

HIV in Eastern Europe and Central Asia

MOLDOVA	764
UKRAINE	20,743
BELARUS	1,133
RUSSIA	41,037
KAZAKHSTAN	1,985
KYRGYZSTAN	724
TAJIKISTAN	828
GEORGIA	526



**STILL FAR
FROM ZERO**

* **67,740** new officially registered HIV cases in 2012



Contents



HIV in
Eastern Europe
and
Central Asia

**STILL
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ZERO**



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Foreword



UNAIDS is almost two years into its 2011-2015 campaign, which sums up its aims under one powerful slogan – **'Getting to Zero: zero new hiv infections, zero discrimination, zero AIDS related deaths'**. And at the XIX International AIDS Conference in Washington last year, UNAIDS was able to share some encouraging news: globally, the incidence of HIV is declining, the number of AIDS related deaths is declining, and the means to stop HIV are available. However, there is still one region in the world where these trends do not hold true: Eastern Europe and Central Asia (EECA). In fact, in this region:

- 1.5 million people are living with HIV
- The epidemic continues to grow at an alarming rate
- Fewer than 50% of people who use drugs, sex workers and men who have sex with men have access to HIV testing
- Only 23% of people who need it receive antiretroviral therapy (ART)*

The statistics certainly demonstrate that we are far from zero in EECA. This is precisely why *AIDS Foundation East-West (AFEW)* is fighting for more attention and financial support for the HIV response in this part of the world. It is more vital than ever that our organization continues to advocate and foster medical and social services that meet the needs of the region's key populations at risk (such as injecting drug users, sex workers and prisoners).

We are still far from a situation where these groups have access to basic means of protecting themselves from HIV – clean needles, condoms and good health information. And we have even

further to go in reducing the stigma and discrimination that blocks people from accessing medical and social care.

Funding for our work is constantly being cut due to global pressures such as the financial crisis, the decreasing priority being given to HIV by governments and the lack of political will in some countries of the region to address their epidemics. *AFEW* has to adapt itself to these realities: part of our response will be to restructure our organization in 2013. A new structure will enable us react more quickly to national trends and better tailor our programming to the social groups we serve. It will also help us reduce our overheads and gain greater flexibility in how we deploy our resources.

The political and economic context for our work remains challenging, and the support of our staff, donors, partners, and many friends is vital. We would like to thank you all for your constant goodwill and dedication to our cause. With your help, *AFEW* remains a powerful advocate and driver for getting the HIV epidemic in Eastern Europe and Central Asia down to zero.

Yours sincerely,

Frank de Wolf

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

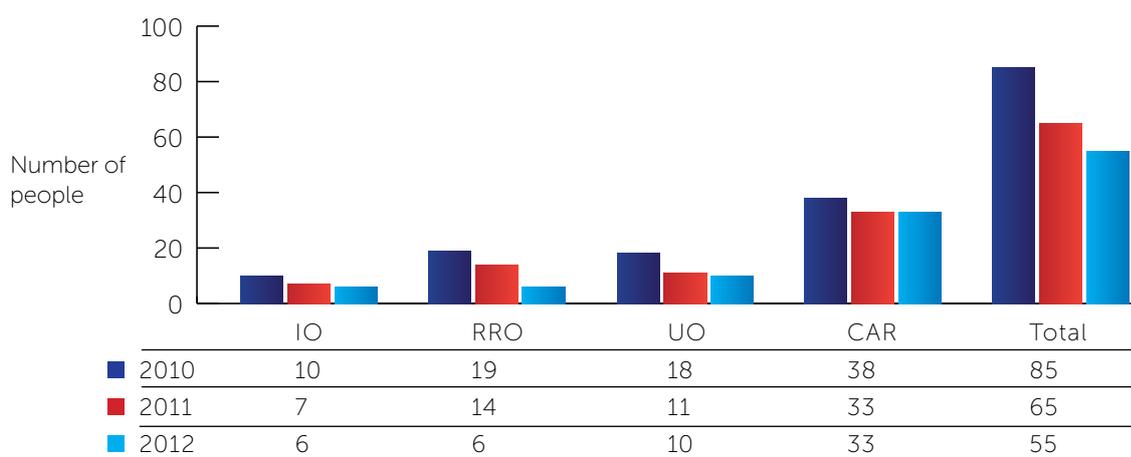
Anke van Dam

Executive Director
AIDS Foundation East-West (AFEW)

* Source: ECDC/WHO, HIV/AIDS Surveillance in Europe 2010

Who we are

Staff composition in number of people – average per year



Founded in 2001, *AIDS Foundation East-West (AFEW)* is an international humanitarian organisation that works to reduce the impact of HIV among most-at-risk populations in Eastern Europe and Central Asia (EECA). Altogether, we work in eight countries of the former Soviet Union – the only region in the world where the HIV epidemic is still growing, and the region with the highest rate of injecting drug use.

In 2012, *AFEW's* close-knit and dedicated team of 55 public health professionals ran a total of 26 projects in the region: in Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan and Ukraine. For the first time, we also collaborated on HIV projects in Malaysia, Indonesia and the European Union.

During the 2012 fiscal year, the average number of employees was 55 FTE (in 2011, it was 65 FTE). Employees were located in the following offices (average over 2012):

- Russian Regional Office (in Moscow): 6 employees (14 in 2011). Most Russian office staff worked on a part-time basis in 2012.

- Central Asia (a Regional Office in Almaty, Kazakhstan, and two country offices – in Bishkek, Kyrgyzstan, and Dushanbe, Tajikistan): 33 employees (33 in 2011). In 2012, we reduced the number of staff working in the Almaty office. At the same time, we recruited extra staff in Kyrgyzstan in preparation for the launch of a new project 'Promoting Accessibility and Quality of HIV Prevention, Treatment, Detection and Care Services among the Most Vulnerable Populations in the Kyrgyz Republic', funded by the United Nations Development Programme (UNDP).
- Ukraine Regional Office in Kyiv and Moldova Country Office: 10 employees (11 in 2011).
- International Office (headquarters in Amsterdam and several people working in regional offices): 6 employees (7 employees in 2011). Most international office staff worked part-time in 2012.

Our Approaches

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

We position ourselves as a partner organisation. As such, we participate actively in several of the foremost international consortia dealing with HIV and AIDS, as well as building grassroots networks of service providers and local NGOs. Our unique value as a partner lies in our extensive experience of working in local healthcare infrastructures combined with international-level expertise, especially on harm reduction and prison health.

METHODS

Through constructive engagement with governments and civil society, we advocate for the basic human right to health and demonstrate why it must be extended to reach the most marginalised, stigmatised groups in society.

Recognising that civil society can be effective in filling voids in the healthcare and social systems of the EECA region, we assist local organisations with technical support (hands-on training, and customised consultations), so that they can reach more people and serve them more effectively.

Working directly with those who live at the sharp end of the epidemic, we empower key popula-

tions at higher risk with targeted, accurate information and assistance in building their own support networks.

Where basic treatment and care (for instance, antiretroviral drugs, services for pregnant women, prevention tools, etc) are absent or inadequate, we develop direct services to key populations. For instance, different departments of the healthcare systems in EECA (i.e. tuberculosis clinics, AIDS centres, drug rehabilitation centres) often work in isolation from one another, leading to gaps in care for people with complex issues. Our client management models and HIV/TB collaborative activities bridge these gaps and help service providers to structure their responses better.

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

THE PEOPLE WE REACH

People who use drugs Setting up national harm reduction networks is the core of our strategy for reducing the exceptionally high level of HIV transmission among injecting drug users in EECA. These networks comprise training centres for professionals, needle exchange points and provision of less harmful alternatives to injecting drugs.

AFEW spent €1,720,031 in 2012 (€501,268 in 2011) on programmes for people who use drugs.

Prisoners We work in partnership with national ministries of justice, prison health experts, inmates and local NGOs to build local capacity and

ensure that prisoners have the same access to information and services as those living on the outside. This policy is in line with the internationally accepted principles of the World Health Organisation (WHO). Given the high rate of injecting drug use in the region's prisons, this implies that we also advocate for the provision of needle exchange and opioid substitution therapy in national penal systems. Another major component of our prison work is the introduction of transitional client management. To ensure continuity of care for released prisoners, this support system prepares prisoners for release and guides them to medical and social assistance once they leave prison.

AFEW spent €778,887 in 2012 (€2,391,258 in 2011) on programmes for prisoners.

Vulnerable Women Power and economic imbalances related to gender can increase the vulnerability of women to HIV and other health issues. This vulnerability, combined with the high level of stigma directed against female drug users and sex workers, effectively blocks women from accessing harm reduction and drug treatment services. Women living with HIV also require separate attention, if only because of the issue of prevention of mother-to-child transmission (see below) and childcare. Our programmes for sex workers aim to create non-discriminatory, non-judgemental and user-friendly medical and psycho-social services, which include HIV prevention, counselling and testing.

AFEW spent €411,660 in 2012 (€698,843 in 2011) on programmes for vulnerable women.

People living with HIV Discrimination against people living with HIV remains prevalent in the countries of EECA, even within the very services that are supposed to provide them with essential treatment and care. Breaking through the wall of prejudice directed at this group is vital to addressing the HIV epidemic and is therefore a priority area for AFEW. Education, training and advocacy

within state services are combined with mobilization and support of communities of people living with HIV. Furthermore, prevention of mother-to-child transmission of HIV (PMTCT) is tackled through a 'family-oriented' approach that links up women, their children, wider families and community groups and existing/potential service providers.

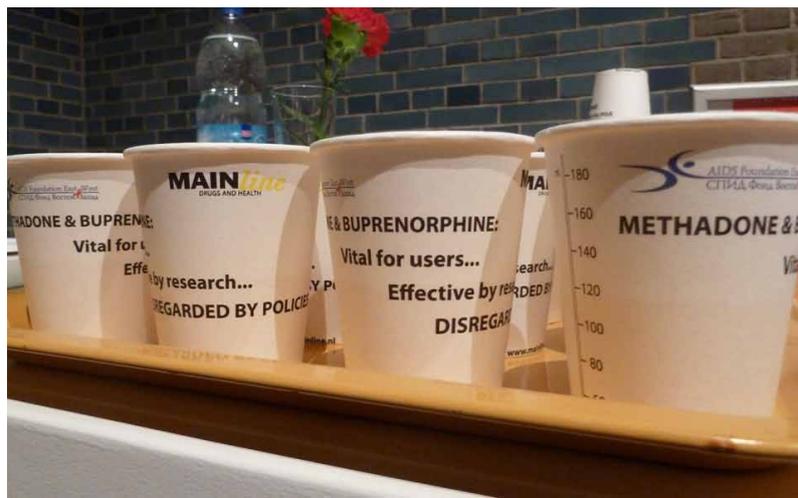
AFEW spent €283,058 in 2012 (€676,547 in 2011) on programmes for people living with HIV.

Most-at-risk adolescents (MARA) Through our mass media campaigns and cultural events, we encourage young adults to take responsibility for their own health, play an active role in the global response to HIV, and forge future societies based on tolerance and respect for human rights. We develop informational materials, outreach programmes and peer training initiatives especially for young people living in high-risk circumstances. Activities for street children focus on developing support systems for children who are deprived of family care and protection. Meanwhile, our drop-in centres provide all-round safe havens where children can receive basic services, such as a shelter, food, warmth, clothing, recreation, family mediation and health services.

AFEW spent €260,315 in 2012 (€217,281 in 2011) on programmes for most-at-risk adolescents.

Men who have sex with men (MSM) Men who have sex with men are one of the key populations at risk in EECA. Due to stigma and discrimination, they often face major barriers in accessing the information and health services that can enable them to have a healthy sexual life. Under Round 10 of the Global Fund, we support local lesbian, gay, bi-sexual and transgender (LGBT) organizations in Kyrgyzstan. This support centres on building the capacity of local service providers, outreach work and provision of information and counselling services tailored to this group.

AFEW spent €73,484 in 2012 on programmes for men who have sex with men.



Governmental and non-governmental organizations (national and international)

As part of our sustainability strategy, we build the capacity of local governmental and non-governmental partners to carry out HIV prevention and treatment programmes themselves. Our technical support equips staff working in these services with the knowledge they need to offer up-to-date and good-quality HIV prevention, treatment, care and support. For instance, we not only train prison staff in HIV prevention, but also create on-site resource centres and trainer pools to ensure that training continues after we leave. We also offer training in management, administrative and financial skills, monitoring and evaluation and fundraising. These skills promote the sustainability of our partners and hence the sustainability of the approaches that we introduce.

AFEW spent €199,126 in 2012 (€266,776 in 2011) on programmes that build the capacity of governmental and non-governmental organizations.

Tuberculosis (TB) related activities and TB patients

Building on our earlier HIV/TB collaborative projects in Central Asia, we have now launched projects aimed specifically at people infected by tuberculosis.

AFEW spent €320,334 in 2012 (€217,285 in 2011) on programmes for TB patients and related activities. We invite you to read more about our projects, past and present, on our website at www.afew.org

Our Achievements

From this year onwards, our annual reports will also detail the key indicators that we use to evaluate the effectiveness of our work. All our programmes are measured according to the following criteria:

1. How many people from most-at-risk populations – people who use drugs, people living with HIV, prisoners, sex workers, youth, MSM and migrants – have attended training sessions on HIV, TB, STIs, viral hepatitis and other infectious diseases?
2. How many people from most-at-risk populations have enrolled on client management programmes and have received medical and/or social services?
3. How many representatives of governmental and non-governmental organizations have participated in our trainings?
4. How many people have participated in our public awareness events? We do not count TV audiences of mass media campaigns or HIV-related talk shows.

In 2012, we reached 38,000 people (mostly people who use drugs and prisoners) with information and training on HIV prevention and self-empowerment.

7,000 people attended our client management programmes; meaning that they attended at least six monthly sessions where they were given health and social care.

2,000 service providers received training to improve their knowledge and skills on HIV prevention, treatment, care and support. Training topics included: harm reduction, client management, project management, advocacy, and resource mobilization, etc.

More than 33,000 people attended events to raise awareness for HIV and related issues. Events included roundtable meetings, street campaigns to mark World Aids Day and World Tuberculosis Day.

PERFORMANCE IN 2012

Indicator	Number
• Number of people from most-at-risk populations who have participated in informational or training sessions	37,956
• Number of people from most-at-risk populations who have enrolled on a client management programme	6,934
• Number of representatives of governmental and/or non-governmental organisations who have participated in trainings	2,006
• Number of people reached by public awareness events	33,232



Projects Completed in 2012

- **HIV/AIDS and HIV/TB Collaborative Activities in Central Asia**

- funded by the Dutch Ministry of Foreign Affairs and concluded in February 2012.

- **Mobilizing and Promoting the Active Involvement of People Living with HIV in Kazakhstan**

- funded by the European Union and concluded in March 2012.

- **Friendly Police Officers for HIV Prevention Programmes (Second Project)**

- funded by the Soros Foundation and concluded in December 2012. A new phase will begin in 2013.

- **Introduction of a Client-based Approach to HIV Care (Belarus)**

- funded by the Dutch Ministry of Foreign Affairs (MATRA) and concluded in December 2012.

- **Scaling-up Access to Prevention and Testing (Moldova)**

- funded by UCIMP and concluded in December 2012.

- **Public Awareness and Education for Development in Europe (Moldova)**

- funded by Dance4Life (EU).

- **Bridge Funding Mechanism (BFM)**

- funded by the Global Fund/Open Health Institute and concluded in December 2012. The project built on the legacy of the GLOBUS project (Global Fund Round 3) that we implemented in Russia in 2004-2011. A new phase will begin in January 2013 (Transitional Funding Mechanism).

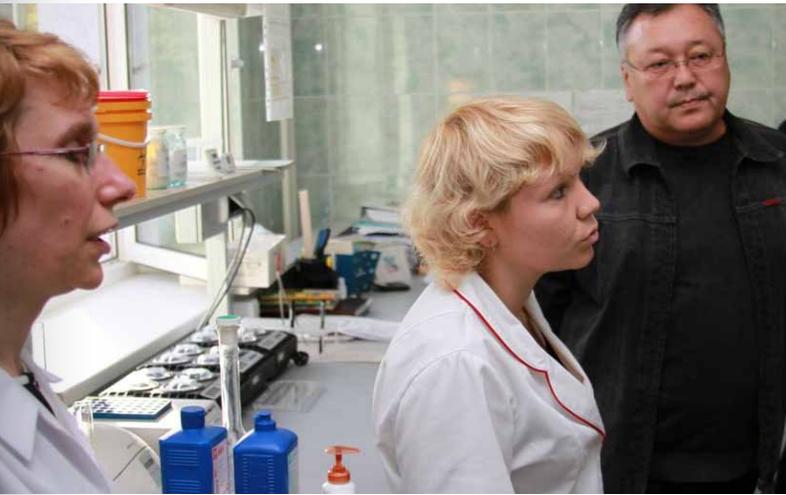
AFEW also provided consultancy services to the following projects in 2012:

- **Recognition of Employees who use Drugs and Psychoactive Substances**

- a training for Air Astana managers in Almaty, Kazakhstan.

- **Study tour of HIV Services in Ukraine**

- funded by Association Partnership in Health.



Projects Started in 2012

Despite the difficult funding situation, AFEW received funding for the following new projects in 2012:

- **Strengthening the Supportive Environment and Scaling-up Prevention, Treatment, and Care to Contain the HIV Epidemic in the Republic of Tajikistan**
 – funded by the United Nations Development Programme (UNDP).
- **Pilot Funding for Development of an Effective Model of Preventive Education and Promotion of Healthy Lifestyles among Young Inmates in the Republic of Kazakhstan**
 – funded by ViiV Healthcare.
- **Bridge: Social Support of Prisoners Before and After Release (Kyrgyzstan)**
 – funded by the European Commission.
- **Institutionalization of Educational Measures on HIV/AIDS and Harm Reduction Programmes by Internal Affairs Bodies (Kyrgyzstan)**
 – funded by the Soros Foundation. This was a new contract that continues activities started in 2011-2012.
- **Promoting Accessibility and Quality of HIV Prevention, Treatment, Detection and Care Services among the Most Vulnerable Populations in the Kyrgyz Republic**
 – funded by the United Nations Development Programme (UNDP).
- **Young Female Sex Workers in Ukraine**
 – funded by Eureka Achmea.
- **Improvement of Education of Law Enforcement Bodies' Personnel on Social Prevention and Observance of the Civil Rights of Populations Vulnerable to HIV**
 – funded by Open Society Foundation's International Renaissance Foundation Ukraine.
- **Bridge Funding Mechanism (BFM)**
 – funded by the Global Fund/Open Health Institute. The project built on the legacy of the GLOBUS project (Global Fund Round 3) that we implemented in Russia in 2004-2011.
- **HIV Prevention among Vulnerable Groups: Front Quality Enhancing for Better Advocacy and Integration (Russia)**
 – funded by Esvero (with financial support from the European Commission).
- **HIV and Co-infections Prevention: Strategies and Concepts for the Future**
 – funded by the European Agency for Health and Consumers and implemented with the Royal Tropical Institute acting as lead organisation.

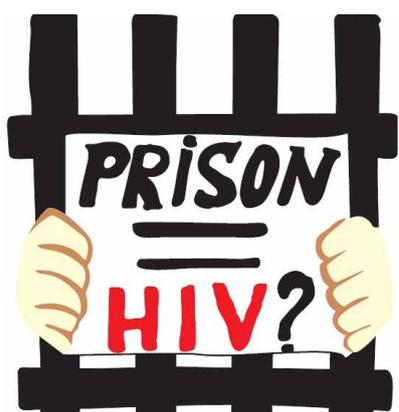
Key Activities in 2012

PRISON PROGRAMMING

Since our foundation in 2001, we have gained international recognition for our ground-breaking projects for prisoners and prison staff in Eastern Europe and Central Asia. Our activities aim to improve responses to HIV in prison systems, and they span the full continuum of prevention, treatment, care, and support.

These efforts include curricula development through high-level working groups (AFEW is a permanent member and representative of the Steering Committee for the WHO Health in Prisons Project - HIPP), professional education, peer counselling, and health education programmes for inmates. We also distribute informational and prevention materials. Most importantly, by introducing and embedding discharge planning and transitional client management, we ensure that individuals are linked to appropriate services once they are back in the community.

Opioid substitution therapy, condom distribution and needle exchanges are banned in some EECA countries and heavily restricted in others. We continue to be a leading advocate in the region for these harm reduction techniques which have proven their effectiveness in many contexts across the world.



PRISON PROJECTS IN RUSSIA

In the Russian Federation, we currently run two prison projects with funding from the Global Fund: the 'Bridge Project' and 'HIV Prevention in Russian Penal Institutions'.

The Bridge Project is a six-month transitional client management programme which prepares prisoners for a smooth reintegration back into society. In 2012, 200 prisoners in three Russian regions – Nizhniy Novgorod, Kazan and Tver – completed the programme successfully. Due to lack of funding, we have had to scale back the number of regions covered by the project from five to three, and we have had to reduce the number of NGOs we support. For the same reason, no development trainings were held for NGO staff last year.

However, despite this very difficult funding situation, we were still able to produce informational booklets for prisoners and supply condoms and disinfection materials to the prisons. Our remaining project resources were spent on client support, including provision of essentials like food packages to newly released prisoners, meeting costs of restoring vital identity documents and expenses incurred in reaching social support.

'HIV Prevention in Russian Penal Institutions', meanwhile, is a project that focuses on education of prisoners and inmates. Altogether, the project covers nine prisons in five regions of Russia. In 2012 over 50 prison staff and 573 inmates participated in 76 trainings on HIV and STI prevention.

Both projects will finish in November 2013 despite the fact that there is a vital need to continue transitional client management and informational support for prisoners.

PRISON PROJECTS IN RUSSIA





OLGA KUZMICHEVA
PEER SUPPORT TO PRISONERS

Olga Kuzmicheva works as a peer consultant at the NGO Rehabilitation Space in Nizhniy Novgorod, Russia. This is one of the many local organizations that we have supported and developed over the years. In 2012, Rehabilitation Space led 60 prisoners through AFEW's transitional client management programme.

Every week, Olga visits two prisons: a male prison and the female prison where she herself served a sentence. Trained as an educational psychologist, Olga's experience of prison, drug use and living with HIV give her a valuable insight into the reality of her clients' lives and the ability to build effective dialogues with them. Olga conducts trainings and consultations on ARV adherence, prevention of HIV, tuberculosis and sexually transmitted infections, conflict management and managing addiction.

"I know exactly what it is like when you have no information about HIV whatsoever. When I was pregnant, my doctors encouraged me to have an abortion, saying 'Who knows WHAT you are going to bear'. Now, I have two wonderful and healthy children, and my life goal is to tell people the truth about HIV and living with it – the information that I had no access to."

While in prison, Olga wrote a script for a short film, and in 2008 it was shot as a 15-minute doc-

umentary entitled 'Release'. After her own release, she became an NGO hotline consultant for people living with HIV, men who have sex with men, people who use drugs and sex workers. She has also been a social worker since 2010, and she holds regular, free sessions on HIV that are open to the public.

PRISON PROJECTS IN UKRAINE

In February 2012, AFEW launched a transitional client management programme for juvenile offenders in the Kremenchug penal colony. Activities are implemented in partnership with the local NGO Public Health, which is based in Poltava and receives funding through the AFEW project 'Bridging the Gaps: Health and Rights for Key Populations' (financed by the Dutch Ministry of Foreign Affairs).

On the programme, inmates attend individual and group consultations with social workers and psychologists from the local organization Public Health. After release, people can continue to attend training sessions and access medical and social assistance. In some cases, the project can even help them with temporary housing.

By the end of 2012, there were 46 prisoners enrolled on the programme and a further 90 prisoners attended four health training sessions. We also conducted four working sessions and trainings for the colony's staff. In June, the colony's inmates marked the International Day against Drug Abuse and Illicit Trafficking with a soccer match against a group of street children from Odessa, who are clients of another AFEW project.

PRISON PROJECTS IN GEORGIA

AFEW's local NGO partner in Georgia Tanadgoma has been running transitional client management programmes in two Georgian prisons (one male and one female) since September 2012 under our 'Bridging the Gaps: Health and Rights for Key Populations' project. Before launching the programme, a thorough needs assessment was conducted among prisoners to identify which health and social services were missing or most

needed. To date, 78 people, 56 of them are prisoners and 22 people who use drugs, have benefited from the programme.

Services provided by Tanadgoma include psychological consultations, testing for HIV and hepatitis and running self-help groups. Staff also help inmates with legal issues and work with the relatives of prisoners. The number of clients enrolled on the programme actually decreased in 2012 following a major national prison crisis, which led to the release of half the Georgian prison population. Looking to the future, Tanadgoma is now negotiating to start implementing the project in a third prison.

PRISON PROJECTS IN KYRGYZSTAN

In 2012, AFEW implemented three prison projects in Kyrgyzstan: 'Bridge – Social Support of Prisoners Before and After Release (funded by the European Union), 'Dialogue on HIV and TB' (funded by Populations Services International) and 'Promoting Accessibility and Quality of HIV Prevention, Treatment, Detection and Care Services among the Most Vulnerable Populations in the Kyrgyz Republic' (funded by the United Nations Development Programme). Over 1,320 prisoners and 65 prison staff attended the project's training sessions in 2012. The client management part of the programme has provided a total of 2,700 direct medical and social services to prisoners.

TRANSFERRING KNOWLEDGE IN INDONESIA AND MALAYSIA

The Community Action for Harm Reduction (CAHR) programme spans five countries (Kenya, China, India, Indonesia, Malaysia) and aims to cover more than 230,000 injecting drug users, their partners and children with a wide range of services (HIV prevention, treatment and care, sexual and reproductive health and other services) by 2014. It is being implemented by the International HIV/AIDS Alliance with funding from the Choices and Opportunities Fund's harm reduction budget. Drawing on more than a decade of HIV prison programming in Eastern Europe and Central Asia, AFEW supports the project by build-

ing capacity for improved harm reduction services.

AFEW provides technical support to the Malaysian AIDS Council (MAC) – an umbrella organisation of NGOs working on HIV/AIDS issues, and the NGO Rumah Cemara in Indonesia (West Java Province). Rumah Cemara provides a range of HIV services through three main programmes: promotion of harm reduction for injecting drug users (in three cities), a rehabilitation centre, and peer support groups of people living with HIV who have a history of drug use.

Technical support to these partners in 2011-2012 took the form of training events, informational support, online counselling, and a study tour to AFEW prison projects in Kyrgyzstan. The study tour was organised in December 2012 for 12 Indonesian and Malaysian state and NGO representatives. They had the chance to visit three local prisons and see how harm reduction programmes work in practice, including opioid substitution therapy (OST) and needle exchange points, as well as rehabilitation for people who use drugs. The group also visited a number of social bureaus and dormitories where former prisoners are able to access various medical and social services.

In June 2012, AFEW held a training for NGO representatives in Bali, where participants learnt vital skills for implementing their own Health Promotion Programme in the province's penal system. Over the course of a three-day training, participants learned about the principles of conducting motivational interviews, the basics of prevention programmes among prison personnel and inmates, and developed an action plan for their programme.

GENERATING INTERNATIONAL SUPPORT FOR PRISON PROJECTS IN EECA

AFEW staff played a very active and visible role in the XIX International AIDS Conference that took place in Washington D.C. in July 2012. In partnership with Health through Walls – an American non-profit organization working on sustainable



prison healthcare in developing countries, we held the first Prisoner Networking Zone in the Global Village.

HIV incidence in the prisons of Eastern Europe and Central Asia is 10-20 times higher than in the general population of the region. In Russia, the incidence is actually 30 times higher. Meanwhile, tuberculosis prevalence in the prisons of EECA is 10-100 times higher than on the outside. At the conference, we aimed to highlight this appalling situation to the international community and mobilize funding to address the region's prison health crisis.

One initiative that grabbed the attention of visitors was a prison photobooth, where people could have their picture taken while holding various messages related to prison healthcare. Over 500 people visited the Prisoner Networking Zone to have their pictures taken 'behind bars'. We encouraged participants to share their photos on social media and spread our prison health messages as widely as possible. As a result, in just one week, on Facebook alone, our messages reached an audience of almost 30,000 people.

The conference was also an opportunity to advocate for greater involvement by NGOs in prison healthcare programmes. Specifically, we were calling for better access for NGOs to prisons, particularly in Central Asia, and for prison healthcare services to meet the general standards of state healthcare.

AFEW staff also held two workshops on transitional client management and cooperation between NGOs and penal departments. We highlighted that in some countries the penal authorities deny the existence of drug use and homosexual relations inside prisons, and therefore reject harm reduction programmes like needle exchange and condom distribution.

TAJIKISTAN: EMPOWERING WOMEN TO BUILD A HEALTHY FUTURE

Darvoz is a mountainous region of Tajikistan with a population of just over 20,000 people. There, one place serves as a second home for many local women – a centre run by the local NGO Marifatpocho. Since opening its doors, the centre has equipped 127 women with vital skills that will help

them support their families. These skills really do provide a lifeline in a region where paid employment is exceptionally hard to find.

Marifatpocho is run by Marifat. Marifat's story is not uncommon: when her husband left to find work in Russia and never returned, she was left to raise her two children alone. It is estimated that half of the male population has left the region in recent years, bound either for Russia or the Tajik capital Dushanbe. Once abroad, some men settle down and start new families, divorcing their wives in Tajikistan via a text message or over the phone. This is possible because many marriages in the country are concluded according to the Islamic rite rather than registered with secular authorities. In other cases, husbands simply cannot send enough money to their families and the burden of keeping the family falls on the woman. Where legitimate work is scarce, drug smuggling and sex work can sometimes seem like the only answer in a desperate situation.

Marifat first launched her centre in May 2009, with assistance from the local authorities. The idea was to provide a place where women could learn a trade to make a living.

"My mother taught me and my little sister how to sew," said Marifat. "She used to say 'whatever happens in your life this skill will always be your daily bread.'"

With the help of donors the centre has purchased six sewing machines. In 2010, under AFEW's 'Pamir against AIDS' project, the centre received an additional four sewing machines and some money to buy sewing materials. AFEW has also purchased three computers so that the centre can provide computer courses. By learning how to use office software and technologies, many women have been able to find secretarial jobs. Several women have even found teaching jobs in the local elementary school, where they teach the basics of computers to first-graders.

"We do almost every kind of sewing: bed linen and mattresses, school uniforms and traditional costumes, bags, purses and accessories," says

Marifat, adding that her customers include many governmental institutions like public schools, kindergartens and the local hospital. Foreign tourists also drop by regularly.

In 2010, AFEW helped the centre to develop provision of psychological and medical help, consultations on HIV, TB and sexually transmitted infections. The centre also began supplying condoms and informational booklets about health and safer behaviours. As part of this expansion into HIV prevention and support, AFEW took a group of Marifatpocho staff on a study tour to Khujand to observe the local social bureaus that provide services to people most vulnerable to HIV. After a series of trainings held by AFEW on client management and development of services, in 2010, Marifatpocho began implementing its first client management programme.

Over the last two years, the centre has provided over 2,500 medical services to more than 1,200 women. Among them, 45 women were successfully treated for tuberculosis and 90 women for STIs. The region today has zero reported HIV cases and lower reported engagement in sex work. When women turn to the centre with this or similar health problems, one of the centre's four outreach workers accompanies them to the local hospital to get tested for TB, HIV, or visit a gynaecologist dentist or a physician – all for free. If women prefer to get treatment outside the region, fearing stigma if they access treatment close to home, the centre can cover those costs too.

When asked what she is most proud of, Marifat says the women themselves: *"They have changed so much; they have become independent decision-makers for the first time in their lives, knowing exactly what they want to achieve and taking the lead in achieving their goals."* Indeed, six of the women who received sewing training in 2012 have opened their own sewing shops outside the region.

The centre is now expanding its services to people who use drugs and their close families. Staff training on harm reduction and client manage-

ment is crucial to ensuring that women receive the right guidance and support. In the coming years, the centre also plans to organize book-keeping and confectionery courses and expand its premises.

BRIDGING THE GAPS:

HEALTH AND RIGHTS FOR KEY POPULATIONS

- Funded by the Dutch Ministry of Foreign Affairs
- Implemented in 16 countries by five Dutch NGOs, four global key population networks and over 60 grassroots organizations
- AFEW implements the People who Use Drugs (PUD) project component in Georgia, Kyrgyzstan, Tajikistan and Ukraine as a follow up of a number of previous projects
- AFEW provides technical assistance and strengthens the capacity of local NGOs that provide direct services to the target groups
- Part of this programme provides online access of service providers and programme clients to up-to-date information and expertise on harm reduction, HIV and related issues.
- For more information about the project, partners and activities visit www.hivgaps.org

EMPOWERING WOMEN TO BUILD A HEALTHY FUTURE IN TAJIKISTAN



Financial Policies

INVESTMENT POLICY

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

The Central Bureau for Fundraising (CBF), which is a quality mark for Dutch registered fundraising organisations, stipulates that an approved organisation should spend on average no more than 25% of its fundraising income on fundraising expenses over a period of three years. Over the last three operational years, 6% of *AFEW's* income from own fundraising was spent on fundraising expenses.

EQUITY POLICY

AFEW complies with the guidelines for equity-policy and equity-reporting of the Dutch Association of Fundraising Organisations – VFI, which were adopted by the Central Fundraising Bureau in Holland (CBF) in 2008. *AFEW* follows the CBF guidelines in building its own reserve. The purpose of the continuity reserve is to ensure that the organisation can continue operating should it experience a sudden drop in its funding, to ensure the sustainability of long-term programmes, to provide pre-financing for some activities, and to conduct exploratory missions in new countries.

It is becoming increasingly difficult to find funding that will allow *AFEW* to continue to operate with the capacity of previous years. With further funding challenges expected in future, in 2010 the *AFEW* Board decided to set aside a restructuring reserve from the continuity reserve in order to

cover the costs of possible organisational restructuring. During 2012, €32,661 was added to the restructuring reserve. At the end of 2012, the restructuring reserve totalled €140,911 to cover the possible costs of downsizing of the international office.

COUNTRY-SPECIFIC CONTINUITY RESERVES

During first half of 2012, there were no active projects in Russia. To cover this period, the *AFEW* Board decided to set aside €105,000 in a specifically designated continuation reserve for Russia in 2012. The reserve covered the cost of keeping a limited number of programme staff on board during the first two months of 2012 and a limited number of administrative staff working part-time until the end of June 2012. For instance, staff were needed to prepare final reports to donors, and to ensure proper closure of projects.

Two new projects were launched in Russia over the course of the year, but the available budgets were lower than expected. A third project funded by the MAC Foundation will now be launched in 2013. Finally, unfavourable exchange rate fluctuations meant that the actual cost of running the Russian office in 2012 was higher than anticipated: €136,554 instead of the €105,000 budgeted. These extra expenses were also covered by the continuity reserve.

With the end of several regional projects in Central Asia and the overall restructuring of *AFEW*, the Kazakhstan office will cease to operate as an over-arching regional office. No project funding has yet been secured for the office after June 2013, which means that a downsizing of the office and reduction of staff is expected during the year. Funding for the Kyrgyz office is also expect-

ed to be less in 2013 compared to 2012. To ensure proper downsizing of the Central Asia offices, the Board has decided to set aside €45,000 to cover the severance payment costs required by law.

OUTLOOK FOR 2013

As a result of movements between reserves, by the end of 2012 AFEW's continuity reserve was reduced to €90,650, which is enough to cover the operational costs of the downsized organisation for less than two months. The size of the reserve is quite low and well below the standards laid down by the Central Bureau for Fundraising. Normally, it is AFEW's policy to increase the continuity reserve to the desired level by means of positive balances on the income and expenditure statement.

The 2013 financial year looks set to be a challenging one for AFEW. However, the Management Team and Board have put in place plans to mitigate shortfalls in funding and the external challenges we face. Firstly, the Board has approved a new structure, which should become effective in summer 2013. The new structure entails local registration of AFEW's country offices and closure of regional branches. Under this scheme, each office will become an independent NGO, responsible for reporting to donors and finding its own funding.

By the end of 2013, AFEW plans to stop using the continuity reserve on the back of its structural re-organization. Building up a bigger continuity reserve is a priority for 2013 and beyond, since it is required for stable management and programme development.

Full information about AFEW's reserves and funds is presented in the 2012 Financial Statements.

Financial Results

FINANCIAL RESULTS

This financial review covers AFEW's eleventh operational year, ending 31 December 2012. AFEW maintains its accounting records in accordance with the legislative requirements of the countries in which it conducts its operations. This financial statement has been derived from the 2012 Financial Statements.

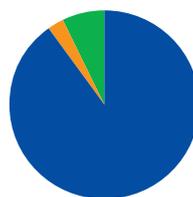
INCOME AND EXPENDITURE

The total income available for AFEW activities in 2012 was €3,774,432, which is almost 23% less than the latest budgeted amount of €4,878,000. Realized income is less than expected due to the late start of several projects, some activities being postponed to 2013 and several contractual modifications.

Accordingly, expenditure was lower than expected during the year. A total amount of €4,046,895 was spent in the 2012 operational year, which is almost 21% less than the budgeted amount of €5,098,000. Expenditure refers to money spent on core programme objectives, the costs of raising income and management and administration costs.

OVERALL EXPENDITURE 2012

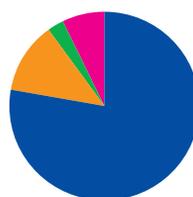
100% = €4,046,895



- **Direct objectives** (programme expenditure)
€3,627,412 (90%)
- **Costs of raising income**
€118,225 (3%)
- **Management and administration costs**
€301,257 (7%)

EXPENDITURE ON CORE PROGRAMME OBJECTIVES (by programme type)

100% = €3,627,412



- **Capacity building** (includes training, sub-grants, technical support and client management)
€2,836,631 (78%)
- **Advocacy**
€432,198 (12%)
- **Mass media campaigns**
€103,744 (3%)
- **Other** (research, provision of product sets, milk formula, condoms and other materials):
€254,839 (7%)

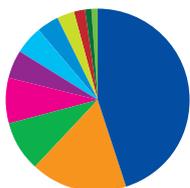
OVERALL EXPENDITURE BY TARGET GROUP

100% = €4,046,895

Target Group	Expenditure in 2012	Expenditure in 2011
People who use drugs	€1,720,031 (43%)	€501,268 (10%)
Prisoners	€778,887 (19%)	€2,391,258 (48%)
Vulnerable women	€411,660 (10%)	€698,843 (14%)
Most-at-risk adolescents (MARA)	€260,315 (6%)	€217,282 (4%)
People living with HIV	€283,058 (7%)	€676,547 (14%)
TB patients	€320,334 (8%)	€217,285 (4%)
Governmental and non-governmental organisations (international and national)	€199,126 (5%)	€266,776 (6%)
Men who have sex with men (MSM)	€73,484 (2%)	-

OVERALL EXPENDITURE BY COUNTRY

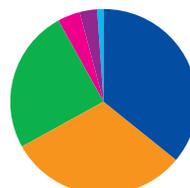
100% = €4,046,895



- **Kyrgyzstan** €1,843,036 (45%)
- **Tajikistan** €709,710 (17%)
- **Kazakhstan** €371,796 (9%)
- **Belarus** €336,225 (8%)
- **Russia** €204,426 (5%)
- **Ukraine** €215,577 (5%)
- **Georgia** €142,646 (4%)
- **Moldova** €103,436 (3%)
- **European Commission** €61,728 (2%)
- **Malaysia** €29,157 (1%)
- **Indonesia** €29,157 (1%)

OVERALL EXPENDITURE BY OPERATIONAL TYPE

100% = €4,046,895



- **Sub-grants to partner organisations** €1,452,031 (36%)
- **Salaries and personnel costs** €1,274,897 (31%)
- **Purchases and acquisitions** (travel, accommodation, consultancy, information material development, monitoring and evaluation, conference participation, training and support activities) €999,933 (25%)
- **Office maintenance, supplies and depreciation** €170,069 (4%)
- **Office rental** €120,954 (3%)
- **Public relations and communications** €29,011 (1%)

DIRECT COSTS

In 2012, AFEW spent €3,627,412 (90%) of its outgoings directly on core programme activities (objectives). With an overall reduction in funding, in 2012 total directly attributable costs decreased compared to 2011 by 19% (from €4,479,433).

The amount spent on core programming objectives includes sub-grants to third parties. AFEW strives to build the capacity of its local partners and ensure the long-term sustainability of its initiatives by equipping them with its knowledge and experience. In 2012, we provided €1,452,031 in sub-grants (36% of total expenditures) to partners in the countries in which we operate. Despite the overall funding decrease, the amount of given sub-grants increased compared to 2011 by 7%. The money given as sub-grants was spent on activities which are in line with AFEW's objectives and mission.

COSTS OF RAISING INCOME

AFEW spent €118,225 on raising income in 2012, which represents 3% of total expenditure, and consists of expenses related to own fundraising, joint activities and obtaining governmental grants. The cost of raising income in 2012 is in line with the budgeted amount. It was, however, 17% lower compared to 2011 due to the overall funding decrease and the consequent downsizing of the international office in 2012.

MANAGEMENT AND ADMINISTRATION

Management and Administration expenses primarily consist of expenditures associated with executive management, operation of the headquarters, finance and human resources management, part of the internal and external communications budget and travel expenses for the AFEW Board. Management and administration expenses in 2012 represented 7% of AFEW's total expenditure, or €301,257 and decreased by 13% compared to 2011. The actual expenditure is in line with the budgeted amount.

The Executive Director's annual gross salary stood at €88,382. Board members do not receive remuneration for their activities in accordance with AFEW policy.

Balance Sheet

as of 31 December 2012

Auditors' Endorsement

The abbreviated financial information for 2012 presented on these pages is derived from the financial statements that were approved by the AFEW Board. KPMG Accountants N.V. expressed an unqualified opinion on these financial statements on 11 April 2013.

	2012 EUR	2011 EUR
	_____	_____
Tangible fixed assets	-	-
Inventory		
For immediate and full use in the context of the objectives	175	80
Accounts receivable and deferred assets	5.696.275	6.656.433
Donors	5.682.231	6.652.507
Other	14.044	3.926
Cash and cash equivalents	1.067.142	1.252.042
<hr/>		
TOTAL ASSETS	6.763.592	7.908.555
Reserves and Funds		
Reserves	276.561	534.456
Continuity reserve	90.650	321.206
Restructuring reserve	140.911	108.250
Continuation reserve Russia 2012	-	105.000
Restructuring reserve Central Asia	45.000	
Special purpose reserve	-	-
Funds		
Special purpose funds	39.116	53.684
Long-term debts		
Subsidy commitments	3.500.415	4.114.650
Short-term debts	2.947.500	3.205.765
Subsidy commitments	2.764.630	2.999.909
Other liabilities	182.869	205.855
<hr/>		
TOTAL LIABILITIES	6.763.592	7.908.555

Statement of Income and Expenditure as of 31 December 2012

	Actual 2012 EUR	Budget 2012 EUR	Actual 2011 EUR
INCOME			
Income from own fundraising:	518.482	526.000	669.657
Grants from international foundations/NGOs	434.541	380.000	624.205
Grants from businesses	77.374	146.000	35.819
Other: donations/collections	6.567		9.633
Income from joint activities	441.810	608.000	1.991.409
Income from third parties' activities	6.726	1.000	-
Subsidies from governments	2.792.522	3.743.000	2.402.347
Other income/ loss	14.891		621
TOTAL INCOME	3.774.432	4.878.000	5.064.034
EXPENDITURES			
Spent on objectives	3.627.412	4.676.462	4.479.433
Capacity building	2.836.631	3.608.112	3.961.778
Mass media campaigns	103.744	61.000	228.407
Advocacy	432.198	726.350	83.281
Other (research, provision of product sets, milk formula, condoms and other materials)	254.839	281.000	205.968
Costs of raising income	118.225	122.915	142.827
Cost of own fundraising	30.164	44.437	51.636
Cost of joint activities	22.258	20.983	24.383
Cost of third party activities	-		-
Costs of obtaining governmental grants	65.804	57.495	66.809
Management and administration	301.257	298.623	346.999
TOTAL EXPENDITURES	4.046.895	5.098.000	4.969.259
Balance of income and expenditure	(272.463)	(220.000)	94.775
Allocation of year-end result			
Continuity reserve	(230.556)	(95.000)	52.736
Continuation reserve Russia 2012	(105.000)	(105.000)	105.000
Restructuring reserve	32.661		(56.750)
Restructuring reserve Central Asia	45.000		
Special purpose reserve			(373)
Special purpose funds, additions	6.726		-
Special purpose funds, expenditures	(21.294)	(20.000)	(5.838)
TOTAL ALLOCATION OF YEAR-END RESULT	(272.463)	(220.000)	94.775

Donate to AFEW



HIV in
Eastern Europe
and
Central Asia

**STILL
FAR
FROM
ZERO**



In this annual report, we have striven to present a glimpse into the many important ways that AFEW works in Eastern Europe and Central Asia to halt the spread of the HIV epidemic. We ask you to support our staff and partners in their work with the most neglected and stigmatised people in their countries. Their work changes lives for the better.

Your contribution is vital, because the groups that we represent are so often overlooked in lists of good causes, corporate charity budgets and national development programmes. AFEW's commitment to financial transparency and accountability is testified by its long-term relationships with many international and national donors, its seal of approval from the Central Bureau of Fundraising (CBF) in the Netherlands and compliance with Code Wijffels.

A large proportion of our expenditure (90%) is directly spent on core programming, which means that we directly improve the quality of life of our target groups and help stop them becoming new HIV statistics. Donations can be made online at www.afew.org, via the bank transfer in the Netherlands to **giro 8886**, or by contacting our International Office.



Credits

Production

AIDS Foundation East-West (AFEW)

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Dutch translation

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

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