.



## **Project constraints**

### **Advocacy**

There were initial problems with the production of informational materials in one project site and some had to be distributed in black and white format. As soon as the funds became available a reprint of the original materials in colour was made.

The project has noted the need to conduct continual awareness raising activities throughout the year, rather than focus main activities around 1<sup>st</sup> December (World AIDS Day).

There has been a low level of participation of health authority and Mayor's representative at the project Advisory Board meetings. This could be attributed to other demands on local officials' time and it may be more appropriate for IFS to be more proactive in informing them about project progress and follow up activities. The project could do more to "sell itself" to the local community and pay attention to developing up to date reports on the project.

### **Condoms**

Condoms were not included in the UNICEF support to the project and a one-off donation was made by UNFPA in 2002. Shortages of condoms have been experienced since the UNFPA supply ran out in March 2003.

Whilst condoms were not part of the UNICEF contribution, they do need to be available to people if VCCT is going to be effective in promoting behaviour change and safer sex<sup>12</sup>. Any extension of the project should ensure sufficient condom availability from other donor sources.

More intensive awareness raising is also needed on condoms. It was stated that the young people do not take seriously the fact that they are at risk of diseases and should use a condom. In the past condoms have been associated with the prevention of pregnancy, not with STI/HIV prevention.

### **Especially vulnerable young people**

Whilst the VCCT project has had notable success working with IDUs, staff have experienced difficulties working with other groups of EVYP. They tried to work with sex workers (SWs) (but had problems as they are controlled by pimps and bar/café owners) and MSMs (but found them to be a very closed group). However, it was suspected that many of the EVYP using the services are MSM, but they did not want to say so. The lack of female outreach workers in both sites may have affected the project's ability to work with SWs who are predominantly female. Also some of the SWs have been trafficked from other countries and are in BiH illegally<sup>13</sup>.

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<sup>12</sup> The primary aim of VCT is preventive – to help people change their sexual behaviour so as to avoid transmitting HIV to sexual partners if seropositive, and to remain seronegative if negative. (UNAIDS, 2001).

<sup>13</sup> According to a report on trafficking in human beings in South Eastern Europe, there is strong evidence that BiH is a destination country for trafficking in women for the purpose of sexual exploitation (UNICEF/UNOHCHR/OSCE-ODIHR, 2002).

Other vulnerable groups (though, not hard to reach) were identified by persons interviewed during the course of the evaluation: children without parental care living in institutions and the staff who care for them, and women working in factories as they are not very well educated.

### **Coverage<sup>14</sup>**

It appears that the numbers coming for HIV testing are now stabilising at about 20 per month and in Tuzla the numbers appear to be decreasing. This could be attributed to many factors and the reasons are not entirely clear. For example:

- ◆ The lack of large-scale awareness raising events (condom and parties) in 2003 due to lack of condoms and funds for hiring a sound system for the parties. Although the data do not show a clear increase in the number of people coming for testing immediately following such parties and events associated with World AIDS Day<sup>15</sup>.
- ◆ An assumption among IDUs that because all test results to date have been negative that there is not a problem of HIV within their community<sup>16</sup>.
- ◆ Saturation of the population of IDUs who are interested in being tested, or think they have put themselves at risk of HIV<sup>17</sup>.

The project is limited in being able to extend coverage to outlying towns within the same canton due to lack of transport. In Tuzla it is possible to use an ambulance from another IFS project, but it is not very economical. There is no official transport in Zenica and the counsellor uses his own vehicle.

### **Project management**

The two project counsellors (one in each site) are employed by the project on a full time basis. However, the counsellor in Tuzla is also undertaking college studies, as well as being the Youth Project Coordinator and Manager of the VCCT project in Tuzla. There clearly needs to be a separation of counselling and project management duties through the appointment of additional staff, so that more time can be allocated to in-depth counselling and to overall project management.

The out reach workers are employed on a part time basis (12 hours per week). In Tuzla, the out reach workers are also at college on a full time basis and do the out reach work in the evenings. They will start full time studies next year and mechanisms need to be put in place to ensure continuity of the project and that staff are not over stretched.

IFS staff need training in project management, record keeping, monitoring and reporting of project findings<sup>18</sup>.

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<sup>14</sup> No data is kept by the project on the estimated numbers of EVYP in each target group so it is not possible to assess coverage achieved.

<sup>15</sup> The data are not provided on a monthly basis so it is difficult to determine whether there is a linkage between parties and VCCT. The figures for the months October through to December 2002 were on average lower than for other months (with the exception of March and April 2003).

<sup>16</sup> There is no evidence to support this assumption and it is not known to what extent people who have been tested share their results with others. Project beneficiaries spoken to during the evaluation were very open to talk about being tested and their test result. However, they may not be typical of all people tested.

<sup>17</sup> More knowledge about the IDU community is needed to validate this assumption. Data from the RAR showed that IDUs were not practising safer sex and were sharing injecting equipment.

### **Training needs identified**

Most of the IFS VCCT project staff learnt on the job. They were given materials to read, talked with IFS NGO Manager, and learnt from colleagues. Only the two counsellors received formal training at an UNICEF sub regional training course on VCCT in Belgrade in September 2002.

Staff need training to work with SWs: they have tried to make contact with them, but were not successful. It was suggested that they may need to employ female out reach workers for this, as all the paid project staff are male.

### **Lessons learned**

IFS project staff and volunteers made the following observations on the lessons learnt during the first year of project implementation:

- ◆ Need to improve the media campaign to present the project better, but this is expensive: “Our previous attempts were amateurish”.
- ◆ Everything is focused on the 1<sup>st</sup> December and there is nothing much in between.
- ◆ More training is needed on sex and sexuality to work with groups where the main mode of HIV transmission is sexual.
- ◆ There is a need for more information for EVYP on STIs and they would welcome a video and illustrated leaflets on this.
- ◆ Focus is only on counselling and testing for EVYP – it should be broader and not only focus on those people coming for testing. For example, some school children do not have information on HIV/AIDS.
- ◆ Should have more information on interactive methods for young people to gain more information and develop skills
- ◆ Need to make linkages between HIV prevention and STI prevention and contraception.
- ◆ The importance of the contribution of cantonal and municipal officials to young people’s health and development and the need to include all relevant sectors/ministries.

### **Vision for the future**

IFS staff recognise that it is important to continue with the project and to maintain low HIV infection rates in BiH as neighbouring countries have much higher rates of HIV. They would like to do this through:

- ◆ Raising awareness of HIV prevention and VCCT through the distribution of information and materials and education<sup>19</sup>.
- ◆ Measuring knowledge of young people and where the awareness raising activities have worked, and where they have not.
- ◆ Extend the range of activities offered and extend out reach for EVYP and VCCT to other sites and neighbouring towns<sup>20</sup>.
- ◆ Encouraging municipalities to take some responsibility and replicate IFS activities in hospital centres.
- ◆ Work with other agencies that want to establish similar projects. The Harm Reduction Network could help to identify similar NGOs working in other geographical areas with IDUs and UNFPA is establishing a Reproductive Health Network.

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<sup>18</sup> As part of the PSI project it is planned to conduct out reach training and training for working as gatekeepers with pimps and ex IDUs.

<sup>19</sup> Linkages could be made with the media through the UNICEF supported *Right to know* project.

<sup>20</sup> For example, in Zenica staff were aware of the need to extend the project along the “Highway of Sighs” where there are several nightclubs frequented by SWs and IDUs.

They also identified the need for a comprehensive programme of sex education in schools to complement the work of the VCCT project.

In Zenica, IFS plans to:

- ◆ Start working with young school children as many of the drug users start experimenting as young as 10/11 years. A survey of 6,000 15 to 19 year olds will be conducted in June 2003. This will look at sexual behaviour, drug use, and how decisions about life are made.
- ◆ Influence the existing methadone treatment programme. At present, there is an outpatient clinic that provides methadone treatment for IDUs where they are given a weekly dose. Unlike some other countries, IDUs do not come to the clinic on a daily basis for their treatment. Nor are they observed to take the treatment. Hence the majority of IDUs go to the market after receiving their weekly dose of methadone and exchange it for heroin. IFS are therefore advocating for a daily-observed methadone treatment programme.

## Recommendations

1. Given the successful first year of project implementation, it is recommended that the UNICEF supported VCCT project goes to scale within the existing project oblasts/cantons of Tuzla and Zenica. First, it is proposed that UNICEF provides further support to:
  - 1.1. Expand the range of EVYP covered by the project to include sex workers as well as IDUs and MSM;
  - 1.2. Expand the range of services offered to EVYP (IDUs, MSM and SWS) to include testing for Hepatitis B and C, and diagnosis and treatment for STIs;
  - 1.3. Increase IFS capacity in basic counselling and issues of sex and sexuality <sup>21</sup>;
  - 1.4. Increase IFS capacity in counselling for behaviour change (safer sex and harm reduction);
  - 1.5. Extend the geographical coverage of the project to all sites where EVYP inject drugs or sell sex within the oblast/canton.
2. In order to go to scale in this respect, it is necessary to build capacity of existing staff in the following areas:
  - 2.1. Basic counselling skills for all out reach workers and volunteers;
  - 2.2. Counselling for behaviour change (safer sex and harm reduction) for the counsellors in all project sites <sup>22</sup>;
  - 2.3. Training in sex, sexuality and STIs for all counsellors, out reach workers and volunteers <sup>23</sup>;
  - 2.4. Project management, including monitoring and reporting for all paid staff.
3. Before going to scale, it is recommended that a more detailed mapping is done of the existing and proposed sites for the VCCT intervention with the three main groups of EVYP (IDUs, MSM, SWs). This should include regular visits to the sites and estimates of the number of EVYP at the sites and their at-risk behaviours. At the moment, out reach workers only have information on the number of materials distributed. In order to

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<sup>21</sup> Official data show that 60% of HIV transmission was through sexual routes, 40% MSM and 20 heterosexual, compared with 17% IDU.

<sup>22</sup> Increased emphasis should be placed on providing counselling on harm reduction and safer sex for IDUs who test seronegative as they may be at continuing risk of HIV infection.

<sup>23</sup> Training in harm reduction and out reach work should be provided under the PSI/USAID supported project.

do this thoroughly it may be necessary to involve more representatives of EVYP (IDUs, MSM and SWs) as out reach workers and volunteers.

4. All volunteers in both project sites should benefit from the same conditions of service with respect to refreshments and travel allowances.
5. It is important that counsellors are able to work full time on the project and devote more time to providing counselling, rather than information giving, especially at the time of giving the HIV test result as this is when people are most receptive<sup>24</sup>. It is therefore necessary for the project management and counselling roles to be separated as the project goes to scale.
6. It would be most useful if IFS could develop an overall strategy of their work on HIV prevention showing the overall goals and specific objectives to be achieved by each project. At the moment there is considerable overlap and it is not always clear which activity falls under each donor-funded project.
7. General HIV/AIDS awareness raising is very important and it is appropriate that IFS continues and goes to scale with this, particularly in the school environment. However, targeted interventions for EVYP require different skills, staff (members of the EVYP group themselves) and methodology. It is recommended that a clear distinction be made between general HIV/AIDS awareness activities and the targeted intervention VCCT project to ensure that HIV testing is being promoted amongst those most at risk of HIV infection and that counselling is more geared towards behaviour change.
8. The VCCT project is clearly dependent on the distribution of condoms and needle exchange programme. Any future project should clearly indicate the source, adequacy and duration of supply of these materials.
9. STIs are a proxy indicator for the adoption of safe sex practices (and hence the reduction of HIV transmission). It is strongly recommended that future VCCT work also include an element on the prevention and treatment of STIs. This would involve working with a broader range of health professionals (dermatologists, venereologists and general practitioners) and would require a commitment on behalf of the respective health authorities to improve proper reporting<sup>25</sup> and diagnosis of STIs<sup>26</sup>.
10. Any future project should have SMART objectives<sup>27</sup> with clearly identified behavioural outcomes and include indicators on coverage and the quality of services provided.
11. Future IFS proposal should pay specific attention to the adequate production of sufficient quantities of materials specifically designed by and for EVYP, and logistical support for out reach work, for example, transport. A separate donor may need to be sought for the provision of appropriate vehicles for out reach work.

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<sup>24</sup> VCT can provide the opportunity for IDUs to know their HIV status and receive counselling about safe injecting practices and safer sex to prevent transmission to sexual partners (UNAIDS, 2001).

<sup>25</sup> The Health Information System is not functioning properly. For example, before the war all pregnant women were tested for syphilis, Hepatitis B and C. However, during the war the system broke down and since then it has not been re-established.

<sup>26</sup> They cannot diagnose chlamydia, HPV and HSV 2 at Zenica.

<sup>27</sup> Specific, Measurable, Achievable, Relevant and Timebound = SMART.

12. The government needs to be actively involved in the design and implementation of the health service dimensions of any enlarged project and to have a greater commitment to service provision for EVYP.
13. Mechanisms should be considered for the dissemination of the first year of the VCCT project findings throughout BiH with the aim of stimulating other health authorities and agencies to develop similar services.
14. Progress on the expansion of the range of services within existing cantons (according to recommendation 1 above) should be reviewed at the end of 2003 before making a decision about extending the VCCT services to other cantons.
15. The UN Theme Group has a key role to play in providing a more coherent approach to HIV prevention by all UN agencies in BiH with a well-defined strategy and indication of who is doing what where. Also, local institutions and authorities need to have a better understanding of the need for their involvement and ownership in HIV prevention.

## **VCCT PROJECT FINDINGS**

### **Advocacy and information**

IFS produced a range of guidelines and literature for staff in preparation for the VCCT project. These were used as the basis for training the two counsellors in counselling skills, and providing out reach workers and volunteers with information about their role and how to conduct themselves (see **Annex 2**). In addition, young people were involved in the design of posters and materials on HIV prevention (HIV - what is HIV, how is it transmitted, what is the HIV test?; AIDS; condoms; and contraception). These materials have been disseminated at out reach sessions in both project sites and posters displayed throughout Tuzla and Zenica. Information on HIV and STIs has also been put on the IFS web page.

### **VCCT service**

The mode of work is similar in both sites: out reach workers identify the EVYP who are provided with information about HIV and the VCCT project. They are invited to the IFS Centre for group “counselling” and if they wish to have an HIV test they are requested to complete a brief questionnaire on risk behaviour for HIV. They then have the HIV test and return after a few days for the test result and post-test counselling. The whole process of counselling and testing is confidential and anonymous and numbers or a code name is used to link the person with the HIV blood test.

Sometimes the counsellors do the group counselling outside the building, or in the office, if there is no-one else around. If they have a group of six to seven people then it may be problematic to ask them individually why they came for testing. If people are not comfortable with the presence of others, or appear to be under the influence of drugs, then the counsellor may do the “counselling” in the shortest period of time. Many of them just want to give blood and go. It is information giving, rather than counselling as often the people are in a hurry to leave – they want to “get it over with”. Basic information is given to determine whether they need an HIV test, or not. Sometimes there will be an IDU under the influence of drugs, in which they may talk with them on a one-to-one basis in a Question and Answer session.

The counsellor provides information on how HIV/AIDS is transmitted. This takes about 15 minutes and is in the form of a mini lecture. It includes information on: HIV 1 and 2, the numbers infected world-wide; the three main modes of transmission - sex, blood, and mother to child transmission (MTCT), - and how HIV is not transmitted; the history of the disease and risk groups - IDU, MSM, SWs, people with multiple partners and children born to HIV positive women. They discuss harm reduction strategies and safer sexual and injecting drug behaviour, for example, mutual monogamy, reduction in the number of sexual partners, use of condoms, use of sterile injecting drug equipment (clean needles and syringes) and sterile equipment for tattooing and skin piercing.

Those who stay on for the HIV test are given an explanation of what the test involves. They are requested to fill in the anonymous questionnaire on risky behaviour. Information is provided on whether they have had unsafe sex, or shared injecting drug equipment, and if so, they are advised to have an HIV test. The counsellor explains the implications of both a

positive HIV test result and a negative result. They are told to return after the HIV test for post-test counselling and the test result. Over 90% do come back for their results.

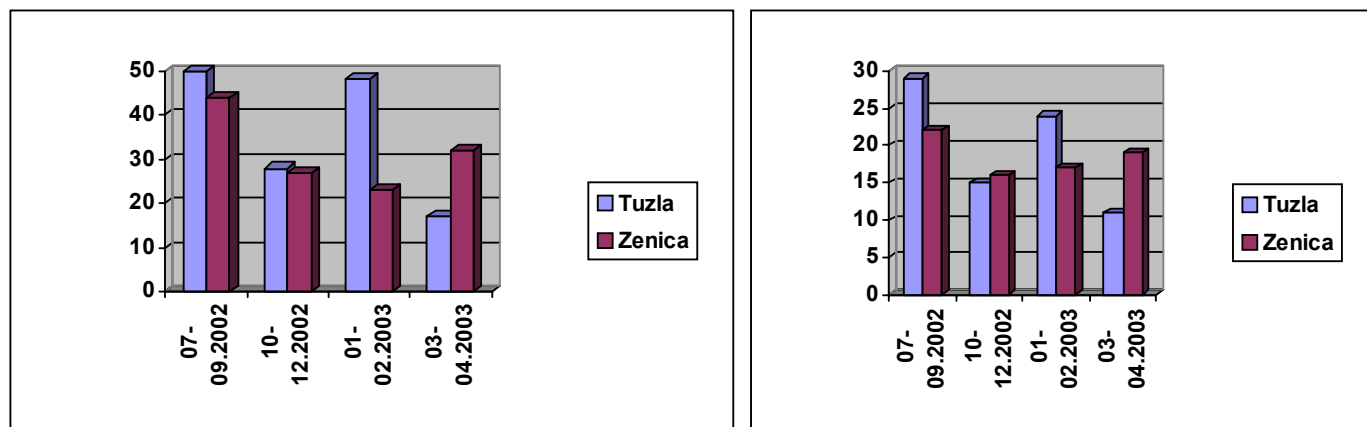
IFS has not experienced any problems with the existing system, although the Zenica site would like to routinely offer individual pre-test counselling. The counsellors ask at post-test counselling if there was anything they did not like during the whole process. No negative comments have been received and all people spoken to as part of the evaluation who had been tested said they were satisfied with the way it was conducted.

In July 2002 the two IFS centres started testing for HIV and to date 409 people have been tested - all test results were negative for HIV. If a positive test result was to be detected then a second ELISA test would need to be done and if this was also positive, a sample would be sent to Sarajevo for Western Blot confirmation. Both health authorities follow WHO procedures. In Zenica, they recommend that all people tested for HIV return for another test after three to six months. About 5% have already returned for a second test. Data on the monthly average of EVYP receiving group and individual counselling are shown in **Figure 2**. More detailed data are shown in **Annex 3**.

**Figure 2: Monthly average counselling in both sites**

**Monthly average: group counselling,  
July 2002 to April 2003 in Tuzla and Zenica**

**Monthly average: individual counselling,  
July 2002 to April 2003 in Tuzla and Zenica**



Source: IFS project data

If a person was found to be HIV positive then they would lose their anonymity because they would be requested to go to the hospital and be registered “as an infectious disease case” and reported to the Institute of Public Health. This is a legal requirement under the Infectious Diseases Act. Also their name would need to be given if they wanted to receive ARV treatment from IFS funds<sup>28</sup>. The government does not have sufficient funds at present for ARV treatment.

### Volunteers

Volunteers provide information on HIV/AIDS and substance use in both sites. They are also involved in project decisions making at weekly meetings in both sites. In Zenica the weekly

<sup>28</sup> IFS established a fund in 2002 to increase people’s access to treatment for a range of diseases (cardiac, cancer, HIV etc). The medicines are ordered on a case by case basis.

meeting is primarily devoted to the VCCT project, whilst in Tuzla all IFS projects are discussed.

Volunteers feel that their views are respected:

“... if we need to change then we can discuss it at the weekly meeting of volunteers and then make changes. We try to reach consensus, but will vote on issues if necessary.”

The out reach workers and volunteers working with EVYP in both sites have identity cards so that they are easily identifiable by the police and are not harassed by them.

In Tuzla, volunteers come twice a week for group training on substance use related issues. There were 11 plus one trainer present at the time of the evaluation (see **photograph**). Weekly meetings of volunteers are also held for volunteers working on all IFS activities.



The IFS centre in Tuzla also tries to educate MSM through the Internet about the dangers of unprotected sex. Five volunteers work as "hunters" on gay chat lines where MSM arrange dates. They inform them about STIs and HIV/AIDS, safer sex and the need to use condoms.

**UNFPA** provided 5000 condoms and 3000 female condoms to IFS in 2002. Volunteers and outreach workers distributed the male condoms when asked for them and also at condom and rave parties. They are also distributed at the time of receiving counselling from the centres in Tuzla and Zenica. The male condoms were finished in March 2003 and there has not been much demand for the female condoms, which have been used for demonstration purposes. Consequently, IFS has experienced problems with condom supply since March 2003. A new harm reduction project supported by PSI should start soon (it has been approved and they are now waiting for the administrative details to be finalised). It will focus on HIV prevention, condom promotion and pilot testing for Hepatitis B and C for IDUs, MSM, and SWs.<sup>29</sup>

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<sup>29</sup> During the 10 months of this project, 15,000 condoms will be distributed to 300 new IDUs, MSM and SW (200 IDUs, 50 MSM and 50 CSW) contacted through outreach activities in Tuzla and Zenica. 2,500 syringes and 5,000 needles will be distributed to IDUs. 1,500 leaflets will be distributed on HIV/AIDS, safe injecting and safer sex.

### Web page

IFS has established a web page containing information on HIV/AIDS, STIs and substance use. It was written by an IFS volunteer and is based on literature provided by the IFS Project Coordinator and NGO Manager. There have been 689 visits to the web page [www.sos.manija.net](http://www.sos.manija.net) since August 2002. An **Internet Club** is also planned.

The other activities conducted by IFS are described in **Annex 4**.

### Tuzla site

The IFS/UNICEF VCCT project in Tuzla is supported by the Cantonal Ministry of Health and the Clinical Centre, the Ministry for Internal Affairs, Community Policing Section of the Tuzla police, religious leaders in the canton and the Community Advisory Board (CAB)<sup>30</sup>. There are representatives on the CAB from each municipality, and different sectors (such as, health and education). The CAB meets four times a year and about half of the members attend. The representatives are of specific institutions, and not designated individuals. This has helped the project as it has involved people who did not understand the project – now they understand what they are trying to achieve and this facilitates project implementation.

A Cantonal HIV/AIDS Policy exists. It has been established by law that no-one can be a blood donor unless they have been tested for HIV and found to be negative. However, a Cantonal Plan on HIV/AIDS has not yet been developed although discussions have been held with the Youth Council.

### IFS VCCT project staff



The full time paid staff of the Tuzla VCCT project consists of a Project Coordinator who is also a Counsellor, and two part time VCCT out reach workers (see **photograph**). There are

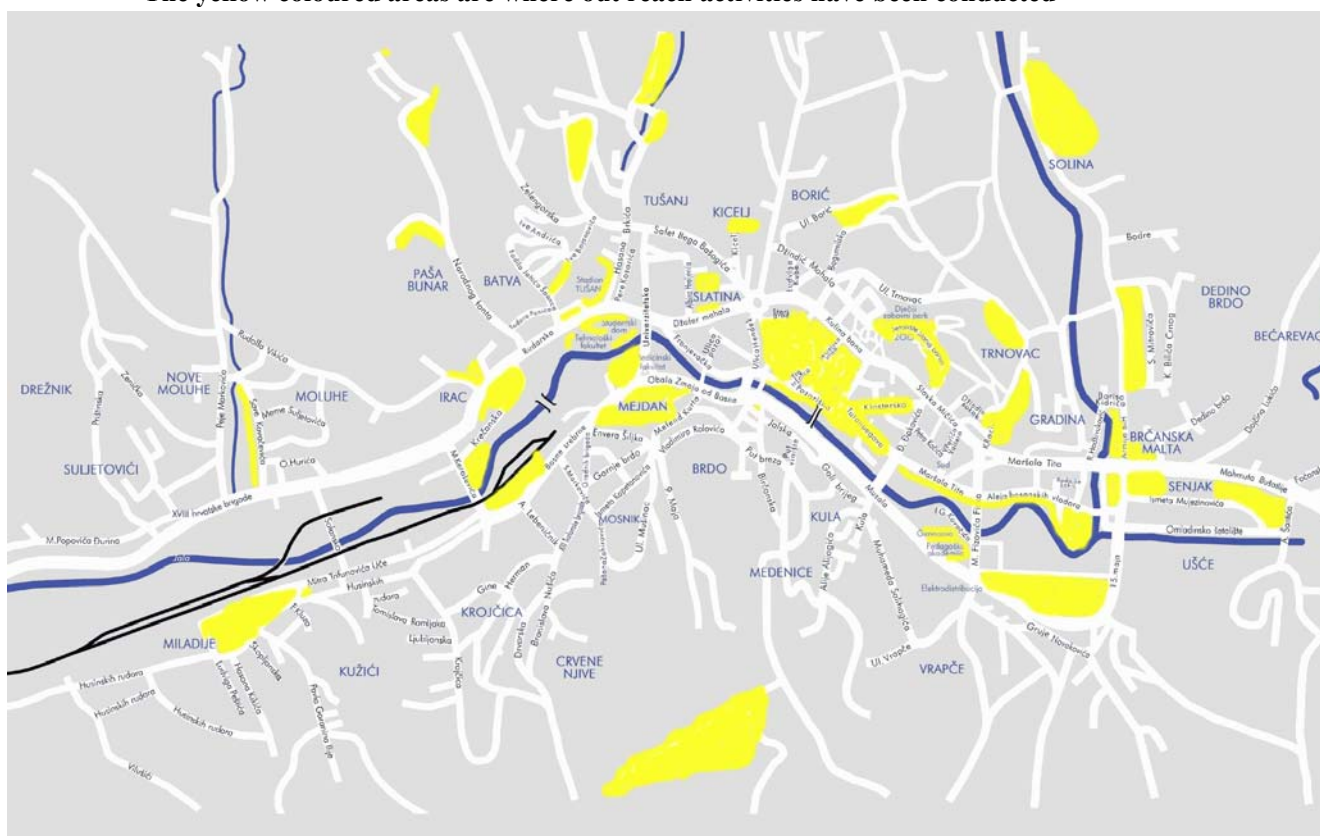
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<sup>30</sup> The CAB was established as part of the RAR process.

also 16 youth volunteers aged 16 to 22 years who work on a range of IFS projects and one medical volunteer. All volunteers in Tuzla are provided with refreshments when conducting out reach activities. Once a week (it used to be every Thursday now the meetings are held on Monday at 1700) there is a meeting with the volunteers to review the activities of the past week and to plan for the coming week.

The out reach work is conducted in the evenings between 1900 and 2100 or 2200. The outreach workers work as a pair and go to places where young people at high risk of HIV/AIDS congregate (bars, parks, and clubs) – see **Map 1** for details of the locations where out reach work is undertaken. They work together and always keep each other in sight as they are working with people who may be under the influence of drugs, or may resent their presence. In the initial days there was some violence/abusive behaviour towards them, but now it is easier as the out reach workers are known to the EVYP. They provide the EVYP with information on where to go for an HIV test if they think they have put themselves at risk.

**Map 1: Out reach activities in Tuzla**  
The yellow coloured areas are where out reach activities have been conducted



Group counselling is done at 1700 in Tuzla every Sunday and Friday and the doctor also comes at these times so she can take blood for HIV testing for those who want to be tested. The Sunday sessions are not so well attended and they may change to another day of the week. Friday sessions are well attended. The services are arranged so that those people wanting counselling and testing go through one door and leave through another. They are given information materials and condoms (if they are available) when they leave.

### **Health authority involvement with the project**

Dr Mujcinagic (of Tuzla Regional/Cantonal Health Authority) was nominated in 2002 by the Ministry of Health (MoH) to be involved in the UNICEF/CIDA supported *Rapid Assessment and Response* (RAR) project to ascertain the needs of EVYP for HIV prevention interventions. Through this involvement, Dr Mujcinagic formally approved the RAR project on behalf of the government and provided feedback on project progress to government officials. He was keen to include as many as possible health experts in the project.

To support the work of the RAR, the canton formed an expert team to follow up on the situation with infectious diseases (HIV and Hepatitis B and C) so they were familiar with the situation and could develop guidelines to prevent transmission.<sup>31</sup> Following the RAR, it was agreed that the VCCT project should be established with UNICEF support to IFS and the government. There has been good cooperation and for example, when there were delays in customs clearance with the UNICEF procured HIV test kits, the government was able to provide HIV tests and UNICEF later reimbursed the government from their supplies.

Two health authority doctors (one epidemiologist and one infectologist) were granted approval to work as volunteers on the VCCT project. Members of the health authority are also on the VCCT Advisory Board.

Dr Mujcinagic has visited the project a couple of times and, based on what he has seen, thinks that it is working well. He would like more detailed information on the project progress and numbers of people tested so that he can feed this back to the government and public. The project has been accepted by the “white coats” (doctors) and the public. It is popular with the public as they regard it as contributing to the prevention of HIV within their community.

There are linkages between EVYP, project workers, health authority and politicians at municipal level and the public are informed about the HIV situation in general. There is no policy constraint to the health authority providing funds direct to NGOs. Doctors are concerned to offer the best health protection possible to their citizens and are keen to involve all relevant actors. The limitations are with overall funding.

Two years ago (2001) the Cantonal Health Authority began testing all blood donors for HIV – they have a well-equipped laboratory for HIV testing using ELISA, but confirmatory Western Blot tests have to be sent to Sarajevo.<sup>32</sup>

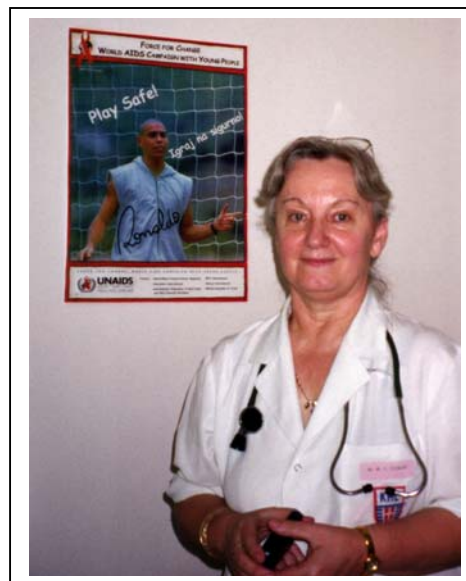
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<sup>31</sup> There is no functioning National Health Information System (NHIS) and data on HIV tests performed are not required for reporting purposes. Only if tests are HIV positive must they be reported as an infectious disease. To date only five people with HIV have been detected within the Canton.

<sup>32</sup> During the course of the evaluation it was noted that Tuzla Cantonal Health Authority has specialists and equipment and would prefer to be able to offer Western Blot testing in Tuzla as they have to reimburse Sarajevo for the confirmatory tests they undertake. It is not clear that there are sufficient cases being referred to make this cost-effective. For example, during the first year of the VCCT project none of the 409 tests had to be referred for confirmatory testing.

The VCCT project has influenced the way that other health services have been offered. For example, there has been an HIV/AIDS Cabinet in the hospital since 1997. Dr Sabovic and two nurses were trained in HIV prevention and care in Strasbourg for three months and saw how their services were organised. This study tour was funded by the Clinical Centre in Tuzla, which has had long term cooperation with Strasbourg. Training in pre and post-test counselling was provided and then when they returned they trained two doctors and four nurses in counselling for HIV.

Dr Sana Sabovic (see **photograph**) is also an IFS VCCT Volunteer and has managed to negotiate with the hospital authorities for a room for HIV testing with separate access so clients do not have to go into the main hospital. There is an external entrance with a notice stating that HIV testing is provided and the hours of operation (0800 to 1600). They can also go into the hospital if they want treatment. The service is drop in and no appointment is needed. The cabinet provides information on HIV/AIDS and VCCT. There is no room for a waiting area, but this has not been a problem to date as only a few people come each day. In the future, the hospital will be rebuilt and it is planned to have a separate waiting room.



Most people come to the cabinet for HIV testing because they have had unprotected or “risky” sexual contact, or because they need an HIV test certificate for travel purposes<sup>33</sup>. When they arrive at the HIV/AIDS Cabinet the nurse calls Dr Sabovic from the ward to counsel them and take their blood. Dr Sabovic places the highest priority on prevention. She has worked for six years in HIV/AIDS and regularly also conducts interviews on radio and television and advertises the phone number and address of the HIV/AIDS Cabinet along with the range of services provided<sup>34</sup>.

Advice given at post-test counselling depends on the EVYP. If they are an IDU then they are given information on harm reduction, if a SW then on condom use. The amount and type of information given also depends on where and by whom the counselling is done.

Dr Sabovic also goes two nights a week on a voluntary basis to take blood from EVYP at a room in the IFS centre at the Electro Technical College. She stays there for as long as it takes (depending on the number of beneficiaries) and after taking blood she usually spends some time talking with project staff. Dr Sabovic also accompanies out reach workers on field trips to take blood in outlying towns when needed. All records related to testing under the VCCT project are kept with IFS. These statistics are not given to the health authority because they are anonymous. At the end of the current project (June 2003) the data will be sent to the

<sup>33</sup> 30 people have paid for HIV test because they wanted an HIV free certificate for travel purposes.

<sup>34</sup> On the day of the evaluation visit, Dr Sabovic was to conduct a televised interview with an hospitalised HIV positive woman (from the back so her identity was obscured). This was the first time that an HIV positive person was to appear on television in the Federation. It is hoped that this will help the public to understand that HIV is amongst them and to give HIV a human face and reduce stigma. The patient will be paid for the interview and Dr Sabovic has managed to secure free treatment for the women under the health protection system.

health authority for information. To date all persons tested have been negative for HIV. The only obligation is to report people who are HIV positive to the Institute for Public Health who then report to the health authority.

Health workers in the canton received training in HIV from the Public Health Institute a few years ago. Components on HIV/AIDS, STIs and substance abuse are included in the formal medical curricula. However, there is nothing in basic medical, or nurse education, on communication and counselling young people. The health authority did not train the IFS staff, but Dr Sabovic shares information with them from time to time. She recommends that the project “be continued as it is very important for the canton” and will personally continue to support the project.

“It is better to provide free of charge testing, either at the IFS project site, or in the hospital HIV/AIDS Cabinet”. (Dr Sabovic, IFS Volunteer doctor)

### **Municipal leaders and municipal support**

The Municipal *Nacelnik* (Municipal leader) of Tuzla is familiar with the VCCT project and is a member of the Advisory Board. The health authority notifies the *Nacelnik* in writing about project progress three or four times a year. There is a Youth Parliament within the municipality and a representative has an office in the *Nacelnik*'s department.

Tuzla Canton has 13 municipalities (with a total of 611,000 inhabitants)<sup>35</sup>, the largest of which is Tuzla municipality with a population of 131,861<sup>36</sup>. The population of the other municipalities is about 40 to 50,000. All municipalities have young people on their agenda, with their own decentralised budget and can sometimes provide support to activities for young people. There is a Mayor's budget for young people, but it is insufficient and is spent mainly on sports activities. Bigger events tend to be sponsored by the cantonal authority. For example, they have financed competitions on first aid, knowledge of drugs, sports, technical skills, fire fighting and school competitions. There is a Municipal budget for NGO activities, but no funds are available at the moment.

### **Police**

IFS has good collaboration with the police in Tuzla and requested them not to imprison the EVYP they are working with for minor drug offences. IFS issues identity cards to all its outreach workers because they are working in unsafe places and with people the police regard as criminals (sex workers, drug users) and some of the out reach workers themselves belong to the vulnerable groups. The police recognise the ID cards and thus the volunteers and out reach workers are not harassed. This applies to both sites.

### **Characteristics of people coming for VCCT**

In Tuzla, 76% of the people coming for testing were male and 24%, female. The youngest person was aged 13 years and the oldest 53 years. The age distribution is shown in **Table 2** and two thirds of them (67.7%) were young people aged 10 to 24 years and 81.3% under age 30 years. The greatest number coming for testing (38.9%) was in the age group 15 to 19 years. Data were not available on the characteristics of people being tested in the Zenica site.

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<sup>35</sup> This figure is based on 1996 estimations is taken from the Tuzla town web site.

<sup>36</sup> 1991 census data.

**Table 2: Age of EVYP coming for HIV testing in Tuzla (July 2002 to February 2003)**

Age of person	No.	%
Under 15 years	1	0.5
15 to 19	77	38.9
20 to 24	56	28.3
25 to 29	27	13.6
30 plus	37	18.7
<b>TOTAL</b>	<b>198</b>	<b>100</b>

Source: IFS project data, 2003

In Tuzla, the majority of people coming for an HIV test were single (72%), 17% were married and 5% were divorced, or widowed. Of those currently having sex, 58% of them sometimes used condoms, 18% always used condoms 23% did not use condoms. 38% of people tested had ever used drugs and 60% of these, had had sex under the influence of drugs. Only 13% of people tested for HIV in Tuzla said they had ever injected drugs and a worryingly high 76% of them had shared needles when injecting drugs.

Project staff were not always able to identify young people as MSM or IDUs at the condom or rave parties, therefore these figures may be an under-representation. Data from Tuzla shows that less than 1% of young people attending such parties were identified by out reach workers as MSM or IDUs (**Table 3**). In Zenica, they were able to recognise between 3 to 5% of people attending these parties as MSM and IDU, due to the fact that two of their out reach workers belong to the same population and could recognise members of their own sub group.

**Table 3: People reached by out reach activities in Tuzla  
Data from June 2002 to April 2003, N = 3,967**

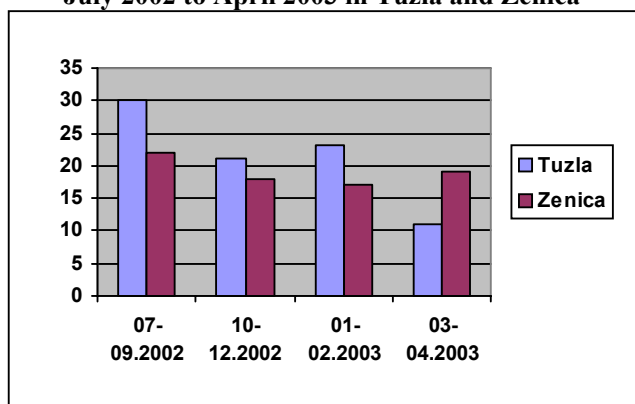
Persons reached	Number	%
Students	1784	45
Drug users	789	20
IDU	16	0.4
MSM	9	0.2
Others	1369	35
<b>TOTAL</b>	<b>3967</b>	<b>100</b>

Source: IFS project data, 2003

### Extension of services

The number of people coming for HIV testing and counselling has been decreasing since the first quarter when tests were offered. This is particularly marked in Tuzla (see **Figure 3**).

**Figure 3: Number of people (monthly average) tested for HIV, July 2002 to April 2003 in Tuzla and Zenica**



Source: IFS project data<sup>37</sup>

People coming for testing are not routinely asked why they came for the HIV test, or where they obtained information from about the services provided. However, at post-test counselling, most people said they knew about the VCCT service from the out reach workers.

In March 2003, the Tuzla site started providing out reach services and HIV testing in towns outside Tuzla. They have now covered six out of the 13 municipalities closest to Tuzla and one in Zenica canton. They began by conducting two or three out reach sessions each week on a Tuesday or Wednesday evening to identify EVYP and inform them about the free HIV testing services and pre-and post-test counselling. These field trips are made using a mobile ambulance (from another IFS project). The infectologist from Tuzla hospital accompanies the out reach team to take the blood samples when they have identified sufficient people wanting to have an HIV test. A total of 59 people have been tested through this mode of work and they represent 27% of the total tested in Tuzla Canton. The location of the places where HIV counselling and testing has been conducted through the mobile service is shown in **Table 4**. 35.6% of the people reached through this approach were from Zenica region.

**Table 4: Number of EVYP given HIV testing through mobile service**

Name of town	Numbers
<b>Tuzla region</b>	
Banovici	6
Gracanica	9
Lukavac	5
Mihatovici	8
Tinja	7
Zivinice	3
<b>Sub total</b>	<b>38</b>
<b>Zenica region</b>	
Doboj istok	21
<b>TOTAL</b>	<b>59</b>

Source: IFS project data

<sup>37</sup> The figures have been averaged from the first two quarters of project implementation (July to December 2002) and the first two months (January and February) and second two months (March and April) of 2003. In future it would be helpful if data could be collected and presented on a monthly basis with quarterly and annual summaries.

## Beneficiaries

Some project beneficiaries started visiting the IFS Centre in Tuzla about a year ago. Over time they have built up good relationships with the project staff and some act as informants on IDU activities in the city.

“There were different activities conducted throughout the city (Tuzla) and I saw some posters and decided to come to the centre:”

“I saw a brief description of the activities and was attracted by the computer and Internet connection.”

“I came to the centre because it was a good way of keeping me away from bad company.”

“I was later involved in the RAR (as a member of one the focus group discussions) and found out about the VCCT services. I know a lot about IDUs in the region.”

“I was offered help to reduce drugs but I gave up, so they offered help with harm reduction (needle exchange) and I was tested for HIV and Hepatitis B and C under the VCCT project. I haven't given up the idea of getting off drugs, but it is a long time to go to the commune and I would miss school.”<sup>38</sup>

## Volunteers

Volunteers working for IFS said they became interested in the work through: contact with the programme at school (two had received sessions on drugs in secondary school under an earlier IFS project); friends working as volunteers and persuaded by them to join (3); and wanting to do something useful and/or interested in humanitarian issues (3). All of them have received training on HIV/AIDS and substance use prevention.

“I would like to see a world without drugs” (IFS Out reach worker).

## Zenica site

### IFS VCCT project staff

Work on the UNICEF/IFS VCCT project in the Zenica site started from scratch in June 2002. IFS did not have a background of working in the city and transferred one of their Tuzla staff members (Denis Dedajic - see **photograph**) to be the VCCT Project Manager and Counsellor in Zenica.

The three pressing tasks facing the Project Manager were to:

- ◆ Identify local project staff
- ◆ Identify vulnerable groups within the city, and
- ◆ Establish an office



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<sup>38</sup> The preconditions for going to the commune are: having had an HIV test, tests for Hepatitis B and C to have undergone hospital detoxification, plus a written letter requesting a place.

The VCCT Project Manager already had a few contacts in the city and was able to identify an out reach worker on substance use prevention. They held workshops on drug prevention in two secondary schools and managed to identify 15 volunteers from these workshops. With a core group of staff they began to hold weekly meetings with the volunteers to discuss how they should proceed.

### **Mode of work**

Initially, it was hoped to have the Zenica IFS office in the hospital near to where the blood tests would be taken, but this was not possible due to lack of space. Unlike Tuzla, where the volunteer doctor comes to the centre to take the blood, in Zenica the group of people wanting to be tested have to be taken to the hospital for blood test. This requires transport. There is no room in the hospital for a separate counselling room, only for blood testing. However, the health system is being restructured and some services will be moved to the iron factory ambulatory. This may free up enough space for an additional room for counselling. This will be discussed with the Mayor and it is hoped to have a refurbished room next to the clinic.

For the first two months the IFS “office” was on the street, whilst they searched for premises. Working on the street helped them to identify vulnerable groups and they supplemented this by working with the media in quite an aggressive way and this led to better than expected results.

They began by working with black and white materials (whilst waiting for the colour versions to be available) to inform people that the VCCT project existed and what services were offered. They also had interviews on a local radio programme, which advertised the services, and what they were trying to achieve with IDUs and MSM. After listening to one of these programmes in August 2002, Dado phoned the Project Coordinator and said that he was an ex-heroin user (dry for four months) and wanted to help. He thus offered an important entry point to the IDU community and was later appointed as the second out reach worker.

The counsellor was worried at the beginning that he did not have sufficient knowledge about counselling and how to tell some-one that they were HIV positive. He could not sleep at night worrying about this and the responsibility involved with the project. In September 2002 he received training on VCCT in Belgrade (see **photograph**)<sup>39</sup>, and in October he went to a congress on safer sex, safer injecting and sex work in Bratislava.



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<sup>39</sup> UNICEF supported sub regional training (South Eastern Europe) on VCCT.

At both these meetings the Project Manager/VCCT Counsellor met with people who were HIV positive and discussed how they found out their HIV status following testing. Through discussing with them what methods worked well, and not so well when they were informed of their test results, he gained confidence in his own ability to inform people of an HIV positive test result. He found it extremely important to spend time with HIV positive people and discuss their issues and concerns.

The key things learnt from the two training events were:

- ◆ How to approach HIV positive people;
- ◆ How to tell people about an HIV positive test result;
- ◆ How to deal with people in general.

The knowledge gained from this training was transferred to the two out reach workers and the volunteers.

After the Bratislava congress, IFS Zenica applied for and were successful in gaining funding from Birks Sinclair (British organisation) for a programme on substance use prevention in eleven secondary schools. They have now trained the volunteers to do this work under the supervision of one of the out reach workers.

They also reformulated the out reach work into two sections:

- ◆ primary prevention in schools and the distribution of information in public places; and
- ◆ working with the hardcore groups such as IDUs and SWs (those IDUs selling sex for drugs and street sex workers).

As the out reach worker for EVYP used to be an IDU he knows the community well and, unlike the out reach workers in Tuzla, has not experienced any problems with personal security. He also has another IDU working with him who will be the gatekeeper for the forthcoming PSI funded project. This project will offer condoms for EVYP and testing for Hepatitis B and C. It is expected that offering testing for Hepatitis B and C will benefit both the IDUs and the health authority. However, the IDU has to have a referral from their doctor, so it will not be an anonymous service, like the VCCT.

In August 2002, the VCCT project was able to offer another service, which was to place IDUs who wanted to stop using drugs in communes. However, this has not been very successful as the young person is expected to stay six months in a commune and 50% of those referred returned without completing their rehabilitation. They have now changed the system and no longer send people to the commune Sarajevo. They have also placed more responsibility on the local health authority to prepare young people for rehabilitation. A seven day supply of methadone is given by the clinic on a daily basis – they then have a 28 day break before being sent to the commune. This system seems to be working better. Although there are problems with the seven day supply of methadone and IFS would prefer that the dose be given on a daily basis and observed, as there are reports of the methadone being sold or exchanged for heroin.

Posters are displayed in places where EVYP are likely to see them. Part of the work of out reach workers and volunteers is to identify the best places to put the posters. Leaflets are also distributed close to pharmacies where IDUs obtain methadone. They are also trying to collaborate with private clinics.

### **Health authority involvement with the project**

The first contact with the health authority in Zenica was through Dr Calkic (infectologist). She became involved in the VCCT project as a result of her longstanding professional contact with Dr Sana Sabovic from Tuzla. They are both infectologists who are interested in HIV prevention in their respective cantons. Dr Calkic is responsible at a cantonal level for data on HIV infection and information on HIV prevention.

Approval for the VCCT project was sought from the health authority in July 2002. Dr Calkic went with the IFS Project Coordinator and NGO manager (Emir Nurkic) to speak with officials about the project. After the MoH had given approval, they contacted the Director of the Cantonal hospital who thought that the project was sound and much needed. He therefore agreed to provide a separate room for taking blood samples from the EVYP in a civilian part of the hospital. They began conducting HIV tests on 12<sup>th</sup> July 2002 and a nurse (Sabina) was designated to take the blood samples. She sees each EVYP individually on Mondays, Tuesdays and Thursdays starting at 1300 – the group counselling is done at 1200 and then the counsellor travels with those wanting to be tested from the IFS office to the hospital.

Dr Calkic thinks it is good the way that the project is currently organised with the IFS staff doing the fieldwork and hospital staff being responsible for taking the blood. This guarantees anonymity and the testing is done immediately after pre-test counselling whilst the EVYP are still receptive. Dr Calkic would be willing to travel with the out reach team to take blood from EVYP living outside Zenica, but at the moment they do not have sufficient resources for this.

The health workers have not experienced any problems with project implementation to date. The nurse collects the test results from the laboratory (but they are numbered so she does not know which individual they relate to). They are then given to the Project Counsellor in a sealed envelope who then informs respective person of their result. All the results to date have been HIV negative.

The forthcoming PSI project will provide testing for Hepatitis B and C for 50 people on a pilot basis. Dr Calkic considers that it would be ideal to test for HIV and Hepatitis at the same time. All serum is stored for up to 10 years, so it would be possible to retrieve samples already taken for HIV and test them for Hepatitis.

After the two initial meetings with the MoH in the early stages to discuss approval for the project, there has only been limited contact between the MoH and the project and that was associated with gaining approval for the HIV test kits. Project staff attribute this to staff changes at the MoH in October 2002.

### **Municipal support for the project**

The VCCT project cooperates closely with the municipality and has managed to establish a Youth Council in Zenica through personal contact and support from the Youth Information Agency (YIA) based in Sarajevo. The YIA has been instrumental within FBiH in the development of a Federal Youth Policy. On 16<sup>th</sup> May, the Municipal Youth Council will be formally inaugurated and one of the IFS project staff members will be represented on this Council. Another project member is part of the Commission on Youth at district level.

Within a very short space of time VCCT project staff members have become involved with decision-making bodies on young people in Zenica.

IFS arranged a meeting with the Mayor of Zenica in March 2003 on substance abuse, STIs and HIV. Since then they have met him again with about 20 other NGOs to discuss a drug prevention centre for youth in Zenica. It is hoped that a designated space within a public institution will be made available by June 2003. The youth NGOs would like to have a long-standing arrangement with all services for young people under one roof. However, IFS is not considering moving from their current premises to the proposed Youth Centre, as they are centrally located and have established themselves within the neighbourhood.

In March 2003, the Project Coordinator was elected a councillor to the Mayor of Sarajevo. These council meetings have elected representatives from throughout the Federation and provide a good opportunity to learn from experiences of other NGOs working in HIV/AIDS prevention and to disseminate examples of good practice throughout the Federation.

### **Police**

VCCT project staff have a friend who is a member of the police force and use him as an entry point to working with IDUs. In the past, IDUs used to be arrested and imprisoned for possession of drugs. Now the police focus more on the big drug dealers. Sometimes the police offer young people the possibility of rehabilitation in a commune as an alternative to gaol, but many young people do not stay for long in the commune.

The Organisation of Security and Cooperation in Europe (OSCE), the Office of the High Representative (OHR), and the European Union Police Monitors (EUPM) are all major players working to restructure and retrain the police force. The OSCE is responsible for the training and the OHR and EUPM are working on the restructuring. It is hoped that this will lead to the better treatment of IDUs: less stigma and discrimination and a greater understanding of their problems.

Interestingly, not all prison experiences were negative, as one ex IDU said:

“There were “plenty of drugs in gaol”, but now efforts have been made to made the prisons “clean” and people who are found using drugs are put in solitary confinement. ... being in prison “helped him to come clean.” (Ex IDU Volunteer)

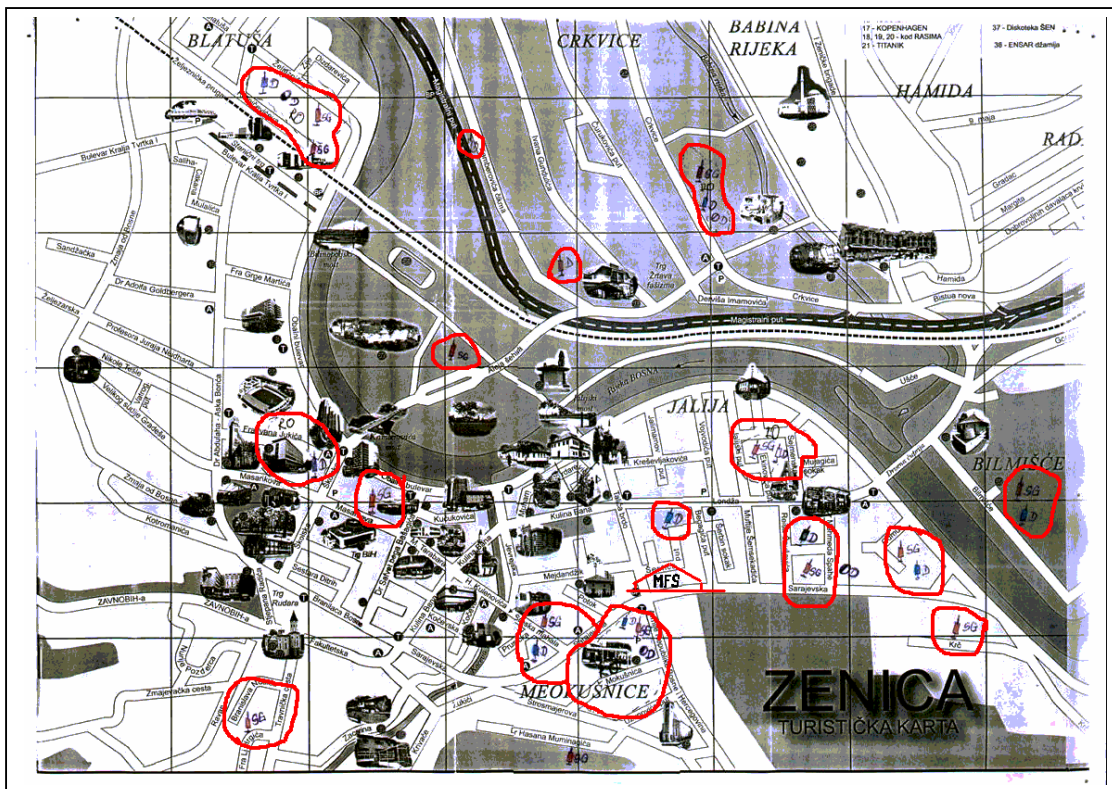
### **Project beneficiaries**

There are clearly a large number of IDUs in Zenica. About 20 shooting galleries have been identified (see **Map 2**).

When the project went on a clean up campaign, they found 800 used syringes lying on the ground near a primary school. There is no local incinerator so it was difficult to dispose of these used syringes. Needle exchange programmes are included in the national strategy for HIV/AIDS as secondary prevention intervention for harm reduction and are supported by the police in Tuzla. Since 1<sup>st</sup> March 2003, the IDU out reach worker in Zenica has exchanged 100 needles a month.

Local project workers in Zenica recognise that they are working in very conservative environment and it is difficult to discuss HIV/AIDS and drug use. However, they have noticed changes. Before the project, people would not go for HIV testing “they thought it was terrible.” Now they will go because they have established good relations with the IDU community and helped them to consider HIV prevention. They know they can always depend on project staff if they need help: “they know we will not let them down.”

**Map 2: Out reach activities in Zenica**  
The red ringed areas are where out reach activities have been conducted in Zenica



Some people who were project beneficiaries have now become volunteers:

“ The project has given me lots of support and I am now able to re-socialise as there was a taboo against IDUs. Now I have a job again.” (Ex IDU who lost her job whilst undergoing rehabilitation in Sarajevo).

“I found out about HIV testing at a rave party and came for HIV testing. There is nothing else like this in the city.” (Volunteer who attends rave parties)

### Volunteers

There are now 28 volunteers working on the project who are recognised as “a force for the future”. The volunteers will soon become members of the Zenica Youth Forum. Project staff hold a weekly meeting with the volunteers to decide which shooting gallery sites should be visited and this is written down on the office notice board. They monitor the places before visiting and then decide which materials to distribute by observing the age and kind of people using the place. Usually three or four people go as a team – they are accompanied by the IDU out reach worker. Out reach work with IDUs starts at 2100 and continues as long as there are people to talk to.

Not all volunteers are IDUs: some work on the project because they are concerned about HIV and drugs and would like to play a role in their prevention.

“I go to school in Zenica, but live in a small town outside (Kakanj). I take some leaflets and posters to distribute in my town so they (young people) also have information about the project.”

As one volunteer said “The project keeps people off the streets.”

Volunteers commented they have experienced problems with receiving a regular supply of printed information materials. They are distributing about 100 copies per month. If there is a rave party then up to 1,000 young people could be present and there are not enough leaflets to go round. So they speak with young people at the party using a Question and Answer format and tell them about the VCCT service and how they can obtain a HIV test if they think they have put themselves at risk of HIV infection.

The volunteers were trained through work experience - learning on the job. They are currently being trained on how to avoid conflict. Volunteers identified their own training needs as more training on HIV, out reach methodology and communication and counselling skills.

IFS made a conscious decision to train volunteers themselves as they had previous experience of sending people for training courses and finding that they were not satisfied with the content or methodology of training they received.

IFS staff and volunteers' identification of the **main achievements of the VCCT project** in Zenica were:

- ◆ They shook the public with information and have reduced stigma and discrimination towards IDUs;
- ◆ Young people are aware that free and anonymous testing for HIV exists and where they can go to be tested;
- ◆ They have made a good connection with the underground IDU scene – they are the most at risk of HIV infection and Hepatitis B and C. Although there is still much to do and prevention activities need to be intensified and extended.
- ◆ Now have 28 volunteers as a “force for the future”.
- ◆ People were not aware of alternatives (such as, communes) for drug rehabilitation, now they are.
- ◆ Working on HIV/AIDS and drug prevention activities with 14 to 20 year olds in schools in the expectation that this will reduce the number of young people becoming IDUs.

### Concerns

The VCCT Project counsellor is concerned about **group pre-test counselling** as this **may compromise anonymity**. People wanting HIV testing come to the office at a set time (noon on Mondays, Tuesdays and Thursdays) in groups of up to five people and, as it is a small town, there is the possibility that they will know others in the group. The counsellor would prefer to have individual pre-test counselling sessions. However, the logistics of providing this are difficult and for some of the users of the service, group sessions were not a problem:

“It (the experience of counselling and testing) was good...I did not know others in the group (being counselled).” (Volunteer who attends rave parties)

**Volunteers** in Zenica **do not receive refreshments** whilst undertaking project work. These are provided to volunteers in Tuzla from the self-sustainability component of IFS work.

IFS project staff were aware that they had very **little contact with MSMs** as they are a very closed group. Contact was made with three of them, but they have not been successful in taking things further. They also recognised the **need to work more with SWs** (see later).

Project workers noted that at the joint (with PSI) condom party in March, **young people were not at all interested in condoms**. It was even difficult to get volunteers to play condom games. This emphasises the need for more training for project workers in issues to do with sex and sexuality.

#### **Future**

- ◆ Linkages with the PSI project on condom promotion and testing for Hepatitis.
- ◆ IFS will start peer education training in September to extend range of activities. They have developed a leaflet on the services provided by the project: *VCCT what it is and how to obtain it* and the telephone number of the counsellor for further information.
- ◆ Recognise the need to work with SWs and MSMs.

## FUTURE DIRECTIONS

### Neglected areas

Most of the VCCT project work has been with IDUs and some MSM in Tuzla. In Zenica, the project has tried to reach MSM but found it difficult to sustain contact with them. Both sites have tried to work with SWs, but had very limited success. For example, Dr Gordana Kovacevic (epidemiologist, Tuzla – see **photograph**) wanted to do outreach work with SWs. She contacted pimps to encourage their women to go for HIV testing. She also participated in a project with pimps and trafficked girls from Moldova and is now working as a volunteer on the IFS child labour and trafficking project.



Given what we know already about the HIV epidemic in BiH, the main mode of transmission is sexual (60%) and 17% through IDU.<sup>40</sup> The data for men shows that **44% of them acquired the infection through same sex relationships** and 19% through IDU, or heterosexual relations. There are limited data available on EVYP in BiH. The most recent data are to be found in the three RAR reports for BiH, Republic Srpska (RS) and Brcko district. This data shows that MSM, SWs and IDUs are more likely to use condoms than young people who do not engage in these behaviours. However, their use of condoms is still worryingly low given their increased risk of HIV. According to one participant, “Sex with a condom is not sex!”

### Young Men who have Sex with Men

Data from the RAR found that in Tuzla (FBiH) young MSM form a closed and marginalised group. Most have their first sexual experiences with older partners. Promiscuity was common amongst young MSM and it was not uncommon to have three different sexual partners in one night. Some practised “blind dating” and would have sex with their unknown partner on the first date (UNICEF/CIDA, 2002).

Mixing drugs is a common trend among young MSM, especially the mixing of alcohol with pills or with cannabis.

A questionnaire was administered to 30 young MSM. Their mean age was 21 years: 76.7% used drugs and the mean age when they first used drugs was 17.1 years. All had had sexual intercourse, **70% thought that they were at risk of HIV or other STIs**, and 10% had been tested for HIV (UNICEF/CIDA, 2002a).

Of those who used drugs, none had injected drugs, 73.9% used two or more drugs at the same time, and a worryingly high 95.7% had sex under the influence of drugs.

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<sup>40</sup> These data need to be treated with caution as there is considerable under reporting and marginalised groups may not be coming forward for health care.

- ◆ Mean age at first sexual intercourse was 17.1 years;
- ◆ 10.0% had one sexual partner in the past year;
- ◆ 46.7% had between 2 and 5 sexual partners in the past year;
- ◆ 23.3% had between 6 and 10 sexual partners in the past year;
- ◆ 20.0% had more than 10 sexual partners in the past year;
- ◆ 6.7% “always” used condoms during sex;
- ◆ 93.3% “sometimes” or “never” used condoms during sex;
- ◆ 26.7% had sex in return for money, drugs, etc.

### **Sex workers and young women who have been trafficked**

In both VCCT project sites the health workers referred to women with AIDS as having contacted the infection through sex work. Prostitution is illegal, but as one health authority representative said: “there are women here who do this kind of thing.” The illegal nature of sex work and the tight control of women who have been trafficked for sexual exploitation, makes it difficult to access them. However, they are a key group for targeted HIV interventions and different strategies may be needed to reach sex workers and women who have been trafficked<sup>41</sup> working in a variety of settings: those who work on the streets, in hotels, bars, apartments and the large numbers who provide sexual services for internationals. Some IDUs sell sex to raise money for their next fix, thus rendering themselves doubly vulnerable to HIV infection.

Little is known about the sexual behaviour of SWs in BiH. As part of the RAR, questionnaires were administered to two male and 24 female SWs in RS. It was found that 65% of them had used drugs, 65% had sex under the influence of drugs, 85% thought that they were at risk of HIV or other STIs, and 96% had been tested for HIV.

The number of sexual partners in the last year were:

- ◆ 15.4% had between 2 and 10 sexual partners in the past year;
- ◆ 3.8% had between 11 and 19 sexual partners in the past year;
- ◆ **76.9% had 100 or more sexual partners in the past year;**
- ◆ 65.4% “always” used condoms during sex;
- ◆ **34.6% “sometimes” or “never” used condoms during sex;**
- ◆ All had sex in return for money, drugs, etc.

Reasons for not “always” using condoms during sex were: embarrassed to purchase condoms; do not like sex with condoms; and too expensive to purchase (UNICEF/CIDA, 2002b).

NGOs estimate that up to 90% of sex workers in bars and nightclubs are foreign (suggesting that they are women who have been trafficked into BiH. Local street prostitution exists in Tuzla and is cheaper than Sarajevo (US\$10-25) and in the border area, there are local women who sell sex for as little as 5 KM (UNICEF/UNOHCHR/OSCE-ODIHR, 2002). Street sex workers were also observed by the evaluation team at 0830 in the morning on the main Sarajevo-Zenica highway – they were waiting for clients.

The Cantonal Health Authority in Tuzla and the IFS teams in both Tuzla and Zenica expressed considerable concern about trafficking in women and sex workers. Many women arrived in BiH from Eastern Europe at a time when there were lax border controls. The

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<sup>41</sup> Trafficking and sexual exploitation of women and children is different from sex work which is engaged in on a voluntary basis, albeit often out of economic necessity.

women who have been trafficked are required to be brought to health authorities for HIV testing, however, this rarely happens in Tuzla as they are closely protected<sup>42</sup>.

If the health authority knows that women are selling sex they try and examine them for STI and HIV/AIDS and inform their employers of their HIV status. It was noted that many trafficked women and sex workers were working in cafés.<sup>43</sup>

It is the responsibility of the café/ club owner to get the entertainment workers tested for HIV, but most of them do not comply. Sanitary inspectors visit the premises on a monthly basis – there are both municipal and cantonal inspectors who make regular and “surprise” visits. The health authority in Tuzla receives information on “fresh deliveries” of women and according to their records, there has been a reduction in the number of women being trafficked. Some NGOs are working with owners of cafés and SWs, but they have limited financing and often experience difficulties in making contact with the women who are heavily controlled by pimps.

When a health worker discussed with bar/café owners the issue of conducting health checks on their SWs and clients. They asked “What’s in it for me?” She said they would offer condoms and HIV testing, but the condoms were not used and they did not want their girls tested as they thought the clients would go elsewhere if they were found to be HIV positive. It was therefore better not to know their HIV status.

According to a regional study on trafficking, the health issues surrounding trafficking and prostitution are not really being acknowledged or addressed. The main areas of concern for trafficked women and girls are reproductive and general health, the use of and access to barrier and other forms of contraception, access to counselling and support on reproductive health, pre- and post-abortion counselling, and the effects of physical violence and STIs, including HIV/AIDS (see **Annex 5** for more information on trafficking).

There are no estimates about how many trafficked women are currently HIV positive and how many more are at risk. At present, awareness on trafficking and vulnerability to HIV/AIDS in the arena of prevention, protection, recovery, repatriation, reintegration, care and support is not present either in the countries of origin or destination. There are very few education or information campaigns targeting either sex workers or clients (UNICEF/UNOHCHR/OSCE-ODIHR, 2002).

## **Future priorities**

Sustained work with, and expanded geographical of, the IDU population is a priority, especially moving from information giving to more in-depth counselling and behaviour change strategies. IDUs would also benefit from receiving an expanded range of interventions, such as, condom promotion, STI prevention, detection and treatment, and Hepatitis prevention and detection.

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<sup>42</sup> The data from RAR suggests a different picture with 96% of the RAR sample having been tested for HIV.

<sup>43</sup> In this context café means a place where there are entertainers, dancers and sex workers. The café closes its usual business (drinks and snacks) at midnight and poles come down from the ceiling and dancers appear. There is a set price list for a range of sexual activities and many young people know where these places are.

MSM and SWs are clearly two additional priority target groups for HIV/AIDS and substance abuse prevention, and they have an urgent need for targeted interventions for condom promotion, STI prevention, detection and treatment, and VCCT. Working with these groups calls for a detailed mapping of where they can be found and understanding of the behaviours which put them at risk of HIV infection. To be able to undertake this work the skills and capacity of VCCT project staff would need to be expanded and members from the target groups recruited to work with their respective sub populations. “Generally, the earlier sex workers become involved the more useful the result will be.” (Network of Sex Work Projects, 1997)

Peer-led interventions that have shown particular promise in promoting safer sex among young gay men include those that use social, out reach and group activities of a kind familiar to the group in question (Aggleton, 1997).

Studies suggest that risk reduction counselling appears to be particularly effective in promoting a decrease in unprotected anal sex when accompanied by subsequent peer-led education and referral to appropriate health services (Remafedi, 1994).

The linkages with “appropriate health services”, what we now commonly refer to as “youth friendly health services”, is of crucial importance for the future success of the project. A critical mass of health workers need to be trained in youth-friendly approaches, so that when EVYP are referred from youth friendly doctors working on the VCCT project they also receive quality care and are not discriminated against. Family medical practitioners, gynaecologists, dermatologists, urologists and venereologists and their support staff will be key health professionals in this process.

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**Annex 1: List of persons met during evaluation of UNICEF supported  
VCCT project  
11-15 May 2003**

**Sarajevo**

Emir Nurkic	IFS Project Coordinator and NGO manager
Amna Kurbegovic	UNICEF APO HIV/AIDS
Jill Zarchin	UNICEF Program Officer

**Tuzla**

***IFS***

Dusan Ivanovic	IFS regional coordinator for children of street issues (Joint UNICEF and SCF project)
Jelacic Elvedin	IFS volunteer
Mirsad Ahmetovic	IFS out reach worker
Nevres Zulic	IFS out reach worker
Vedran Stuhli	IFS counsellor and VCCT Project Coordinator (Tuzla)

***IFS volunteers***

Ahmetovic  
Alisa Salkic  
Eldin Husanovic  
Ivana Marjanovic  
Melisa Zeco  
Nina Vrecko  
Nevres Zulic-Zula

***Health authority***

Dr Muamer Mujcinagic	Tuzla Regional Health Authority
Dr Sana Sabovic	IFS VCCT Volunteer doctor, Tuzla Health Authority
Dr Gordana Kovacevic	IFS Volunteer doctor, Tuzla Health Authority

**Zenica**

***IFS***

Denis Dedajic	IFS counsellor and VCCT Project Coordinator, (Zenica)
Denis Samardzic	IFS out reach worker
Admir Nizamic	IFS out reach worker
Emina Obralija	IFS volunteer
Jasmin Jusic	IFS volunteer
Almir Mehanovic	IFS volunteer – gatekeeper on Risk net project
Tanja Markovic	IFS volunteer

***Risk net***

Natasa Janevska Nikolovska Risk net project Coordinator

***Health authority***

Dr Lejla Calkic	Infectologist and IFS contact
Nurse Sabina	Nurse and blood drawer for IFH clients

## **Annex 2: Leaflets and guidelines produced by IFS**

### ***IFS Policies*** on the following:

- Equal opportunities for volunteers
- Confidentially
- Sexual conduct
- Sexual harassment
- Substance abuse
- Suicide

### ***Literature*** on:

- Expectations of volunteers
- 24 hour client care advice

### ***Guidelines*** on:

- Personal assessment and HIV
- Behaviour change and communication principles
- Listening skills
- Counselling skills
- The worried well
- Guide for counselling people with sero negative HIV antibody test
- Do's and don'ts for sex industry – for out reach workers
- 6 sessions of a HPC session
- Caring for a PLWHA at home
- Street wise safety tips
- HIV antibody testing programme policy and procedures – respect of patient privacy

### ***HIV counsellor training exam***

1. role play
2. quality assurance inventory for post test counselling
3. HIV prevention counselling –outlines and guides to patient session
4. HIV counselling performance standards

- Human sexuality
- Daily counsellors
- Women and AIDS

### ***Leaflets*** designed by young people on

- HIV - what is HIV, how is it transmitted, what is the HIV test?
- AIDS
- Condoms
- Contraception

### Annex 3: VCCT Project analysis July 2002 – April 2003

#### Number of EVYP tested and counselled in both project sites July 2002 to April 2003

	July to September		October to December		January to February		March to April		Total	
	Tuzla	Zenica	Tuzla	Zenica	Tuzla	Zenica	Tuzla	Zenica	Tuzla	Zenica
Tested	90	65	62	53	46	34	21	38	219	190
Group counselling	149	132	85	82	95	45	33	64	362	323
Individual counselling	87	65	44	48	48	34	21	38	200	185
Informed during outreach	2128	2273	1839	1584	662	1022	459	470	5088	5349

Source: IFS project data

#### Monthly average of EVYP tested and counselled in both project sites July 2002 to April 2003

	Monthly average		Monthly average		Monthly average		Monthly average	
	Tuzla	Zenica	Tuzla	Zenica	Tuzla	Zenica	Tuzla	Zenica
Tested	30	22	21	18	23	17	11	19
Group counselling	50	44	28	27	48	23	17	32
Individual counselling	29	22	15	16	24	17	11	19
Informed during outreach	709	758	613	528	331	511	230	235

Source: IFS project data

## **Annex 4: International Forum of Solidarity**

### **Tuzla**

The International Forum of Solidarity (IFS) has been working for 6 years with the Ministries of Education and Health in Tuzla at the Electro Technical School which has about 1,000 students<sup>44</sup>. The Tuzla Electro Technical School was chosen as a pilot project site for HIV and substance use prevention. It has a drop-in facility and free use of computers by any young person who wants to use them.

IFS provides a range of services in the following areas: food production and economic development; human rights and law enforcement; social protection and shelter; and youth and health. IFS has extensive experience in working with EVYP, especially IDUs and MSM, through various out reach and educational programmes. IFS provided support to the CIDA/UNICEF Rapid Assessment and Response (RAR) research for Tuzla Canton.

In Tuzla, IFS has established a reputation for providing information and interventions on substance use, trafficking of women, MSM and sex workers. In the area of substance use, they are focusing on harm reduction through information, VCCT and the promotion of needle exchange programmes (NEPs). They are also looking to support drug rehabilitation through the establishment of communes, as there is limited substance abuse rehabilitation capacity in Bosnia and Herzegovina (one centre in Banja Luka and one in Sarajevo).

The Centre has established a support group for parents of drug users and they want to organise other support groups of SWs and MSM.

### **Structure of IFS**

There is a national IFS Supervisory Board with four members. In addition, an IFS Community Advisory Board (CAB) was established in Tuzla in 2002 as part of the RAR process. Since the RAR the CAB has continued to function and is informed about the Tuzla-based activities of the IFS centre. The CAB includes Directors of four ministries, high schools and the Red Cross.

It is also proposed to establish IFS National Advisory Board on HIV/AIDS to influence HIV/AIDS activities at both entity and cantonal level.

There are four broad sectors of IFS work:

- Food production and economic development
- Human rights and law enforcement
- Social protection and shelter
- Youth and health

The overall activities of IFS can be divided into two broad categories of primary prevention and targeted interventions:

- ◆ Primary prevention
  - Condom and rave parties
  - Media awareness
  - Raising HIV/AIDS awareness

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<sup>44</sup> Emmaüs (a French humanitarian NGO) started work in the Electro Technical School in Tuzla before IFS was established.

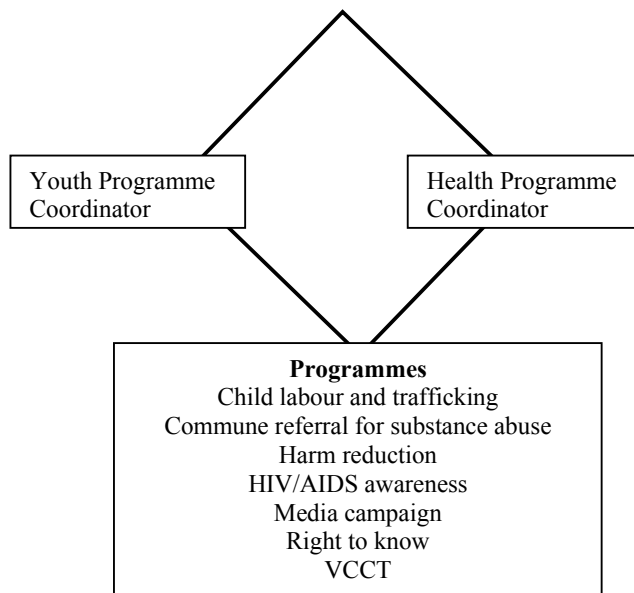
Tuzla wave <sup>45</sup> (not held for two years)

- ◆ Targeted interventions
  - Child labour and trafficking (research project)
  - Harm reduction
  - Shelter
  - VCCT and condoms

### Youth and health sector

The Youth and Health sector has two divisions (youth and health) and each division is headed by a Programme Coordinator who also works as the VCCT Counsellor in Tuzla or Zenica. The Youth Programme Coordinator has cross cutting responsibility for all IFS programmes involving young people in Tuzla and the Health Programme Coordinator is also the Vice President of IFS. The range of programmes within the Youth and Health sector is shown in **Figure 4**.

**Figure 4: IFS Youth and health sector**  
**Youth and health**



IFS is a member of a network of 36 organisations which finance communes for substance abuse rehabilitation. IFS is the only agency in the network without its own commune.

A NEP works independently of the VCCT project. Over a two-month period, 450 needles and syringes were distributed to IDUs. However, there is not a regular supply of needles and syringes and IFS have held negotiations with local pharmacies to sell them at a reduced price (0.50 Euro for ten).

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<sup>45</sup> Tuzla wave is a cultural event for young people within the Balkans

**Agencies supporting IFS youth projects**

Child labour and trafficking - SCF/UNICEF Commune referral for substance abuse - Self-financing IFS Harm reduction - Self-financing IFS plus assistance from Norway HIV/AIDS awareness - Self-financing IFS, but would like additional funding Media campaign – Donor support sought Right to know - UNICEF VCCT - UNICEF
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In 2001, **World Vision** provided support to an IFS primary prevention project on HIV/AIDS and drugs in schools. In 2002, IFS received financing from UNODC for substance abuse prevention work in secondary schools in Tuzla and two other cantons.

**UNFPA** has provided support to IFS through condom provision (referred to earlier).

## Annex 5: Trafficking

**The following text is abridged from the UNICEF/UNOHCHR/OSCE-ODIHR report on *Trafficking in human beings in South Eastern Europe (2002)***

During 1998, the first reports of trafficking<sup>46</sup> in BiH emerged. These were from NGOs and from the International Police Task Force (IPTF) who were beginning to discover isolated cases. The International Office of Migration (IOM) collates and publishes figures for women it assists to return to their country of origin each month. The figures from the beginning of December 2001 reveal that a total of 440 women and girls had been assisted by IOM since August 1999, and 370 had been repatriated to their home country. There was one case of resettlement in a third country and the rest were awaiting repatriation. The women were predominantly from the Republic of Moldova and Romania, with others from Ukraine, Belarus, Russia, FRY, Kazakhstan and Hungary. About 10% were girls from 13 to 18 years old.

Although there is strong evidence that BiH is a destination country for trafficking in women for the purpose of sexual exploitation, there is less evidence that it is a transit or source country, although some cases have been informally reported by NGOs, the press and IOM.

The UN has identified 260 nightclubs throughout the country, which they suspected were involved in prostitution. Local NGOs, however, estimated the number to be as high as 900, with between 4 and 25 women in each nightclub. The turnover is very high; women and girls are frequently moved around from bar to bar, with an average stay in one bar of one to three months. According to NGO estimates, in the Tuzla area for example, there are over several dozen bars with 10 to 25 women working in each bar. The price of sex services in a bar is from 50 KM (US\$ 25) upwards. NGOs also estimate that up to 90% of sex workers in bars and nightclubs are foreign. Local street prostitution also exists in Tuzla and is cheaper – US\$10-25 and in the border area, there are local women who sell sex for as little as 5 KM.

In Republic Srpska (RS), trafficking in local prostitutes has been reported, as local women and girls are sold and moved from place to place.

The same patterns and forms of recruitment used elsewhere in the region are reported by women trafficked in BiH. They are typically lured into prostitution through promises of work as a barmaid, dancer or housekeeper. The main route into BiH is through Serbia and into RS. Border control is weak and corruption at the local level makes movement of women easier. Many women are smuggled in, while others have documentation taken from them once they arrive in BiH. Other women have documents with visas for temporary work and residence; however some of them are forged or not valid. According to the Federal Employment Institute of FBiH, there were 1,617 work permits issued to foreigners in 2000. Only 23 work permits were issued to women from Eastern Europe for entertainment/dancing (22 to women from

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<sup>46</sup> According to the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, “trafficking in persons” shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Russia and 1 to a woman from Ukraine). In 310 cases the application for a work permit was refused. From 2001, bar owners have stopped requesting work permits for foreign citizens, as a result of police raids on premises with registered foreign workers.

Since July 2001, as a result of increased bar raids, a number of bars have been closed. Police bar raids have also proved not very effective in stopping trafficking. Often bar owners are tipped off and prepared for the police visit. Closure of bars and nightclubs does not mean that the trafficking is stopped, but rather that it is moved to private apartments, hotels and motels where the police do not have easy access. According to local NGOs, 50% of clients are internationals, mainly soldiers from SFOR. According to the IPTF the number is lower, they estimate that approximately 30% of the clientele are internationals. However, at least 70% of all profits from prostitution are estimated to come from internationals, who pay different rates and spend more money in bars than local men.