



## «SHIELD» / «КАЛКАН Борбордук Азия» Project Feedback

Project «SHIELD Central Asia» (*КАЛКАН Борбордук Азия* in Kyrgyz) was applied in 2009-2010 by Columbia University Global Health Research Center of Central Asia (GHRCCA) funded by grant of NIDA (National Institute of Drug Abuse, USA). The Principal Investigator was Dr. Anne Malin ([aem2677@gmail.com](mailto:aem2677@gmail.com)) who was the Director of Operations at the GHRCCA. The lead Co-investigator was Dr. Nabila El-Bassel, a Professor at the Columbia University School of Social Work (CUSSW), Director of the CUSSW Social Intervention Group (SIG) and GHRCCA's Executive Director; she can be reached by email [ne5@columbia.edu](mailto:ne5@columbia.edu). Dr. Assel Terlikbayeva, the GHRCCA's Regional Director, was also the co-investigator with the project; her email is [at2024@columbia.edu](mailto:at2024@columbia.edu). The project director was Mr. Danil Nikitin who is currently the GHRCCA country representative for Kyrgyzstan. You may call him at +996 555 881211, or mail to [dn2134@columbia.edu](mailto:dn2134@columbia.edu). Dr. Mamasobyr Burkhanov who heads the *Parents Against Drugs* local NGO, was the project consultant – the feedback below was presented by him together with Ms. OlgaTulyakova who was the lead project facilitator.

### **Dr. Mamasobyr Burkhanov, Director, *Parents Against Drugs* Foundation, Osh, Kyrgyzstan:**

The town of Osh was selected as the project site as half of all the known HIV cases in Kyrgyzstan resided there in 2009. HIV prevalence among IDUs was extremely high and remains critical now. For many years I headed the Regional Drug Treatment Center and the *Parents Against Drugs* foundation, and tried my best to reach out to the best professionals in the world engaged in HIV and IDU prevention and treatment, and invite them in Osh. That is why I was so interested by the idea of the Global Health Research Center of Central Asia to use our agency as the site for piloting the project that proved to be highly effective in many countries of the world. I still remember our first meeting with Dr. Carl Latkin of Johns Hopkins University, the author of the intervention, arranged at the Columbia University by Dr. Anne Brisson who closely collaborated with Dr. Latkin on the project. Dr Latkin shared impressive outcomes of the project that was tested by that time in his native Baltimore, in St Petersburg and South-East Asia. We had been thinking for a while assessing the risks and the pros, and finally decided to try it. Later we were never sorry about this decision but felt somewhat upset that the project was just a year-long and the number of participants was quite limited due to its pilot status. Our agency's outreach workers can be named the engine of the whole project, I do consider them as most valuable human resources who appeared highly professional when managed subjects' recruitment and motivated them correctly which helped with their retention despite the whole range of nuances specific to heroin drug users with many years of injecting experience. I'd like to also appreciate input of the members of the Community Advisory Board set



up as a part of the project. The Board consisted of the utmost reputable medical professionals, public activists and heads of the public and non-government agencies whose support and advice provided the project with secure background and ensured its effectiveness. The CAB members also helped a lot with adapting the project manual to the country specifics and making it culturally congruent. The intervention sessions and the baseline and follow-up interviews were co-facilitated by Olga Tulyakova, our agency's licensed social worker who gained best reputation among our IDU clients and very well educated at the trainings offered by the international donors. We have the warmest memories about our participation in the pilot. We hope it will be funded and expanded so that we could share our experience and resources at all stages of its preparation and later at implementation stage.

**Olga Tulyakova, social worker, *Parents Against Drugs Foundation*, Osh, Kyrgyzstan:**



it's the matter of fact that Central Asia is experiencing one of the fastest growing HIV epidemics in the world. It is also well known that there is a critical need in designing an innovative culturally- and contextually-congruent HIV behavioral prevention interventions focused on injecting drug users and their environment. «SHIELD/КАЛКАН» appeared just an ideal project that is affordable and does not require costly materials and long term preparation. However, its main advantage is that it allows involving IDUs in its work who were not just passive listeners at our sessions but acted as promoters of healthy life style and low-risk behaviors. A requirement of the project was that each of the participants was supposed to complete kind of a homework that assumed creativity and certain commitment – so you can believe me or not, but there were just a few cases when someone failed with the “homework” completion

which is the evidence of their openness and positive attitude towards our work. I remember how enthusiastic the folks were showing us how the needles and syringes *should not be cleaned* – as facilitators, we completed the post-session notes where the demonstrated skills were all reflected and I believe, will be used in handouts that can be prepared as a part of an expanded project. The role of outreach workers was very important, because the clients' attendance depended mostly on their activity on the initial stage. Their skillfulness in recruiting the clients improved with time, and by the time they managed the last cohort, they became real professionals. As a part of the «SHIELD/КАЛКАН» the NGO's director and I completed the on-line training on bioethics, solved test and were issued the Columbia University certificate. These skills and knowledge will be very helpful when the project is renewed. I am sure, the project of such kind allow the drug users in Osh and its suburbs access basic information on HIV prevention as by nature it's a network-oriented peer education program for the prevention of HIV transmission among IDUs and their network members. Besides, observing the clients we can better learn the subculture of people who represent the most vulnerable circle, understand their relationship, and see how they communicate with mainstream community. This experience is invaluable as allows treat each other with respect and dignity, regardless test status and addiction that each of us can be predisposed to. This knowledge should be systematized and properly presented so that be available to the agencies in Central Asia that deal with vulnerable communities. I do agree with Dr. Burkhanov who said that we would be glad to be involved in reviewing and expansion of the project.

