

**Project Steering Group
Second Meeting
St. Petersburg, Russia
29 September 2014**

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Title	Interim narrative report
Submitted by	Regional NGO Stellit and NDPHS Secretariat (Lead Partner)
Summary / Note	-
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ANNEX VI INTERIM NARRATIVE REPORT

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List of acronyms used in the report

AI – Associated infections

AIDS - Acquired Immunodeficiency Syndrome

EU – European Union

HIV–Human Immunodeficiency Virus

NDPHS – Northern Dimension Partnership in Public Health and Social Well-being

NGO–Non-Governmental Organization

TB - Tuberculosis

THL - National Institute for Health and Welfare (Finland)

YLA - Kaliningrad Regional Non-Governmental Youth Organisation “Young Leaders Army”

WP – Work Package

1. Description

- 1.1. Name of Coordinator of the grant contract: Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS Secretariat);
- 1.2. Name and title of the Contact person: Mr. Marek Maciejowski, Director of the NDPHS Secretariat
- 1.3. Name of Beneficiary(ies) and affiliated entity(ies) in the Action:
- Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being
 - Regional Public Organisation of Social Projects in Sphere of Population's Well-being "Stellit";
 - National Institute for Health and Welfare;
 - Kaliningrad Regional Non-Governmental Youth Organisation "Young Leaders Army" (YLA);
 - Social AIDS Committee;
 - Baltic HIV Association;
 - AIDS-Hilfe Hamburg e.V (on 19 August 2014 it has submitted a letter of resignation from the project, the European Commission has been informed by the NDPHS Secretariat on the same day).
- 1.4. Title of the Action: Building capacity in prevention of HIV and associated infections among youth at high risk in the Northern Dimension area
- 1.5. Contract number: 2013/313-700
- 1.6. Start date and end date of the reporting period: 01 September 2013 – 31 August 2014
- 1.7. Target country(ies) or region(s): Finland, Germany¹, Latvia, Poland and the Russian Federation (North-West Federal District).
- 1.8. Final beneficiaries&/or target groups² (if different) (including numbers of women and men):
- Final beneficiaries of the project are children and young people at high risk of HIV and associated infections, in particular children and young people experimenting with drugs, migrant children and young people as well as children and young people involved or at high risk of being involved into commercial sexual exploitation.
- Target groups of the project will be the following: policy makers in the sphere of combating HIV and AI; representatives of a scientific community; international, governmental organizations and NGOs working on HIV and AI prevention among children and young people at high risk of getting HIV and AI in Northwest Russia (St. Petersburg and Kaliningrad), Latvia, Poland, Finland, Germany³ and other participating countries in the NDPHS.
- 1.9. Country(ies) in which the activities take place (if different from 1.7): not applicable

¹ The German Partner, AIDS-Hilfe Hamburg e.V, has submitted a letter of resignation from the project.

² "Target groups" are the groups/entities who will be directly positively affected by the project at the Project Purpose level, and "final beneficiaries" are those who will benefit from the project in the long term at level of the society or sector at large.

³ The German Partner, AIDS-Hilfe Hamburg e.V, has submitted a letter of resignation from the project.

2. Assessment of implementation of Action activities

2.1. Executive summary of the Action

Please give a global overview of the Action's implementation for the reporting period (no more than ½ page)

Thanks to funding received from the European Union, a regional project “Building capacity in prevention of HIV and AI among youth at high risk in the Northern Dimension Area” is currently being implemented in several countries in our region. Led by the NDPHS Secretariat and involving several project partners, Regional NGO “Stellit” as the scientific coordinator among them, the project is already making a good progress and most activities are being implemented in accordance with the action plan.

From November 2013 until March 2014 a methodology for the assessment of needs of adolescents and young people at high risk of getting HIV and AI was developed, and in March – May 2014 project partners in St. Petersburg, Kaliningrad, Latvia and Poland described statistics and research data available, conducted focus groups with experts working with migrant children and youth and experts working with children and young people involved or at high risk of being involved into commercial sexual exploitation, conducted a survey among adolescents and young people experimenting with drugs (400 persons per country/city). Additionally, best practices in Russia, Latvia, Poland and Finland were collected covering HIV and AI prevention targeted at adolescents and young people experimenting with drugs, migrant adolescents and youth, as well as adolescents and young people involved or at high risk of being involved into commercial sexual exploitation.

In June 2014 2-days workshop was organized in Helsinki to discuss the results of the needs assessment, to identify best practices on HIV and AI prevention targeted at children and young people at high risk of getting HIV and AI which could be recommended to be spread in the region, to discuss the contents of the training program and handouts for participants of the training. The training for stakeholders from St. Petersburg, Kaliningrad, Latvia, Finland and Poland was planned for September, 30 – October, 2, 2014. In July – August 2014 the training program and handouts have been further developed.

In June-August 2014 Regional NGO “Stellit” in cooperation with project partners started to develop an article based on needs assessment results which later is going to be published at a peer-reviewed journal. Besides that elements of best practices in the field of HIV and AI prevention targeted at young people at high risk which will be piloted in St. Petersburg and Kaliningrad within the project are being discussed.

The German Partner, AIDS-Hilfe Hamburg e.V., has not been participating in the project activities in any meaningful way since the project inception, neither has it spent any project funds. The Project Partners' efforts to encourage the German Partner's participation were unsuccessful and on 19 August 2014 the AIDS-Hilfe Hamburg e.V. has submitted a letter of resignation. The Project Partners have agreed that the National Institute for Health and Welfare will take over the German Partner's duties and responsibilities.

Please list the indicators of the Specific Objective (SO), and provide level of achievement if available at this stage:

SO: Building capacity in HIV prevention targeted at youth at risk in the Northern Dimension area through mapping best practices in HIV prevention in North West Russia and other Northern Dimension countries, disseminating those best practices among the participating countries and in training professionals in North West Russia to work in line with the best practices.

SO. Indicator 1: Decision-makers and stakeholders in all the countries of the Baltic region recognize the importance of evidence-based HIV/AIDS prevention among children and young people at high risk and are informed about the principles and best practices in this field.

Level of achievement: the indicator will be fully achieved at the end of the project when the Guidelines with an overview of the best practices in the field of HIV and AI prevention among children and young people at high risk of getting HIV and AI will be developed and spread among relevant decision-makers and stakeholders. Nevertheless, significant steps have been made during the first year of the project to achieve this indicator.

Thus, Working group formed within the project involves not only representatives of organizations taking part in the project but also other governmental organizations, NGOs and decision-makers working in the field of HIV and AI prevention among children and young people at high risk of getting HIV and AI.

The project has been presented at the 8th and 9th Meetings of the NDPHS Expert Group on HIV and Association infections in Berlin and in Hamburg, as well as in the NDPHS e-Newsletter⁴. Meetings with relevant officials from the Ministry of Health and Ministry of Foreign Affairs of the Russian Federation, as well as with a representative of the TB monitoring Center have been initiated by the Regional NGO Stellit in Moscow to present the project. Besides that project partners in Kaliningrad and Latvia presented the project to local authorities. All the project partners presented the project to local stakeholders at the stage of the assessment of needs of children and young people at high risk of getting HIV and AI.

In each country/ region relevant officials and stakeholders expressed their interest to project activities and project results, when possible took part in working meetings, focus groups/ interviews, supported project partners in conducting survey among children and young people experimenting with drugs, and getting access to the relevant statistics, researches and best practices. That confirms that decision-makers and stakeholders are interested in the improvement of HIV and AI prevention among children and young people at high risk of getting HIV and AI and regard the project as a way to achieve this as well as that HIV prevention implementers and practitioners are committed and willing to take part in the project.

SO. Indicator 2: Stakeholders in the project countries have increased knowledge and skills on evidence-based HIV/ AIDS prevention among children and young people at high risk.

Level of achievement: the indicator will be fully achieved during the second year of the project after the training for stakeholders involved into HIV and AI prevention among children and young people at high risk of getting HIV and AI will be implemented.

Nevertheless, activities implemented during the first year of the project have contributed to the achievement of this indicator. Thus, needs of children and young people at high risk of getting HIV and AI in prevention program have been estimated which will form a good basis for further development of the prevention programs based on the relevant research data.

⁴Available at: <http://www.ndphs.org/?e-newsletter,2014#issues>.

Besides that draft training program for stakeholders has been developed. As it was initially planned besides the best practices in the field of HIV and AI prevention among children and young people at high risk of getting HIV and AI it will contain a separate module on the development and implementation of evidence-based prevention programs.

Project partners have already started looking for the stakeholders who will take part in the training. The group of experts who will be trained is mostly formed. All the stakeholders who will take part in the training have confirmed that they will have time to take part in all the sessions and that they are interested to learn more about HIV and AI prevention among children and young people at high risk of getting HIV and AI and share their experience with colleagues from other countries.

SO. Indicator 3: Activities on HIV/AIDS prevention among children and young people at high risk are implemented in Russia and appreciated by the local beneficiaries.

Level of achievement: the indicator will be achieved during the second year of the project.

2.2. Results and Activities

What is your assessment of the results of the Action so far? Include observations on the performance and the achievement of outputs, outcomes and impact in relation to specific and overall objectives, and whether the Action has had any unforeseen positive or negative results.

*Following Annex 1, please list **all** the results with progress of the related indicators and all the related activities implemented during the reporting period*

As it was initially planned, activities implemented during the first year of the project mainly contributed to the achievement of results 1 and 2. Results 3, 4 and 5 will be achieved during the second year of the project.

So far the project is implemented successfully, almost all the indicators planned for the first year of the project are achieved, some delays and modifications are not significant and won't harm the overall success of the project and the achievement of specific and overall objectives.

R1 – "Needs of children and young people at high risk of getting HIV and AI and best practices on HIV and AI prevention in North-West Russia and other participating countries of the NPDHS are mapped out."

<quantify the achievement of each result from the beginning of the action and explain any changes, especially any underperformance; refer to the indicators and assumptions in the Logframe>

A methodology for the needs assessment of young people at high risk of getting HIV and AI has been developed, data on the situation in subgroups of children and young people at high risk of getting HIV and AI have been collected in Russia, Poland and Latvia, best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI have been collected. Review paper with a comprehensive description of the results of needs assessment is being developed. A relevant international conference where the needs assessment results could be presented is being searched for.

One of the assumptions we had on the project development stage was that all the experts will be committed and will have time to take part in the workshop on the development of a methodology for the needs assessment of young people at high risk of getting HIV. It turned out that due to the lack of human resources representatives of the AIDS-Hilfe Hamburg e.V. were not able to take part in the workshop, as well as 1 expert from Kaliningrad. However, it didn't have a significant influence on the results of the workshop.

Initially it was planned that best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI will be collected in St. Petersburg, Kaliningrad, Latvia,

Poland, Finland and Germany. It was not done in Germany because the project partner from Germany – AIDS-Hilfe Hamburg e.V. – had lack of human resources. It is planned that best practices from Germany will be collected by another project partner – National Institute for Health and Welfare – during September 2014 – March 2015.

At the project development stage it was planned that a review paper with a comprehensive description of the results of the needs assessment will be developed and submitted to a peer-reviewed journal. Since the development of the research methodology took more time than it was initially planned and the project partners have made a decision to submit a paper to a highest rating peer-reviewed journal, the development and submission of article will take more time than we initially planned. At the moment the text of the paper is being developed. We are looking for a peer-reviewed journal which is interested in this publication. An article will be submitted to a peer-reviewed journal during the second year of the project.

It was planned that needs assessment results will be presented at a thematic international conference. One of the assumptions was that a relevant conference will be conducted. We have finished the data collection in May 2014 and started to look for a relevant European conference where we could send an abstract. Because of summer time and lower activity of a scientific community in that period we haven't found yet any relevant event where we could present the data. But we will definitely present the data at a relevant international conference during the second year of the project.

1.1. Indicator 1: Target value (R1)

A methodology for the needs assessment of young people at high risk of getting HIV and AI has been developed.

Level of achievement:

14 experts who have a many years experience of work in the field of HIV and AI prevention took part in the workshop on the development of the methodology for the assessment of needs of children and young people at high risk of getting HIV and AI which took place in St. Petersburg, 27 – 29 November 2013. Among them there were representatives of NGOs, government and governmental organizations, scientific community of Russia (St. Petersburg and, Kaliningrad), Latvia, Finland and Poland. The working group included the following experts:

- 1) from St. Petersburg: Dr. Maia Rusakova, director at Regional NGO “Stellit”; Mrs. Veronika Odinkova, head of Fundraising and Innovations at Regional NGO “Stellit” and Dr. Olga Kolpakova, head of Prevention Programs at Regional NGO “Stellit”;
- 2) from Finland: Ms. Sirje Vaittinen, project coordinator at National Institute for health and Welfare (THL); Ms. Kristiina Hannila, expert on prevention of sexual violence at Girls' House; Ms. KirsiLiitsola at National Institute for health and Welfare (THL);
- 3) from Kaliningrad: Ms. Inessa Vyshemirskaya, program director at NGO “Young Leader's Army”; Mrs. Victoria Osipenko, chairperson of the Board at NGO “Young Leader's Army”;
- 4) from Poland: Mrs. Aleksandra Skonieczna, international projects coordinator, Board vice-chairperson at Social AIDS Committee; Mr. Paweł Siłakowski, trainer, addiction specialist at Social AIDS Committee; Mr. Tomasz Małkuszewski, Board Chairperson at Social AIDS Committee;
- 5) from Latvia: Ms. Evija Dompalma-Linuža, project coordinator at Baltic HIV Association; Dr. Anda Karnite, assistant professor at the Department of Public Health and Epidemiology of Riga Stradins University; Ms. Diana Koerna, chief specialist of health promotion and prevention division at Health care administration, the Welfare Department of the Riga City Council (Latvia).

All experts were very committed. That made the workshop very productive and successful, allowed clarifying main issues important for the methodology development.

Protocol of needs assessment includes form for registration of national statistics available; form for description of researches on the issue; a questionnaire which could be used for the needs assessment of young people experimenting with drugs (in English, Russian, Latvian and Polish); and methods of sampling; a focus groups guide which could be used for focus groups with stakeholders working with migrant youth and with children and young people at high risk of being involved or involved into commercial sexual exploitation; a form for best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI.

1.2. Indicator 2: Target value (R1)

Data on the situation in subgroups of children and young people at high risk of getting HIV and AI have been collected in Russia, Poland and Latvia.

Level of achievement: Regional NGO “Stellit” has collected from project partners from Russia (Kaliningrad), Latvia and Poland filled-in forms on available statistics and research data describing the current state of HIV and AI epidemic among young people especially among those at high risk of getting HIV and AI in Russia, Poland and Latvia. The database with the data of the survey conducted among children and young people experimenting with drugs was formed for further analysis or the survey results (1596 children and young people experimenting with drugs filled in the questionnaire). Transcriptions of focus groups and interviews with stakeholders who work with migrant youth are developed and when needed translated into Russian (1 focus group in St. Petersburg, 1 focus group in Kaliningrad, 1 focus group in Poland, 1 focus group and 2 interviews in Latvia). Transcriptions of focus groups and interviews with stakeholders who work with children and young people at high risk of being involved or involved into commercial sexual exploitation are developed and when needed translated into Russian (1 focus group in St. Petersburg, 1 focus group in Kaliningrad, 1 focus group in Poland, 1 focus group and 3 interviews in Latvia).

One of the assumptions at the project development stage was that statistics and research data are available to the project partners in Latvia, Poland, Russia (St. Petersburg and Kaliningrad). It turned out that some statistics and research data were not available. The decision was made to collect all the data available.

Another assumption was that co-applicants from Latvia, Poland and Russia would have an access to children and young people experimenting with drugs. There were no problems with the survey among young people experimenting with drugs.

One more assumption was that co-applicants from Latvia, Poland and Russia will have an access to stakeholders working with migrant youth and children at high risk of being involved or involved into commercial sexual exploitation, stakeholders will be committed to take part in focus groups. It turned out that in Latvia some stakeholders were not available for focus groups because of busy working schedule. Individual interviews with such stakeholders were conducted.

1.3. Indicator 3: Target value (R1)

Best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI have been collected.

Level of achievement: filled-in forms describing best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI with a special focus on programs implemented in the NDPHS area were collected from project partners by Regional NGO “Stellit” in Russian or in English.

One of the risk we kept in mind at the project development stage was that there will be no best

practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI in the NDPHS area. Even though it turned out, that there were no examples of best practices in the region which meet all the criteria developed during the first workshop (e.g. are published in peer-reviewed journal), many examples of best practices were identified which from the project partners point of view could be recommended to be further spread in the region. Less strict criteria for best practices were developed.

1.4. Indicator 4: Target value (R1)

Review paper with a comprehensive description of the results of needs assessment.

Level of achievement: a paper is being developed and will be submitted to a peer-reviewed journal during the second year of the project. From the project partners point of view the needs assessment results will be interesting for European peer-reviewed journals.

1.5. Indicator 5: Target value (R1)

Needs assessment results have been presented at the international conference on the issue of combating HIV and AI.

Level of achievement: we are looking for a conference where the research data could be presented.

AI.1 – Organization of the workshop on the development of a methodology for the needs assessment of young people at high risk of getting HIV and AI

Topics/activities covered <please elaborate>

Reason for any changes in the planned activity <please explain any problems (e.g. delay, cancellation, postponement of activities) which have arisen and how they have been addressed> (if applicable):

Please list any risks that might have jeopardised the realisation of some activities and explain how they have been tackled:

Initially it was planned that the workshop will be conducted in December, but during the project implementation it turned out that the end of November better fits the busy schedules of workshop participants.

The workshop on the development of a methodology for the needs assessment of young people at high risk of getting HIV and AI was conducted in St. Petersburg, Russia, on November 27 – 29, 2013. As it was mentioned above 14 experts from Russia (St. Petersburg and Kaliningrad), Latvia, Poland and Finland took part in the workshop.

Initially it was planned that during the 3-days workshop the participants will:

- Present the current state of HIV and AI epidemic among youth on their areas;
- Define the target group at high risk of getting HIV and AI on their areas (size of the group, gender-age structure, locations, the institutions the group links to or locate within, existing research data about HIV and AI risk behaviors, HIV and AI knowledge, HIV and AI prevalence, coverage by prevention programs, access to HIV and AI testing and treatment facilities);
- Describe the local infrastructure, the already existing structures responsible for and programmes aimed at HIV and AI prevention, testing and treatment;

- Define the gaps in knowledge which is essential to selection of feasible, relevant and directed prevention programmes which could be replicated and adopted to local communities;
- Develop the methodology for assessment of the needs of the specific groups of young people at high risk of getting HIV and AI, which will fill in the gaps in knowledge but not replicate the recent studies or gain the knowledge which already exists;
- Develop the approach to identification of best practices on HIV and AI prevention among them, which potentially could be adopted to and/or replicated in Russia and other countries of the NDPHS.

Co-applicants were very committed and motivated in the development of a methodology for the needs assessment of young people at high risk of getting HIV and AI. That made it possible to cover during the workshop all aspects that were initially planned.

During the first day of the workshop the project has been presented to all the participants, participants and project partners shortly presented themselves.

After that the current state of HIV and AI epidemic and HIV and AI prevention among youth at high risk in Poland, Latvia, Finland, Kaliningrad and St. Petersburg was presented by experts taking part in the workshop. The following aspects were covered:

General context: total number of HIV cases in the region, stage of epidemic, tendencies in the number of new HIV cases (growing/stable/declining) during the last 5 years, the age/gender distribution of new HIV cases during last 5 years, main HIV transmission route, number of cases and populations mostly affected by HIV-associated infections.

Youth at high risk of getting HIV/AIDS and AI: age limits for the group of “adolescents” and group of “young people” which are used in each project country, total number of HIV cases among adolescents and youth, percentage of HIV+ among youth, tendencies in HIV epidemic among adolescents and youth (growing/ stable/ declining), main HIV transmission route among adolescents and youth, tuberculosis, hepatitis C prevalence among adolescents and youth, detailed description of the group of adolescents and young people at high risk of getting HIV and AI, any legal/ethic issues that may influence research/intervention in this group.

After that participants of the workshop have discussed the following questions:

Which age group of adolescents and young people at high risk of getting HIV and AI are we going to cover within our project?

What has been done to understand the needs of youth at high risk of getting HIV and AI?

What are the main gaps in knowledge about different groups of youth at high risk of getting HIV and AI?

What are the main stakeholders responsible for HIV and AI prevention among young people at high risk of getting HIV and AI? Are these stakeholders different for different groups of young people at high risk of getting HIV and AI? Is HIV and AI prevention is regarded as the responsibility of parents or as responsibility of governmental organizations?

Where adolescents and youth at high risk of getting HIV and AI could get consultation, get testing and treatment in your countries?

Which best practices on HIV and AI prevention among children and young people at high risk are available? What criteria should we use to define an intervention as “best practice”?

During the second day the methodology for the needs assessment of adolescents and young people at high risk of getting HIV and AI, was discussed in details including the form to describe statistics available; form to describe research data available; questionnaire for adolescents and young people

experimenting with drugs; guide for the focus group with stakeholders working with migrant children and youth; guide for the focus group with stakeholders working with children and young people involved or at high risk of being involved into commercial sexual exploitation.

The third day of the workshop was devoted to the discussion and detailed planning of data collection including the following aspects:

- Identification of best practices on HIV and AI prevention in St. Petersburg, Kaliningrad, Latvia, Poland, Finland and Germany;
- Collection of national statistics and research data available in St. Petersburg, Kaliningrad, Latvia and Poland;
- Survey among young people experimenting with drugs in St. Petersburg, Kaliningrad, Latvia and Poland;
- Focus groups with stakeholders working with migrant youth in St. Petersburg, Kaliningrad, Latvia and Poland;
- Focus groups with stakeholders working with children and young people involved or at high risk of being involved into commercial sexual exploitation in St. Petersburg, Kaliningrad, Latvia and Poland.

At the end of the workshop participants briefly discussed the dates and main issues which will be covered within the second workshop within the project which was going to be held in Helsinki, Finland.

The workshop protocol is available at the project web page: http://www.ndphs.org/?mtgs,hiv_project_workshop_1.

AI.2 – Finalization of the methodology for needs assessment of young people at high risk of getting HIV and AI

Topics/activities covered <please elaborate>

Reason for any changes in the planned activity <please explain any problems (e.g. delay, cancellation, postponement of activities) which have arisen and how they have been addressed> (if applicable):

Please list any risks that might have jeopardised the realisation of some activities and explain how they have been tackled:

It was planned that the methodology for needs assessment of young people at high risk of getting HIV and AI will be finalized in December 2013 – January 2014. To make the methodology stronger the decision was made to discuss it with the members of the NDPHS Expert Group on HIV and Association infections. Besides that the methodology have been discussed with the US experts – representatives of the Division of Global Public Health of the Department of Medicine of the University of California, San Diego, including professor Anita Raj who has a many years experience of development and evaluation of sexual health interventions for vulnerable populations.

That is why the development of the methodology took a bit longer then it was initially planned and continued until the end of March 2014.

Protocol of the needs assessment was developed by the Regional NGO “Stellit”. As it was initially planned research protocol for the assessment of needs of young people aged 15-24 with regard to

HIV and AI prevention and development of healthy lifestyle developed within the project has the following structure: introduction, research goal and objectives, research methods (review of epidemiological situation, the results of research and best available practices in the field of HIV and AI prevention (summary of statistics, summary of research findings, the best preventive practices), behavioural research (the target group and the sample, research procedure, questionnaire, processing and analysis of survey data, ethical issues), focus groups with experts, processing and analysis of qualitative data; use of research results. The following documents are attached to the research protocol: statistical data form, research data extraction template, form for the best practices analysis, informed consent for participants aged 15-24, informed consent for experts, guide for the focus group with experts who work with young migrants, guide for the focus group with experts who work with children and young people involved or at high risk of being involved into commercial sexual exploitation.

It was sent to the participants of the workshop on the development of a methodology for the needs assessment of young people at high risk of getting HIV hold within the project in St. Petersburg in November 2013, to the US experts and to the members of the NDPHS Expert Group on HIV and Association infections. All the co-applicants, as well as US experts and some members of the NDPHS Expert Group on HIV and Association infections were motivated to the development of a methodology for the needs assessment of young people at high risk of getting HIV and AI. It made it possible to receive very valuable comments and to finalize the methodology taking them into account.

AI.3 – Data collection on the situation in subgroups of children and young people at high risk of getting HIV and AI in Russia (St. Petersburg and Kaliningrad), Poland and Latvia (survey among children and young people experimenting with drugs, focus groups with stakeholders working with migrant children and youth and with children and youth involved or at high risk of being involved into commercial sexual exploitation, description of available statistics and research data).

Topics/activities covered <please elaborate>

Reason for any changes in the planned activity <please explain any problems (e.g. delay, cancellation, postponement of activities) which have arisen and how they have been addressed> (if applicable):

Please list any risks that might have jeopardised the realisation of some activities and explain how they have been tackled:

Initially it was planned that data will be collected in January – March 2014. The development of needs assessment methodology took us more time then it was initially planned. As a result, data were collected in April – June 2014.

Initially it was planned that co-Applicants in St. Petersburg, Kaliningrad, Latvia and Poland will identify national statistics and research data available and fill in relevant forms, will conduct a survey among 400 young people experimenting with drugs, 1 focus group with stakeholders working with migrant youth and 1 focus group with stakeholders working with children and young people at high risk of being involved or involved in commercial sexual exploitation.

During the research it turned out that some experts in Latvia are not available for the focus group because of a very tight working schedule. The decision was made to conduct a focus group with experts available and to appoint individual meeting with other experts to interview them using focus groups guides. It made it possible to get the valuable information.

In Kaliningrad many of the survey participants returned blank questionnaires. That was revealed at the stage when the research data were inserted into the database. It was already a time of summer

vacations in vocational schools and collection of additional questionnaires was not possible. So the total amount of children who filled in questionnaires in Kaliningrad is a bit lower than in other places. Since in St. Petersburg more questionnaires were collected than it was initially planned, the lower number of questionnaires in Kaliningrad didn't have a significant influence on the survey results.

Due to the high motivation of all co-applicants all the data were collected in a very limited time.

Below the research activities undertaken in each project region are described in more details:

- St. Petersburg: statistics and research data available were collected and described, 431 vocational schools students filled in questionnaires, 7 experts working with children involved or at high risk to be involved into commercial sexual exploitation and 8 experts working with migrant children and young people took part in focus groups (both focus groups were conducted on April, 4, 2014).
- Kaliningrad: statistics and research data available were collected and described, 365 vocational schools students filled in questionnaires, 7 experts working with children involved or at high risk to be involved into commercial sexual exploitation and 10 experts working with migrant children and young people took part in focus groups (conducted on May, 16, 2014 and April, 17, 2014).
- Latvia: statistics and research data available were collected and described, 400 vocational schools students filled in questionnaires, 8 experts working with migrant children and young people and 7 experts working with children involved or at high risk of being involved into commercial sexual exploitation took part in focus groups (both focus groups were conducted on April, 24, 2014), 2 additional interviews with experts working with migrant youth and 3 additional interviews with experts working with children involved or at high risk of being involved into commercial sexual exploitation were conducted,
- Poland: statistics and research data available were collected and described, 400 adolescents and young people experimenting with drugs filled in questionnaires, 10 experts working with children involved or at high risk to be involved into commercial sexual exploitation and 10 experts working with migrant children and young people took part in focus groups (conducted on April, 14, 2014 and April, 10, 2014).

In May – June 2014 all filled in forms on available statistics and research data describing the current state of HIV and AI epidemic among children and young people especially those at high risk of getting HIV and AI, databases with the data of survey conducted among children and young people experimenting with drugs, transcriptions of focus groups and interviews with stakeholders working with migrant youth as well as with children and young people involved or at high risk of being involved in commercial sexual exploitation were sent by co-Applicants from Kaliningrad, Latvia and Poland to the Regional NGO “Stellit.”

A1.4 – Identification of best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI (all the co-applicants will collect available HIV and AI prevention programs targeted at children and young people at high risk of getting HIV and AI and describe them according to the form developed within A 1.1 – A 1.2).

Topics/activities covered <please elaborate>

Reason for any changes in the planned activity <please explain any problems (e.g. delay, cancellation, postponement of activities) which have arisen and how they have been addressed> (if applicable):

Please list any risks that might have jeopardised the realisation of some activities and explain how they have been tackled:

At the project development stage it was planned that best practices will be collected in January – March 2014. Since the form for the description of best practices was developed later then it was initially planned, main part of work on collection and description of best practices was done by co-Applicants in April – June 2014.

Initially it was planned that best practices will be collected in Russia (St. Petersburg and Kaliningrad), Latvia, Poland, Finland and Germany. Due to lack of human resources project partner from Germany was not able to collect any best practices. The decision was made that this work will be done in September 2014 – March 2015 by the project partner from Finland – National Institute for Health and Welfare.

Best practices have been collected and described in accordance with the developed form by project partners from St. Petersburg, Kaliningrad, Poland and Latvia. These co-Applicants were very committed and motivated. All the forms were sent to the Regional NGO “Stellit”. They have been systematized according to the 3 subgroups of children and young people they are targeted at (young people experimenting with drugs, migrant youth, children and young people involved or at high risk of being involved into commercial sexual exploitation).

A1.5 – Review paper development .

Topics/activities covered <please elaborate>

Reason for any changes in the planned activity <please explain any problems (e.g. delay, cancellation, postponement of activities) which have arisen and how they have been addressed> (if applicable):

Please list any risks that might have jeopardised the realisation of some activities and explain how they have been tackled:

It was initially planned that the review paper will be developed in March – July 2014. The data collection phase has been moved, as a result the review paper started to be developed in June 2014. During the workshop on identification of best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI which could be spread in the region (cf. A2.1) the decision was made that we will try to submit the paper to one of the peer-reviewed journals with a highest rating. The roles on the paper development were shared. The decision was made that the main work will be done by the Regional NGO “Stellit” and project partners from Latvia and Poland will contribute.

At the moment the text of paper is being developed and statistical analysis is being conducted.

Since it usually takes a lot of time to submit the paper to a peer-reviewed journal with a highest rating, project partners made a decision to extend the work on article and its submission till the end of the project.

A1.6 – Presentation of the needs assessment results at an international thematic conference

Topics/activities covered <please elaborate>

Reason for any changes in the planned activity <please explain any problems (e.g. delay, cancellation, postponement of activities) which have arisen and how they have been addressed> (if applicable):

Please list any risks that might have jeopardised the realisation of some activities and explain how they have been tackled:

At the project development stage it was planned that the needs assessment results will be presented at an international thematic conference in the period from May to August 2014. To be able to present the research data at the conference, an abstract with the description of main research results should be developed several months before the conference. We got the research results a bit later than it was initially planned – in June 2014. At the moment all the project partners are looking for the conference where the research data will be presented.

R2 – “Best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI, which could be spread in the region, are identified, examined and selected for adaptation and subsequent piloting.”

<quantify the achievement of each result from the beginning of the action and explain any changes, especially any underperformance; refer to the indicators and assumptions in the Logframe>

During the first year of the project the result 2 has been achieved completely: results of the needs assessment have been discussed and prevention programs, which could be successfully extended to other areas and which could be included into the guidance for decision-makers and stakeholders, have been chosen; best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI, which will subsequently be piloted in St. Petersburg and Kaliningrad, have been selected; content of the training program for professionals working with children and youth at risk and of hand-outs have been discussed.

One of assumptions at the project development stage was that all the project partners will be committed and motivated to participate in the workshop. Unfortunately, the AIDS-Hilfe Hamburg e.V. due to lack of human resources didn't join the workshop.

It was also planned that all the members of the Working Group formed at the stage of the assessment of needs of young people at high risk of getting HIV will take part in the workshop. However, there were some changes: Ms. Victoria Osipenko, Chairperson of The Board Kaliningrad regional non-governmental youth organisation “Young Leaders Army” (YLA) and Dr. Maia Rusakova, director of Regional NGO “Stellit” were not able to come to the workshop because they were involved into other parallel activities, Ms. Diana Koerna, chief specialist of health promotion and prevention division of Health care administration under the Welfare Department of the Riga City Council was not able to come because she was on maternity leave. The decision was made that Ms. Alexandra Lyubimova, acting Head of Social Researches of Regional NGO “Stellit” will come to the meeting instead Dr. Maia Rusakova. Ms Inessa Vyshemirskaya, Program Director of Kaliningrad regional non-governmental youth organisation “Young Leaders Army” (YLA), will inform Ms. Victoria Osipenko about what was discussed at the workshop, and additional Skype will be organized by Regional NGO “Stellit” and NGO “YLA” afterwards to clarify the details. It was also decided that Ms. Rūta Raude, public health and promotion specialist at the health administration of Riga City Council Welfare Department will be invited to take part in the workshop instead of Ms. Diana Koerna.

Another assumption was that prevention programs, which turned out to be effective in one country in the NDPHS area, could be effectively adapted to the circumstances prevailing in other countries in the region. At the moment in Russia the issue of HIV prevention is very sensitive, the elements of prevention programs implemented in other countries of the region which will be piloted in St. Petersburg and Kaliningrad are being discussed. But at the moment it seems that it will be possible to find elements which will be effectively adapted to Russian circumstances.

The third assumption was that professionals have basic knowledge about HIV and AI, ways of transmission etc. but have lack of knowledge and skills on development, adaptation and implementation of research-based HIV and AI prevention programs targeted at children and young people at high risk of getting HIV and AI. The needs assessment stage confirmed that on the one

hand professionals lack effective methods of work with young people at risk and on the other hand they do have lack of knowledge on development, adaptation and implementation of research-based HIV and AI prevention program. Therefore in training for stakeholders we will cover both effective methods of prevention work and aspects related to the development, adaptation and implementation of research-based prevention programs.

2.1. Indicator 1: Target value (R2)

Results of the needs assessment have been discussed and prevention programs, which could be successfully extended to other areas and which could be included into the guidance for decision-makers and stakeholders, have been chosen.

Level of achievement: 15 experts took part in the workshop, protocol of the workshop includes results of the discussions on needs assessment results and on which prevention programs should be included into the guidance for decision-makers and stakeholders.

2.2. Indicator 2: Target value (R2)

Best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI, which will subsequently be piloted in St. Petersburg and Kaliningrad, have been selected.

Level of achievement: 15 experts took part in the workshop, protocol of the workshop includes results of the discussion on which best practices could be piloted in St. Petersburg and in Kaliningrad.

2.3. Indicator 3: Target value (R2)

Content of the training program for professionals working with children and youth at risk and of hand-outs have been discussed.

Level of achievement: 15 experts took part in the workshop, protocol of the workshop includes results of the discussion on the content of the training program and handouts.

A2.1 – Organization of the workshop on identification of best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI which could be spread in the region

Topics/activities covered <please elaborate>

Reason for any changes in the planned activity <please explain any problems (e.g. delay, cancellation, postponement of activities) which have arisen and how they have been addressed> (if applicable):

Please list any risks that might have jeopardised the realisation of some activities and explain how they have been tackled

It was initially planned that the workshop on identification of best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI which could be spread in the region will be organized in March – July 2014. Because of summer holidays the decision was made to conduct the workshop in June 2014.

The workshop was conducted in Helsinki on June 18 – 19, 2014. It was organized by the National Institute for Health and Welfare. All the workshop participants were very committed and motivated which made it possible to cover during the workshop all the issues which were planned at the project development stage.

On June, 18, 2014 workshop participants have discussed the needs assessment results. Participants from Latvia, Poland, Kaliningrad and St. Petersburg presented the results of the focus group and interviews with stakeholders who work with young migrants. Brief information about focus group and stakeholders who took part in the focus group was presented, brief feedback on what worked well and what should be improved in the focus group guide was provided, needs of migrant youth in HIV and AI prevention programs were described.

After that project partners from Kaliningrad, St. Petersburg, Latvia and Poland described the results of the focus groups with children and young people involved or at high risk of being involved into commercial sexual exploitation using the same scheme.

Representatives of Regional NGO “Stellit” presented the main results of the survey among children and young people experimenting with drugs conducted in Kaliningrad, St. Petersburg, Poland and Latvia. All the participants of the workshop mentioned that the study is very important and the results could be used in their further work including work on HIV and AI prevention among young people at high risk of getting HIV and AI.

After that best practices in the field of HIV and AI prevention among children and young people experimenting with drugs, migrant children and young people, children and young people involved or at high risk of being involved into commercial sexual exploitation of children identified within the project by partners from Latvia, Poland, Finland, St. Petersburg and Kaliningrad were discussed.

At the project development stage it was planned that HIV and AI prevention program should meet the following criteria to be categorized as a best practice:

- Focus on an HIV and AI intervention among youth at high risk;
- Individual, group or community level prevention;
- Published in a peer-reviewed journal, or other edited material;
- Conducted in Europe, with special focus on the NDPHS, if not available - conducted in other culturally relevant settings (North America, Australia);
- Outcome evaluation conducted and effectiveness proved.

At the phase of best practices collection it turned out that there are no best practices in the region which meet all these criteria.

Project partners have identified the following criteria which best practice should meet to be included into the final leaflet which is going to be developed within the project:

- Focus on an HIV and AI intervention among youth at high risk;
- Individual, group or community level prevention;
- Conducted in Europe, with special focus on the NDPHS;
- Program is regarded as effective by a group of experts taking part in the project Building capacity in HIV prevention targeted at youth at risk in the Northern Dimension area.

The decision was made to recommend for further spread in the region and to include into the leaflet which will be developed within the project all the programs identified by project partners and presented at the workshop. Experts’ opinion on the prevention program “LaDya” have been divided: some experts thought the program does not meet the WHO standards for reproductive health interventions and thus should not be included into the final leaflet, other experts thought the program could be included into the final leaflet with special remarks. The decision was made to come back to this issue on the stage of the final leaflet development.

After that participants of the workshop briefly discussed which best practices could be piloted in St. Petersburg and Kaliningrad within the project. Peer-to-peer programs implemented in vocational schools in Latvia and some elements of drugs abuse prevention programs implemented in Poland were found interesting for further exploration. Project partners from Latvia will send more materials on these programs in September.

On June, 19, 2014 the list of qualifications, knowledge, skills, abilities, which are required for stakeholders to effectively implement evidence-based programs on HIV and AI prevention among children and young people at high risk of getting HIV and AI was discussed.

The draft of the training program was developed. The decision was made to invite to the training stakeholders working with children and young people at high risk of getting HIV and AI which on the one hand could share their own best practices and on the other hand could learn best practices from other training participants.

The decision was made that all the training participants will be fluent in the field of HIV and AI. The training program will include 3 main blocks: information about the project and needs assessment results, master classes on best practices of HIV and AI prevention in different groups of children and young people at high risk of getting HIV and AI, block on estimation of the effectiveness of HIV and AI prevention programs.

The decision was made not to separate the participants of the training in 3 groups according to the group of children and young people at high risk of getting HIV and AI they work with. In most cases similar methods of prevention work are applicable to different groups of children and young people at risk. Besides that the same expert often works with several groups of children and young people at risk.

Participants of the workshop have suggested some experts who could take part in the training from their countries.

A2.2 – Development of the protocols of discussions conducted during the workshops on which best practices should be included into the guidance for decision-makers and stakeholders, on contents of the training program and hand-outs, and on which best practices should be piloted in St. Petersburg and Kaliningrad

Topics/activities covered <please elaborate>

Reason for any changes in the planned activity <please explain any problems (e.g. delay, cancellation, postponement of activities) which have arisen and how they have been addressed> (if applicable):

Please list any risks that might have jeopardised the realisation of some activities and explain how they have been tackled:

In June 2014 the protocol of the workshop which includes results of main discussions conducted during the workshop on identification of best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI which could be spread in the region was developed by Regional NGO “Stellit”. It includes information on which best practices should be included into the guidance for decision-makers and stakeholders, on contents of the training program and hand-outs, and on which best practices should be piloted in St. Petersburg and Kaliningrad. It was sent out to project partners, finalized getting into account their feedback and placed at the project web page.

The protocol is available here: http://www.ndphs.org/?mtgs,hiv_project_workshop_2.

R3 – “Professionals working with children and youth at high risk of getting HIV and AI are trained in prevention of HIV and AI”.

<quantify the achievement of each result from the beginning of the action and explain any changes, especially any underperformance; refer to the indicators and assumptions in the Logframe>

During the first year of the project implementation the group of experts who will take part in the training is being formed. That group will include professionals from St. Petersburg and Kaliningrad who will take part in piloting of best practices.

One of the assumptions at the project development stage was that all the professionals and experts are committed to take part in the training. During the first year of the project implementation it turned out that the project partner from Germany was not committed to the project activities. The Project Partners' efforts to encourage the German Partner's participation were unsuccessful and on 19 August 2014 the AIDS-Hilfe Hamburg e.V. has submitted a letter of resignation. So 24 instead of 25 experts will take part in the training in St. Petersburg.

3.1. Indicator 1: Target value (R3)

25 professionals and experts from Finland, Latvia, Poland, Germany and Russia (St. Petersburg and Kaliningrad) took part in a 3-day training.

Level of achievement: The group will consist of 24 experts including 3 experts from Finland, 3 experts from Latvia, 3 experts from Poland, 7 experts from Kaliningrad and 8 experts from St. Petersburg. At the moment these experts are being identified. Since the AIDS-Hilfe Hamburg e.V. has stepped out from the project, there will be no expert from Germany.

3.2. Indicator 2: Target value (R3)

Professionals have raised their knowledge and skills on the issue of HIV and AI prevention among children and young people at high risk of getting HIV and AI.

Level of achievement:

As it was initially planned, it will be achieved during the second year of the project.

3.3. Indicator 3: Target value (R3)

Professionals from St. Petersburg and Kaliningrad, who have taken part in best practices piloting, have discussed in detail and agreed upon the piloting procedure.

Level of achievement:

As it was initially planned, it will be achieved during the second year of the project.

A3.1 – Organization of a training for professionals working with children and youth at high risk of getting HIV and AI

Topics/activities covered <please elaborate>

Reason for any changes in the planned activity <please explain any problems (e.g. delay, cancellation, postponement of activities) which have arisen and how they have been addressed> (if applicable):

Please list any risks that might have jeopardised the realisation of some activities and explain how they have been tackled:

In July – August 2014 the following steps have been made to organize the training for for professionals working with children and youth at high risk of getting HIV and AI:

- Draft program has been developed taking into account the decisions made at the workshop, conducted in Helsinki in June 2014, on identification of best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI which could be spread in the region;
- The participants are being invited;
- The handouts are being developed;
- Some practical arrangements have been made.

The training is going to take place in St. Petersburg, from September, 30, 2014 to October, 3, 2014.

A3.2 – Detailed discussion on piloting procedure with professionals from Kaliningrad and St. Petersburg who will take part in best practices’ piloting

Topics/activities covered <please elaborate>

Reason for any changes in the planned activity <please explain any problems (e.g. delay, cancellation, postponement of activities) which have arisen and how they have been addressed> (if applicable):

Please list any risks that might have jeopardised the realisation of some activities and explain how they have been tackled:

As it was initially planned, this activity will be conducted during the second year of the project.

R4 – “Best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI are piloted in North-West Russia”

R5 – “Guidelines for decision-makers and stakeholders working with children and young people at high risk of getting HIV and AI on the best practices on HIV and AI prevention in these groups are developed and disseminated.”

The indicators and activities pertaining to Results 4 and 5 will be achieved and implemented during the second year of the project, in accordance with the work plan.

2.3. If relevant, submit a revised logframe, highlighting the changes.

Please list all contracts (works, supplies, services) above € 60 000 awarded for the implementation of the action during the reporting period, giving for each contract the amount, the award procedure followed and the name of the contractor. **Not applicable.**

A revised logframe is attached to the report. The main change has been made in 3.1. Indicator 1: Target value (R3). Because of the AIDS-Hilfe Hamburg e.V.’ resignation from the project, no experts from Germany are going to come to the training on implementation of evidence-based HIV and AI prevention which will be conducted within the project in September – October 2014. So the total number of training participants has been changed from 25 to 24.

Besides that misspelling in 3.3. Indicator 3: Target value (R3) and Indicator 4.2: Source 1 was corrected.

2.4. Please provide an updated action plan ⁵.

Year 2													
Activity	Semester 3							Semester 4					Implementing body
	Month 1	2	3	4	5	6	7	8	9	10	11	12	
Project management (WP1)									3rd PS G mtg				Applicant and co- Applicants 1-5
Dissemination of project results (WP2)													Applicant and co- Applicants 1-5
Project evaluation (WP3)													Applicant and co- Applicants 1-5
Assessment of needs of young people (WP4): WP4, Activity 4 Description of best practices on HIV and AI prevention													
WP4, Activity 5 Review paper development													
WP4, Activity 6 Presentation of the results at the international thematic conference													
Training on implementation of evidence-based HIV and AI prevention (WP6): WP6, Activity 1 Preparation of the training													
Training on implementation of evidence-based HIV and AI prevention (WP6): WP6, Activity 2 Running of the training on implementation of evidence-based HIV and AI prevention													Co-Applicants 1-5

⁵ This plan will cover the financial period between the interim report and the next report.

<p>WP6, Activity 3</p> <p>Detailed discussion on piloting procedure with professionals from Kaliningrad and St. Petersburg who will take part in the training</p>														
<p>Piloting of best practices (WP7):</p> <p>WP7, Activity 1</p> <p>Adaptation of best practices to the Russian context by experts</p>														Co-Applicants 1, 3
<p>WP7, Activity 2</p> <p>Testing of the adapted materials in Kaliningrad and St. Petersburg and their possible revision following the experience gained during the training</p>														
<p>WP7, Activity 3</p> <p>Implementation of intervention activities in St. Petersburg and Kaliningrad, their evaluation and possible revision following the experience gained during the training</p>														
<p>WP7, Activity 4</p> <p>Development of an article presenting the results of best practices' piloting and its submission to the peer-reviewed journal</p>														
<p>WP7, Activity 5</p> <p>Presentation of the piloting results at a domestic (Russian) thematic conference</p>														
<p>Development of Guidelines for decision-makers and stakeholders (WP8):</p> <p>WP8, Activity 1</p> <p>Development and printing of the Guidelines for decision-makers and professionals</p>														Co-Applicants 1-5
<p>WP8, Activity 2</p> <p>Dissemination of the Guidelines among professionals</p>														

3. Beneficiaries/affiliated entities and other Cooperation

3.1. How would you assess the relationship between the Beneficiaries/affiliated entities of this grant contract (i.e. those having signed the mandate for the Coordinator)? Please provide specific information for each Beneficiary/affiliated entity.

There are seven formal partners in this Action and the relationship has been very positive and cooperative, except with the AIDS-Hilfe Hamburg e. V, which did not participate in the project activities in any meaningful way and decided to withdraw from the project. During the internal project evaluation, conducted in summer 2014, other Project Partners (except the AIDS-Hilfe Hamburg e. V) expressed the same view.

3.2. How would you assess the relationship between your organisation and State authorities in the Action countries? How has this relationship affected the Action?

All Project Partners (except AIDS-Hilfe Hamburg e. V which did not take part in the internal evaluation) have assessed the relationship between them and the respective authorities from “stable” to “very good”. The majority of Partners have responded that the relationship with the state authorities had significantly contributed to the implementation of the Action.

In particular, the following authorities have been mentioned as supportive and helpful: Ministry of Health and Ministry of Foreign Affairs of the Russian Federation, Ministry of Education of the Kaliningrad region, the Kaliningrad City Hall, Kaliningrad education institutions, Kaliningrad Regional AIDS Centre, Kaliningrad Regional Drug Control Service, Ministry of Social Affairs and Health of Finland, National AIDS Centre of Poland, Riga municipality.

3.3. Where applicable, describe your relationship with any other organisations involved in implementing the Action:

- Associate(s) (if any)
- Sub-contractor(s) (if any)
- Final Beneficiaries and Target groups
- Other third parties involved (including other donors, other government agencies or local government units, NGOs, etc.)

Three Project Partners (“Stellit”, National Institute for Health and Welfare and Social AIDS Committee) have mentioned that the project has contributed to development and strengthening of relationship with NGOs working with issues such as migrant youth and youth at risk of sexual exploitation or drug use.

3.4. Where applicable, outline any links and synergies you have developed with other actions.

The project contributes to the prevention activities implemented by the regional and municipal authorities in the field of education and health, as well as by the administration of local vocational educational institutions and other organizations working with children and young people at high risk of getting HIV and AI. They will be informed about the results of the needs assessment and will have an opportunity to rely on them when developing work in the field of HIV and AI prevention among children and young people at high risk of getting HIV and AI. Project partners will also use the needs assessment results in the developing of prevention strategies and interventions as well as in the future project proposals.

Besides that as it was mentioned above the project and its progress have been presented at two meetings of the NDPHS Expert Group on HIV/AIDS and Associated Infections: 7th Expert Group meeting in Helsinki, September 2013⁶ and at 8th Expert Group meeting in Berlin, February 2014⁷. The project responds to the objectives of the Expert Group and contributes to the implementation of the long-term strategy of the Group.

3.5. If your organisation has received previous EU grants in view of strengthening the same target group, in how far has this Action been able to build upon/complement the previous one(s)? (List all previous relevant EU grants).

The action has been partly built upon the results of EU grant "Risktaking Online Behaviour Empowerment Through Research and Training – ROBERT". The project was implemented with the financial support of the European Commission Safer Internet Programme from 01/06/2010 to 30/06/2012. The project was coordinated by the Council of Baltic Sea States Expert Group for Cooperation on Children at risk, in Russia the project was implemented by Regional NGO "Stellit" staff and coordinated by Stichting Stellit International. Regional NGO "Stellit" staff has used the professional networks formed within that project to organize in St. Petersburg a focus group with stakeholders who work with children involved or at high risk of being involved into commercial sexual exploitation.

The project has complemented the results of two EU-funded projects implemented by the Kaliningrad regional non-governmental youth organization "Young Leaders Army" (YLA):

- 2011/263-372 "Taking Up the Challenge: Developing Services to Contain the Spread of HIV and TB among Injecting Drug Users in Kaliningrad Oblast" where YLA was the applicant. Target groups of the project were injecting drug users in Kaliningrad Oblast and professionals working with them. Due to the survey conducted among vocational schools students within the project "Building capacity in prevention of HIV and AI among youth at high risk in the Northern Dimension Area" NGO YLA' staff got a better understanding of the prevention needs of adolescents at high risk of getting HIV as well as of how prevention programs targeted at them must be tailored.
- DCI-SANTE/2011/260-511 "People with HIV have rights" where YLA is a project partner. The target group of the project was people living with HIV. Survey among vocational schools students and focus groups conducted in Kaliningrad within the project "Building capacity in prevention of HIV and AI among youth at high risk in the Northern Dimension Area" have provided NGO YLA' staff with a better understanding of which rights of young people experimenting with drugs, migrant youth as well as children and young people at high risk of being involved into commercial sexual exploitation are being violated or might be violated.

⁶Meeting minutes are available at: http://www.ndphs.org/?mtgs,hiv-aids&ai_7_helsinki (see Meeting minutes, page 6)

⁷Meeting minutes are available at: http://www.ndphs.org/?mtgs,hiv-aids&ai_8_berlin (see Meeting minutes, page 15)

4. Visibility

How is the visibility of the EU contribution being ensured in the Action?

The visibility of the EU contribution is being ensured consistent with the Communication Plan, (approved by the Project Steering Group and communicated to the EU Delegation to Russia) and the Communication and Visibility Manual for European Union External Actions (2010). All relevant communication activities, including the printed materials and meeting documents, included a disclaimer that the EU has contributed to the Action.

The European Commission may wish to publicise the results of Actions. Do you have any objection to this report being published on the EuropeAid website? If so, please state your objections here.

We have no objections.

Name of the contact person for the Action:

Mr. Marek Maciejowski, Director of the NDPHS Secretariat

Signature:

Location:

Date report due:

Date report sent:

LOGICAL FRAMEWORK FOR THE PROJECT				
	Intervention logic	Objectively verifiable indicators of achievement	Sources and means of verification	Assumptions
Overall objectives	<p><i>Please list them and number them. What are the overall broader objectives to which the action will contribute?</i></p> <p>O – To support the Northern Dimension Partnership of Public Health and Social Well-being (NDPHS) in its cooperation with Russia in areas falling into the priorities of the NDPHS.</p>	<p><i>Please indicate a target value for each indicator in this column whenever possible. What are the key indicators related to the overall objectives?</i></p> <p>O. Indicator 1: The project is successfully implemented with proper participation of the target communities (and their relevant actors). The indicators specified further down will be used.</p>	<p><i>Please list the sources of verification for each indicator. What are the sources of information for these indicators?</i></p> <p>The sources and means of verification specified further down will be used, which will be compiled in the final project implementation report (narrative and financial parts).</p>	<p>All co-applicants fulfil their obligations according to the approved project proposal. The participating communities are engaged and committed to successfully implement the project.</p>
Specific objective	<p><i>What specific objective is the action intended to achieve to contribute to the overall objectives?</i></p>	<p><i>Which indicators clearly show that the objective of the action has been achieved?</i></p>	<p><i>What are the sources of information that exist or can be collected? What are the methods required to get this information?</i></p>	<p><i>Which factors and conditions outside the Beneficiary's responsibility are necessary to achieve that objective? (external conditions) Which risks should be taken into consideration?</i></p> <p>Local actors (not least decision-makers) are willing to improve HIV prevention</p>

	<p>SO – Building capacity in HIV prevention targeted at youth at risk in the Northern Dimension area through mapping best practices in HIV prevention in North West Russia and the other Northern Dimension countries, disseminating those best practices among the participating countries and in training professionals in North West Russia to work in line with the best practices.</p>	<p>SO. Indicator 1: Decision-makers and stakeholders in all the countries of the Baltic region recognize the importance of evidence-based HIV/AIDS prevention among children and young people at high risk and are informed about the principles and best practices in this field.</p> <p>SO. Indicator 2: Stakeholders in the project countries have increased knowledge and skills on evidence-based HIV/ AIDS prevention among children and young people at high risk.</p> <p>SO. Indicator 3: Activities on HIV/AIDS prevention among children and young people at high risk are implemented in</p>	<p>A list of decision-makers and stakeholders who have received the Guidelines with an overview of the best practices on HIV prevention among children and young people at high risk, and who have confirmed their readiness to take them into account in their work.</p> <p>A list of stakeholders who took part in the training within the project. Evaluation forms filled in by training participants.</p> <p>A list of institutions which took part in piloting best practices on HIV/AIDS prevention among children and young people at high</p>	<p>among children and young people at high risk within their communities and see the action as a way to help achieve this. HIV prevention implementers and practitioners are committed and willing to take part in the project.</p> <p>Stakeholders are interested and willing and have time to take part in the training offered by the project. Risk: stakeholders don't have enough time and motivation to take part in the whole training</p> <p>Target institutions are interested and willing and have time to take part in the piloting best practices on HIV/AIDS prevention offered by the project. Risk: target institutions don't have</p>
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		Russia and appreciated by the local beneficiaries.	risk in Russia. Evaluation forms filled in by representatives of these institutions grossly indicate these institutions are ready to continue this work after the project is officially over.	enough resources to implement best practices successfully
Expected results	<p><i>Results are the outputs/outcomes helping to achieve the specific objective. What are the expected results?</i></p> <p>R1 – Needs of children and young people at high risk of getting HIV and AI and best practices on HIV and AI prevention in North-West Russia and other participating countries of the NPDHS are mapped out.</p>	<p><i>What are the indicators to measure whether and to what extent the action achieves the expected results?</i></p> <p>1.1. Indicator 1: Target value (R1) A methodology for the needs assessment of young people at high risk of getting HIV and AI has been developed.</p>	<p><i>What are the sources of information for these indicators?</i></p> <p>Indicator 1.1: Source 1: A number and qualification of experts who took part in the workshop on methodology development Indicator 1.1: Source 2 Protocol of needs assessment which includes form for registration of national statistics available; Form for description of researches on the issue; A questionnaire which could be used for the needs assessment of young people experimenting with drugs (in English, Russian, Latvian and Poland); and methods of sampling</p>	<p><i>What external conditions must be met to obtain the expected results on schedule?</i></p> <p>All the experts are committed and have time to take part in the workshop</p>

		<p>1.2. Indicator 2: Target value (R1) Data on the situation in subgroups of children and young people at high risk of getting HIV and AI have been collected in Russia, Poland and Latvia.</p>	<p>a focus groups guide which could be used for focus groups with stakeholders working with migrant youth and with children and young people at high risk of being involved or involved into commercial sexual exploitation; A form for best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI.</p> <p>Indicator 1.2: Source 1 Filled-in forms on available statistics and research data describing the current state of HIV and AI epidemic among young people especially among those at high risk of getting HIV and AI in Russia, Poland and Latvia.</p> <p>Indicator 1.2: Source 2 Database with the data of the survey conducted among children and young people experimenting with drugs (400 persons in St. Petersburg, Kaliningrad, Latvia and Poland).</p>	<p>Statistics and research data are available to the project co-applicants in Latvia, Poland, Russia (St. Petersburg and Kaliningrad).</p> <p>Co-applicants from Latvia, Poland and Russia have an access to children and young people experimenting with drugs.</p> <p>Co-applicants from Latvia, Poland and Russia have an access to stakeholders working with migrant youth and children at high risk of being involved or</p>
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Indicator 1.2: Source 3

Transcriptions of focus groups with stakeholders who work with migrant youth (1 focus group in St. Petersburg, 1 focus group in Kaliningrad, 1 focus group in Poland, 1 focus group in Latvia) in Russian

Indicator 1.2: source 4
Transcriptions of focus groups with stakeholders who work with children and young people at high risk of being involved or involved into commercial sexual exploitation (1 focus group in St. Petersburg, 1 focus group in Kaliningrad, 1 focus group in Poland, 1 focus group in Latvia) in Russian.

involved into commercial sexual exploitation, stakeholders are committed to take part in focus groups.

	<p>1.3. Indicator 3: Target value (R1) Best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI have been collected.</p>	<p>Indicator 1.3: Source 1 Filled-in forms describing best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI (with a special focus on programs implemented in the NDPHS area, if not available – conducted in other culturally relevant settings (North America, Australia), in English.</p>	<p>Best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI are available to co-applicants.</p>
	<p>1.4. Indicator 4: Target value (R1) Review paper with a comprehensive description of the results of needs assessment</p>	<p>Indicator 1.4: Source 1 Text of the review paper</p> <p>Indicator 1.4: Source 2 A letter confirming that the article has been submitted to a peer-reviewed journal</p>	<p>The topic is interesting for peer-reviewed journals.</p>
	<p>1.5. Indicator 5: Target value (R1) Needs assessment results has been presented at the international conference on the issue of combating HIV and AI</p>	<p>Indicator 1.5: Source 1 Conference program.</p>	<p>There are thematic conferences where the needs assessment results could be presented</p>

<p>R2 – Best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI, which could be spread in the region, are identified, examined and selected for adaptation and subsequent piloting.</p>	<p>2.1. Indicator 1: Target value (R2) Results of the needs assessment have been discussed and prevention programs, which could be successfully extended to other areas and which could be included into the guidance for decision-makers and stakeholders, have been chosen.</p> <p>2.2. Indicator 2: Target value (R2) Best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI, which will subsequently be piloted in St. Petersburg and Kaliningrad, have been selected.</p> <p>2.3. Indicator 3: Target value (R2) Content of the training program for professionals working with children and youth at risk and of hand-outs have been discussed.</p>	<p>Indicator 2.1: Source 1 List of participants of the workshop.</p> <p>Indicator 2.1: Source 2 Protocol of the discussion on the issue conducted during the workshop.</p> <p>Indicator 2.2: Source 1 List of participants of the workshop.</p> <p>Indicator 2.2: Source 2 Protocol of the discussion on the issue conducted during the workshop, including the list of best practices selected.</p> <p>Indicator 2.3: Source 1 List of participants of the workshop.</p> <p>Indicator 2.3: Source 2 Protocol of the discussion on the issue conducted during the workshop.</p>	<p>All the experts are committed and available for the workshop.</p> <p>Prevention programs, which turned out to be effective in one country of the NDPHS area, could be effectively adapted to the circumstances prevailing in other countries in the region.</p> <p>Professionals have basic knowledge about HIV and AI, ways of transmission etc. but have lack of knowledge and skills on development, adaptation and implementation of research-based HIV and AI prevention programs targeted at children and young people at high risk of getting HIV and AI</p>
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<p>R3 – Professionals working with children and youth at high risk of getting HIV and AI are trained in prevention of HIV and AI.</p>	<p>3.1. Indicator 1: Target value (R3) 24 professionals and experts from Finland, Latvia, Poland and Russia (St. Petersburg and Kaliningrad) took part in a 3-day training.</p> <p>3.2. Indicator 2: Target value (R3) Professionals have raised their knowledge and skills on the issue of HIV and AI prevention among children and young people at high risk of getting HIV and AI.</p> <p>3.3. Indicator 3: Target value (R3) Professionals from St. Petersburg and Kaliningrad, who will take part in best practices piloting, have discussed in detail and agreed upon the piloting procedure</p>	<p>Indicator 3.1: Source 1 List of training participants.</p> <p>Indicator 3.2: Source 1 Feedback forms filled in by training participants.</p> <p>Indicator 3.3: Source 1 Protocol with the description of the procedure of best practices' piloting.</p>	<p>All the professionals and experts are committed to taking part in the training.</p> <p>Professionals are ready to change their professional attitudes towards HIV and AI prevention and are open-minded.</p> <p>Professionals trained will not leave their job in the nearest future.</p>
<p>R4 – Best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI are piloted in North-</p>	<p>4.1. Indicator 1: Target value (R4) Best practices have been adapted to the Russian context by experts</p>	<p>Indicator 4.1: Source 1 Translated elements of best practices including stimuli materials.</p>	<p>Experts who originally developed the best practices on HIV and AI prevention which are going to be piloted don't mind for the elements of these best practices to be adapted to the Russian context</p>

West Russia	<p>(adaptation can include translation, changing the appearance and composition of stimuli materials used in the original program etc.).</p> <p>4.2. Indicator 2: Adapted best practices have been tested in St. Petersburg and Kaliningrad with the involvement of target group representatives and revised taking into account their feedback (R4)</p>	<p>Indicator 4.1: Source 2 Designed and printed out best practices stimuli materials (could be posters, leaflets etc., the type of the stimuli materials will depend on which exactly best practices will be piloted, the decision will be made within WP 5).</p> <p>Indicator 4.2: Source 1 Guide of the focus group with target group representatives to test the adapted best practices.</p> <p>Indicator 4.2: Source 2 List of the target group representatives who took part in focus groups in Kaliningrad and St. Petersburg where the adapted best practices have been tested.</p> <p>Indicator 4.2; Source 3: Protocols of focus groups conducted with target group representatives in Kaliningrad and St. Petersburg to test the</p>	Target group representatives are cooperative and supportive.
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	<p>4.3. Indicator 3: Intervention activities have been implemented in St. Petersburg and Kaliningrad, evaluated and revised (R4).</p>	<p>adapted best practices.</p> <p>Indicator 4.2; Source 4: Elements of best practices including stimuli materials revised taking into account feedback from target group representatives provided during focus groups in St. Petersburg and Kaliningrad.</p> <p>Indicator 4.3; Source 1: Names of institutions where intervention has been implemented.</p> <p>Indicator 4.3; Source 2: Focus group/interview guide for the evaluation of the intervention.</p> <p>Indicator 4.3; Source 3: Transcriptions from focus groups/ interviews conducted in Kaliningrad and St. Petersburg to evaluate intervention</p> <p>Indicator 4.3; Source 4: List of focus groups participants/ interview respondents in Kaliningrad and St. Petersburg.</p>	<p>Administration and staff of pilot institutions are committed to taking part in the project.</p>
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	<p>4.4. Indicator 4: Article with an overview of the piloting of best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI has been printed in a peer-reviewed journal (R4).</p> <p>4.5. Indicator 5: Results of piloting of the best practices on HIV and AI prevention among children and young people in North-West Russia has been presented at a thematic conference (R4).</p>	<p>Indicator 4.3; Source 5: Elements of the best practices including stimuli materials revised taking into account the evaluation' results.</p> <p>Indicator 4.4; Source 1: An article.</p> <p>Indicator 4.4; Source 2: A copy of a publication confirming that the article has been submitted to the peer-reviewed journal and printed.</p> <p>Indicator 4.5; Source 1: Conference program.</p>	<p>The article is accepted for publishing.</p> <p>The topic fits to the conference program</p>
<p>R5 – Guidelines for decision-makers and stakeholders working with children and young people at high risk of getting HIV and AI on the best practices on HIV and AI</p>	<p>5.1. Indicator 1: Guidelines are developed and printed out (R5).</p> <p>5.2. Indicator 2: Guidelines are spread</p>	<p>Indicator 5.1; Source 1: Electronic and printed version of the Guidelines</p> <p>Indicator 5.2; Source 1: Mailing lists of the</p>	<p>Decision-makers and stakeholders are fluent either in English or in Russian.</p> <p>Decision-makers and stakeholders are interested in receiving and studying the Guidelines.</p>

	prevention in these groups are developed and disseminated.	among professionals in Russia and other countries of the NDPHS area (R5) .	recipients. Indicator 5.2: Source 2 Links to the websites of co-applicants where the Guidelines are available for downloading. Indicator 5.2: Source 3 Minutes from the NDPHS meetings confirming the dissemination of the Guidelines.	
Activities	<p><i>What are the key activities to be carried out, to produce the expected results? (Group the activities by result and number them.</i></p> <p>A1.1 – Organization of the workshop on the development of a methodology for the needs assessment of young people at high risk of getting HIV and AI (R1). A1.2 – Finalization of the methodology for needs assessment of young people at high risk of</p>	<p>Means: <i>What are the means required to implement these activities, e. g. staff, equipment, training, studies, supplies, operational facilities, etc.</i></p> <p><u>Personnel:</u> Project coordinator; scientific assistant project coordinator; local coordinators (4); assistant local coordinator; project experts (6); researcher; accountants (2); technical assistant; analyst; statistician; interviewers (4); focus groups</p>	<p><i>What are the sources of information on action progress?</i></p> <p>Costs <i>What are the action costs? How are they classified? (Breakdown in the Budget for the Action)</i></p> <p><u>Costs:</u> Employment of project personnel; external consultants/experts; international travel; local transportation; per diems; workshop in St. Petersburg on the development of methodology for needs assessment; organization and running of the needs</p>	<p><i>What preconditions must be met before the action starts? What conditions outside the Beneficiary's direct control have to be met for the implementation of the planned activities?</i></p> <p>Project lead with excellent coordination and management capacities. Committed co-applicants with a willingness to participate in the workshop on the development of a methodology for the needs assessment of young people at high risk of getting HIV and AI, to collect data on the situation in subgroups of children and young people at high risk of getting HIV and AI, to identify best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI and to anchor the results in their</p>

<p>getting HIV and AI (R1).</p> <p>A1.3 – Data collection on the situation in subgroups of children and young people at high risk of getting HIV and AI in Russia (St. Petersburg and Kaliningrad), Poland and Latvia (R1) (survey among children and young people experimenting with drugs, focus groups with stakeholders working with migrant children and youth and with children and youth involved or at high risk of being involved into commercial sexual exploitation, description of available statistics and research data).</p> <p>A1.4 – Identification of best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI (R1) (all the co-applicants will collect available HIV and AI prevention programs targeted at children and</p>	<p>moderators (4); persons to input survey data into database (4); interpreters.</p> <p><u>Equipment:</u> Computers with monitors (with proper software; connected to the internet) (own; no need to purchase); recorders to be used during the focus groups (own, no need to purchase); laptop and projector to be used during the workshop (own, no need to purchase).</p> <p><u>Materials and supplies:</u> None.</p>	<p>assessment studies in St. Petersburg, Kaliningrad, Latvia and Poland; interviews; survey data input in the database; presentation of project results at an international conference and at the meetings of NDPHS Expert Group on HIV/AIDS and Associated Infections and the NDPHS CSR; indirect costs.</p>	<p>countries.</p>
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<p>young people at high risk of getting HIV and AI and describe them according to the form developed within A 1.1 – A 1.2).</p> <p>A1.5 – Review paper development (R1).</p> <p>A1.6 – Presentation of the needs assessment results at an international thematic conference (R1).</p>			
<p>A2.1 – Organization of the workshop on identification of best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI which could be spread in the region (R2).</p> <p>A2.2 – Development of the protocols of discussions conducted during the workshops on which best practices should be included into the guidance for decision-makers and stakeholders, on contents of the training program and hand-outs, and on which best practices should be</p>	<p><u>Personnel:</u> Project coordinator, scientific assistant project coordinator, local coordinators (4), project experts (5), accountants (2), interpreters.</p> <p><u>Equipment:</u> Computers with monitors (with proper software; connected to the internet) (own; no need to purchase); laptop and projector to be used during the workshop (own, no need to purchase).</p> <p><u>Materials and supplies:</u></p>	<p><u>Costs:</u> Employment of project personnel; external consultants/experts; international travel; per diems; workshop in Helsinki on identification of best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI which could be spread in the region; presentation of project results at the meeting(s) of the NDPHS Expert Group on HIV/AIDS and Associated Infections and the NDPHS CSR; indirect costs.</p>	<p>Project lead with excellent coordination and management capacities. Committed co-applicants with a willingness to participate in the workshop on identification of best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI which could be spread in the region and to anchor the results in their countries.</p>

piloted in St. Petersburg and Kaliningrad (R2) .	None.		
<p>A3.1 – Organization of a training for professionals working with children and youth at high risk of getting HIV and AI (R3).</p> <p>A3.2 – Detailed discussion on piloting procedure with professionals from Kaliningrad and St. Petersburg who will take part in best practices’ piloting (R3).</p>	<p><u>Personnel:</u> Project coordinator; scientific assistant project coordinator; local coordinators (4); project experts (4); accountants (2); technical assistant; analyst; interpreters.</p> <p><u>Equipment:</u> Computers with monitors (with proper software; connected to the internet) (own; no need to purchase); laptop and projector to be used during the training (own, no need to purchase).</p> <p><u>Materials and supplies:</u> None.</p>	<p><u>Costs:</u> Employment costs of project personnel; external consultants/experts; international travel; local transportation; per diems; organization in St. Petersburg of the training for professionals working with children and young people at high risk of getting HIV and AI and of an additional one-day training for professionals from St. Petersburg and Kaliningrad who will take part in the piloting of best practices in the North-West Russia; English-Russian-English interpretation during the training; presentation of project results at the meeting(s) of the NDPHS Expert Group on HIV/AIDS and Associated Infections and the NDPHS CSR; indirect costs.</p>	Project lead with excellent coordination and management capacities. Committed co-applicants with a willingness to participate in the training for professionals working with children and youth at high risk of getting HIV and AI and to anchor the results in their countries.

<p>A4.1 – Adaptation of best practices to the Russian context by experts (R4).</p> <p>A4.2 – Testing of the adapted materials in Kaliningrad and St. Petersburg and their possible revision following the experience gained during the testing (R4).</p> <p>A4.3 – Implementation of intervention activities in St. Petersburg and Kaliningrad, their evaluation and possible revision following the experience gained during the testing (R4).</p> <p>A4.4 – Development of an article presenting the results of best practices’ piloting and its submission to the peer-reviewed journal (R4).</p> <p>A4.5 – Presentation of the piloting results at a domestic (Russian) thematic conference (R4).</p>	<p><u>Personnel:</u> Project coordinator; scientific assistant project coordinator; local coordinator (1); project expert; coordinators of the piloting of best practices in St. Petersburg and Kaliningrad analyst; interpreters; designer; proofreader.</p> <p><u>Equipment:</u> Computers with monitors (with proper software; connected to the internet) (own; no need to purchase); recorders to be used during the focus groups (own, no need to purchase).</p> <p><u>Materials and supplies:</u> None.</p>	<p><u>Costs:</u> Employment of project personnel; external consultants/experts; piloting of best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI in St. Petersburg and Kaliningrad; costs relating to examination of applicability of best practices within target groups; international travel; local transportation; per diems; presentation of project results at the meeting(s) of the NDPHS Expert Group on HIV/AIDS and Associated Infections and the NDPHS CSR; indirect costs.</p>	<p>Project lead with excellent coordination and management capacities. Committed co-applicants from St. Petersburg and Kaliningrad with a willingness to participate in piloting of best practices on HIV and AI prevention among children and young people at high risk of getting HIV and AI and to anchor the results.</p>
<p>A5.1 – Development and printing of the Guidelines</p>	<p><u>Personnel:</u> Project coordinator;</p>	<p><u>Costs:</u> Employment of project</p>	<p>Project lead with excellent coordination and management capacities. Committed</p>

<p>for decision-makers and professionals (R5).</p> <p>A5.2 – Dissemination of the Guidelines among professionals (R5).</p>	<p>scientific assistant project coordinator; local coordinators (4); project experts (3); accountants (2); analyst; interpreters; designer; proofreader.</p> <p><u>Equipment:</u> Computers with monitors (with proper software; connected to the internet) (own; no need to purchase).</p> <p><u>Materials and supplies:</u> None.</p>	<p>personnel; external consultants/experts; costs for the development and printing of the Guidelines; international travel; per diems; presentation of project results at the meeting(s) of the NDPHS Expert Group on HIV/AIDS and Associated Infections and the NDPHS CSR; indirect costs</p>	<p>co-applicants with a willingness to participate in the development of the Guidelines for decision-makers and professionals and to spread it in their professional networks.</p>
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