

**BORDERNETwork**

**Exchange Seminar on Participatory Community Involvement in  
HIV Prevention Programmes**

**18.10. -20.10.2010**

**Sofia, Bulgaria**

**Protocol**

**Venue:** Social and Health Community Centre in the Roma Community Fakulteta

**Participants:**

**SPI Forschung Berlin, Germany,** Tzvetina Arsova Netzelmann, Dr. Joyce Dreezens-Fuhrke

**HESED Sofia, Bulgaria,** Milena Mihaylova, Radostina Antonova and two members of the Roma Community

**AIDS-Hilfe Vienna, Austria,** Sabine Lex, Esra Kilaf, Municipality Vienna

**Deutsche AIDS-Hilfe Berlin (DAH), Berlin, Germany,** Tanja Gangarova

**Latvia Infectology Center, Riga, Latvia,** Alise Krūmina

**JAZAS, Belgrade, Serbia,** Dragan Ilic

**AISC, Tallinn, Estonia,** Irina Moroz, Irina Mironova

**PRIMA, Bratislava, Slovakia,** Barbora Kucharova,

**UG-PROI, Sarajevo, Bosnia and Herzegovina,** Samir Ibisevic, President of Association PROI,

**ARAS (The Romanian Association against AIDS), Bucharest, Romania,** Valentina Dumitru, Raluca Teodorescu

**Protocol:** Dr. Joyce Dreezens-Fuhrke, SPI-Forschung Berlin

**18.10.2010**

**2:00 pm – 2:15 pm Introduction of the participants**

The participants were very warmly welcomed in the Roma Community Centre by the two moderators Milena Mihaylova, Radostina Antonova from HESED (Health and Social Development Foundation, Sofia) who hosted the Exchange Seminar. Each participant gave a short introduction of his professional background and of his current work.

**2:15 pm – 2:30 pm: Presentation of the goals of the seminar by Tzvetina Arsova-Netzelmann, SPI Forschung Berlin, Germany (see Annex 2)**

The BORDERNETwork project was presented in detail. The 3 phases of the project were explained and hereby “BORDERNETwork wants to go Eastern” was emphasized. It was pointed out that there has been a focus on non EU-countries in the last 2 years. As this

exchange seminar is one of the activities of Work Package 8 (WP8) “Participatory approaches to community based HIV/STIs prevention in ethnic minority and migrant groups” this Workpackage was discussed in particular. In this context it was mentioned that HESED Bulgaria has the leading role of WP8. It was underlined again that all the WPs of the BORDERNETwork project are linked to each other.

**2:30 pm – 3:00 pm: Presentation of the Social and Health Community Centre in the Roma Neighbourhood by Milena Mihaylova and Radostina Antonova, HESED, Bulgaria (see Annex 3)**

The Health and Social Development Foundation (HESED) is a provider of social services licensed by the Agency for Social Assistance. Moreover HESED is a provider of social services for children licensed by State Agency for Child Protection. HESED has provided several development programs especially for Roma Community. One of these programs is the Roma Community Center which was established in 2003 and is the first of its kind in Bulgaria. The establishment of this center puts the beginning of a new approach in the efforts for creating conditions of development and integration of the Roma community in Bulgaria. The center is located in the biggest neighbourhood in the capital city Sofia (and one of the biggest in Bulgaria) where only Roma people live (about 45.000 -47000). The center offers modern alternative community development programs such as following:

- Early Child Care and education programs:
  - Trainings on skills in parental and child care for mothers of children under 3 years of age and pregnant women
  - Kinder garden: Roma parents usually are not used to give their children into the kinder garden. The idea of a kinder garden is to prepare children for school. A school readiness improvement program is provided through daily 3-hours educational sessions with children to improve their social, cognitive language and motoric skills. Also monthly sessions are provided for parents to enhance their parental skills. Currently 30 kids between 4-5 years are visiting the kinder garden. There are three teachers working from 10 am – 1 pm.
  - There is also a school in the Roma community where Roma as well as Bulgarian teachers are teaching. A program for Children in the 1<sup>st</sup> – 4<sup>th</sup> grade is provided in order to support them in primary education to cope with requirements of the school system.  
*Problems:* Problems have often developed in schools where Roma and Bulgarian are learning together. Most Roma children are afraid not to be accepted by the other children at school. And often Bulgarian parents take away their children from school. In the past there were quite successful projects in the region where assistants were helping the school teacher handling the difficulties related to the two different pupil groups. But these kinds of projects have all disappeared.

- Employment support – program for social skills development, professional orientation and qualification.
- *Findings:* Stable jobs for Roma exist in cleaning companies. Bulgarians appreciate Roma as cleaners also at their home.
  
- Other activities of the center:
  - Support in on-line registration r children supposed to enter the kinder garden in the city. About 350 children are on the waiting list. Mothers who are not able to write and not familiar with Internet are being helped with the registration.
  - Assistance in case of loss of identity card;
  - Children’s kitchen – this is a paid municipal offer for babies and small children, who switch from breastfeeding to basic food. The centre hosts the delivery of food for the mothers from the neighbourhood.
  
- Research and prevention project for young Roma men with MSM behaviour: Considering the background that 70% of men have sex with men in the Roma community a research project on MSM practices was conducted jointly by HESED and the University of Wisconsin (USA). During a pilot implementation phase from 2006 -2007 the project was funded by UNAIDS Bulgaria. Objective was to study the knowledge level on HIV/AIDS and STIs, the attitudes towards condom and lubricant use, and the frequency of use of precautions. A questionnaire was applied to collect the data. The respondents were tested for HIV.

Furthermore training was organized in accordance with the POL method (training of informal leaders from the Roma community on HIV/AIDS and STIs prevention knowledge and skills, communication and leadership skills, developing adequate attitudes towards safe sex practices, condom and lubricant use). The training classes were conducted for 3 months.

The close friendship network was also used to select the leaders through sociometric techniques. One year after the training a follow-up was conducted to find out who are the best mediators. The men were interviewed and it was asked whether they had contact between the two sessions (trainings).

This method based on the active involvement and participation of the community members in the HIV/STI prevention activities will be the cornerstone of the transfer and capacity building in the frame of WP8’s cooperation of BORDERNETwork.

The Roma Community Center of HESED is mostly visited by women. Virginity is very important in the Roma community and homosexuality is a shame. Most men who have sex with men do not have a homosexual identity and would practice MSM sex as part of their sexual experimentation periods or as an income source (MSM sex work).

**3:30 pm – 5:00 pm: Presentation of the „Park Project“ Program, Sabine Lex, AIDS-Hilfe Vienna (Annex 4)**

- Short introduction of AIDS-Hilfe Vienna: Staff, activities, working methods, epidemiological situation in Austria; VCT, HIV-tests are provided: PCR, HIV antibody test, rapid test (6-48€)

### Background of Park-Project

The Park Project is a low threshold and outreach project for HIV prevention among migrant communities in Vienna and Austria. The presentation was based on a definition of migrants. An overview on the ethnic minorities living in Vienna and Austria was given.

Knowing that there are a lot of barriers for HIV prevention especially in the case of migrants the Park project was established applying a special approach in different settings. Besides workshops, information booths (distributed at different events, parties etc.) the Park- Project is the central prevention activity for migrants.

Main target groups among the migrants: Turkish, Bosnian, Croatian, Serbian communities

### *Roma minority in Austria:*

It is estimated that at least 25,000 Roma are living in Austria. A lot of problems do exist within the Roma communities.

### *Sex workers*

Many migrants are working as sex workers. In Vienna sex workers need to be registered and have to undergo a screening every week. If they have been tested HIV positive, they are not allowed to work anymore by law and lose their license.

### Aim of the project:

- to reach migrants between 20-40 years of age with participatory methods.
- to improve health at all and not only with focus on HIV
- to find out the prejudices
- message should be: “you could also be one of them who can get infected”

Approach: training of referees every year; crucial selection criteria: ability to reach the people, furthermore ability in cultural specifics; entry questions: rather talking about Hepatitis and / or health than HIV; main slogan of the Park-Project: “Go where the people are. Connect to the World of your clients”!

Referees are paid per hour 14.60 €. In 2009 about 10 referees were working in the project. A “chief of the day” is selected to be in charge of the activity. There is an ongoing exchange with the referees. Evaluation is undertaken once a month.

Number of people reached has increased steadily from 1999 till 2009. Referees have not only reached different communities and migrant of different age and sex but also Austrians. There

are problems to reach elderly people among the migrants in particular as they are often at home and do not invite others into their house.

Focus 2010: Due to epidemiological data (30% of all HIV+ people and 38% of all HIV+ women in Austria originated from high prevalence countries) focus will be on Sub-Saharan Africa Community in future. Officially there are about 4000 Africans living in Austria (unofficially about 20,000). Main questions are:

- Where can the Africans be reached?
- What should be the messages?
- How could a prevention project for Africans be established?

The Park Project is planning to establish focus groups in order to better reach the African Community.

Discussion:

During the discussion of “who is a migrant?” it was mentioned that migrants make up for 10.7% of the whole population living in Vienna, about 850.000 have another citizenship than Austrian.

Participants were discussing whether an African community does exist. Findings of a survey conducted by SPI and also experience made by some other participants indicated that Africans who originate from different countries in Africa are unwilling to be generalized as one group under common denominator “Africans”. Thus issue should be further discussed and investigated.

**5:15 pm – 6:45 pm: Presentation of the PaKoMi-project by Tanja Gangarova, Deutsche AIDS-Hilfe Berlin (DAH), Germany (see Annex 5)**

- Introduction of the work of DAH, in particular the unit migration; overview of the epidemiological HIV situation in Germany

Background of PAKOMI-Project: Epidemiological data in Germany on migrants; HIV-related vulnerability of certain migrant communities and the need for adapted HIV prevention for migrants

The PaKoMi-Project is a national demonstration project on participatory research and HIV prevention with immigrant communities in Germany. The project is conducted by the National AIDS Service Organization (DAH) and researchers at the Social Science Research Center Berlin (WZB) in cooperation with local community partners. Project duration: 10/2008 – 10/2011, financed by Ministry of Health of Germany (BMG).

Target group: migrants, employees of Aidshilfen and other local service providers

Goals: to enable migrants and employees of Aidshilfen and other local service providers to participate and cooperate in the area of HIV prevention

Description of the project:

*The project contains of 3 stages:*

- A quantitative survey of the local AIDS service organisations, building advisory board, selection of case studies etc.
- Local case studies investigating the forms of participation, capacity building workshops etc.
- Evaluation, development of participatory research methods, recommendations, publications etc.

The first stage has already been completed. 90 Aids service organizations (ASO) participated in the survey (return rate 76%)

*Conclusion of the first stage:*

- More outreach needed to immigrant communities
- Stronger involvement of immigrants and their communities in HIV prevention – with financial reimbursements
- Cooperation with social and health service providers and immigrant CBOs must be improved
- HIV-related stigma perceived as great challenge in immigrant communities
- Training to build intercultural competences in ASO needed

In the ongoing second stage “Capacity Building” workshops are organized in order to enable members of immigrant communities and service providers to conduct community-based research for improving HIV prevention. The “case studies” are conducted with the involvement of peer researchers from local migrant communities in 4 cities (Berlin, Hamburg, Osnabruck, Dortmund). One of the main characteristics of the PAKOMI – project is the approach of “participatory research”.

Expected outcomes of the project: knowledge relevant to action and to science on participation and cooperation in intercultural health promotion (strategies, modes, methods, conditions, results)

Findings: The findings of the PaKoMi-Project will be published as manual as well as a video

Discussion:

Mediators: The HIV mediators have also been trained in project management and participatory learning. “Story Telling” was mentioned as a new research method being taught. After having successfully accomplished the training mediators get a certificate.

According to the experience of another pilot project in Germany for training of Transcultural Aids Mediators (TAM), the involvement and commitment of the mediators is reimbursed with 150 € per event, organized with the migrant group (not per hour). But no extra budget is available for paying the mediators after the project's end. DAH is not allowed to receive fund from the Pharma-Industry, but there are some exceptions. In the case the sex workers are functioning as mediators and if they have to be paid permission has to be asked at the Health Ministry. At the same time data protection is of utmost importance and anonymity of the clients (who can work illegally in Germany) should be ensured.

A further issue of discussion was the problem that in general the strategies in HIV prevention have not been developed by the migrants (yet).

### **6:45 pm– 7:00 pm: Feedback of the first day**

Everybody was satisfied with the information and presentations. At this stage of the seminar it was already noticed that migrant groups in the participating countries do differ from each other. So Dragan Ilic (JAZAS) concluded: "In my country we do not have such kinds of migrant groups as in Germany and Austria".

### **Tuesday, 19.10.2010**

#### **9:00 – 9:30: Presentation by Alise Krumina, Infectology center, Riga, Latvia (no PowerPoint Presentation)**

Among the 2.2 Million inhabitants of the country Russians are the biggest migrant group and make up 29% of the population. According to Alise Krumina the Russians have not been considered as a minority. Other nationalities in Latvia are Polish and Belarusian (5%) and Roma (0.4%) are about 8000 people. In a region in West Latvia (city of Venspils), where Roma communities are located an assessment analysis has been conducted several years ago. According to the report 25% of the prisoners are Roma and there are a lot of IDUs among Roma.

In the course of the assessment survey population representatives from the city have been invited to a low threshold testing centre (LTTC) for an HIV test. Half of the respondents were Roma, estimation of HIV rate among them was high.

Data on the different nationalities do exist, but the network of HIV prevention in Latvia includes all populations. There is no special HIV statistic related to the minority / migrant groups. In this context the "Baltic Survey of Injecting Drug users", conducted in 2007 was mentioned. This survey included all drug users in Latvia, Estonia and Lithuania. A special drug treatment program for migrants does not exist.

#### Discussion:

It seemed not yet clear how Latvia will participate in the cooperation concerning WP8.. As Alise has been introduced just recently to the project, she would need to conduct consultations with the other colleagues from LIC, involved in the phase of the project's preparation. From all partners in WP8 Latvia has no available experience of involvement of communities (minority or migrant) in HIV participatory prevention. In that respect it will be difficult to outline a particular model of prevention in the assessment questionnaire prepared by HESED. Nevertheless taking part in the exchange process and moreover in the capacity building trainings in the next year (Bucharest and Vienna) is considered as very advantageous for the Latvian context.

**9:30 pm – 11:00 pm: Presentation of JAZAS programs, based on cultural sensitivity and a participatory approach, by Dragan Ilic, JAZAS, Serbia (see Annex 6)**

Background of the project:

JAZAS is the oldest NGO dealing with HIV/Aids in Serbia (already for 20 years).

Statement: “We still do not have culturally sensitive programs but we are working on it“.

Target population: Roma population, sex workers, drug users.

*Roma population:*

Official estimation 200,000 (2% of the whole population). Most of them do not have documents and have been uninsured. Now there is new law in Serbia and Roma people can get automatically a health insurance. 90% of the Roma are unemployed. The suppression of poverty has been an important policy of the government.

As there are a lot sex workers and drug users among Roma, a needs assessment of Roma sex workers was undertaken to cover dimensions of cultural sensitivity. Underlying question was whether Roma sex workers differ from non-Roma sex worker. The results showed clear differences in the socio-demographic profile, being the Roma sex workers younger, less educated, with higher grade of illiteracy than the Serbian SWs. Beside the Roma SWs reported having had firsts sex at age before 14.

Further among the studied groups there were no significant differences in knowledge of HIV/AIDS prevention and in comprehensive knowledge about HIV/AIDS.

*HIV / sex workers / drug users:*

- 27% of SW are injecting drug users, 70% of injecting sex workers are Hep C infected  
HIV prevalence among IDUs 6-7%
- HIV prevalence among sex workers: 2%
- 60% of the sex workers are working in the streets, 40% in clubs, 20% are transgender (Roma) and 13% are male sex workers (mostly Serbians)
- Since the new law 50% of the sex workers do have a health insurance

Indoor and outdoor sex workers know each other and come together. Most of them have the same pimp. They often accept an additional job beside their sex work, often in a bakery.

### Problems:

Low socioeconomic status among Roma sex workers cannot be solved by JAZAS program, but there are many activities on national level.

There are no specialised Roma community health centres, but Roma mediators (paid by MoH) are assisting in every community health centre.

Till now there is no health education company, no education material of any kind especially devoted to Roma people in the area of sexual health and HIV /AIDS prevention. JAZAS is working on both Roma and non Roma SW to reconsider and to revise the existing programs.

### Following activities were considered as a “participatory approach”:

- 10 sex workers officially educated as peer educators (8 of them Roma)
- Non official peer educators
- Self support groups, established by the SWs (5 to 6 SWs in each) who meet on regular basis in the drop-in centres
- Group discussion with social worker and a lawyer
- Health workshops
- Drop in centre
- Producing posters together
- Going to the theatre together

### **“We work with them and not for them” (Dragan Ilic, JAZAS)**

*Peer educators:* 8 out of 10 peer educators are Roma. They are paid by hour.

*Self support groups:* the idea is to build a community feeling. Free theatre tickets are sometimes offered to the sex workers. Often transgender and women meet together.

*Social worker and lawyer team:* As sex work is neither a crime nor legalised this team is assisting the SW in case of problems in the field. Usually there are no problems with pimps.

*Drop in centre:* As 30% of the SWs have children educational services are provided for them in the centre. With regard to the neighbourhood the official name of the centre is Educational Centre.

### Services

*Testing:* The team consist of 6 medical doctors, who are providing services in the field. HIV, Hep B, C, Syphilis testing is also provided in the field. All counsellors are providing pre- and post-test counselling. Testing is also provided in the drop in centre (rapid test).

3 VCT centres and 3 NGOs in Belgrade are serving IDUs and sex workers, providing testing for HIV, HEP C and Syphilis. Drop - in centres are available in 4 further cities in Serbia.

**11:30 – 13:00: Presentation of the Estonian project part of AIDS & Mobility 2009-2011 Program, by Irina Moroz, AISC Tallin, Estonia (see Annex 7)**

Background:

*Sex workers:*

In Estonia “Women involved in sex work” are working in bars, saunas. Only few sex workers are working on the street. A lot of women are working in the Escort service. Non-sex workers and injecting sex workers do not come together and are separated scenes. Most of the sex workers as well as most of IDUs speak Russian that means, they belong to the Russian ethnic minority.

HIV risk: By law it is not allowed to bring a person into danger and most women ask their clients to use a condom.

*Ethnic minorities:*

Russian speaking people originate not only from Russia but also among others also from Ukraine, Belarus and Armenia. Russian schools exist too. There are not many Roma living in Estonia, only about 100 near the town Narva. Due to the better social system many Roma went to Finland. About 100 Roma are living over there.

Epidemiological data and HIV prevention:

Inhabitants in Estonia: 1.3 Mill.

Highest HIV rate in Europe: 7000 were tested HIV+

Increasing: Transmission through sex, HIV+ women, HIV+ pregnant women

Estonia’s problem is the increasing number of HIV+ women. Women are the new vulnerable group. A routine screening (HIV testing) is done during pregnancy. Sometimes the women have not been informed about the testing. There is an alternative to be tested before pregnancy and some women have been asking for this.

Regarding this epidemiological background NIHD (National Health Institute for Development) has not been running a special program for migrants. But due to the high number of Russian speaking young people, who are considered as vulnerable group, HIV mediators were trained by the AIDS & Mobility project.

AIDS & Mobility project:

Objective: To reach young migrants in educational community sessions

Aim: To develop a health education models for migrants

Target group: In Estonia: Russian speaking minorities

Partners: 6 European partners involved

Main aim: To reduce HIV vulnerability of migrants and mobile populations in Europe through the development, implementation and promotion of appropriate policies and measures within a European wide network of experts

### Some of the objectives:

- To establish sustainable HIV- prevention for migrants in six countries through
- Transcultural AIDS mediator (TAM) training programs based on good practice developed by EMZ
- To develop standardized tools and materials (in 15 languages)
- To organize and complete training 120 transcultural AIDS mediators successfully

In Estonia the AIDS & Mobility project was coordinated by Juri Kalikov (Head of the Board of NGO AIDS-i Tugikeskus) and the trainers were recruited from the NGO “Living for Tomorrow”. 20 transcultural mediators had to be found and finally 24 people were selected for the training. Selection criteria: Russian speaking, young people 19-25 years of age, if possible with social science background.

Venue of training was the Estonian National Library. The training consisted of a theoretical and a practical part of 50 training hours, including evening hours and hours on Saturday. For the theoretical part different subject matters on migration, sexuality and HIV/Aids prevention were taught. For the practical part the training mediators had to organize community sessions.

### Discussion:

The problem of sustainability or continuation of the training project was an issue of discussion. Some essential questions were: What is going to happen with the mediators after the training? Will they ever apply their knowledge and engage in HIV prevention?

Regarding the topic of “participatory approaches of HIV prevention” it was pointed out that it is necessary to distinguish the 2 different approaches: Community based prevention (long-term program) and community based events. Mediators have to conduct 2 events during their training.. Depending of the quality of the event it can be seen as participatory approach. The quality of the events in Estonia was assessed to be very good. Probably the quality of the events in the 6 different countries involved in the AIDS & Mobility project will not be same.

**2:00 pm – 3:30 pm: Presentation of Prima Programs, by Barbora Kucharova, Slovakia (see Annex 8)**

### Background information:

Inhabitants: 5 Mill.

Roma: 400,000 (most of them prefer to identify themselves as Hungarian minority), 50% of them are Gypsy people. In Bratislava Roma people are living in a Camp community or social flats, built by the city municipality in several districts

Religion: Catholic country

PRIMA is a non - governmental association started to work in 1998, associates professionals and volunteers, who are working in a field of drug addicts, especially in harm reduction

(reduction of harm of drug use) and primary prevention. In the past PRIMA was a research organisation and later on they started to conduct outreach work. PRIMA is a client orientated organisation.

Target group: Drug user, commercial sex workers, homeless people, 50% of the clients are Roma

Focus of work: Streetwork

Aim: to minimize health and social risks united with drug use and prostitution and not only for our clients, but also for the majority of the population.

PRIMA conducts a lot of programs orientated at Roma communities. Among others:

- Romano Sastipen 2003- training of Roma health mediators, working with the young people, family members and relatives;
- Bordernet I - sex workers – a KAB survey was conducted among SWs in Bratislava, many of whom are Roma
- Slovak antipoverty network 2005
- Program of testing STI (syf., hep B and C, HIV) 2006
- Trafficking 2007
- Primary prevention program for Roma children (CD) 2009
- LPSI BRATISLA 2010 (Local Partnership of Social Inclusion) 2010

Discussion:

As a participatory method, PRIMA involved Roma groups in the Slovak antipoverty network.

PRIMA has a lot experience in working with Roma people. Due to this experience they know how to reach them and which tools are relevant. For example, within the Roma Community the mother has an important role (a kind of Matriarchate). This is a crucial point for prevention work.

In spite of the current bad situation for NGOs in Bratislava where organizations are going to skip, PRIMA has started a project for social inclusion of Roma children (2010), funded by a Social Inclusion Project 2010

It was asked how it could be possible to be engaged in both sex work and trafficking? PRIMA wants to support women who are really victims. In this context it was mentioned that they never have problems with pimps.

It was concluded that Slovakia is just a transit country with an unfriendly migrant policy. There are a lot of illegal workers from Ukraine and only 2 Asylum seekers per year (Bangladesh).

At the end of the presentation a video about the work of PRIMA with Roma was shown to the participants (Safe of Lifestyle).

**3:00 – 3:30 pm: All the participants took a walk to the Roma Community which was guided by Milena and Radostina (HESED) and one of the Roma outreach workers**

**4 pm – 5:30 pm: Presentation of UG-PROI Programs, by Samir Ibisevic, President of Association PROI, Bosnia (see Annex 9)**

Background information of Bosnia / Herzegovina:

- Till 1992 under Yugoslavia
- 1995 peace agreement: Bosnia and Herzegovina divided in federation of BiH (Sarajevo) and Republic Srpska (Banja Luka)
- The Federation of Bosnia and Herzegovina (51% of the country's territory) is divided in 10 cantons
- Each canton has its own MoH (but there are 13 MoH altogether)
- Inhabitants: According to Samir Ibisevic this is hard to say
- Population groups divided according to the religion: 48% Bosniacs (muslim), 37% Serbs (orthodox) and 14% Croats (catholic)
- Unemployment rate: 43% (according to Samir Ibisevic, this means, 43% are not paying tax)
- Very good social system

Association PROI is a non-governmental organization based in Sarajevo, Bosnia and Herzegovina (BiH) with a branch office in Brcko District of BiH. The organization was registered in November 2001.

Mission:

To support, develop and advocate an integrated approach in the field of drugs, HIV, public health and social exclusion by following the principles of humanism, gender equality, tolerance, partnership and respect for human rights and freedoms.

Target groups:

Substance addicted persons, their families and sexual partners; sex workers and female injection drug users; young people and their parents

Programs: Health programs, Women programs, Drug treatment

Background information on sex work and drug use:

According Samir Ibisevic before the war hardly any sex work did exist. Already during the war women started to sell sex (war-triggered sex work scene). After the war there were good

conditions for all kinds of sex work, there was an international community and borders were opened etc. UN officers were more and more involved in sex work. Local police were more and more involved in corruption.

Before the war drug use had only been a matter for privileged people. This situation had changed during the war, where soldiers were using drugs. Since 2003 all night bars were shut down over night.

It is estimated that there are about 7500 – 10,000 drug users countrywide. Each city has its own drug scene, which is not open. Any possess of drugs is criminal. Drug treatment is free (funded by Global Fund, GFATM).

#### Harm reduction program:

Since 2004 PROI provides harm reduction services as the leading organization in this field in Bosnia / Herzegovina. They have ca. 2000 clients on regular basis.

Services are delivered through outreach work and in drop-in centers. PROI has a network of outreach teams in Sarajevo and 5 further cities. All services are 100% confidential, free of charge. Codes (combination of mothers name and birthday) are being used for identification.

#### Peer education program:

PROI has 25 educated community representatives providing peer consultations and peer trainings to project clients. Among the IDU peer educators are gate keepers and outreach workers.

#### Popular Opinion Leader (POL) program:

POL as a new HIV prevention model transferred by the Bulgarian team HESED already to PROI found that well-liked and respected people (popular opinion leaders or POL) within a community can help to change risky behavior of their friends, neighbors, and acquaintances through active conversation and endorsement of condom use and safer sex behavior. Association PROI has 80 peer educators and 10 peer trainers from sex workers population educated through POL methodology.

#### Gender based violence program:

In the framework of the POL - program PROI is conducting a survey of sex workers about violence.

#### Prevention program for most vulnerable women (MVW):

Since 2007 Association PROI provides activities for the most vulnerable women such as female sex workers, female injection drug users (IDU) and female partners of IDU. The project got funding from Global Fund (GFATM) Round 5 and 9.

#### Drug Treatment and Rehabilitation:

In May 2005 Association PROI established a first Bosnian residential grass-root Therapy Center (TC) applying the Dayton's model. The TC is based on a unique concept. The TC is entirely managed by recovered addicts. The results are not really optimistic. Out of 174

clients who entered to the 18 months residential treatment program since May 2005, only 26 residents graduate after 18 months of the residential program. (85% of them have been drug free for 5 years). They adopted drug free life style which means, the life without drugs and alcohol. 128 residents left the program before official graduation. The drop-outs occurred mostly in first month of the residential program.

#### Discussion:

It was emphasized that women addiction is much more complicated because it is often related to trauma.

#### *Cultural barriers:*

Estimated 50,000 Roma are living in Sarajevo. Estimated 250 SW are working in Sarajevo, 5% of them might be Roma.

10% to 20% among the IDUs are Roma people. Gate keepers are often Roma. According to Samir Ibisevic Roma are not willing to enter the therapeutic center or Methadone treatment. One reason might be that the complex duration of the program of 2 years is too long for them. No material about drug use and HIV prevention do exist in Roma language. It was concluded that there is a need for special training for Roma people in the field of HIV prevention and drug treatment.

#### **Wednesday, 20.10.2010**

**9:15 pm – 10:45 pm: Presentation of ARAS programs, Valentina Dumitru, Raluca Teodorescu, ARAS (The Romanian Association against AIDS), Romania (see Annex 10)**

In April 1992 ARAS was found in Bucharest as the first Romanian non-governmental organization in the field of AIDS. The main objectives were to prevent HIV/AIDS transmission and to help those affected by the disease.

Currently ARAS has branches in other nine important regional cities all around the country. Today the number of employees is about 59 and more than 100 volunteers are engaged in all the branches. Also a number of beneficiaries are working for ARAS.

**For the period 2010-2013** ARAS has received financing from the European Social Fund through the Sectorial Operational Program for Human Resources 2007-2010 named "Invest in People!,, for the implementation of two national projects. Duration of the project: 3 years.

Project "**It's Your Right to Know**" – aiming at social and professional integration of vulnerable women. 12 centers have been created for counseling and vocational orientation of members of the target group.

- Roma women, IDUs (who have to be on substitution already), former prisoners, HIV+ women, trafficking women.
- Women get help in writing their CV. Also schools for adult education are available.

Project **"The Second Chance"** - aiming at the improvement of access on the workmarket for people affected by double vulnerability: injectable drug use on the one side and on the other side belonging to such groups as the Roma community, women, people who have been imprisoned etc.

### **Permanent programs**

Target groups of outreach interventions: IDUs, SWs, HL, Roma people, people from the community

HIV/AIDS prevention (IEC Program) includes among others: AIDS-helpline (green line nationwide), harm reduction services, training for peer educators involved in the projects

#### Facilities:

ARAS is equipped with 2 mobile units. Needle exchanges services are offered in the 2 drop-in centers and 3 containers.

In the *drop-in centers* rapid testing is provided. But often the clients are scared. ARAS has an agreement with the hospital where the HIV test is also for free. The client's groups are very mixed, IDUs, SWs, street children, Roma. Thus the services there are not only specific for Roma clients. A medical doctor (gynecologist) has attending hours in the drop-in centre.

#### Methadone Substitution Treatment

ARAS has opened first Methadone site in Bucharest in 2007 - the ARENA center (with 210 places) which is situated in the Institute of Infectious Diseases. A second methadone site will be open soon.

Problems with Methadone treatment: Clients have to pay for the pills and service every day. Monthly payment costs 150 EUR, daily – 5 EUR. They get 100 mg (24 pills x 2.5 mg) as maximum per day. Often the clients hide the pills under their tongue. As they can still inject beside the Methadone treatment a rest of the pills is often be sold. Urine controls are conducted regularly.

Another Methadone treatment center is available which is privately funded and religion - based. Drug-free treatment and rehab centres exist according to ARAS team run by private organizations, where monthly fee is 1000 EUR.

Greatest problem related to injecting drug use at the moment is Hepatitis C. According to ARAS's estimates more than 90% of IDUs are Hepatitis C positive. The treatment is very expensive (1000 EUR per month for Interferon), and practically unaffordable if one is uninsured. Besides there are long waiting lists (average 2 years) for treatment, not only for IDUs, but for general population also.

### Training:

ARAS is providing training in the field on HIV/AIDS issues, Harm Reduction and Social work for different professional groups working in these areas. Problems exist with the pharmacists who refuse selling syringes to the IDUs for the reason that they think they would support addiction.

Other permanent programs: Social assistance to PLWHA, advocacy for human rights, consultancy, and research activities related to the target groups, institutional development.

### Roma Projects:

#### Background information:

500,000 Roma are living in Romania (making for 2.5% of the Romanian population). There are 2 types of Roma communities: traditional and Romanized communities. The traditional community is difficult to reach. It is not clear whether the Romanized community should be a target group.

ARAS implemented a project targeting Roma communities: HIV/AIDS prevention among disadvantaged communities with Roma majority – 2007-2010 (funded by GFATM).

The aim of the project is to contribute to the prevention of HIV infection among disadvantaged Roma communities, it is covered already in 9 counties as well as in other 18 new communities.

The project's target groups consist of the members of disadvantaged communities in 9 counties, as well as in the capital city Bucharest and in the neighboring county Ilfov. The project team works with all community members, providing specific HIV/STIs prevention services along with social services and access to other health care services.

#### Challenges in working in and with communities:

- HIV / other infectious diseases are not seen as priorities initially
- Difficulty in identification of the vulnerability: *People in our community are not vulnerable, they are faithful to each other; condoms are needless and HIV testing is so, too* (cited by ARAS)

#### Discussion:

It was controversially discussed whether a mix of approaches in the field of HIV prevention, diagnostic and treatment would reduce the quality of the whole approach. It became clear, that Harm Reduction is receiving a lot of funding globally, but other approaches should not be neglected. A holistic approach is necessary and therefore the referral system has to be improved. In this context one participant emphasized: "Prevention without treatment has no effect!"

Although it was pointed out that the idea to set up a drug free community exists, however till now there is no stable drug free treatment.

Specific problems: One of the biggest problems in Romania is the high number of people who do not have a health insurance.

Services for clients: ARAS is complaining from the Structural Fund's Projects which require too many documents (each client needs 9 documents) to be filled in and reported per client.

At the end of the presentation a short video was shown about the work of ARAS.

### **10:45 pm – 12:30: Feedback of the seminar**

Everybody was very satisfied with the seminar. All the participants have got an impression about the work of the others. This seminar was just a starting point to deal with differences and diversity of HIV prevention approaches among minority and migrant groups. The task was that each organization should profile the best part of its model. The crucial question has been which part of the model could be recommended and to be transferred to other countries. Important asset of the seminar was the feeling of working in a network and being able to exchange with the experts from the other countries. Very impressive feedback was shared by some EU country experts, who appreciated very much the good and advanced work conducted by new EU member states and non EU country partners with comparatively small budgets. In addition the form of work during the seminar has been evaluated as very effective. The plenty of time provided for each partner's presentation and for the discussion afterwards contributed a lot for an interactive exchange and experience sharing in the participants' group.

### Further steps:

The presentations made during the seminar complemented the assessment questionnaire which were filled in by the partners and prepared by HESED. Its purpose is to outline the strong points of each of the models and to finally select one or two models which can be used impulses of training and capacity building during the next phase of the cooperation under WP8. Upon finalization of the survey, HESED will draft a report and circulate it among all partners. As next step the first training on the model of POL will be conducted by HESED's trainers in Bucharest in March 2011. Trainers with competencies have to be selected to conduct the training in Bucharest. A 2-days training will be held to build capacity to implement the evidence-based best practice method of POL (popular opinion leader) for community based prevention in ethnic minority and migrant groups. Besides, HESED's staff will conduct one or two on-sites visits to selected partners for observation and evaluation of the implementation of the intervention models on the spot.