THE BEARR TRUST Newsletter

The BEARR Trust: Supporting vulnerable people in Eastern Europe, Russia, Central Asia and the Caucasus
No 70, January 2018

Project 'A Reboot' by Gender Vector, Kyrgyzstan, partly funded by The BEARR Trust

The BEARR Trust Small Grants Scheme 2018

The BEARR Trust is pleased to announce its Small Grants Scheme for 2018 and invites applications from NGOs and other organisations. Full details are given below. **The deadline for applications is 1 February 2018**.

The fields to be covered by the Scheme in 2018 are:

Projects aimed at improving the employability of young people (16-30) with mental or physical disabilities.

Grants may be made to organisations in any of the countries which BEARR covers: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Ukraine, Tajikistan, Turkmenistan and Uzbekistan.

The Trust may wish to support a number of initiatives through the scheme, so proposals for grants of up to £3000 are invited. Awards will be made on a matching basis, and will not exceed 50% of the overall cost of a project. Applicants must present costings in pounds sterling, but grants may be paid in Sterling, US Dollars or Euros as best suits the recipient (at the exchange rate prevailing on the date of transfer). Recipients will bear the cost of any conversion into local currency.

Projects should normally be completed within six months of receipt of the funds. The BEARR Trust reserves the right to commission independent evaluation of any project funded.

The BEARR Trust does **not** give grants for equipment.

Please download:

SGS Application Outline

SGS Guidelines and Tips

SGS Checklist

(These can all be found on the BEARR.org website)

What are the aims of the Scheme?

The 2018 Small Grants Scheme aims to support and encourage NGOs to:

- share experience and learning among NGOs with relevant aims
- disseminate good practice more widely
- facilitate cooperation with and/or coordination among NGOs and other organisations working with relevant groups
- improve awareness of, or engage public institutions in addressing the relevant issues
- propose other, imaginative ways of achieving the Scheme's aims

Who can apply for the grants?

The scheme is open to applications from NGOs and other organisations active in the areas covered by the Small Grants Scheme 2018.

How to apply

Please write your application in accordance with the attached outline in English (with a Russian translation if desired) and send it by email to info@bearr.org before **1 February 2018**. You should put in the subject line: SGS 2018 – bid.

The application should be no more than 2 pages. It should include information about your organisation and any partner organisation(s), and the nature and objectives of your project, as detailed in the Application Outline.

Applications of more than 2 pages will not be considered. See Application Guidelines and Tips to avoid other widespread mistakes which could make your application not eligible for funding.

Criteria for selecting successful applications

Initial selection of applications will be done according to whether or not the application contains all the information asked for, the extent to which it furthers the aims of The BEARR Trust, and the evidence that good use will be made of the resources available.

To make sure your application fits all basic requirements please use the Checklist provided.

What happens next?

The Trust will acknowledge applications as they are received. If you are submitting your application within the last week of the deadline, please be patient in awaiting this acknowledgement. It might take us up to a week to send it.

A shortlist will be drawn up for further detailed consideration. The Trust will contact applicants for any further information or clarification it needs. Trustees will review shortlisted proposals and make a final decision at their meeting in April. The Trust will inform applicants whether their proposals have been successful shortly after that, and make the outcome public once all grants have been accepted.

All applicants will therefore receive by email:

- an acknowledgment of receipt of their application;
- notification of whether or not they have been awarded a grant.

Please feel free to ask for clarifications before you submit your application. You can write to info@bearr.org in English or Russian.

The BEARR Trust Small Grants Scheme 2018 is funded by grants from Just Trust and other donors.

Reports on projects funded through last year's Small Grants Scheme can be found on page 11 and page 12

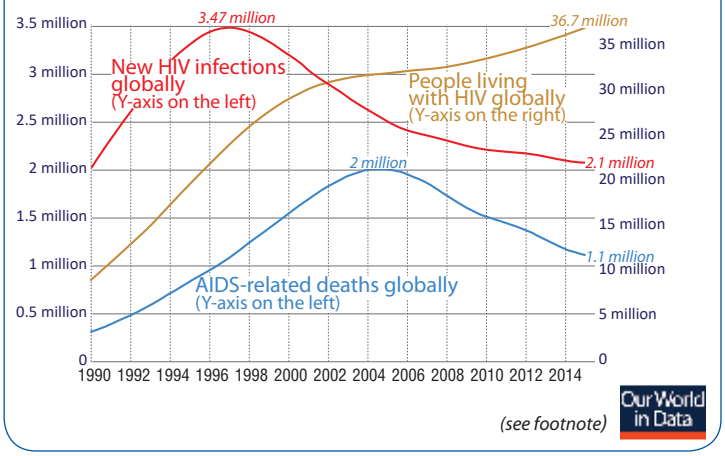
How HIV became a catastrophe in Russia and Ukraine

Dr Ulla Pape, University of Bremen

In recent years, we have not heard so much about HIV and AIDS. In most countries, the epidemic seems to be under control. In contrast to the 1980s and the early 1990s, being HIV-positive is no longer a death sentence. With the right medical treatment and care, people with HIV can live a full life.

And this does not only hold true for the rich countries of the world. In resource-poor environments, too, the global fight against the epidemic has made considerable progress. Worldwide, new infection rates are declining. At the UN General Assembly in 2015, Secretary General Ban Ki-Moon announced that the world had delivered on halting and reversing the HIV and AIDS epidemic.[1] As part of the Sustainable Development Goals, UNAIDS has now set the new objective of 'ending the epidemic by 2030' (UNAIDS, 2016). Despite all difficulties and persistent global inequalities regarding access to life-saving treatment, the global response to the epidemic is thus on the right track.

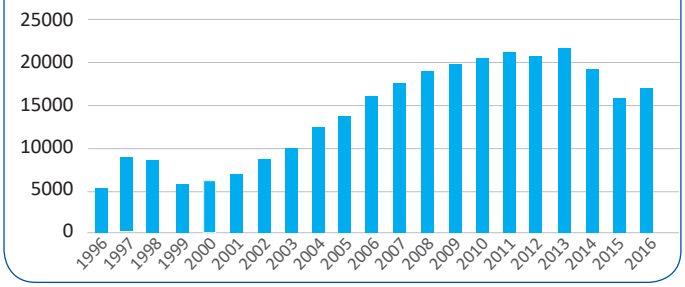
Global number of AIDS-related deaths, new HIV infections, and people living with HIV (1990-2015)



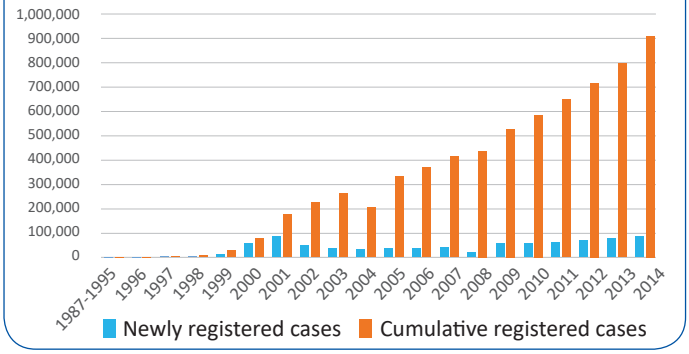
(see footnote)

One region, however, stands out as not following this overall positive trend: In Eastern Europe and Central Asia (EECA – the official term for the former Soviet countries in international public health), the HIV epidemic continues to rise rapidly. Between 2010 and 2015, the region saw a 57 per cent increase in annual new HIV infections, with Russia and Ukraine accounting for approximately 90 per cent of all cases in the region (Avert 2017). This raises the question of why EECA countries, and in particular Russia and Ukraine, have failed to confront the HIV epidemic effectively.

Newly registered cases of HIV infection among Ukrainian citizens (1996-2016)



Officially registered HIV cases in the RF, 1987-2014
(based on data from the Russian Federal AIDS Center)



Understanding vulnerability

A suitable framework for understanding HIV vulnerability has been developed by Barnett and Whiteside in their publication *AIDS in the 21st Century. Disease and Globalization* (2006). Barnett and Whiteside argue that vulnerability manifests itself at different levels, including the individual, group, community and societal level. An individual may suffer from the adverse effects of HIV infection due to health limitations, societal marginalisation and stigma. Societies may be vulnerable to HIV/AIDS as they face a decline in their workforce and an increase in public spending as a result of the epidemic. Poverty and social inequality facilitate the spread of HIV and in many cases also hamper a society's ability to respond to the epidemic.

According to Barnett and Whiteside, each country setting constitutes a specific risk environment which includes all factors that facilitate the transmission of HIV in a given context. By comparing HIV/AIDS epidemics in many countries of the world, they identified two main variables that determine how rapidly the infection spreads: (1) the overall level of wealth, and (2) the degree of social cohesion in society. In general, prosperous countries are better prepared to confront HIV/AIDS due to the more advanced capacities of their health care systems and higher levels of individual assets and coping strategies. Even more decisive than a society's economic wealth, however, is the extent of social cohesion. Societies with a low level of social

1 Data source for the first graph: UN AIDS (via www.aidsinfoonline.org. The data visualization is available at OurWorldinData.org. Licensed under CC-BY-SA by the author Max Roser.
The other two graphs are by the author.

cohesion perform worse in dealing with infectious diseases, since social exclusion and marginalisation hamper efforts to confront epidemics.

HIV and AIDS in Eastern Europe and Central Asia

The HIV epidemic in this region emerged in the context of post-Soviet transition. The dramatic political and socio-economic changes that the region experienced after the collapse of the Soviet Union had a profound impact on the population's health status in general and the spread of infectious diseases in particular. As a result, the region can be characterised as a risk environment, which is attributed to multiple breakdowns of social cohesion.

The spread of HIV in the region is closely related to injecting drug use. With the end of the Soviet Union, the number of injecting drug users steadily increased. At present, there are roughly 2.9 million people who inject drugs in Eastern Europe and Central Asia. In Russia, the number of injecting drug users is believed to be 1.8 million.

Due to the high risk of HIV transmission associated with intravenous drug use, HIV can spread very easily in communities of injecting drug users. The first outbreaks of HIV occurred around the year 2000. Even today, injecting drug users form the largest group among those affected by the epidemic. In addition to injecting drug users, other vulnerable groups in the region include sex workers, prison inmates and men who have sex with men.

What is going wrong in Russia and Ukraine?

The spread of HIV in the Russia and Ukraine is the result of policy failures. The problem has been neglected by political decision-makers over a long period. Necessary prevention programmes have not been introduced or remain limited in scale or coverage.

In Russia, the situation is especially appalling. Although it is known that the epidemic is a serious threat to public health, the government has refused to implement tailored prevention programmes for vulnerable groups such as injecting drug users, sex workers, prison inmates or men who have sex with men. Furthermore, the Russian government failed to introduce sex education programmes in schools, which could provide a cost-effective opportunity to inform teenagers on reproductive health and sexually transmitted infections. In addition, general media campaigns on HIV and AIDS remain limited. As a result, the general level of information and awareness among the Russian population remains low. Many Russians still believe that HIV does not concern them.

Because of the lack of prevention programmes for vulnerable groups, public health experts believe that the HIV epidemic will continue to grow in the future. In 2016, the Russian Prime Minister approved Russia's 2017-2020 HIV strategy. The strategy's stated aims are to reduce HIV transmission rates by focusing on prevention programmes and to reduce the number of AIDS-related deaths. However, although the 'rehabilitation, social adaptation and social support' of key affected populations is discussed, no national programmes are outlined. The national strategy thus remains a policy paper without much impact on reality. In an interview on the occasion of World AIDS Day 2017, Anton Krasovsky, the head of the non-profit SPID Centre, argued that Russia's strategy has failed, as the government is not prepared to acknowledge fully the underlying causes of the epidemic. According to Krasovsky, one of the most pressing problems is the lack of harm reduction programmes and opioid substitution therapy in Russia.

Access to treatment

Access to antiretroviral treatment is essential in the response to HIV. This treatment not only allows the individual to live a full life, it also reduces the viral load, thereby eliminating the risk of further spreading the infection. At 27% in adults, antiretroviral treatment coverage in the region remains well below the global average. For injecting drug users and other vulnerable groups it is especially difficult to obtain access to treatment. As a result, HIV-related mortality is increasing.

Civil society and the response to HIV and AIDS

Civil society has played a key role in confronting the HIV epidemic in the region. Often civil society organisations (CSOs) were the first to set up prevention programmes and provide psychosocial help to those affected by the epidemic. Many interventions developed by CSOs have, however, remained limited to the local level. Although CSOs fulfil important functions in implementing social services, they lack real influence at the political level.

Through cooperation with international networks, CSOs have raised awareness of the catastrophe of the unfolding HIV epidemic in the region. However, CSOs are operating in a difficult context. Due to stigma and discrimination, CSOs find it hard to reach out to the public. In Russia, the so-called 'foreign agent' law makes it even more complicated for CSOs in the field of HIV/AIDS, as some organisations have fallen under the provisions of the law.

Conclusions

In contrast to other parts of the world, the post-Soviet region is currently experiencing growth in the HIV and AIDS epidemic. The underlying causes of the spread of HIV in the region lie in the political and socio-economic changes after the collapse of the Soviet Union which created a risk environment.

The biggest problem in addressing HIV and AIDS in the region, however, is the lack of political will. The epidemic is spreading because the governments in the region fail to address the underlying causes of the epidemic. The epicentre of the epidemic in the post-Soviet region is Russia, which in 2015 accounted for eight out of ten new HIV infections in the region. As long as the Russian government is unable or unwilling to implement evidence-based prevention programmes, the HIV epidemic is likely to continue to grow in the future.

HIV/AIDS in Eastern Europe and Central Asia – bucking the trend?

The BEARR Trust Annual Conference 2017

The BEARR Trust held its annual conference on 11 November on 'HIV/AIDS in Eastern Europe and Central Asia – bucking the trend?' The conference brought together more than 40 participants from relevant civil society organisations (CSOs), including non-governmental organisations (NGOs), think tanks and academia as well as students, volunteers and health practitioners from Eastern Europe and Central Asia (EECA), the US and EU countries.

The participants were welcomed by Robert Brinkley, Chairman of The BEARR Trust, who explained that, although BEARR had long been interested in HIV/AIDS and effective policy responses, this was BEARR's first conference dedicated to the issue.

The presentations and discussions focused on key trends and developments in the spread of HIV in the EECA region; the main causes and vulnerabilities responsible for the epidemics; policy responses by governments and international organisations; and the role of civil society in tackling HIV/AIDS.

Key highlights

- Eastern Europe and Central Asia (EECA) is the only region in the world where HIV rates are increasing rapidly thus 'bucking the trend' of a steady decline in HIV globally.
- Out of 1.6 million people living with HIV in the EECA region in 2016, around 90% of all cases were in Russia (around 1 million) and Ukraine (around 240,000) according to UNAIDS 2017.
- The number of people newly diagnosed with HIV in Russia has risen by a staggering 149% since 2006, and 70% of HIV cases are drug users, making it a 'dual epidemic' according to the WHO.
- The main reasons include: a specific risk environment (primarily a sharp increase in the number of injecting drug users); social stigma and discrimination; inadequate government responses; premature withdrawal of international funding, especially the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the weakness of civil society.
- Effective responses include: adopting an integrated approach ('under one roof') to help both HIV positive people and injecting drug users; combining health and social care at the community and primary care level; offering a combined treatment for HIV, hepatitis C and tuberculosis; offering an internationally proven opioid substitution therapy for drug users; avoiding the criminalisation of 'high risk groups' (such as injecting drug users, men who have sex with men and sex workers); and increasing cooperation between governments, international organisations and civil society.

Presentations and discussions

Trends, causes and vulnerabilities

The introductory session provided a general overview of the key trends in HIV/AIDS in the EECA region. **Dr Ulla Pape** from the University of Bremen, Germany, set a global context by highlighting the fact that halting and reversing HIV in Western Europe and North America was a real possibility and that HIV rates were steadily going down in other parts of the world. By contrast, the number of people newly diagnosed with HIV in Russia and Ukraine in particular, but also in other EECA countries, has risen dramatically. **Dr Charles Ssonko**, HIV/TB/Hepatitis Adviser from Médicins Sans Frontières (MSF), warned that HIV was now spreading from 'high risk groups' to the general population in Russia, mainly due to an increase in the number of people using drugs, who are criminalised instead of treated. The participants also learnt that only 63% of infected people in the region were aware of their status and, out of these, less than half were receiving treatment. The good news is that HIV is virally suppressed in 77% of those being treated, according to UNAIDS.

DR ULLA PAPE AND DR CHARLES SSONKO WITH ROBERT BRINKLEY

The discussions brought out other challenges in tackling the HIV epidemics, including social stigma, which, although existing in all societies, was particularly pronounced in EECA. The participants also discussed difficulties in working with prison inmates, who were one of the key risk groups for spreading HIV. The situation is particularly alarming for people living with HIV in Crimea and war-affected areas of eastern Ukraine who have lost access to HIV antiretroviral treatment. When it comes to gender differences in Ukraine, the participants learnt that the majority of HIV positive men belonged to key risk groups, mostly injecting drug users followed by clients of sex workers and men who have sex with men. When it comes to women, the main transmission channel is unprotected heterosexual intercourse – with a 150% increase in new infections through this route from 2002 to 2014.

Policy responses

In the second session, focused on policy responses, **Sergii Dvoriak** from the Ukrainian Institute on Public Health Policy, Kyiv, pointed out that the approach of the top leadership and changes in public health strategy in 2013 were crucial in stemming the tide of the epidemics in Ukraine. Since 2014 there has been a significant increase in the number of people with HIV in treatment, especially among children.

Julian Hows, an Associate from the Global Network of People Living with HIV, based out of Amsterdam and himself a person living with HIV, said that the withdrawal of The Global Fund from middle-income countries, including Russia and Ukraine in 2013, was premature, irresponsible and highly damaging for those countries. But he also pointed out that national approaches in many EECA countries were characterised by a large number of legal and regulatory barriers, involving HIV testing, care and treatment, and even extending to the imprisonment of HIV-positive people.

During the discussions, the participants cited evidence that HIV testing was cost-effective in the medium to long term and could lead to significant cost savings, especially in countries with inefficient health systems. Also, the traditional approach from Soviet times, namely the separation of hospitalisation and care of infectious diseases from that of government agencies for HIV/AIDS, have contributed to the development of the dual epidemics. Instead, integrated approaches are needed, focusing on treating together HIV, hepatitis C and tuberculosis as well as drug addiction, in evidence-based and comprehensive ways.

Julian Hows and Sergii Dvoriak with Marcia Levy

The participants also discussed how to address stigma among the general population, and the opposition of some governments, including those of Russia and Turkmenistan, to treatments such as opioid substitution therapy for injecting drug users, which has proven effective in many countries. The participants also shared examples of effective integrated approaches from Russia, Ukraine, Uzbekistan and other countries, such as local governments and health providers working together with civil society to provide all relevant services (advice, treatment and rehabilitation) 'under one roof'; providing services in the community and through primary care (GPs or family doctors); and reaching out to people living with HIV in innovative ways, such as mobile services (buses).

Yelena Rastokina

The role of civil society

The third session focused on the role of civil society in raising public awareness and tackling stigma and discrimination in society. In the first part of the session **Yelena Rastokina** from the Union of People Living with HIV – via Skype from Kazakhstan – shared the experiences of her NGO in helping people living with HIV to access services, particularly migrants and prisoners, and their approach to reducing stigma among health professionals. Ms Rastokina also talked about the need for a good working relationship with the government while pointing to challenges, such as the lack of access to health care for migrants and insufficient attention to HIV positive prisoners.

Jill Owczarzak

Jill Owczarzak from Johns Hopkins Bloomberg School of Public Health, USA, shared the results of a research project aimed at building the capacity of four Ukrainian CSOs attempting to change the behaviour of people living with HIV in order to empower CSOs to be able to respond to changing epidemiology, rather than solely depending on donors. While individual behaviour is important in tacking HIV, Ms Owczarzak also pointed out the significance of the wider social context,


Oxana Buzovici

including unemployment and discrimination, which could create vulnerabilities and determine outcomes.

In the second part of the session, **Oxana Buzovici** from Moldova gave an overview of the work of her NGO, the Union of HIV Prevention and Harm Reduction, on reducing stigma and discrimination among the general population, particularly against the children of parents living with HIV. Ms Buzovici also talked about the good cooperation among Moldovan NGOs which found creative ways to influence public opinion as well as regulations and state priorities in order to give more prominence to marginalised groups.


Daria Alexeeva

The final speaker, **Daria Alexeeva** from AFEW International in the Netherlands, talked the audience through the comprehensive preparations for AIDS2018, the biggest global public health conference which will be dedicated to HIV, hepatitis C and tuberculosis in the EECA region. The event will take place on 22-28 July 2018 in Amsterdam and aims to gather around 20,000 delegates from around the world, with AFEW working hard to ensure substantial participation from the EECA region.

During the discussions, many speakers and members of the audience pointed out the generally rather limited impact of civil society on government priorities and policies regarding HIV epidemics, beyond service provision to people living with HIV. This is due to the numerous challenges facing CSOs in many of EECA countries, including legal restrictions, shortage of funding and hostility from governments. However, despite the challenges, the participants agreed that civil society has shown a high degree of resilience and an ability to innovate and make a valuable contribution to improving the lives of people living with HIV 'against all the odds'. Also, the participants were encouraged by several examples of successful cooperation between CSOs, governments and health professionals in tackling HIV epidemics in the EECA region, and expressed the hope that such cooperation would increase in future.

Conclusion and next steps

In conclusion, Nicola Ramsden, Chairman-designate of The BEARR Trust, thanked all the speakers and participants for their excellent interventions and stimulating discussions. Ms Ramsden invited the participants to make suggestions regarding specific aspects of HIV that BEARR should focus on through its Small Grants Scheme or other activities in order to help improve the lives and wellbeing of people living with HIV.

Report by Biljana Radonjic Ker-Lindsay, BEARR Trustee

The speakers' presentations can be accessed on the BEARR website as follows:

Dr Ulla Pape, Lecturer in European Studies at the University of Bremen (Germany)

Dr Charles Ssonko, HIV/TB Adviser at Médecins Sans Frontières (MSF), London

Dr Sergii Dvoriak, Senior Scientist, Institute for Public Health Policy, Ukraine

Julian Hows, Associate/Consultant at Global Network of People Living with HIV

Dr Jill Owczarzak, Assistant Professor, Department of Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA

Oxana Buzovici, Union of HIV Prevention and Harm Reduction (UORN), Moldova

Daria Alexeeva, Project Manager at AFEW International, the Netherlands

More photos can be found on the back cover and here:

https://drive.google.com/drive/folders/1H7YvwniDqhGKq32nLXiFRiNutzFpwXkO


AIDS memorial in Kyiv

Youth and social exclusion in Russia's villages and small towns

Charlie Walker, Associate Professor of Sociology, University of Southampton, and BEARR Trustee

My forthcoming report for the World Bank outlines the extent to which young people in Russia are exposed to different forms of social exclusion, including their risk of being 'NEET' (not in employment, education or training), of involvement with drug and alcohol abuse, and of other barriers to their wellbeing. One of its key arguments is that precariousness in relation to employment, in the form both of income insecurity and insecurity of tenure, is a widespread phenomenon among Russian youth. Open unemployment affects 20-29 year olds more than any other group, and as many as 50% of youth employment is informal. At the same time, young people's social characteristics such as class, gender, geographical location, ethnicity, and disability, are key in shaping their exposure to risks of various kinds, making some groups of young people significantly more vulnerable than others. Amongst these, the report identifies young people living in villages and small towns as facing particular difficulties in navigating different aspects of their transitions into adulthood.

Young people in Russia experience geographical inequality at a number of different levels, beginning with significant differences in development across Russia's regions, which in turn shape young people's access to employment and the types of employment available to them. In parts of the Siberian and North Caucasian Federal Districts, for example, the overall unemployment rate in 2015 was significantly higher than the national rate of 5.6%, at 18.6% in the Republic of Tuva and 30.5% in the Republic of Ingushetia (Rosstat 2016). In turn, consistent with young people's weak position relative to other labour market actors, youth unemployment was disproportionately high, reaching 60.1% in Ingushetiya and 40.3% in Zabaikalskii Krai (Rosstat 2016).

Inequalities relating to geographical location are similarly evident within regions, with Russia, like most post-Soviet countries, showing higher levels of income deprivation in rural than in urban areas. This is clearly reflected in the education and employment prospects of young people in rural areas, who constitute 29.5% of the total youth population in Russia (Elder et al. 2015: 13). According to a study of NEET youth, drawing on the Russian Longitudinal Monitoring Survey for the period 2012-14, Blinova and Vyal'shina (2016: 42) find 19.9% of rural youth to be unemployed, more than twice as many as urban youth (8.1%). They also find that, among those who are economically inactive—43.5% of rural youth and 33.6% of urban youth—more young people in urban areas (82.5%) are studying compared with those in rural areas (66.5%). They also find a significantly higher rate of young women who are looking after children in rural areas (15.8% compared to 9.8% in towns) and a higher proportion of young people who are inactive and not actively seeking work (15.7% vs. 4.3% in towns). Importantly, however, while the latter are labeled as 'young people who do not want to work', Blinova and Vyal'shina (2016) found rural youth as a whole to be willing to work for much lower wages than their urban counterparts: 38.9% of those 'looking for work' and 25% of those 'not looking' would work for less than 14,750 RR per month compared with 7.8% and 0% of urban youth in the same categories. Further evidence of the severe lack of opportunities in rural areas lies in the informal economic strategies employed by rural youth in order to get by: 52.1% had grown products on their own land for sale or exchange, and 68.7% had hunted or fished as a way of making money (2016: 46). In addition to these indicators of rural poverty, a report by the International Labour Organisation found that 64.4% of young people in rural areas are in informal employment compared to 45.3% of urban youth (Elder et al. 2015: 36).

The problems faced by rural youth, as well as by young people in the smallest urban settlements, are the result both of a lack of economic development and state resources at the local level and problems of mobility rooted in the failure of the market (of housing, labour, and transport) to overcome the warped economic geography inherited from the Soviet era. During the Soviet period, migration from rural to urban areas had been a defining feature of modernisation. Although the movement of adult collective farm workers was particularly restricted (Buckley 1995: 902), young people were frequently able to move to cities for work, and resided in hostel accommodation (obshchezhitiya) provided by enterprises (Donova et al. 1997: 2). Although those moving to regional

towns and cities in order to study appear still to have access to student hostels, the closure or sale of hostels attached to industrial enterprises after their transfer to local authorities in the early 1990s appears to have closed off this route for prospective young workers (White 2007: 899). In her study of life in small-town Russia, Anne White (2007: 890) finds that the private rental sector in no way satisfies demand for housing, and that the lack of accessible accommodation for those attempting to leave small towns and villages leads to a high incidence of return migration.

My research with young people in villages and small towns identifies similar barriers and, as with young people wishing to move to other regions (Walker 2011), finds young people's prospects for migration to be heavily shaped by their kinship networks, with relatives in towns and cities often acting as a kind of 'bridging' capital (Narayan 1999) if they provide temporary accommodation and connections to job opportunities at the destination. However, many young people lack these, or relatives are unwilling to help, and instead fall back on social capital rooted in their locality ('bonding capital') that ultimately limits their horizons for action and life chances, given the severe lack of employment opportunities available in such places. Indeed, the overwhelming predominance of informal relations in the labour market, with young people in a number of studies citing personal contacts as their main source of information about jobs (La Cava and Michael 2006; Walker 2011; Elder et al. 2015), ultimately places young people with less social capital at a significant disadvantage.

As well as facing obstacles to accessing opportunities for employment, rural and small town youth in these studies had often severely limited educational options, which further narrowed their prospects. Although levels of education in Russia are extremely high by international standards with universal access to basic education (Elder et al. 2015: 15), for young people in villages opportunities to progress to initial or secondary vocational colleges or to higher education are dependent on mobility. While universities in major cities have often been able to maintain their accommodation offer for high-achieving students coming from elsewhere, vocational colleges, like most enterprises, have not, and no longer provide a bridge into cities. Walker (2011) even points to a localisation of educational options for young women in rural parts of Ul'yanovsk Region. Vocational colleges in village locations started offering what were seen as 'female subjects' because local young women who had previously gone to colleges in the city had 'nowhere else to go'. However, it was unlikely that the professions involved (sewing and cooking) would have been applied in a work setting without the opportunity to move to urban areas for employment (in food processing or clothing manufacture, for instance). This amounted to a kind of domestication of young women who would be likely to see motherhood as a better option. Pro-natalist welfare policies such as 'maternity capital', which provide mothers with progressively larger sums of money for successive children (453,026 rubles for the first child in 2017), would be of more significance to young women from such backgrounds.

While educational options at the local level are limited, some young people in rural Russia have difficulty accessing even these. As with attempts to move to cities for work, many

respondents in my research used kinship networks to facilitate the housing transitions necessary to attend college as there was nothing close enough to their home, as well as occasionally renting rooms from 'grandmas'. Given the large number of NEET youth in villages who leave the education system with only 'incomplete secondary education' (at age 15)—85% according to Blinova et al., compared with 45.3% of urban youth (2016: 44)—it might be hypothesized that an inability to overcome geographical barriers is a key factor in excluding young people from basic vocational education. More broadly, immobility must be seen as a major cause of forms of cumulative disadvantage. Where they are both excluded from opportunities in cities and have few prospects at the local level, young people, and young men in particular, are at greater risk of being exposed to opportunities to engage in activities that may be harmful to both their prospects and their wellbeing, such as alcohol and drug use. As La Cava and Michael find in research in the North Caucasus (2006: 11), 'young people consistently identified substance abuse, particularly drug abuse, as an important health problem in their lives and cited unemployment and idleness as the major cause'.

As well as being shaped by young people's immobility, access to quality education is seriously affected by the basic financial position of young people and their families, the prevalence of poverty in small towns and villages acting as a severe impediment to young people's chances of achieving success through the education system. As Kosaretskii et al. (2014) argue, the influence of poverty on educational chances in Russia changes over time, beginning with the fact that poor families are less likely to place their children in kindergartens, which may influence their early educational development. The quality of local schools is determined by the socio-economic status of a neighbourhood, and children will come to be affected more directly by their parents' financial status, as informal payments begin to be demanded. This pattern becomes more fully established through secondary school, as 'the better the education offered by a school, the higher the likelihood that obtaining it will involve certain forms of payment, from paying for optional items and additional services to paying for admission' (Roschina et al. 2006). Such limitations invariably continue to shape educational opportunities through higher education. The traditional requirement of investment into additional classes to gain entry to good universities has not been displaced by the introduction of the 'unified state exam' (Edinii Gosudarstvennii Ekzamen), which better-off families approach in the same way (Kosaretskii et al 2014).

In addition to their relative exclusion from the education system, young people in poverty—especially, but not exclusively, those in villages and small towns—suffer exclusion from a variety of forms of state welfare which may be out of reach in their locality (notably employment services), or, as in the case of healthcare, carry charges they cannot afford to pay. This was Ovchintsova's (2004) finding in research in rural parts of Leningrad Region, where, although the majority are satisfied by the medical services they receive in polyclinics, and the assortment of medication available in pharmacies has widened, 'high prices make medicine inaccessible for the majority of villagers … 28% of respondents declined medical help because they could not afford it'. Recent reports point to similar problems, despite the investments made in healthcare as part of the 'national projects' during Medvedev's presidency (Todorov et al. 2015). Thus, in addition to the risks of alcohol and drug use, young people in poverty face direct health risks in connection with their lack of access to healthcare. La Cava and Michael add to this a desire for, but lack of access to, information about serious health risks such as tuberculosis and HIV/AIDS among young people in the North Caucasus (2006: 11). It should be noted, though, that in relation to health, as in relation to mobility, a lack of material resources can be compensated for by the social resources available to young people in poverty. Glendinning and West (2007), for example, find that, despite having poorer general health, young people in villages in Siberia have better mental health than their counterparts in nearby cities: 'in small communities social capital associated with family support and kin-based networks become important resources instead. Positive mental health is bound up with the local cultural context, centred on the family household and 'traditions' of rural society' (Glendinning and West 2007: 1181). Thus, as de Haan (2000) notes, dimensions of social exclusion do not always overlap.

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Small Grants Scheme 2017: project report

Combatting the effects of trafficking and domestic violence in South Moldova

Grantee: Institute for Democracy, Comrat, Moldova

Project: Psychological assistance to victims of trafficking and domestic violence

Moldova is Europe's poorest country. The low level of incomes results in many problems, including high levels of trafficking and domestic violence.

A report by the International Organisation for Migration states that Ukraine, Belarus and Moldova are the main sources of European trafficking. These three countries, together with Romania and Bulgaria, have supplied 225,000 'slaves' in Europe. And Moldova is one of the leaders in this process. The UN Committee on the Elimination of Discrimination against Women has noted the increase in violence against women and in trafficking and the lack of measures for victim protection in Moldova. The US State Department's Human Rights Report on Moldova found that 40 % of Moldovan women had experienced at least one violent act in their lifetime. Furthermore, 51.3 % of women who had a sexual partner had been victims of psychological violence and 24.2 % of women reported that they had experienced physical violence in their lifetime.

The Institute for Democracy, under its project 'Psychological Assistance to Victims of Trafficking and Domestic Violence' has established a permanent Centre for Psychological Assistance to Victims of Trafficking and Domestic Violence. (Address: Tretiacova str., 21/3; Comrat, Republic of Moldova.)

Our consultations are very popular. The reason is that our Centre is the only one not only for Gagauzia, but for the entire south of Moldova. Our beneficiaries often tell us that we have helped them a great deal, and thank the BEARR Trust and us for our assistance. The Centre has also been providing the details (addresses and phone numbers) of organisations that provide assistance to victims of trafficking in Turkey, Italy, Russia, Spain, and other countries, including those representing their interests before the law enforcement authorities in those countries. The Centre's psychologist gives the victims psychological support; he visits the victims of trafficking and domestic violence at home in order to communicate with them in an atmosphere of trust, in a place a victim finds comfortable. Services offered by the Centre for Psychological and Legal Assistance to trafficking and domestic violence victims are:

1) primary psychological assistance to victims of trafficking and domestic violence;
2) long-term psychological assistance to victims of trafficking and domestic violence;
3) psychological personality assessment and testing in order to identify options for providing psychological assistance to victims of trafficking and domestic violence;
4) assistance (including confidential conversations) to help restore victims' psychological and emotional state;
5) helping to improve relationships with family members and friends, and restore trust in other people;
6) support for developing self-determination and choice of occupation;
7) rehabilitation assistance to the victims (depending on their psychological state).

The basic objective of the Centre is to persuade victims not to withdraw into themselves but to talk to us about the problems they have faced. Some of their inner pain disappears during frank conversations, and the person starts feeling much easier.

Together, we make a plan of the actions needed to solve the major problems caused by the violence experienced: discussing what the victim would do or say if the same thing happened to her (his) friend (acquaintance); and suggesting alternative solutions for each of the issues discussed. In parallel, we teach self-control techniques which allow the victim to cope with symptoms of post-traumatic stress disorder. For this

Training on mental health issues for the gay community, Kyrgyzstan

we use the following methods: relaxation (letting go of stress) and stress reduction (decreasing stress); physical exercise; sensitivity (vulnerability) reduction and cognitive rearrangement (changing perspectives).

We help the victims understand their feelings and enable them to express them. The important point is to dissociate (separate) negative feelings in time, i.e. the victim's awareness of the fact that everything that has happened is already in the past. This relieves the victims' feeling of guilt. We support the victims' intention to start a new way of life, take care of themselves, and set goals for the future. Once they recognise what has happened to them, the victims learn to obtain what they were deprived of for many months. They have to decide what should be done next, and whether anything should be changed in their family situation.

We aim to enhance the victims' emerging confidence that they can control their own situation, emphasising that they take their own decisions and will fulfil them as they deem appropriate, and they will be responsible for what happens in their life from now on.

We have also established a telephone hot-line for victims of trafficking and domestic violence, where victims can be advised confidentially and for free. And we are creating an inter-regional network to encourage the spread of good practice.

Our Centre has demonstrated very good results, showing how necessary it is as the only centre of its kind in Gagauzia. Unfortunately, in the south of Moldova no free, quality psychological assistance is offered anywhere else (whether at local government offices, police stations, or social assistance institutions). We are the only ones to provide this service.

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Small Grants Scheme 2017: project report

A Reboot in Kyrgyzstan

Grantee: Public Fund Gender-Vector, Kara-Balta, Kyrgyzstan

Project: Training on mental health issues for the gay community

In Kyrgyzstan a new project 'A Reboot' started on 1 August 2017. The project has two aims, short- and long-term.

We are involved with increasing psychological literacy and concern about health among the gay population. The aim is to help to form in the future psychologically healthy individuals, able to look after their emotional well-being.

The need for such a project has existed in Kyrgyzstan's gay community for a long time. In the post-Soviet space it is not customary to talk about one's emotions and complexes with other people. This originates in the Soviet period, when anyone who mentioned their psychological condition was at risk of unwanted attention and even being shut up in a special institution. Any man who admitted to being a homosexual was sent to prison. As a result, psychological problems and social ills as a whole were kept within a small group. The gay community was one such group. In Kyrgyzstan gay people were a vulnerable group who experienced stigma and discrimination from society and within their own community and as a result suffered psychologically and emotionally. Social surveys by NGOs, including by Gender-Vector, show that gay people are more likely than the heterosexual community to experience depression, alcoholism, suicide, and anti-social behaviour.

So in October 2017 we conducted a workshop for key members of the gay community on 'Maintaining and strengthening psychological health'.

Training on mental health issues for the gay community, Kyrgyzstan

Thirty-four people took part. In December 2017 another workshop was held, on 'Psychological health and the dignity of the individual', with 34 members of the gay community. A psychologist, a neuro-psychologist and a psychiatrist took part. Participants gained a clear understanding of the components of a person's psychological health, and what to do and what not to do to maintain one's health.

As part of the project it was decided to develop and print pamphlets on the following topics:

1. Preventing emotional burn-out (designed for members of gay organisations);
2. Your psychological health (for members of the gay community)

In order to establish the content of the pamphlets, two gay community focus groups were held in September 2017. Tests were devised to find out how at risk of emotional burn-out the focus group members were, especially people working in gay NGOs. It turned out that almost all NGO representatives were at risk of burn-out to some extent. The psychiatrist said that emotional burn-out syndrome is made worse by complications emerging in an individual during their professional work.

Many gay people have complained to their doctors about health issues but no-one diagnosed this syndrome. They have now understood that it is the reaction of their organism to constant stress. Using the experience and advice of doctors, members of the community have developed methods of preventing this syndrome from occurring. They also plan to hold two more workshops and two more focus groups. At the end of the project, in January 2018, there will be a round table to present the results of the project, and to systematise the outcomes, with analysis and discussion of the information received. They plan to invite members of the mass media, psychologists, psychotherapists, people with a friendly attitude and members of the gay community.

Photos by Daria Shapilova

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Country Profile: Turkmenistan[1]

Turkmenistan, with a population of just 5.6 million – spread across a terrain roughly the size of Spain – is one of the least densely populated countries in the world, with only 12 people per square km. Located in South-Central Asia, with Iran and Afghanistan to the South and South-East, Kazakhstan and Uzbekistan to the North and the Caspian Sea forming a Western border, almost 80% of the country forms part of the Karakum Desert. Its capital and largest city, with a population of over 1 million, is Ashgabat – famed for its white marble buildings.

Most of the population are Turkmens (85%) with substantial, but declining, Uzbek (5%) and Russian (4%) minorities. Muslims make up almost 90% of the population, with almost 10% following the Eastern Orthodox Church.

Economic development

With 80% of the land mass covered by desert, agriculture is intensively located in irrigated areas, one half of which is planted with cotton, making Turkmenistan the 10th largest global producer of cotton. With the world's 4th largest supply of natural gas and oil reserves now being developed, including through new pipelines to China, Iran and Azerbaijan, there has been economic growth. Despite this, and billions spent on modernisation projects, Turkmenistan remains a poor and underdeveloped country, with a 2015 ranking of 110 (out of 187) in the Human Development Index.

Health and welfare

Following years of stalled reforms, in 2003, then President ('for Life') Niyazov announced that the country's healthcare system urgently needed reform. The reforms that followed, including replacing doctors with military conscripts, closing medical outlets outside of the capital, introducing fees, and de facto banning the diagnosis of certain communicable diseases, did nothing to address the country's appalling levels of public health, or the well-documented systematic manipulation of public health data. Only after Niyazov's death, in 2006, was the path to reform opened, with the introduction of a (somewhat tokenistic) mandatory health insurance system.

In the last decade, President Berdimuhamedow's regime has undertaken substantial investment in health infrastructure. The 2012-16 healthcare programme committed $500 million to the building of pharmaceutical factories and emergency hospitals in Aşgabat and regional capitals, as well as to the purchase of

modern medical equipment[2]. Notwithstanding this progress, these new facilities are not accessible to most of the population and nor, following the systematic undermining of the education system under Niyazov, are they staffed with qualified personnel. Meanwhile, in rural areas, hospitals remain unrenovated and often lack basic sanitation and heating facilities[3].

Accordingly, the infant mortality rate is almost twice the rates for Kazakhstan and Uzbekistan; the probability of dying between 15 and 60 years is higher than in Russia and Ukraine, for both men and women; the rate of deaths due to heart disease is the highest in the world; while deaths due to liver disease and oesophagus cancer are respectively 3rd and 2nd in the world.

Health data (2015)

	Trk	Russ	UK
Life expectancy (male)	62	65	79
Life expectancy (female)	70	76	83
% deaths: heart disease	35.4	37.3	17.2
% deaths: stroke	13.2	22.6	10.6
% deaths: liver disease	5.6	2.6	1.8
% deaths: suicide	2.4	0.2	1.0
% deaths: low birth weight	2.3	1.7	0.4
Health exp. per head ($2014)	320	1836	3377
Health exp. % of GDP	2.1	7.1	9.1

So, despite improved investment during the last decade, the healthcare sector remains grossly underfunded (approx. $158 per person, compared to $957 for Russia) and healthcare outcomes, unfortunately, remain among the worst in the world.

1 Information and data from: https://tinyurl.com/g6rzg and www.worldlifeexpectancy.com

2 https://en.trend.az/casia/turkmenistan/2017635.html
3 https://tinyurl.com/y7r4jhtx

New Trustee

The BEARR Trust is delighted to welcome a new Trustee, Ali Lantukh.

Ali is a specialist in Russian and Ukrainian current affairs, human rights, and civil society developments, and is now applying her regional expertise in the tech industry. Prior to this, Ali completed a Marie Curie Research Fellowship, during which she was a Visiting Researcher at St Petersburg State University; she has also worked for US and UK governmental agencies, and is an alumna of St Antony's College Oxford. Since first living in Ukraine and volunteering with local NGOs over a decade ago, Ali has maintained a strong commitment to social justice issues in the region. She has also volunteered practically and at a strategic level with NGOs based in the UK, Romania, Brazil, and Uganda. She speaks Russian, and is now tackling Ukrainian.

At the same time we are sorry to lose **Andrea Bennett**, who has resigned because of other commitments. As readers may recall, she is the author of two novels which have been well received, and contributed a very moving account of the frustrations of life with her disabled son in the *Guardian* in July 2017. This was the most 'liked' item that had ever appeared on BEARR's Facebook page. It is still accessible at https://www.theguardian.com/lifeandstyle/2017/jul/22/love-fear-and-victoria-sponge-why-my-sons-lost-birthday-cake-made-me-sob?CMP=share_btn_tw.

We wish Andrea all the very best for the future.

Volunteers wanted

At BEARR we have a regular team of volunteers who assist in important ways with our work. But we are always on the lookout for further volunteers with enough free time and the right skills.

- Volunteers to research UK NGOs working in our area so as to enhance our contact list
- Russian-English translators to ease the burden on our regular translators
- Volunteers to provide practical help with arrangements for our conferences and other activities.

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THE BEARR TRUST ANNUAL CONFERENCE (SEE PAGE 5)

About the BEARR Trust

Patrons: The Duchess of Abercorn, Vladimir Ashkenazy, Elena Bashkirova Barenboim, Lady Ellen Dahrendorf, Myra Green OBE, Bridget Kendall MBE, Sir Roderic Lyne KBE CMG, Sir Jonathan Miller CBE, Mike Simmonds, Rair Simonyan, Dr Robert van Voren, PhD, FRCPsych (Hon), Sir Andrew Wood GCMG

The BEARR Trust is a British registered charity. It was formed in 1991 to act as a bridge between the welfare and health sectors of Britain and the former Soviet republics. Its mission now is to help children and other vulnerable and disadvantaged groups in Eastern Europe, Russia, Central Asia and the Caucasus. We believe the best way to do this is to help small NGOs working in health and social welfare to build knowledge, know-how, skills and contacts including with those doing similar work in the UK.

We pursue our aims by:

- supporting organisations committed to reform in the health and social sectors
- facilitating networking and exchange of information
- encouraging sharing of experience and learning
- helping organisations working in the region to identify potential partners
- providing seed funding to assist selected organisations to launch or extend partnerships.

The BEARR Trust endeavours to include as wide a debate and as broad a range of opinions as possible in the Newsletter to capture the diversity of NGO activity in the region in which it works. The BEARR Trust cannot be held responsible for the views expressed by authors in their articles.

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