

BORDERNETwork 20091202**On-site visit to Model Region VI, Bucharest, Romania,****28-31 March 2011****Protocol**

SPI Team, Berlin: Tzvetina Arsova Netzelmann, trans-national coordination, Dr. Joyce Dreezens-Fuhrke (free-lance HIV consultant)

As the coordination on-site visit was combined with the POL Training Seminar in the frame of Work Package 8 (Deliverable), organised and hosted by ARAS, Bucharest the first 3 days of the visit followed the seminar programme, as designed and delivered by the trainer team of HESED, Sofia (lead partner of WP8)

30th March 2011 Wednesday**Coordination on-site meeting - SPI and ARAS teams.****14:00 – 18: 00 h****Participants from ARAS:**

Galina Musat, coordinator BORDERNETwork Romania and co-ordinator of sentinel surveillance of STI-patients under WP5 (leading partner: RKI)

Cornelia Niculae, the financial director ARAS

Cristina Fiebinteanu, research coordinator in ARAS of the bio-behavioural surveillance survey among SWs under WP5 (leading partner: SPI)

Meeting's venue: ARAS Office:

Piata Presei Libere, nr. 1, corp B2, etaj 3, Cod 013701, sector 1, Bucuresti

The meeting took place in the new premises of ARAS. The organization moved to an administrative building, a former press house, where various media companies rent offices. The building has a Soviet architecture style of the 50ie, in a bit dilapidated state. ARAS has a whole wing from a floor with more than 10 separate offices and a small meeting room. The management staff of the organization, as well as bookkeeping and IT specialists are based in this office.

The meeting took place immediately after the end of the training seminar conducted under WP8: Training in the method of POL for community based HIV prevention among minority/migrant communities.

The training was a pretty intense event, for which the planned time turned out to be too short. In addition some organizational and technical problems appeared in the beginning of the training. The preparation of the meeting was carried only by Galina Musat, which put obviously too much pressure on her in advance. It was evident that the on-site coordination visit takes up in a pretty stressful moment after the end of the training and should therefore be kept clearly structured and concise.

Topics discussed

TOP 1 and 2: Overall implementation of the project – stage of progress, success and difficulties from the perspective of ARAS, Action Frame Plan for 2011. Coordination, Management, Reporting, Preparation for Interim report, Dissemination – WP1/2

Galina Musat (GM) is the main contact person for the co-ordination of BORDERNETWork from ARAS. At the moment she works only for it and supports the monitoring of another national project of ARAS, based on the structural EU funds.

GM made an impression of being overstressed with the tasks of the coordination of all simultaneously progressing tasks under various work packages. In several of the work packages there are considerable delays on side of ARAS and an accumulation of pending tasks which also come into new delay. There were several points to be clarified.

After a short feedback from the concluded POL training seminar on WP8 TAN invited G.M to share her general impressions from the development of the project so far.

WP1: Coordination

GM commented that despite the initial difficulties now the project has gained more stable course, tasks and deadlines are much clearer. GM shared however that she feels often over challenged with the requirement to keep constant overview on all simultaneously developing cooperation areas. This leads to some lapses in attention and also mixing up of deadlines for tasks. It seems that for the operational work (organization of meeting, office support in printing of documents, collecting files and questionnaires from survey participants) the partner might need some assistance, in order not to get fully absorbed by the task performance and to lose the overview on the whole action plan. TAN addressed the issue and GM considers talking to ARAS managers about that.

There are several different contact points from ARAS team, who are involved in the individual core work packages, but they can support GM only topically and punctually as for single tasks. GM feels that she needs support on the level of discussion and coordination of the various decisions to be taken for the course of implementation of the project.

Additionally TAN suggested that the coordination team of SPI supports more actively GM in the ongoing work. More often updates on tasks and their execution will be tried out in the

next months. According to the suggestion phone/Skype talks will be conducted once monthly. The first one will follow by 15 April.

WP2: Dissemination

ARAS has not yet posted information on BORDERNETwork project on the organisation's website. GM told that the BORDERNETWork project has been described in the annual report of ARAS, published on the website. TAN emphasized on the importance of visibility of the project and the support of the European Commission.

As for the dissemination of important information and project results, GM has a mailing group of relevant stakeholders, to which also the call for tender for external evaluator was disseminated. An interested applicant from the country, a former UNAIDS expert sent application already to SPI.

Next, GM will prepare a **List with all relevant stakeholders on national, regional and city level**, contacted in the frame of implementation of BORDERNETWork. This list will be part of the technical interim report submitted by mid of June by GM.

As for the external evaluation of the project, ARAS was informed that selected external evaluator may contact and visit Bucharest and meetings with selected co-workers can be requested.

TOP 3: Cross-border networking – WP4 – planning of joint meeting/visit to HESED partners in 2011

As for the cross-border cooperation with Bulgaria, GM sees a good chance to deepen the exchange in practical approaches for HIV/STI prevention in Roma community. During the POL training the HESED team invited interested partners to make a hospitation during a running POL training in the Roma community in Sofia, which is planned to start from May 2011. The idea was discussed whether ARAS team members could visit the Roma social centre of HESED in Sofia and take part as observers in some of the sessions of the POL training. GM will discuss the idea with the colleagues who are responsible for that work package and will plan the exchange in 2011.

TOP 4: Sentinel surveillance – WP5 STI patients (RKI)- oncoming on-site visit of RKI and BBSS for Sex workers (SPI) – responsible ARAS partners – stage of progress

WP5: HIV/STI Sentinel Surveillance coordinated by RKI

Starting from the sentinel surveillance coordinated by RKI, GM addressed the various difficulties she experiences in the organization of the work.

Some unfavourable developments in the last year (2010) influenced the pace of data reporting. TAN requested for more information on that. GM told that in 2010 ARAS did not pay incentives to the sentinel participants, due to the late start of the project (contract and

advanced payment in July). Two of the sentinel sites dropped out due to that reason. GM had however not informed SPI and RKI about that and it had remained unclear for a pretty long period of time, why the sentinel sites in Romania have decreased.

Thus the sites in Constanta and Brasov (both state dermatology clinics) quit participation in the BORDERNETwork sentinel survey in 2010.

At this point TAN prompted for more regular communication and information from ARAS on any changes and difficulties in the recruitment and participation of the sentinel sites.

Looking at the current sentinel participants, at first place the collection of the filled-in questionnaires from the sentinel participants was named as a time consuming and somewhat strenuous task.

As for the contact and motivation of the medical doctors in Bucharest to participate, the situation now seems to be much clearer. Both Dr. Benea and Dr. Tiplica (who became also an official Collaborating Partner) committed to participate. The regular reporting of data is however still a problem. GM complained that she has to remind them repeatedly of the task which she feels somehow disturbing.

As for the incentives put into practice as a motivation mechanism, TAN shared the experience of the Slovak partners, who provide incentives to the doctors per filled in pair of DQ and PQ. In the case of the Romanian sentinel participants that will not be very feasible, as Dr. Tiplica is not eligible to receive incentives as a collaborating partner.

GM had sent 3 days before the meeting filled in questionnaires collected from the last year (2010). She had kept over a long period of time a collected pile and had waited for some last to be submitted in order to send one dispatch to SPI in Berlin.

TAN clarified again that it is very important to send the collected filled in questionnaires rather promptly, so no big "time gaps" are created in the process of data entry and processing.

Additionally it was agreed that GM from now on collects and sends each month the filled in questionnaires. It was suggested to scan and email them in order not to lose additional time with postage.

As next, an update on the currently participating sentinel sites was made:

- 2 clinics in Bucharest – Dr. Benea and Dr. Tiplica (state clinics, conducting whole blood tests);
- 1 mobile diagnostic point in Bucharest – outreach unit of ARAS – offering only rapid tests;
- 3 new diagnostic points can be included from April 2011 – all of them ARAS branches, offering ONLY rapid tests. 1 of the 3 new is also in Bucharest (but having different client group than the mobile ambulance), 1 is in Brasov and 1 in Piatre Neamt.

TAN suggested GM to consult first with RKI team before taking a decision of involvement.

On the occasion of the newly recruited sentinel sites, it was highlighted again that some basic questionnaires are still missing. GM will collect the BQ from Dr. Tiplica and send it by email (already done: 8.04.2011). Reviewing the questionnaires received last by SPI it was detected that some monthly questionnaires are also missing (while diagnostic questionnaires form the respective month not).

With regard to the oncoming on-site visit of RKI it was suggested by GM to organize to separate meetings with Dr. Benea and Dr. Tiplica and not to invite them to one meeting. According to the agreement some national policy stakeholders should also be contacted by GM in the preparation of the RKI's on-site visit and requested for a meeting.

GM will prepare a provisional agenda for the oncoming visit in May and circulate it to SPI, RKI and national participants.

WP5: BBSS Female Sex Workers

For that meeting two other colleagues of ARS team joined us, the coordinators of the survey: Cristina Fierbinteanu and Adrian Popescu, who are at same time coordinators of ARAS outreach unit among sex workers in Bucharest.

The team of ARAS has participated in implementation of a national BBSS two years ago, in the frame of the Global Fund. Target group of the survey were IDUs. Thereby the RDS sampling method has been piloted for first time.

As for the group of sex workers (majority of them IDUs) ARAS team has conducted only snow ball recruitment, starting from the outreach service offered with the mobile ambulance.

According to the two partners, a combination of RDS and SDS as sampling technique is feasible and will be tried out in the beginning phase of the recruitment. During the previous RDS-survey they have started with 8 first seeds, each of whom received 3 coupons for recruitment of further respondents.

In the case of the BORDERNETWork survey they will start with 3 seeds. The majority of the sex workers offer their services outdoor, but according to estimations there are some SWs working in apartments, where ARAS has not been accepted so far. In this sense an arm of the survey sample recruited through RDS can be very beneficial also in terms of contacting new clients.

The size of the sample is estimated as realizable, between 200 and 250 women can be reached. As for the incentives, the experience of the team during the previous survey was with social vouchers (for gifts) with twice higher amount (12 EUR vs. ca. 6 EUR planned now) than the foreseen budget of the current survey.

The team will discuss how to find a better solution for additional incentives and could also (as an alternative) limit a bit the sample size (200) and increase slightly the incentives per person.

As for the survey instrument, a delay in the translation into Romania occurred, but GM is almost ready with the version, which will be consulted and edited by her two colleagues. As Cristina will be the research coordinator she will present both protocol and instrument to the team of outreach workers who will be the interviewers.

As for the length of the instrument it was commented that during last survey with SWs it turned often out rather difficult to conduct a whole interview at once. Many respondents asked for interruption due to a client and returned afterwards to continue with the interview. It was agreed that this should be an exception case, and if an interview remains uncompleted it is invalid.

The issue of ethic commission has been raised and discussed. The ARAS colleagues figured out that an ethical commission is based at the Infectious Disease Hospital "Matei Bals", with which ARAS collaborates pretty well and has additionally the Substitution Therapy Unit for IDUs at its territory. The study protocol will be translated and submitted to that commission, together with the protocol of the HIV/STI sentinel surveillance, lead by RKI.

As for the blood testing, as described in the protocol ARAS will do only rapid tests. In case of a positive rapid test, a mechanism should be worked out to accompany the client to receive a confirmatory ELISA test, as the mobile ambulance is not equipped for a whole blood testing procedure (no medical doctor, no appropriate utilities and refrigerator for the vacutainers).

The major problem the team experienced during the last BBSS was exactly with the confirmatory tests – they "send" the clients for a test to a stationary testing point, but they never showed up. It was considered to accompany them to a trustful testing point (such as the participants in the sentinel surveillance). The survey coordinator (Cristina) will work out a proposal how to organize the confirmatory tests in the frame of the survey. TAN highlighted again that only confirmed reactive results will be reported as positive results in order to assure reliable data.

Finally the team of the survey shared their confidence that the survey will run smoothly and ensured in their commitment to the binding requirements of the study protocol.

As soon as the ethical approval/agreement will be issues, this will be sent to SPI as it is a milestone of this work package and should be submitted with the interim report in June 2011.

TOP5: Further Core Work Packages

Work Package 6: Early Diagnostic of HIV/STI among key vulnerable groups

GM had sent some of the required background documents on the assessment survey coordinated by NIHD, Estonia. 3 different HIV testing services have been asked to self-fill in the Code of Good Practice of NGOs for evaluation of the VCT process and Quality. All of them are state clinical settings (hospitals) in Bucharest, Brasov and Constanta. No NGO testing provider (stationary or mobile) has been interviewed.

Besides, colleagues of ARAS have conducted 2 focus groups with a total number of 15 participants with female and male IDUs. Brief report of these has been also submitted to Kristi Rüütel from NIHD.

TAN discussed with GM which will be the selected target group under this WP for the conducting of the piloting of HIV/STI diagnostic campaign. GM assumed that most probably again IDUs will be addressed, but the decision should be first discussed within the team.

As for the Satellite Workshop of BORDERNETwork and the expert meeting WP6 during AIDS 2011, GM confirmed that she registered herself for participation.

Work Package 7: Treatment of HIV Co-infections

GM mediated to the WP Leaders, Alexander Leffers and Dr. Güthoff the contact of a treatment specialist from the Matei Bals clinic in Bucharest, who is the contact person for WP7. Dr. Adrian Abagiu could not attend the coordination meeting as he was in Berlin at same time at a medical congress, but he will be the participant of ARAS and the medical workshop in Potsdam in late June 2011.

Work Packages 8 and 9

The discussion did not cover those two, as they had been most recently in the focus of coordination given the last two international meetings (WP9 in Vienna in February and WP8 in Bucharest in March) were attended by the SPI co-ordination team.

TOP 6: Financial management

In the second part of the meeting the oncoming interim report was discussed. For that purpose the accountant and accountant's assistant joined the team. All the guidelines, forms and requirements for the reporting have been sent in advance by SPI. They have been discussed in particular following the explanatory letter of SPI, and are therefore not matter of this protocol. The decision for submission of the requested annual financial report for 2010 was that ARS team will submit it **by April 20** and not 30, as the office of ARAS will be closed in the week after Easter.