BORDER|NET work

BORDERNETwork Project

Interim Technical Report

01.01.2010 – 30.06.2011

DELIVERABLE D1

August 2011

SPI Forschung gGmbH

Contract number: ***20091202***
Proposal title: ***Highly active prevention: scale up HIV/AIDS/STI prevention, diagnostic and therapy across sectors and borders in CEE and SEE.***
Acronym: ***BORDERNETwork***

Starting date: ***01.01.2010***
Duration of the project: ***36 months***
Reporting period: ***01.01.2010 – 30.06.2011***

Main partner: ***SPI Forschung gGmbH***

Number of associated partners: ***12***

Total amount of the project: ***EUR 2.072.533,00***
EC Co-funding: ***EUR 1.243.475,00***
First prefinancing payment: ***EUR 373.042,50***
Second prefinancing request: ***EUR 373.042,50***

Content

Introduction

Along with the main beneficiary SPI Forschung gGmbH, 12 associated and 18 collaborating partners from 8 EU and 5 non-EU countries feature the network's consortium of BORDERNETwork. Divided in 5 cross-border model regions the partners join efforts and commitment to advance the practice-driven implementation of highly active HIV/AIDS/STI prevention. The partnership covers the whole project's thematic spectrum, through complementarities of expertise in scientific research, concepts development, practical prevention, treatment and care provision.

The concerted actions encompassed diverse facets of the overarching goal of the project: to improve simultaneously HIV/STI prevention, diagnostic and therapy through enhancing capacity in interdisciplinary response.

On the whole, the core perspective of project development is on the course for success, with its quite work and time intensive schedule, but bringing already the expected specific outcomes.

The attainment of all 6 specific objectives is progressing. The build up phase was concluded in four of the core WPs – the assessment of the situation, country-specific conditions, services and barriers, available effective models for HIV/STI prevention (WP 4, 8, 9), access to early diagnostic (6), treatment and referral (7) is completed and available as milestone reports. Besides the research WP5 advanced to its most intensive data collection phase (bio-behavioural surveillance survey among sex workers in 6 EU countries).

All seven project deliverables (out of 10 planned) due by the time of the report are completed 14 out of 30 milestones are achieved (15 are due by the time of report), one (online tool QUIET) will be achieved with a delay of 3 months due to the need for extended trial period (see Annexes).

Some of the main difficulties encountered at the project's half-time were the unexpected withdrawal of an associated partner right in the beginning, the prolonged search of new partner, the negotiation of the agreement's amendment and not least the quite tight time schedule overloaded with several simultaneously conducted assessment activities in adjacent fields. It is a general constraint for such a manifold project to be segmented in numerous individual activities, built up at same time in highly participatory manner. The major focus was put on the profiling and fostering the cooperation under the thematic strands (core WPs) and on the development of working instruments and concepts.

The priority task of the oncoming second half-time is the shift from assessment and concept development to interpretation and piloting of the findings, to transfer and dissemination of the project outcomes. In this sense the internal links between the individual work segments and the consolidation of the host of knowledge and evidence produced is decisive for the practical implementation of the highly active prevention.

1. Executive summary

General objective:

Overall goal is to improve prevention, diagnostic and treatment of HIV/AIDS (incl. co-infections) and STIs through bridging gaps in practice, policies and cross-country cooperation and enhancing capacity in interdisciplinary response (medical, prevention, research). Based on multi-sectoral network commitment, the partnership elaborates on outcomes of the EU project BORDERNET and produces new practice-relevant models transferred to affected regions in Central, Eastern and South Eastern Europe. 8 EU Member States (6 CEE countries) and 4 ENP countries (Ukraine, Moldova, Serbia, Bosnia and Herzegovina (BiH)- as collaborating partners and/or subcontractors - divided in 5 model regions take part.

Given that highly active prevention is the main vehicle to decrease HIV rates, the project will: boost regional networks in public health sector and mobilise civil society resources in order to increase the impact of local response; enhance links between epidemiological and behavioural research and evidence-based interventions; contribute to coordination of practices for increased quality assurance; and forge better links between diagnostic and treatment systems.

Strategic relevance:

Global health targets can be met only if social determinants of health are tackled. BORDERNETwork focuses both disease causes and underlying factors, aiming to comprehend and change from low responses to prevention offers, to pertinence of risk behaviour and low accessibility of care services. The advanced state of research and furthermore the bridging of solid findings to practice will add to the existing host of public health knowledge, not least with positive implications for the citizens' health.

Strategic relevance is assured also by the approach's cornerstone – highly active prevention. The concurrent advancement of HIV/STIs prevention, diagnostic and treatment avoids currently spread pitfalls, aggravating health inequalities (increasing knowledge of HIV without offering treatment). The wide cross-topic focus with robust inter-links contributes substantially to action 3.3.2. "Promote healthier ways of life and reduce major diseases by tackling health determinants" and in particular to sub-action 3.3.2.5. "Sexual health and HIV-AIDS" of the annual work programme. The project is also relevant to sub-action 3.3.1.2. "Public health capacity building" improving communication competence of health professionals, inter-sectoral exchange and dissemination of good practices, linkage among interfaces of the treatment systems (HIV/STI, TB, drug).

Methods and means:

These are both hierarchically and temporally applied ensuring optimal information flow and synergy effects between work packages. Thereby results produced by research and development methods will be further worked out by direct prevention and service provision methods and by outline of manuals, guides and policy recommendations.

Proven selected methods: networking and capacity building (e.g. communication and method competence trainings), behaviour HIV/STIs surveillance among sex workers (incl. IDUs), sentinel surveillance (STI-clients/patients), qualitative survey, self-assessment of HIV-testing sites, exchange of best practice in early diagnostic for vulnerable groups, evidence based models of participatory community HIV prevention among ethnic minorities, quality assurance tools for youth HIV prevention, sexual and reproductive health programmes.

Outcomes:

The improved effectiveness and efficiency on regional and cross-border level in interdisciplinary response to AIDS/STIs and scale up of HIV/STI-testing put forward the practical implementation of HIV combination prevention. Not least synergies in inter-sectoral cooperation, improved permeability of health services and sustainability of transferred intervention models will be assured by the generated network competency. The involvement of the national AIDS programme levels (also co-financing, e.g. German MoH) will contribute to the sustainable deployment of the outcomes.

2. Specification of the project

2.1 General Objective of the project

Overarching goal is to improve prevention, diagnostic and treatment of HIV/AIDS (incl. co-infections) and STIs through bridging gaps in practice, policies and cross-country cooperation and enhancing capacity in interdisciplinary response. Based on multi-sectoral network commitment, BORDERNETwork elaborates on outcomes of the EU project BORDERNET and produces new practice-relevant models transferred to Central, Eastern and South Eastern Europe. 8 EU Member States (6 CEE countries) and 4 ENP countries (as collaborating partners or via subcontracting of tasks), divided in 5 model regions take part. A balanced blend of 3 core strands will be envisaged:

- *Prevention:* Given that highly active prevention is the main vehicle to decrease HIV rates, the project will: boost regional networks in public health sector and mobilise civil society resources in order to increase local response impact, enhance links between epidemiological and behavioural research and evidence-based interventions and contribute to coordination of practices for increase of quality assurance.
- *Diagnostic:* In this domain the project shall foster early HIV/STIs diagnostic via scaling up the uptake of voluntary testing and counselling (VCT) and provider-initiated testing among groups at high risk, contributing to increase the number of those who know their HIV status. Further, harmonisation of HIV/AIDS and STI diagnostic and treatment offers and provision of basic prevention, care and support packages to the most vulnerable (ethnic minorities, migrants, mobile populations) and most at risk groups (SWs, IDUs) will be achieved.
- *Treatment*: In this domain better nexus of the various interfaces in the referral systems (STIs/HIV) will be achieved and links will be established between HIV/TB/Hepatitis and drug treatment systems, incl. access to HAART for IDUs.

Thus the project will contribute to reduce health and social inequalities among various vulnerable population groups in the European Region promoting human rights and gender equity.

2.2 Specific objectives of the project

Number	Title	Indicators	WP
1	*Interdisciplinary networks:* To scale up the implementation of highly active prevention through boosting network cooperation on national, model regional and cross-border level in CEE and SEE in a three-year period	**Process Indicators** 1) 5 model cross-border regional networks established, most relevant stakeholders per region involved (e.g. letter of intent signed), regional committees meet regularly (twice yearly) and implement at least one common cross-border action; 2) 25 to 30% of the network members are civil society representatives (NGOs and representatives of target groups and affected communities). **Output indicators** 3) 2 concepts for highly active prevention (with foci according to the relevant core WPs) approved by the regional committees against the background of the common health objectives are available at M25; 4) 120 medical professionals (incl. students) in 1 model region (Germany and Poland) are trained (12 pilot courses) in communication/counselling competence in M18; 5) 40 professionals trained (4 Train-the-Trainer courses) to deliver courses on counselling in HIV/STI/sexual health in medical high schools and colleges in 1 model region (Germany-Poland) M25**.** 6) Sensitisation among medical universities in other selected cross-border model regions on training curriculum in communication and counselling competence for medical students. **Outcome indicators** 7) Concepts of highly-active prevention (D5) are planned to be introduced at local public health policy (e.g. letter of intent for support of the implementation signed) in M32-34; 8) Concept for Training in Counselling for medical (future) professionals is planned to be introduced/introduced in study courses/curricula in medical high schools in 1 model region Germany and Poland) in M32;	4

2	*Bridge research to practice:* To advance by 2012 the state of research and evidence of HIV/STIs risks through outline of comparable risk behavioural indicators among vulnerable groups and to bridge findings to effective HIV combination prevention	**Process indicators** 9) Sentinel sites in 4 MS countries are recruited, instruments updated, study protocol finalized and implemented. 10) Study protocol for second generation surveillance among sex workers prepared, instruments (both quantitative and qualitative) designed. **Output indicator** 11) 3 main relevant findings (from both second generation behaviour surveillance and HIV/STI sentinel surveillance) are formulated as research report in order to be discussed and updated by the regional network committees (WP4) in M23-24. **Outcome indicator** 12) The updated action plans of at least 70% of partners participating in WP5 integrate prevention concepts based on research findings; communication of these to local health policy makers in M32.	5
3	*Early diagnostic:* To intensify efforts for two years in early diagnosis of HIV and STIs for most at risk groups based on human rights and gender equity and to decrease the number of those unaware of their infection status	**Process indicator** 13) 3 models for early HIV/STIs diagnostic are peer reviewed by other experts and assessed by the partners participating in WP6 in M15. **Output indicator** 14) 20 professionals exchange expertise in different models of early HIV/STIs diagnostic for most-at-risk groups (SWs, IDUs, Roma) in M17. **Outcome indicator** 15) 10% increase in rates of HIV/STIs diagnostic service utilization by clients from most-at-risk groups among the participating services in WP6 in M32.	6
4	*Referral and treatment systems:* To augment by mid 2012 the country-specific evidence on treatment and care of HIV and co-infections and to enhance interlinks in referral systems	**Process indicator** 16) Instrument and procedure developed for stocktaking survey on country-specific conditions in diagnostic and treatment of HIV and Co-infections, including mapping and organigram in M10. **Output indicators** 17) 15 HIV-treatment specialists participate in recurrent workshop and expert on-site visits on Management of HIV Co-infections in Germany in M18 and M20.	7

	for diagnostic, treatment and care of STIs, HIV/AIDS and co-infections	18) Country-specific guidelines for referral and management of HIV Co-infections are drawn up (D9) in M26. **Outcome indicator** 19) The elaborated guidelines for referral and management of HIV Co-infections are applied by 70% of partners participating in WP7 for improved linkages between treatment systems in M28.	
5	*Participatory approaches:* To improve HIV/STIs in two-and-a half-years period community based prevention and sexual health for ethnic minorities (e.g. ROMA) and migrant groups through capacity building in participatory prevention models	**Process indicators** 20) Different models of community based HIV prevention for ethnic minorities and migrant groups are peer reviewed by other experts and assessed by partners participating in WP8 in M13. 21) Relevant ethnic community members and migrant groups are involved in needs assessment, planning, implementation and evaluation of interventions on ongoing basis in the partner countries. **Output indicator** 22) 20 multipliers are trained (2 training seminars, D10) on 3 good practice models of participatory HIV prevention among ethnic minority/migrant groups in M15 and M23. **Outcome indicator** 23) Training programmes in community HIV prevention among ethnic minority and migrant groups are available, developed by 70% of partners participating in WP8 based on the published manual in M34.	8
6	*Quality assurance in youth prevention:* To enhance accountability and evidence-based evaluation in youth HIV/STIs prevention, sexual and reproductive health and rights (SRHR) programmes by end of 2011	**Process indicators** 24) Rapid Assessment survey on HIV/AIDS prevention and sexual health promotion measures for youth takes place in 70% of the partner countries/regions participating in WP9. 25) In an evaluation period (M4 to M10) based on the guidelines for quality assurance of youth prevention the partners outline different youth prevention models, which are reviewed by other experts and presented by satellite conference (D11) in M7 **Output indicators** 26) Draw up of guidelines for evaluation of various methods and measures of youth	9

		prevention in M3; 27) 30 youth prevention workers and peer educators from 10 countries trained (D11) in quality improvement in HIV/STI prevention and SRHR in M7 **Outcome indicator** 28) 70% of partners participating in WP9 apply the online youth HIV prevention evaluation tool to improve accountability of youth prevention models in M24.	

3. Technical implementation of the project

3.1 Activities related to Horizontal Work Packages

3.1.1 WP1: Management of the project

Activities undertaken

- ***partnership***

Along with the main beneficiary (SPI Forschung gGmbH), 12 associated and 18 collaborating partners from 8 EU and 5 non-EU countries feature the network's consortium. The partnership covers the whole project's thematic spectrum, through complementarities of expertise in scientific research, concepts development, practical prevention, treatment and care provision. Its quality ensues from several principles:

- extensiveness and diversity – an appropriate composition and proportion of strategic and operative HIV experts and actors has been met: 3 state institutions (1 national health institute in Estonia, 1 regional clinic in Poland, 1 national epidemiological institute in Germany); 9 NGOs (HIV prevention and service providers, incl. 2 self-help organisations of PLHIV) and a social science research institute (Co-ordinator) from 8 EU member states (6 of them CEE countries);
- network with transferability potential – a mix of experienced in the former network BORDERNET partners (Germany, Austria, Slovakia, Poland) with new ones, already involved in an intermediary preparatory phase (Bulgaria, Romania, Estonia). One country and partner are new to the project's network (Latvia) and therefore it was very important to sustain the project in the country after the withdrawal of the initial partner, LIC (which changed status to collaborating partner). Luckily solid and capable new partner in Latvia could be identified pretty soon and upon approval on the side of EAHC (Amendment) involved from the second project's year (Month13) on.

- ***management structure***

The management structure is interplay of central and decentralised levels of operation. It aims at ongoing quality assurance, effectiveness, efficiency and high degree of transparency of all relevant processes. The decentralised level aims to involve actively and stimulate the partner commitment.

The project management adopted the stipulations of the partner sub agreement *(Annex 7)* signed between co-ordinator and each eligible partner and implements the project management cycle, stressing the binding role of specific objectives, deliverables and indicators. Reporting, dissemination and evaluation are special issues of management.

The 5 core management instruments operated efficiently in the first project half-time:

1) **International Steering Committee (ISC),** composed by the coordinator (chair), the 5 core WP leaders, selected collaborating partners (e.g. German Ministry of Health) and scientific advisors. 2 meetings took place (see below for details) with participation of EAHC's officer in the second one
2) **Regional committees** – composed by the associated partners in each border region, met between twice to 6 times yearly according to the particularities of the cross-border activities to be managed;
3) **Coordinator - lead management on bilateral basis** – Coordinator/WP leaders joint

emailing /skype talks/on-site visits – monitoring progress on the spot, checking the internal links between core WPs and produced outcomes;

4) **Coordinator - subcontractors** (after intensive consultations with EAHC) – mostly related to the Fact Finding Missions in 4 non-EU countries, which are subject of subcontracting under WP4.
5) **Co-ordinator – Project Scientific Officer from EAHC** – crucial for the successful preparation of project's amendment and its update, which has not been undersigned yet.

- ***internal communication***

The concept for internal communication was prepared by the co-ordinator and discussed with all associated and selected collaborating partners during the Kick-Off Meeting and distributed with meeting's documentation *(Annex8)*

Several levels of internal communication can be outlined (excerpt from plan):

- Co-ordinator – all co-beneficiaries,
- Co-coordinator – individual co-beneficiary
- Co-ordinator – all partners (associated and collaborating partners)
- Co-ordinator – WP-leaders
- Co-ordinator – EAHC

- ***communication strategy***

The communication strategy and methods operate both at vertical and horizontal levels, covering both real exchange and virtual channels:

1) **Kick-Off Meeting** with project management workshop and core WP working groups – with participation of the co-ordinator, 11 associated partners and 3 collaborating partners in Berlin, July 2010 *(Annex 8)*
2) **Preparation and undersigning of partner sub-agreements** with all co-beneficiaries, according to the overall grant agreement between EU and main partner *(Annex 7)*
3) **Implementation of a coordination mailing group (all associated partners):** bordernetwork@googlegroups.com - ongoing, the group includes also the project EAHC scientific offices for transparency and early identification of problems and needs for support;
4) **Regular monthly updates of project's website**: upload of all important operational working documents/plans/instruments/protocols;
5) **Regular monthly communication with WP lead partners:** email/skype, WP-mailing lists;
6) **Regular biweekly bilateral communication with associated partners:** email/skype/phone
7) **Appointed skype conferences:** on preparation of project events/concepts/discussion and amendment of reports
8) **On-site visits to associated partners, model region partners:** monitoring and evaluation of project implementations, meetings with collaborating partners and external stakeholders, on-site visits to HIV/STI/VCT sites, projects, outreach, community-based prevention settings, participation in cross-border BORDERNETwork events, observations, interviews.

Conducted (excerpt) on-site visits by SPI (co-ordinator), RKI (leader of one component of WP5) and/or jointly *(Annex 10):*

- *Swinemünde (PL), MR I (Partner: SPWSZ, MAT), June 2010 – participation in Youth Film Days and training for multipliers in sex education and HIV prevention (WP4,WP9);*
- *Vienna (AT), MR III (Partner: AHW), July 2010 in the frame of IAC for preparation of Lunchtime Satellite Seminar (WP9);*
- *Tallinn (EE) and Riga (LV), MR IV (Partner: NIHD and AISC (EE); LIC and PZ (LV)), October 2010; negotiation for exchange of Latvian partner;*
- *Sofia and Plovdiv (BG), MR V (Partner: HESED), October 2010, in the frame of Exchange Seminar (WP8) and sentinel surveillance together with RKI (WP5);*
- *Vienna (AT) and Bratislava (SK), MR II (Partner: AHW, PRIMA), January, March and May 2011;*
- *Bucharest (RO), MRV, partner ARAS and partners in WP8 and WP5, March and May 2011*
- *Tallinn (EE), MR IV, coordination meetings with Estonian partners (NIHD, AISC), with Polish partners (SPWSZ, POMOST), partners in WP6, May 2011*
- *Potsdam (DE), MRII, partners in WP7 and AHP, June 2011*

9) **International steering committee (ISC) meetings:** 2 were organised: during Kick-Off Meeting (July 2010) and before preparation of interim report (March 2011, *Annex 9),* with participation of EAHC's project officer.
The main objective of the ISC was to provide extensive overview on the project's progress, level of fulfilment of specific objectives (as per indicators defined), level of performance of deliverables and milestone, difficulties and optimization potential. The chosen term for the second ISC meeting (Month 15) proved as strategically important with its milestone character, marking the completion of the intensive assessment/research phase and the transition to the piloting/transfer/development phase.
The build up phase was concluded in all the core WPs – the assessment of the situation, country-specific conditions, services and barriers, available effective models for prevention (WP 4, 8, 9), diagnostic (6), treatment and referral (7). Besides the research WP5 advanced to its most intensive data collection phase (bio-behavioural surveillance survey among sex workers). The general perspective of project development has been confirmed by all WP leaders as pretty positive, quite work and time intensive, but bringing already first specific results.
10) **Peer Review E-mail Group of WP leaders and Co-ordinator:** A new communication instrument discussed and adopted during the second ISC – for review, feedback and recommendations on the first reports/milestones of the core WPs. All available assessment reports (milestones) were first circulated within the group and after feedback disseminated to the whole project internal partner circle and the further dissemination addressees (external stakeholders).
11) **Financial and administrative management and partner coaching:** Intensive consultations and coaching support in the preparation of financial report, internal provisional annual (2010) financial report requested by co-ordinator from all co-beneficiaries to ensure correct understanding and application of the EU-rules and guidelines, skype/phone talks and meetings with administrative/bookkeeping staff of co-beneficiaries.

Problems encountered

The prolonged negotiation phase and the withdrawal of an associated partner shortly before the project started were two problems, which dominated the task performance schedule of the co-ordination team over several months. Inevitable priorities were the preparation of an amendment and parallel search of a new partner in Latvia. Those two tasks took a lot of time and efforts, causing delays in some of the other tasks under WP 1, 2 and 3. At same time, an important topical WP 9 event had to be organised early on in the project's lifetime (Month7), as it was planned as a project deliverable (D10): the satellite symposium on quality of Youth HIV Prevention in the frame of IAC 2010. Combining negotiation of the project's amendment and deliverable performance at such an early moment of the project's time plan was a strenuous undertaking.

Later on, due to some resource related constraints within the co-ordination team at the end of 2010 and overload with the preparation of the project's amendment and its update, two on-site monitoring visits (to Rostock, Germany/MRI and Rzeczow, Poland/MRII) could not be conducted as planned. They were postponed for autumn of 2011.

How were problems resolved

Early identified the problems were tackled and resolved by intensive communication with EAHC, consultation meeting with project scientific officer during IAC 2010 conference, intensive contacts and partner search in Latvia, on-site visit to Riga in October 2010, invitation of the new Latvian partner to second ISC meeting in Berlin in March 2011 and presentation of project's consortium, WP-leads and core work packages.

Activities planned for the next period

1) On-site visits and linkages to core WP topical events/seminar/workshops;
2) Regular ongoing internal communication and management;
3) Shift from assessment and research phase to transfer and dissemination of project outcomes – in relation to internal and external evaluation (starting of field phase for external valuation with on-site visits);
4) Intensive contacts to WP-leaders – virtual and real meetings;
5) Participation in conferences (related to WP2) and networking;
6) Preparation of overall final technical and financial report with major outcomes for a broader stakeholder public (in relation to WP2: Project Brochure);
7) Final Evaluation Conference (also in relation to WP 3)

3.1.2 WP2: Dissemination strategy

Dissemination plan available ☐ no ☒ yes *(Annex 1)*

Activities undertaken

- ***stakeholder analysis / target group identification***

The dissemination plan derives from the core project's approach: highly active prevention, bridging gaps between HIV/STIs prevention, diagnostic and treatment through interdisciplinary partnerships. Therefore the addressed and involved stakeholders represent well the 3 main strands: i.e. HIV/STI prevention experts, diagnostic and treatment specialists and civil society/community representatives.

In particular the stakeholder analysis was conducted together with the associated partners in the cross-border model regions. Firstly, relevant stakeholders from the 3 strands were listed and then ranked according to their immediate interest vested in the project and its outcomes.

Thus according to the analysis several groups were identified as target audience:

(1) Direct Multipliers – active stakeholders on the spot, whose commitment should be gained for dissemination of the produced results, i.e. piloting concepts, adopting effective models, implementing guidelines etc.
Among those are: prevention/outreach teams and service providers, medical services, physicians, STI clinics, SRHR/family planning centres, youth HIV prevention and sexual health projects, social workers, community-based and/or migrant community representatives engaged in HIV prevention measures;

(2) Regional stakeholders from the interdisciplinary cross-border regions – they draw on competence regarding the health and social problems and related policy in the region, HIV/AIDS competence, involved as participants and/or guests to the regional committees, providing political support and practical assistance.
Among those are: Province's ministry of health and social affairs, Marshal office, representatives of the regional/vojevodship's/city health authorities, public health institutions and boards, regional initiatives

(3) Key stakeholders to the national HIV/AIDS response and public health programmes, who can provide supporting environment for the project implementation and sustainability of the outcomes
Among those are: representatives of ministries of health, national AIDS committees, public health/infectious diseases institutes, research institutes, universities, clinics, medical associations, a medical chamber. Those can be some of the collaborating partners, or their counterparts in the respective country regions;

(4) Key international stakeholders – who can contribute to put forward the European discussion on the topic and are responsible for dressing up of policy response – EU, ECDC, WHO, international expert initiatives/groups (IQhiv, AIDS ACTION Europe, Correlation Network, HIV COBATEST other relevant EU projects and networks)

(5) Community members – civil society organisations, self-help and professional groups working on the topics, offerings services, advocacy and support to the project's target groups: Self-help organisations of PLHIV, migrant/ethnic minority groups, CBOs, youth organisations

(6) Public – informed via the broadest channels of the project's dissemination

For lists of stakeholders involved in the project, consult WP4 (*Annex 19).*

- ***dissemination content***

According to the dissemination plan the following content and activities were disseminated in the first project's half:

- Promotion information about project – summary, partner structure, objectives and background philosophy, various presentations and posters on the project's approach to highly active prevention
- Baseline analysis and reports – milestones of the project in relation to the RAR/assessment/stocktaking phase under core work packages (WP6-9);
- Instruments, study design/protocols and preliminary findings of the research actions – sentinel surveillance in STI patients and bio-behavioural surveillance survey among sex workers (WP5);
- Concepts for training in communication and counselling on sexual health topics for medical professionals/students (WP4)
- Concept for transfer of highly active HIV prevention, through implementation of concerted cross-border health objectives (WP4)
- Documentation of conferences/satellite workshops/capacity building (WP4-9)
- Visibility act related to IAC 2010

- ***dissemination means***

(1) Project Website (retrieved: 22.08.2011): http://www.bordernet.eu/Project2010-2012_News/*(Annex11)*

(2) Project flyer and Newsletter (Issues 1/2010 and 2/2011) – disseminated both electronically and as print versions (*Annex 13)*

(3) Linking and promoting the project website to relevant European platforms, networks, projects and to funding institutions (all websites retrieved on 22.08.2011):

- European Commission: http://ec.europa.eu/health/communicable_diseases/projects/index_es.htm
- German Ministry of Health (BMG): www.bmg.bund.de/fileadmin/dateien/Publikationen/.../Aidsbericht_1106.p
- Aids Action Europe: http://www.aidsactioneurope.org/index.php?id=246&L=&tx_windmemberlist_pi1[member]=503&cHash=0729807644dd25af71886dcd61a6c705
- Correlation Network: http://www.correlation-net.org/index.php?option=com_content&view=article&id=2&Itemid=8;)
- ICASO: http://www.icaso.org/news/2010/pr028.html
- Carinthia University: http://www.fh-kaernten.at/gesundheit-pflege/forschung.html

Associated partners' websites, outlining the project:

- AHP, Germany: https://www.aidshilfe-potsdam.de/projekte/bordernetwork/;
- HESED, Bulgaria: http://www.hesed.bg/en/?pg=csw&d=011010100110100
- MAT, Germany: http://www.mat-mv.de/bordernetwork.html
- POMOST, Poland: http://www.stowarzyszenie-pomost.org/
- Papardes Zieds, Latvia:
- http://www.papardeszieds.lv/index.php?option=com_content&view=article&id=218:uzskts-ptjums-prostitcij-nodarbinto-personu-vid&catid=2:jaunumi&Itemid=3

(4) Participation in conferences, presentations, poster on project progress and outcomes *(Annex 13)*

List of conference presentations (selected):

- Munich AIDS Days, Munich, March 2010;
- Meeting of the Federal/Länder Committee of Land Mecklendburg-Vorpommern on Coordination of AIDS Prevention Actions, Warnemünde, April 2010;
- International Aids Conference, Vienna, July 2010;
- WHO Consultation: Scaling up STI Prevention and Control in the WHO European region, Ljubljana, August 2010;
- Berlin HIV Days, Berlin, September 2010;
- German STD-Sentinel Meeting, Berlin, October 2010;
- ESCAIDE conference, Lisbon, November 2010;
- AIDS & Mobility Evaluation Conference, EU, Brussels, November 2010;
- National HIV Conference in Warsaw, December 2010;
- EU Sexual Health Forum, Brussels, December 2010;
- Estonian Government HIV/Aids Committee Meeting, January and May11;
- Study Tour People2People of DG Enlargement: the work of Civil Society in HIV Prevention of the European Commission, Brussels, February 2011;
- Northern Dimension Partnership in Public Health and Social Well-being, Expert Group on HIV/AIDS and Associated Infections, Riga, April 2011;
- European Region HIV conference, Aids 2011, Tallinn, May 2011;
- National Coordination Commission for Limiting Spread of HIV, STI, TB, Riga, May, 2011;
- German-Austrian AIDS Congress - DÖAK, Hanover, June 2011

(5) Satellites/Workshops in the frame of important international conferences

- BORDERNETwork WP9 Satellite Symposium (Lunchtime) on Quality of Youth HIV Prevention in the frame of IAC, Vienna, 2010 *(Annexes 6 and 12)*
- BORDERNETwork WP6 Satellite Workshop on Improvement of access to early HIV/STI diagnostic to vulnerable groups in the frame of AISD 2011, Tallinn, may 2011 *(Annex 4)*

(6) Regular e-mailing actions using E-mail distribution lists for dissemination of the baseline assessment reports, conference and workshop's documentation

(7) Publication of article on BORDERNETwork in the EAHC Brochure 2010

Problems encountered

No significant problems were encountered. The project achieved all deliverables due at Month 18, from 10 project deliverables, 7 were achieved, starting from the interim report at hand (D1). The six further deliverables can be reviewed in Annexes 1-6.

Slight delays in the performance of some dissemination activities occurred. However there is no significant delay in the deliveries deviating from time-plan.

A difficulty was experienced due to the very short period of time between Kick-off Meeting and one of the first important deliverable launch events (the Satellite Symposium (WP9), related to IAC 2010). This made the preparatory work pretty strenuous. As the symposium was foreseen to take place in July 2011 in the frame of the Conference, there was no possibility to postpone the dates and to provide more time for preparation.

As for the milestones of WP2, all of them have been fulfilled: website was extended and updated, visibility act in the Frame of IAC was organised and documented.

How were problems resolved

The second Steering Committee Meeting gathered in March 2011 in Berlin and discussed in details the other oncoming dissemination events (AISD 2011) well in advance and the preparations were undertaken jointly by the co-ordinator, WP-leaders and other committed partners.

Activities planned for the next period

1) Participation in conferences (e.g. Correlation Network), ongoing
2) Dissemination Stakeholder Meeting Sentinel Surveillance (WP5 and WP2) organised by RKI in Berlin, November 2011;
3) Dissemination of the finalised QI tool (QUIET; WP): launch in the Internet, disseminated among others by Aids Action Europe's Clearing House, December 2011
4) Publishing of a brochure with selected project outcomes, November 2012
5) 1-day dissemination conference in Luxemburg (EAHC) for presentation of main outcomes of the project and its evaluation to European health policy makers and international stakeholders, November 2012.

3.1.3 WP3: Evaluation of the project

Evaluation plan available ☐ no ☒ yes *(Annex 16)*,

Activities undertaken

- ***data collection for process evaluation***

One of the first actions undertaken during the project's negotiation phase (prior to the Kick-Off meeting) was a workshop on the design of the evaluation plan and precision of project's indicators for both process and effect evaluation. A Pres-start up meeting of the co-ordinator and core WP-leaders was conducted in February 2010 in order to outline the planning phase of the project and to define the quality criteria and indicators *(Annex 14)*. Altogether 10 process, 11 output and 7 outcome indicators have been formulated using the SMART (Specific, Measurable, Achievable, Realistic, Time-bound) criteria for measurement of attainability of the specific objectives.

As responsible for the formative (process) evaluation SPI Forschung presented in a special session of the following Kick-Off meeting the main instruments used for the internal evaluation: -Activity Framework Plans of associated partners (prepared by each co-beneficiary); -Work Package action and time plans (prepared by core WP-leader); -On-site monitoring and evaluation visits; -Individual meetings/interviews/team meetings with selected associated partners.

All those have been applied on regular basis in combination in the period between Month 3 and 18 (Annexes 10 and 17) in order to monitor the progress on task performance and to assess the partnership aspects of the action, e.g. network generation, commitment, motivation and management.

- ***analysis of process evaluation data***

The analysis of the project's quality and evaluation data is based on a selection of the quality criteria developed by the *Quint-Essenz Tool (Quality development in health promotion and prevention, http://www.quint-essenz.ch/en/dimensions*

The following criteria for assessment of the project's quality were applied:

- human-rights based approach, health, social and gender equity considered in the objectives, targets and activities of the partners;
- resources-orientation and empowerment of involved actors and addressed target groups
- setting-based interventions – tailored to the needs and particularities of the local contexts and settings;
- participation of principal (relevant) actors in the settings – involved either as stakeholders or as immediate actors/multipliers;
- demonstration of the need for and timeliness of the project and demonstration of analysis of the target groups' needs;
- embedding of the project in more comprehensive strategies;
- potential to learn from previous projects and to transfer experience
- clarity of objectives and targets, based on specific indicators;
- justification of proposed actions/procedures/methods
- realistic and feasible time line
- adequate project structure

- qualification and commitment of project's collaborators
- project monitoring and controlling functions periodically
- transparency and comprehensible documentation of all relevant processes and steps
- clear and adequate project communication structure and processes
- monitoring procedures to measure the attainment of objectives, targets and transfer of results

- ***suggestions for improvement***

The conducted formative evaluation actions confirm in general the right course of project's development, the justification of its activities, the reflected needs of the target groups and the involvement of the "right actors" in the action's implementation.

One of the constraints and respective weak point identified was the too tight time schedule overloaded with several simultaneous assessment tasks, which stressed somewhat the resources of some operating partners, especially those not experienced enough in situation analysis and studies.

Another weak point was the fluctuating commitment of some of the operating partners to the tasks of monitoring and evaluation, which was not least because they were overloaded with the immediate core WPs task performance. Many of the associated partners collaborate under almost all core WPs (5 altogether), which makes their individual working and time plan pretty dense. Furthermore the nature of the consortium's cooperation requires high level of participation in all the phases of all associated partners (and not only of the WP-Leaders). All are involved on equity basis from the beginning of each core WP and "structure and tailor" together baseline and outcomes. In that sense it turned out at times strenuous to keep the balance between content development and communication, monitoring and evaluation over longer period of time, which is a general risk for highly participatory undertakings.

An optimisation suggestion is to plan more clear-cut demarcations between the individual tasks performed (under each core WP) and to integrate more intermediate process evaluation steps in the next phase.

- ***data collection for effect evaluation (baseline)***

The data collection for the effect evaluation was an intrinsic part of each core WP. The whole extensive build up assessment phase was thoroughly planned by core the WP-leaders and the co-ordinator. Upon completion of a desk review, assessment surveys have been conducted under 4 core WPs (6 to 9), with instruments elaborated jointly between WP-leaders and co-ordinator and consulted in the consortium.

Four situation analysis (conducted on cross-country basis) exercises collected data for the baseline (departure point for the outcome's evaluation):

- Country profiles related to early access to HIV/STI diagnostic and assessment of the quality of HIV VCT services for vulnerable groups (*Annexes 25 and 26);*
- Stocktaking on country-specific medical conditions in diagnostic and treatment of HIV and Co-infections *(Annex 29);*
- Assessment on participatory model of HIV community- based prevention in migrants/ethnic minority groups *(Annex 31)*;
- Rapid Assessment and Response on youth HIV prevention and SRHR projects *(Annex 34)*.

The study reports delivered body of evidence and relevant data, which is the starting point of the effect evaluation, mainly subject of the project's external evaluation.

As for the external evaluation, a call for tender was launched in February 2011 by the co-ordinator and re-launched *(Annex 15)*, due to lack of sufficient offers, with the support of EAHC.

Finally in April 2011 after review of 5 offers one was selected and the external evaluation contract granted to the University of Applied Sciences of North-western Switzerland (Institute for Integration and Participation). A first preparatory meeting of the external evaluation took place in the co-ordinator's office in May 2011 and the detailed evaluation plan and time-line were specified *(Annex 16)*

Following the logical model of project evaluation, the external evaluation will be divided into 3 phases:

(1) Preparation and desk review study on project's documentation and reports;
(2) Field phase – collection of data during 5 on-site visits to project partners;
(3) Analysis, report, presentation of evaluation report at Evaluation Conference

- ***analysis of effect evaluation data***

The instruments to be applied for data processing and analysis are on-line survey, on-site visits, individual interviews and team meetings, and evaluation talks with co-ordinator. As the external evaluation phase is timely situated in the second half of the project (M15 to M 32) no analysis of data is available yet for this report.

Problems encountered

The only problem encountered so far was the delay, due to the relaunch of the call for tenders for evaluation in March 2011. This caused also a postponed start of the external evaluation thus omitting a good opportunity to gather lively impressions on project's first outcomes during the AIDS 2011 European HIV Region Conference in Tallinn.

How were problems resolved

The desk review phase of the external evaluation will overlap with the first contacts with partners, so that the field phase can start immediately from September 2011 and will last till February 2012.

Activities planned for the next period

1) Progress on data collection on indicators and targets set for each specific objective
2) Evaluation on-site visits of co-ordinator and external evaluator (independently)
3) Evaluation reports from core WPs with focus on outcome indicators achieved
4) Evaluation report external evaluation
5) Evaluation conference in Berlin (in relation to all WPs)
6) 1-day dissemination conference in Luxemburg (in relation to WP2)

3.2 Overview of activities for the period covered in the interim report per Core Work Package

3.2.1 Core Work Package 4: Interdisciplinary networking

Lead partner: SPI Forschung

Core WP	Activities	Outcomes/ Deliverables	Date foreseen	Date of achievement	Level of achievement (measured by indicators)	Justification/ Problems encountered	Action to be taken to overcome the problem
4	**1.Set up of interdisciplinary cross-border networks and discussion of joint working plans in 5 EU model regions (MR)**	**5 Regional Networks set in 8 EU countries** and **1 EU-border region to non-EU countries**; Lists of stakeholders; Partner Activity Plans for 2010/ 2011	Starting from Kick-Off Jul2010 - ongoing	Ongoing	**Process indicator 1 fulfilled to great extend** The MR networks are set up and function with different grades of intensity, frequent quarterly meetings in MR I (DE-PL) and MRIII (AT-SK), twice year meetings in MR V (BG-RO). **Process indicator 2 completely fulfilled** 25 to 30% of the network represent civil society.	First cross-border meeting in MR IV (EE-LV) was conducted only in May 2011, due to prolonged process of partner change in Latvia;	Amendment to EAHC and agreement with new associated partner in Latvia
	2. Regular cross-border regional meetings	14 Regional Meetings Conducted by:	Ongoing				

	MRI (Germany-Poland) - 6 cross-border Youth Film Days (WP9) and Network Meetings (WP4) *MRII (Germany-Poland-EU-border to Ukraine*) - Network Meeting (WP4) and Youth Film Days (WP9) in Swinoujscie (PL); - Network Meeting (WP4) and School Health Week in (WP9) Rzeszow (PL); *MRIII (Austria-Slovakia)* - Network Meeting in Bratislava (SK) - Network Meeting and Sentinel Exchange (WP5) in Vienna (AT) - Exchange Meeting Sentinel (WP5) (in Vienna	MAT/SPWSZ; 4 in Poland, 2 in Germany, regional stakeholders AHP/SPWSZ POMOST with part. of non-EU partners: SALUS(UA) PRIMA/AHW PRIMA/AHW PRIMA/AHW and reg. stakeholders		Apr2010-Apr2011 8/9Jun2011 15-18 Nov2010 7 Nov 2010 24 Jan 2011 6 May 2011			

	(AT) *MRIV (Estonia-Latvia)* -First cross-border meeting in Tallinn (EE); *MRV (Romania-Bulgaria)* - Network Meeting and Exchange seminar (WP8) in Sofia (BG); - Network Meeting and Training (WP8) in Bucharest (RO)	NIHD/AISC/ Papardes Zieds and LIC (Collab. partner) HESED/ARAS HESED/ARAS and regional stakeholders		24 May 2011 18-20 Oct.2010 28-30 Mar2011			
	3. Implementation of common health objectives in MRI (Responsible: MAT/SPWSZ) - 3 Health Objectives implemented, revised and prepared for transfer - 6 cross network-meetings on Health Objectives in Rostock(DE), Szczecin or Swinoujscie (PL)	**Deliverable D4** MAT/SPWSZ; 4 in Poland, 2 in Germany Regional stakeholders		May2010-Juni2011	**Output indicator under completion** 2 concepts for highly active prevention presented and approved by regional committees, Review of health objectives and implementation report		

	4. Conduct assessments in non-EU countries through subcontracting (Responsible: SPI and AHW)	Fact Finding Missions for assessments in 4 non EU countries; Call for tender, subcontracts; Instruments	Sept 2010-Sep 2011	Oct2010-Dec2011	**Process indicator fulfilled** Subcontracted for FFM are 4 NGOs from Ukraine, Moldova, Serbia, Bosnia and Herzegovina FFM under progress	Prolonged clarification of eligibility of Fact Finding Missions in EU-border areas to ENP-countries;	Tenders closed, 4 subcontract. selected,
	5. Develop and pilot curriculum for communication training for medical experts and ToT concept (only MRI: MAT, SPWSZ) - Piloting Communication Training; -Preparation and Planning of Curriculum for Communication training for medical students	**Concept for training (Deliverable D5);** 2 pilot communication trainings at University of Rostock with 20 participants (D5); 4 regional meetings		4/5 Sept and 11/12 Dec 2010 Rostock (DE) Feb-May 2011	**Deliverable completed and disseminated with Interim report**		

3.2.2 Core Work Package 5: Bridging research on HIV/STIs prevalence and risks to evidence-based effective practice

Lead Partner: SPI Forschung

Core WP	Activities	Outcomes/ deliverables	Date foreseen	Date of achievement	Level of achievement (measured by indicators)	Justification/ Problems encountered	Action to be taken to overcome the problem
WP5	**1. RKI: Preparation of method/instruments for HIV/STI sentinel surveillance in 4 MS: AT, SK, RO, BG** - Update of instruments (4 questionnaires)	Updated questionnaires and information material in several languages sent to all partners	Spring 2010	30.6.2010	Instruments are updated **(Fulfilled Process Indicator)**	In some countries some diseases not relevant (i.e. new infections of Hepatitis B in Austria) but some other STIs seem important and case definition is applicable (HPV in SK)	Adoption of questionnaires, i.e. exclusion of Hep B in AT, inclusion of HPV in SK
WP5	Update of **participating sentinel institutions** (including address) through 4 country partners, update and correction of data base through SPI	Updated list of sentinel sites for study protocol; Updated database	Sept-Oct.2010	Oct.2010	Sentinel sites in 4 MS countries are recruited **(Fulfilled Process Indicator); Completed/fulfilled**	According to partners some (pausing) institutions hard to recruit; Some confusions with ID numbers of sentinel sites recruited in previous project phase (2005-2007)	Personal commitment and motivation work for sentinel surveillance; Recruitment of new sentinel sites in Austria and Romania; Regular personal communication with partners/SPI's data manager
WP5, WP2	**Presentation and Dissemination of first results** at International	Poster with findings; PowerPoint; Discussion;	July, Oct., Nov.2010	July, Oct., Nov.2010	**Published**	No problems	

	AIDS Conference (Vienna), within German STD-sentinel meeting (Berlin) and ESCAIDE conference (Lisbon)	Leaflet;					
WP5	Distribution of **case definitions for STIs** to partners for approval in each country	Standardised case definitions	15.10.2010	15.10.2010	**Fulfilled** (as part of requirement for study protocol and implementation)	No problems	
WP5	Finalisation of the sentinel surveillance **study protocol**	Study protocol **(Milestone)**	October 2010	31.10.2010	Study protocol is finalized **(Fulfilled Process Indicator)**	No problems	
WP5, WP2	Distribution of the finalised study protocol to partners as help to fill in the national ethics committee form	Assistance in filling in national ethics committee forms	October 2010	31.10.2010	**Distributed** (as prerequisite to assist in obtainment of Ethics Committee Approval)	No problems	
WP5, WP1, WP4	Conducting of 4 **coordination and stakeholder networking on-site visits** (partly together RKI/SPI): - HESED, BG (SPI, RKI) - AHW, AT (RKI) - PRIMA, SK (SPI,RKI) - ARAS, RO (RKI)	Clarification of feasibility and practical implementation on the spot; Meeting with associated partners, sentinel sites', national stakeholders (MoH); Planning of cross-border sentinel meeting (AT/SK)	Oct.2010, Jan 2011, Mar2011, May 2011	Oct.2010, Jan 2011, Mar2011, May 2011	Relevant findings are formulated as research report (presentation) in order to be discussed and updated by the regional network committees **(Fulfilled Output Indicator)**	BG: Diagnostic issues (particular chlamydia, gonorrhoea); Syndromic approach (without diagnostics); Mass syphilis testing SK: difficulties with ID-numbers of sentinel-sites; Difficulties with definition of reportable STIs; AT: recruitment of sentinel-sites difficult	Careful with interpretation of results (if no testing for chlamydia –> no positive results) Beware of underdiagnosing; Visit of 4 hospital-based clinics in Vienna and Linz and 2 AIDS-Hilfen (AT) Presentation of the project and preliminary results

WP5, WP4	First **Cross Border Sentinel Exchange Meeting** Austria-Slovakia (AHW, PRIMA)	Presentation and conjoint interpretation of results from AT + SK Discussion with experts in the field	Spring 2011	6.5.2011	Relevant findings are formulated as research report (presentation) in order to be discussed and updated by the regional network committees **(Fulfilled Output Indicator)**	Difficulties in engaging SK-sentinel sites to a meeting in Vienna Time constraints	Personal commitment of SK partners, organisation of transport etc.
WP5	**Data processing, check, analysis and report** - Plausibility control of dataset; -Analyses of data	Clean, consistent dataset, Results from sentinel-surveillance; Report	ongoing	30.06.2011	**Fulfilled**	No problems	
	BBSS among SWs						
WP5 BBSS	**SPI: Preparation of Bio-Behavioural sentinel surveillance among SWs in 6 EU countries: DE, EE, LV, SK, RO, BG and 1 border region (DE/PL)**	Desk review conducted on available surveys Europe-wide, ECDC reports, UNAIDS/UNGASS, WHO papers	Sept-Oct.2010	Sept-Oct.2010	**Fulfilled**	No problems	
WP5	Precision of **research areas and behavioural indicators** to be studied in cross-country comparison	6 UNGASS and 5 additional of indicators studied (part of Study Protocol)	Oct-Dec2010	January 2011	**Fulfilled** with slight delay	Prolonged communication and consultation process with BBSS partners	
WP5	Precision of **survey design: sample, recruitment methods and sample size**	-Combination of Respondent-driven sample (RDS) and service/venue-based	Oct-Dec2010	Dec2010	**Fulfilled**	No problems, additions to project application	Decision to recruit also MSWs in 2 survey locations (Berlin/Sofia) due to

		sampling; -Size: 1200-1500 Sex Workers -Sites: 6 capitals and one border area					specific of SW scene;
WP5	**Development and precision of study method and compilation of study Instrument** in working version (English)	-Combination of structured behavioural questionnaire (face-to-face interview) and HIV/STIs blood test; -Instrument: 85 items divided in 5 blocks (Milestone)	Oct2010	January 2011	**Fulfilled with 3 months delay (Milestone)**	No meeting for joint development of instrument, email/ skype communication only; 3-stages process of consultation of instrument	Intensive involvement of 1 partner (NIHD) together with co-ordinator, series of skype sessions on instrument
WP5	**Preparation of the survey on the spot** in 6 countries– selection of research coordinators, interviewers, medical staff for epidemiological part, definition of diagnostic standards and selection of tests.	- Medical worker, trained to make blood tests - part of each research team; - Equipment and testing procedures correspond to the national standards in each country. -Training of interviewers by research coordinators.	Oct-Dec.2010	Jan-Feb2011	**Fulfilled**, additionally to planned added components:	No problems	**Tested Infections:** HIV, Syphilis, Hepatitis B , Hepatitis C, Chlamydia: only in Latvia and Bulgaria (for male sex workers), Herpes Simplex II (only in Latvia), Gonorrhoea: only in Bulgaria for male sex workers
WP5	**Finalisation of Study Protocol**, translation and submission to respective ethic commissions/boards in 6 survey locations	Study Protocol with precise action and time-plan(Milestone)	Nov2010	Mar2011	**Fulfilled** with 4 months delay	Overload of co-ordinator with WP1, consecutive delay WP5 tasks.	
WP5	**Pre-test of survey instrument**	Conducting of 2 pilot interviews in Berlin	Feb2011	Feb2011	**Fulfilled**	No problems,	Instrument is perceived as clear,

		and Tallinn with FSWs					questions as understandable
WP5	**Approval of study protocol and instrument by ethical boards**	Written statements of ethical commissions (Milestone)	Mar2011	Mar-May2011	**Fulfilled** with variation according to local context	Additional meetings needed with ethical boards(Berlin)	Changes undertaken in procedures for ensuring of maximum anonymity of personal data;
WP5	Translation of instrument, preparation of field phase	10 language versions of instrument	Mar-May2011	Mar-May2011	**Fulfilled**	No problems	
WP5	Field phase, survey administration and data collection	Survey concluded in Estonia (210 respondents recruited solely through RDS),	Apr.-Aug.2011	Apr.-Aug.2011	**Ongoing**		
WP5 WP2	Presentation of study design and method at German-Austrian AIDS Congress	Poster (DÖAK 2011, Hanover)	June2011	June2011	**Published**	No problems	
WP5	Preparation of the Interim Report on WP5 (RKI, SPI)	Interim Report = Intermediate sentinel surveillance report **(Milestone)**	July 2011	31.7.2011	**Fulfilled** Milestone	No problems	

3.2.3 Core Work Package 6: Access to early HIV and STI diagnostics for vulnerable groups

Lead Partner: NIHD

Core WP	Activities	Outcomes/ deliverables	Date foreseen	Date of achievement	Level of achievement (measured by indicators)	Justification/ Problems encountered	Action to be taken to overcome the problem
6.	**I. Mapping**						
	Baseline assessment of current situation and services for HIV/STI provision for vulnerable groups, incl. Literature Review, Background information, Description of existing HIV/STI services and barriers to early access.	-Desk Review report (Annex)	Jul-Dec2010	Jan 2011	**Completed**	No problems	
	Assessment of the quality of HIV/STI VCT services, based on the Code of Good Practice for NGOs (IPPF)	**Report on self-assessment of 17 VCT services in 8 countries** (Milestone, Annex)	Sep-Dec2010	May 2011	**Process indicator completed** Different models for early HIV/STIs diagnostic are peer reviewed	Delayed partner performance, great differences in local contexts	Major findings and presented at BORDERNETwork Satellite Workshop WP6 at AIDS 2011 in Tallinn
	Development of joint-situation assessment report based on local country profiles and literature review	**9 Country Profiles Report** (Milestone, Annex)	Sep 2010-Mar 2011	Feb-Apr 2011	**Process indicator completed** Different models for early HIV/STIs diagnostic are peer reviewed by WP leader and other partners and compiled in a		

					country report		
	2-days expert meeting in Tallinn to exchange experience in provision of early HIV/STIs services for vulnerable groups	**40 experts from 12 countries involved** (e.g. ECDC, WHO, EU and other EU projects)**;** Documentation of Satellite Workshop, Protocol expert meeting	May 2011	26-27 May 2011	**Output indicator completed** More than 20 professionals exchange expertise in different models of early HIV/STIs diagnostic for most at risk groups;	Due to HIV in European region Conference, hosted by NIHD in Tallinn, the meeting was split in 2 parts:	- 1 Satellite Workshop on Strengths and Barriers to early access to HIV/STI diagnostic - 1 Expert meeting on WP6
II. Piloting							
Preparation for piloting of new approaches to HIV/STI VCT services for vulnerable groups		Protocol/ guidelines for piloting incl. outcome indicators	Jan-Apr2011	Apr-May2011	**Completed**		
Conducting of piloting diagnostic HIV/STIs among selected most-at-risk groups: - training of personnel - piloting of small scale (5to10 clients) - refining protocol and implementation of piloting		Data collection tool	May-Oct.2011	May-Oct.2011	**Under progress**		

3.2.4 Core Work Package 7: Referral, management, treatment and care of HIV/STIs and co-infections

Lead Partner: AHP

Core WP	Activities	Outcomes/ deliverables	Date foreseen	Date of achievement	Level of achievement (measured by indicators)	Justification/ Problems encountered	Action to be taken to overcome the problem
7	**Preparatory work and desk review**, incl. EU-projects: -Correlation Network -Activate -Exass Network (Pompidou Group)	Desk review	Sept 2010	Sept 2010	**Activity accomplished**	All projects have connections to HIV, Hepatitis B or C. Synergies and cooperation areas are outlined.	WP7 concentrates on special topic of HIV/ Hepatitis B & C co-infection.
	Conducting a stocktaking of country specific medical conditions in HIV and co-infections diagnostic and treatment in 5 CEE EU and 1 non-EU countries	Instrument and data, **Report on Stocktaking (Milestone, Annex**)	March 2011	March 2011	**Process Indicator Fulfilled** Out of 20 contacted, 11 treatment centres returned back questionnaires.	Available data is often insufficient. Often no data of HIV and HBV / HIV and HCV co-infections available.	Additional data collected during medical workshop in Potsdam.
	Common development of education programs with basic and special knowledge in HIV and co-infections	Education materials	Apr 2011	Work in progress	Draft of education material exists	Discussions with workshop participants showed that all active participants from both workshops should be consulted)	Training and education materials will be updated after consultation with physicians in second workshop, piloting will be prolonged, March/April 2012
	Recurrent medical workshops for HIV treatment professionals	First workshop with 15 participants	June/ Nov 2011	27-29.June 2011, Potsdam	**Output indicator fulfilled** The half of the activity is	More practical issues are recommended.	Increase of practical part during the 2nd workshop in

	and two medical expert on-site visits to German treatment settings	from 6 EU and 1 NON- EU countries conducted			accomplished.		Rostock, Nov 2011.
	Piloting of individual HIV case management and referral and screening of HIV patients for HBV / HCV	Under progress.	until January 2012	until March/ April 2012	Education materials		-
	On site visit to HIV treatment clinics in Tallinn and Narva (EE) connected to piloting of case management and development of guidelines	On-site visit	until January 2012	May 2011	A treatment clinic in Tallinn (EE) was visited.	A second clinic in Narva should be visited, as the medical situation differs from Tallinn.	Possibilities will be explored for the conduction of a second visit to the city of Narva.

3.2.5 Core Work Package 8: Participatory approaches to community based HIV/STIs prevention in ethnic minority and migrant groups

Lead Partner: HESED

Core WP	Activities	Outcomes/ deliverables	Date foreseen	Date of achievement	Level of achievement (measured by indicators)	Justification/ Problems encountered	Action to be taken to overcome the problem
No.8	**Desk review** on measures for Community-based participatory HIV/AIDS prevention for ethnic minorities and migrant groups	**Report 6 Internet sites and 167 items reviewed**	Sept 2010	Sept 2010	First step for achievement of the Milestone 1 (Milestone27_WP8.1).		
	Exchange seminar in Sofia - focus on participatory methods and practices in needs assessment, effective community's involvement (outreach workers from migrant/ethnic minority group)	**15 participants from 9 countries and project co-ordinator**	Oct 2010	18-20 Oct 2010	Different models of community based HIV prevention for ethnic minorities and migrant groups are peer reviewed by other experts and assessed by partners. **Process indicator fulfilled** Second step for the achievement of Milestone 1 (Milestone27_WP8.1).		

	Assessment Survey and peer review on models of participatory HIV prevention among migrants/ethnic minority groups. Report on survey.	**Milestone 1:** Assessment Survey Report; Assessment Instrument	Jan 2011	May 2011	Relevant ethnic community members and migrant groups are involved in needs assessment, planning, implementation and evaluation of interventions on ongoing basis. All of them discussed the results of the survey and considered implementation of new methods in their everyday work. **Process indicator fulfilled.**	Some of the WP8 partners needed more time correctly to fill in the questionnaire.	WP Leader and project coordinator supported these NGOs in the process of describing of their experience.
	First Training Seminar to build capacity to implement the evidence-based method of POL (popular opinion leader) for community based HIV prevention.	**17 participants from 7EU and 2 non-EU countries** Documentation **Deliverable D9**	March 2011	28-30 March 2011, Bucharest	POL Training model presented and thoroughly discussed. **Output indicator completely achieved.**	Time was too short	2 build-up sessions on POL model in the next training.
	On-sites visit of WP-Leader to NGO in Tallinn - for observation and evaluation of the implementation of the intervention models.	Report on-site visit	May-July 2011	24-27 May 2011	**First step for the achievement of milestone 2 (Milestone28_WP8.2).**		
	Ongoing training and community-based HIV/STI prevention on-site in Bulgaria:	**2 groups with 19 Roma POL leaders trained, 59 Young Roma**	June 2010 – April 2012	June 2010 – ongoing	Relevant ethnic community members and migrant groups are involved in needs		

	- Weekly outreach work; - Exchange visit of Sofia and Plovdiv Roma teams; - Training, testing, counseling and treatment offers for young Roma men	**men offered STIs testing/treatment** **Ca.230 prevention conversations conducted in network of trained POL**			assessment, planning, implementation and evaluation of interventions on ongoing basis in the partner countries. **Process and output indicators fulfilled.**		

3.2.6 Core Work Package 9: Accountability and evidence-based evaluation in youth prevention and sexual and reproductive health and rights

Lead Partner: AHW

Core WP	Activities	Outcomes/ deliverables	Date foreseen	Date of achievement	Level of achievement (measured by indicators)	Justification/ Problems encountered	Action to be taken to overcome the problem
9	**Desk review** on relevant surveys and projects in the field of youth HIV prevention, SRHR and quality of interventions	Desk review	January 2010	March 2010	3 relevant projects in the field of youth HIV prevention and SRHR identified and analyzed in the desk review		
	Rapid Assessment and Response survey: a self-evaluation of the available youth prevention actions conducted by each partner.	RAR Report	March 2010	March 2010	**Process indicators completely achieved:** The RAR was filled in by 15 partners;		
	First expert meeting in Vienna: Development of guidelines for evaluation of various methods and measure of youth prevention collecting accountable data	Protocol of the meeting	March 29th till 31st 2010	March, 29th till 31st, 2010	Print version of the Quality improvement tool ***QUIET*** developed **Output indicator completely achieved:** Guidelines for evaluation of youth measures were drawn up in the frame of the tool development	Language problem	Translation

	Evaluation period, conducted by each partner on the spot based on the elaborated guidelines. Various models of youth HIV/STI prevention and SRHR focused by the different partners	Partner self-evaluate their youth measures, Oral reports	April till October 2010	April till October 2010	**Process indicator partially achieved:** Youth prevention models outlined by some partners, but not reviewed by experts; Models presented at Satellite Lunchtime Seminar, IAC, Vienna	Evaluation period prior to the conference too short	Continuation of evaluation period after conference
	Conference meeting: 1) Peer review – assessment of evaluation outcomes and development of evidence-based quality standards for youth prevention activities; 2) Exchange of training models in HIV/STIs prevention and SRHR of young people	Conference meeting, Protocol of the meeting	July, 18th till 20th, 2010	July, 18th till 20th, 2010	Quality standards for youth prevention activities were discussed in the frame of the tool development, Models of HIV youth prevention and SRHR exchanged between participating partners (e.g. Dance4Life): **Output indicator achieved to significant extent:** 16 youth prevention workers from 10 countries trained in QI	Two invited collaborating partners, BZgA and DAH did not participate in the project.	
DELI-VER ABLE	**Lunchtime Satellite Symposium to IAC 2010**	Documentation of Lunchtime Satellite Seminar; Visibility act; (Deliverable D10)	July 21st 2010	July, 21st, 2010	**Goal completely achieved:** - Conference satellite and visibility act conducted; - Partners present		

					youth prevention models at satellite of IAC.		
	Programming an online self-evaluation tool	QUIET - online	August – December 2010	September – February 2011	Subcontract with programming company and implementation of the online tool achieved, but delayed	Evaluation part of the tool was too short	Adding more questions
MILE-STONE	**Second expert meeting** in Vienna	Protocol of the meeting	December 12th 2010	February, 21st till 22nd, 2011	Improvement of the online tool; **Goal completely achieved:** 10 partner organisations apply the tool and provide feedback	Partners have applied and tested the online tool.	
	Trial period: Application of pilot online tool in a six month trial;	E-mail exchange	January till June 2011	February till …ongoing	**Outcome indicator – in progress**	Partners use the online-tool to evaluate their measures	
	Organisation, implementation and evaluation of pilot youth prevention e.g. school multiplier's training, health week in school, Youth Film Days	E-mail exchange	January till June 2011	February till …ongoing	Partners use the online-tool to evaluate their measures		
MILE-STONE	**Finalisation of online tool and launch in the Internet**.	QUIET - online	June 2011	Planned for September 2011	Finalisation delayed, work in progress.		

3.3 Activities related to project objectives (per core work package)

3.3.1 Specific Objective No 1: Interdisciplinary networks (WP4)

To scale up the implementation of highly active prevention through boosting network cooperation on national, model regional and cross-border level in CEE and SEE in a three-year period

Methodology applied as planned

- **Networking and capacity building in interdisciplinary cooperation – regional network coordination meetings, expert exchange visits**
  As presented in the overview table of WP4, the method was applied very effectively, along with cross-border regional exchange meetings; special topical events were conjointly planned and conducted (as Youth Film Days, training seminar in POL method etc.).

  Besides the regional meetings were used as a possibility for mutual learning and transfer of experience from partner to partner in particular core WP-related areas (e.g. Slovak and Austrian sex work situation and approaches to services, German-Polish exchange and communication trainings for VCT counsellors and school sex education multipliers)

- **Conducting assessments, incl. Fact-Finding Missions (FFM)**
  – within EU and along the external EU border as subject of subcontracting

  The method is applied in 4 non-EU countries (Ukraine, Moldova, Serbia, Bosnia and Herzegovina) in order to take stock of the particularities of risk, related to special vulnerable groups. The FFM instruments, designed and delivered by the project-coordinator are based on the Rapid Assessment and Response (RAR) methodology.

  They include in particular:

  1) Guides for RAR – theoretical and methodological background and practical questions to answer through desk review or qualitative research;
  2) Guides for Key Informant's Interview;
  3) Guides for Focus Group Discussion;
  4) Questionnaire for Individual Interview with respondents from the group of SWs

- **Pilot trainings for medical professionals and students in communication and counselling competence (only for Model Region I, Germany/Poland)**
  As described in the concept paper (Deliverable D5, *Annex 3*), interactive methods in a small group format are applied to build up competence of medical students in communication on sexual health related topics. The theoretical background derives from the psychological theories on human communication (Paul Watzlawick), the practical approach foresees active learning methods and a self-reflection stance during the training.

Involvement of partners and target groups

The interdisciplinary networks bring together professionals from prevention and medical settings:

- health education and sexual health promotion organisations;

- researchers,
- university teachers,
- HIV/STI treatment clinics,
- HIV service organisations,
- Self-help organisations of PLHIV.

As defined in one of the process indicators up to 1/3 of the network members are civil society organisations that being a strong feature of the cross-border cooperation in each of the 5 model regions.

The associated partners on the spot have mobilized local and national stakeholders, informing them on regular basis about project's activities and involving them in topical discussions, meetings, events. The stakeholders' lists in the participating EU countries *(Annex 19)* have been substantially used for networking (WP4) and dissemination purposes (WP2).

As for the special activity of Model region I related to the communication curriculum for medical students, the groups involved are:

- Medical Universities of Rostock and Szczecin;
- Medical Chamber in the Bundesland Mecklenburg-Vorpommern;
- Senior university teaching staff;
- Students in medicine, students in paramedical disciplines (e.g. nurses, health assistants)

As for the Fact Finding Missions in the 4 non-EU countries, several key vulnerable groups are addressed with the assessment of situation of risks:

- Young people with parents working abroad;
- Young mobile people;
- Roma ethnic minority, incl. sex workers;
- Sex workers, incl. IDUs,
- PLHIV

Coordination with other projects or activities

The principle of the model regions and the cross-border networking is the red thread of the cooperation in the WP4. The topical activities have all relations to all other core work packages (5 to 9). This is clearly seen in the presentations of the activity plans of all partners in the model regions *(Annex 17).*

Outcomes and deliverables achieved

- 5 cross-border regional HIV/STI networks set and functioning;
- 14 regional cross-border committee meetings conducted *(Annex 18)*;
- List of common health objectives in progress and concept for transfer of highly-active prevention in practice (MRI), (D4, *Annex 2*)
- Concept for communication training and 2 pilot communication trainings with 20 medical students conducted (D5; *Annex 3*)
- 6 Fact Finding Missions under implementation in 4 non-EU countries on cross-border risks in HIV/STI among key vulnerable populations. *(Annex 20)*

Problems encountered

The intensive assessment phase, in which baseline situation evaluation has been conducted under the core WP 6 to 9, dominated the work agendas of the partners on the spot. Besides topical core WP-workshops/seminars took place almost each month. In this consistent and dense work and time programme, some partners were overloaded and could not keep simultaneously the perspective of the regional cross-border cooperation (WP4) balanced to the overall project's activities.

The cross border health goals are a stable and in the mean time a self evident basis for the cross border activities and for the involvement of the political level in time of financial crises. But it is also evident that ongoing involvement and convincement of political levels and other important stakeholders is needed to maintain the already reached level of engagement.

A special problem was faced in the formulation of the tasks related to cooperation with the ENP-country regions. During the prolonged project negotiation phase the conditions of partnership have been restricted significantly, as the eligibility criteria of the European Commission required no practical implementation of activities on the spot outside of EU. Thus the modality under which the cooperation has been planned remained in the restricted-task of Fact Finding Missions, which were given to subcontractors, 4 NGOs from the 4 selected non-EU countries.

How were problems resolved

As for the first problem, the baseline evaluation phase has been completed, in the second project half more time and efforts should be focused on the interpretation and implementation of findings from the assessment phase at regional level. In this respect the regional meetings under WP4 will have more distinct place in the partner's individual activity plans.

Activities planned for the next period

1) Regional committee meetings in model regions for presentation of concepts for highly active prevention and results/findings of research tasks (WP5);
2) Conducting of 10 pilot communication training courses for medical students in MRI (Germany and Poland);
3) Development of curriculum for communication and counselling competence on sexual health topics for medical students in MRI (Germany and Poland);
4) Development of Train-the-Trainer concept for curriculum tutors at medical universities;
5) Finalisation of 6 Fact Finding Missions in 4 non-EU countries, dissemination of FFM reports and organisation of an exchange meeting on FFM in Berlin in 2012.

3.3.2 Specific Objective No 2: Bridge research to practice: (WP5)

To advance the state of research and evidence of risks to HIV/STIs through application/outline of comparable risk behavioural indicators among vulnerable groups and to bridge findings to effective HIV/STI prevention and diagnostic

Methodology applied as planned

The research work package combined two sentinel surveillance research tasks, deriving from the second generation surveillance models: HIV/STI surveillance in STI patients and bio-behavioural sentinel surveillance (BBSS) in sex workers:

- Implementation of the evidence based HIV/STIs sentinel surveillance system, according to the national example of Germany, introduced by RKI among STI- patients in 4 EU MS – no deviation of the planned methodology;
- Second generation HIV/STI behaviour surveillance on sub-population groups, e.g. SWs incl. IDUs – here again no deviation from the planned method, the planned sampling techniques were implemented according to local sex industry context.
- Some of the country locations applied exclusively respondent-driven sampling (RDS), i.e. Estonia and Latvia. Others (Romania) combined the RDS with service/venue based-sampling techniques. With regard to the sample groups, additional group was added (male sex workers, MSWs) in two country locations. Considering the pretty comprehensive questionnaire to be administered through face-to-face interviews the additionally planned small numbers of qualitative interviews were cleared from the study protocol and the research task, as the country partners would have been over challenged with that task in the limited time-frame.

Involvement of partners and target groups

There are four groups of partners involved in the implementation of research tasks:

1) **Associated partners in each country** – 8 EU country partners as local coordinators
2) **Sentinel survey participants (ca. 34 HIV/STI diagnostic and treatment sites):**
   - Public health offices (specialised on STI-/ HIV- care);
   - Specialized outpatient departments ("Ambulances", etc.);
   - University clinics;
   - District Dispensaries for Dermato-Venereal Diseases;
   - Policlinics;
   - Practitioners specialized in STI/HIV;
   - (Private) Consultants - Dermato-Venerology, Gynaecology, Urology;
   - Outreach programs,
   - Drop-in clinics
3) **Research/service provider teams for sex workers in 6 EU capital cities and 1 border-area**;
4) **Local, national and international health policy stakeholders/authorties**, involved as collaborating partners and/or national network members (*e.g. KompNet, Germany; Bulgarian Ministry of Health; National Institute of Public Health, Romania; National Institute of Infectious and Parasitic Diseases, Bulgaria, Ministries of Health of Austria and Slovak Republic*)

There are also several target groups addressed/ involved in the research actions:

- STI-clients/patients including SWs, IDUs, MSM, Roma and young people;
- Female and male SWs, including IDUs, ethic minorities, SWs with migrant background – approx. 1200 -1 500 involved as respondents in the BBSS;

An important consideration as for the involvement of the target groups as respondents in the research tasks is the adherence to the **Ethical principles** of research in human beings. In this regard several points should be highlighted here:

- Ethical Commissions approved the research protocol and instrument *(Annexes 21 and 22)*;
- The face-to-face interview for SWs is based on informed consent and ensures confidentiality through unique respondent code;
- The HIV and STI testing approach is based on ethical principles and human rights, voluntary, confidential, undertaken with pre-test information discussion and consent;
- Test results are handed out exclusively in a context of a post-test counselling and referral to health care services when needed;
- The BBSS's respondents are offered incentives in the form of a gift or a voucher for interview and for recruitment of further respondents (by RDS).

Coordination with other projects or activities

Within the project two interrelations between activities are very relevant: the sentinel surveillance in STI-patients co-ordinated by RKI collaborated closely with the WP7 activities, focusing on the treatment, management and referral of HIV and Co-infections (special focus on Hepatitis C and Tuberculosis). Assistance was provided by RKI experts to WP7 Leader (AHP) in the design of instrument for a stocktaking of country-specific medical conditions in HIV and co-infections diagnostic/treatment.

The bio-behavioural surveillance among sex workers as the second research task of WP5 is narrowly linked to the activities of WP6: improving access to early HIV/STI diagnostic for vulnerable groups. For many country partners SWs are common target group for both work packages, the results of the BBSS give an important impulse for the design of special measures for improved access to diagnostic. Thus in the frame of WP6 a piloting diagnostic campaign will be conducted among selected vulnerable groups immediately after or parallel to the BBSS. Many of the partners created concepts to integrate those two activities and will involve either partner of sex workers or clients of sex workers, or will develop an additional offer to the group of SWs as part of the WP6 piloting.

Outcomes and deliverables achieved

Three of the five planned milestones have been fulfilled. First recommendations for practical implementation of research findings have been formulated (Intermediate sentinel surveillance report, *Annex 23*)

The WP5-related deliverable is expected not before Month 30 (June 2012), as the second research task is still in a field phase.

Problems encountered

Some of the problems faced by SPI Forschung and RKI teams as co-ordinators of the two research tasks were: methodological problems at start (re-activation of sentinel sites, ID-numbers of participants); difficulties in the comparisons between the countries, due to different healthcare-structures and recruited sentinel sites; prolonged discussions and delayed finalisation of the BBSS instrument due to the intensive and time-consuming participatory process. The time planning despite some delays did not contradict to the WP5 work plan as a whole and will not hamper the successful completion of the research BBSS task.

How were problems resolved

The problems were openly discussed with co-ordinator and thanks to intensive bilateral communication with all involved persons timely solved. As for the BBSS instrument development, the active involvement of a core group of committed associated partners (NIHD, HESED) helped a lot by its finalisation.

Activities planned for the next period

1) Translation and dissemination of results to participants, stakeholders and broader EU public health audience;
2) Stake-holder meeting on Sentinel Surveillance, organised and hosted by RKI in Berlin at the end of 2011 ensuring involvement of politically responsible authorities from the 4 participating countries with focus on interpretation and transfer of results to regional/local contexts;
3) Continuous data collection in sentinel surveillance from 4 countries;
4) Finalisation of BBSS data collection, data entry, analysis and cross-country comparative report;
5) Presentation of report findings and formulation of recommendations for the prevention practice (Deliverable D6);
6) Publication of findings to international scientific journals with high impact;
7) Dissemination of findings to EAHC, other EU-projects, ECDC and at international conferences.

3.3.3 Specific Objective No 3: Early diagnostic. (WP 6)

To intensify efforts for two years in early diagnosis of HIV and STIs for most at risk groups based on human rights and gender equity and to decrease the number of those unaware of their infection status.

Methodology applied as planned

There were no deviations from the planned methodology. The preparatory work in this WP started also with an extensive **desk review.** More specifically literature review was conducted by NIHD including overview of relevant EU and other programs in the field of HIV/STI services for vulnerable groups, and scientific articles (search in Medline, Pubmed, and ScienceDirect). Main challenge was that not all peer-reviewed journals are freely accessible and many have embargo up to one year (articles are available electronically only 12 months after publishing).

The following methods were applied for the **situation assessment phase** (**mapping)** with the participation of all WP6 partners:

1. Local country profiles including:
    - Background information – general HIV and STI situation within the partner region, vulnerable groups, relevant legislation for provision of services, and other necessary background information;
    - Description of existing services for HIV/STI screening within the region (including financing) and major groups addressed as most at risk population (MARP) groups;
    - Description of the barriers related to accessing HIV/STI VCT services among high risk groups within the region.

In case of limited available sources of information/data, the partners were recommended to conduct face-to-face interviews or **focus-group discussions** with both clients and providers so as to identify and prioritize possible barriers to accessing HIV and STI services. Only two partners conducted focus groups (HESED, ARAS), the rest had information available from previous work.

2. All partners **assessed the quality of HIV/STI VCT services** within their local region using the **Code of Good Practice for NGOs (instrument developed by IPPF**) and **general service profile template** developed by the WP6 leader. The total number of organizations participating from eight countries was 17 (five from Latvia, four from Germany, three from Estonia, one from Austria, Bulgaria, Poland, Romania, and Slovak Republic each). Both instruments were self-administered, possible to fill in electronic format, and recommended to be filled in by a team of people directly involved in organizing and providing HIV counselling and testing in their organization. In most countries the instruments were filled in English, in Latvia and Estonia the Code of Good Practice was also translated to local languages. Because of language issues in some organisations the Code of Good Practice was administered as a face-to-face interview.

3. 2-day **expert exchange meeting** was conducted in Tallinn in order to exchange experiences in provision of early HIV/STI services for vulnerable groups and discuss the results of the desk review and assessment of the quality of VCT services. The meeting was conducted in conjunction with AIDS2011 (the European Region HIV Conference) in order to ensure wider participation of specialists and stakeholders.

Involvement of partners and target groups

The composition of the partnership in this core WP is as follows:

1) **Lead partner** – National Institute for Health Development, Estonia (national public health agency under the ministry of Social Affairs)
2) **Associated partners** – all but 1 NGOs from: Latvia (Papardes Zieds), Germany (AIDS Hilfe Potsdam), Estonia (AIDS Information and Support Centre), Austria (AIDS Hilfe Wien), Bulgaria (HESED), Poland (POMOST and SPWSZ), Romania (ARAS), Slovak Republic (PRIMA)
   All associated partners contributed to the compiling of local country reports, some collecting and summarizing available information, whereas others conducting also qualitative focus groups. In the frame of the self-assessment survey on VCT services all partners either participated directly or recruited testing services as survey respondents.
3) **Experts from non-EU countries** (NGO Salus) – involved in the assessment mapping phase through the link to WP4 (Fact Finding Missions in non-EU countries). In addition a representative of the non-EU partner took part in the exchange workshop in Tallinn in May 2011.
4) **Service providers for key vulnerable groups**
   VCT sites from all project partner countries – 17 sites, most of them stationary service providers, 4 of them also offering mobile services for specific HIV/STIs risk groups.
5) **Target groups** addressed/represented in the reports and the piloting protocols include people vulnerable to HIV and STIs; the choice of specific target population(s) depends on the HIV/STI situation of the project partner country:
   - People who inject drugs
   - Sex workers (both male and female)
   - Men who have sex with men
   - Migrants
   - Roma people
   - Homeless people

   In some countries several of these groups are targeted simultaneously because there is considerable overlap between vulnerable groups (for example sex workers who also inject drugs).

Coordination with other projects or activities

As underlined already there are natural links between WP6 and WP5. The planned piloting of new approaches to HIV/STI diagnostic for vulnerable groups takes up on the research tasks of bio-behavioural sentinel survey (BBSS) among sex workers. For several partners the group of sex workers is a major target group of the services offered under WP6. On the occasion of the piloting process new services will be offered to that group.

Cooperation and partnership relations are established between WP6 and two of the

currently implemented EU-funded projects. During the 2-day expert meeting in Tallinn EU Commission financed projects **HIV COBATEST** and **ImActT** were involved and presented their experience. Specific bilateral cooperation steps were undertaken. Thus for instance, some of the WP6 partners can participate as community-based VCT service providers in the piloting survey, conducted by HIV COBATEST project.

Outcomes and deliverables achieved

- Country profiles and repot on self-assessment of VCT services - Milestone 23 completed (*Annexes 25 and 26*);
- Deliverable 7 – Documentation of the BORDERNETwork Satellite Workshop (2-day expert exchange seminar) in the frame of AIDS 2011 in Tallinn *(Annex 4)*;
- The 2-day expert meeting was divided into two parts: 1) an open satellite workshop for all interested participants in the AIDS 2011 Conference, during which general issues related to reaching vulnerable groups and providing HIV/STI testing were discussed and international guidance was introduced and 2) an internal project WP6 meeting where the drafted protocols for piloting were discussed *(Annex 27)*.

Problems encountered

Main problems were related to communication between partners (language issues, e-mails lost, documents in different formats which cannot be open and read by all) and delays in performance of tasks (country/region profile and collection of data for the VCT assessment).

How were problems resolved

Intensive communication between co-ordinator and the WP6-leader and between co-ordinator and individual partners and practical assistance in understanding (in case of language problems).

Activities planned for the next period

1) Piloting of new services for HIV and STI diagnostics for vulnerable groups in order to improve access and to decrease the number of those unaware of their infection status, between Months 18 and 30:
    a. Implementing piloting protocols developed in the previous phase of WP6;
    b. Data entry and analysis of the piloting results in partner countries;
    c. Development of joint-report based on local piloting reports;

2) Assessment and development of guidelines – practical recommendations for providing early HIV/STI VCT services for vulnerable groups, Milestone 24, Months 31–36
3) Report on activities related and outcome indicator

3.3.4 Specific Objective No 4: Referral and treatment systems: (WP7)

To augment by mid 2012 the country-specific evidence on treatment and care of HIV and co-infections and to enhance interlinks in referral systems for diagnostic, treatment and care of STIs, HIV/AIDS and co-infections

Methodology applied as planned

The activities under WP7 started with a baseline assessment through a ***desk review*** and ***two questionnaires*** to gain information about the HIV/AIDS epidemiological and medical situations. The two questionnaires for WP7 associated partners and for HIV treatment centres aimed to collect epidemiological data and information on diagnostic and treatment possibilities.

The ***stocktaking country survey*** as method aimed at overview on the medical conditions and treatment possibilities in the countries involved. In addition to that direct contacts to the treatment physicians on site were envisaged so as to strengthen the links between practice settings and research/policy development. Specific ***education materials*** on special topics of HIV and Hepatitis B and C co-infections were developed as a complementary method to build capacity of medical professionals. The education materials will be published as ppt-document and sent to our cooperation partners and participating physicians ***for the piloting process***.

In addition to the stocktaking survey and the basic education materials the ***training and exchange workshop*** (Potsdam), contributed to highlight two particular problems, which will be tackled further in the WP7's action plan:

- the problem of multi drug resistances
- the problem of late presenter.

Involvement of partners and target groups

Every core WP action takes place in country-specific /regional contexts, which differ from one another. Therefore the WP7-leader initiated close cooperation with the partners and practitioners on the spot, who have the most comprehensive knowledge for reaching pluralistic solutions and to put steps forward towards universal standards in a context-sensitive manner.

1) **Cooperation and involvement of associated partners:**
   The WP7- partners (NIHD, HESED, ARAS, SPWSZ, PRIMA) within the BORDERNETwork project are the coordinating points, which are well integrated in the regional and national health care networks. They were able to convince physicians to take part in the project, to spread the materials and findings to their local and regional networks.

2) **Cooperation and involvement of collaborating partners:**
   Because the intravenous drug use is the most relevant HIV transmission way in several of the WP7 countries, as most relevant partners were considered those experienced in the field of HIV/AIDS and intravenous drug use. Contacts were established to the Correlation Network and one member NGO was invited to the first

medical training and exchange workshop in Potsdam. In addition to that, the project co-ordinator and AHP realized a visitation for Estonian and Ukrainian medical specialists at Tannenhof Berlin Brandenburg e.V., which is a drug treatment institution with solid experience. A non-EU collaborating partner from Lviv region, Ukraine (Regional Lviv AIDS Centre and SALUS Foundation) was also involved in the cooperation and two HIV treatment physicians participated in the training and exchange workshop in Potsdam.

3) **Cooperation and involvement of participating physicians:**

In the frame of the project it is important to motivate and convince enough physicians to participate actively. As they have the most comprehensive knowledge about the medical situation on site and the diagnostic and treatment possibilities, their participation in the process of education material development and piloting is crucial. They have to implement the findings and to use the training materials. In three of the countries some of the largest HIV treatment centres (Bulgaria, Estonia, Romania) countrywide were represented in the stocktaking, in two other countries (Poland, Ukraine) regional HIV treatment centres participated.

Coordination with other projects or activities

The cooperation with the **Robert Koch-Institute (RKI)** and the links to **WP5** were very fruitful, considering that they have vast experience in the field of studies and study design. Therefore the connection of areas and issues studied in WP5 and WP7 was advantageous for both activities. Thus special topics related to specifics of STI diagnostic methods (HCV in particular) were included in the questionnaires of the stocktaking survey. In this way the findings of the both WP7's stocktaking survey and the sentinel surveillance of WP5 can be cross-checked and complemented. Further areas of cooperation with RKI are the workshops and the elaboration of the clinical pathways.

In the Federal State of Brandenburg (DE), AHP as WP7-leader collaborates with **Initiative Brandenburg - Gemeinsam gegen Aids (Together against AIDS),** a regional network with the focus on HIV/AIDS and STI prevention, diagnostic and treatment. The topic HIV, Hepatitis C and HIV/Hepatitis C co-infection will be presented at the yearly conference of the network in the fall of 2011.

As identified early on during the desk review phase many cross-section points exist between WP7 and some WPs of the EU-funded **CORRELATION Network**, focusing on Hepatitis C training and guidelines for service providers for the group of IDUs. Contacts to the network have been established (see above) and sharing and dissemination of the outcomes of both projects is conjointly planned. The WP7 leader team participated in the Satellite Workshop of CORRELATION in the frame of AIDS 2011 in Tallinn and presentation of BORDERNETwork's results is also planned for the Evaluation Conference of Correlation to come in December 2011 in Ljubljana.

Outcomes and deliverables achieved

- Stocktaking report on country-specific medical conditions of treatment of HIV and Co-infections (Milestone 25, *Annex 29*) – process indicator fulfilled
- 1st medical training and exchange Workshop realized – output indicator fulfilled

Problems encountered

1. Because the cooperation partners and participating physicians are involved in a lot of networks and working groups, the participation in the BORDERNETwork project and the related performance tasks are not the only assignments, causing conflicts of deadlines sometimes. In some cases it was difficult to engage their attention over a longer period of time. It was difficult to ensure the performance of all associated partners and the implementation of the project's products (stocktaking survey results), so that communication has to be intensified. It was difficult to adhere to preliminary agreed deadlines, because some partners did not perform and submit the required information on time.
2. During the medical training and the consultations with medical experts, lack of sufficient epidemiological data was identified at first place. There is a large gap between the data of the (national) institutions and the medical professionals on site.
3. The health care landscape in the different countries is very heterogeneous, so it is a challenge to interpret the results and findings in the right way and to make generalisations, being useful in the particular context.
4. Because only national health ministries and specialized organizations have the authority to implement guidelines in the framework of the existing legislation, it is not possible to realise the planned under WP7 Guidelines (Deliverable 8) with the characteristics of legal norms.

How were problems resolved

To solve the first problem, three possibilities have been explored and are partly implemented: a) boosting communication and dissemination; b) getting in contact with other networks; c) winning commitment of medical and political stakeholders.

To solve the second and third problem, individual practitioners should be at least partly involved in the development of the outcomes. This helped to make the findings from the stocktaking more precise and to increase acceptance of the findings in the participant's work.

The fourth problem will be addressed by re-conceptualising the "Guidelines" into "**Pathways**" in order to avoid legal and normative restrictions.

Activities planned for the next period

1) Cross-border meeting with the municipal clinic in Stettin (SPWSZ), Poland)
2) Second medical training and exchange Workshop in Rostock with professionals from Poland, Slovakia, Ukraine and Germany, organised together with MAT (DE), November 2011;
3) Piloting of individual STIs/HIV case management, referral and screening – ongoing;
4) On-site visit in Narva, Estonia, Eastern-EU border area to Russia - beginning of 2012;
5) Development of clinical pathways in managing HIV/HBV and HIV/HCV co-infections - beginning of 2012;
6) Evaluation on work package activities and report on indicators - April 2012

3.3.5 Specific Objective No 5: Participatory approaches: (WP 8)

To improve HIV/STIs in two-and-a half-years period community based prevention and sexual health for ethnic minorities (e.g. ROMA) and migrant groups through capacity building in participatory prevention models

Methodology applied as planned

The **desk review** of existing HIV programs among ethnic minority (especially Roma) communities and migrant groups and the **assessment survey** followed the planned methodology.

The applied methodology included developing, piloting, dissemination among the WP8 members of a qualitative questionnaire and summarizing the collected data. The following main research areas were examined:

- Definition and information about the ethnic/migrant groups represented in the given state and target groups for the organization's HIV prevention programs;
- Basic information about the given organization;
- Description of one self-reported good practice of HIV prevention programs based on the participatory model and analysis of its strongest sides.

The **exchange seminar** provided as a method the opportunity to have a direct, open, informative and fruitful discussion and peer review on models of participatory HIV prevention among migrants/ethnic minority groups *(Annex 10)*. It helped to outline best features, similarities and differences between the various models in use.

Capacity building training on the POL methodology. The Popular Opinion Leader (POL) methodology is based on the social diffusion theory and successfully combines the theory with the evidence-based intervention among different communities. The main assumption is that the desired change in the community members' behavior is achievable by exploring and using the most powerful community communication channels and patterns. The POL methodology gives its highest results in small closed communities with intensive inner communication, such as MSM communities, ethnic minorities, migrant groups etc. This methodology is a venue-based intervention. The main steps in its implementing are exploring the communication channels and styles in a small group of people (100 – 1000 people) and recruiting for a specific training the most influential and willing to adopt the new ideas people (the Popular Opinion Leaders) in this particular small group. The highly structured 8-session training does not intervene in the POLs leadership skills and communication styles, it only supports the leaders in adopting the new idea (for ex. the safe sex practices) to their everyday conversations and behavior. The POL methodology is a good example for an evidence-based methodology within the frames of the participatory approach.

An **on-site visit** was applied as an evaluation method through individual interviews and group discussions. Important topics related to the EU-funded AIDS & Mobility project in the Estonian context and the activities of the both implementing organizations were explored.

Training groups with most at risk young Roma men (aged 16-25) The method was applied by the WP8-leader HESED in Bulgaria, in Sofias biggest Roma neighbourhood Faculteta. This intervention was implemented according the POL methodology in all its stages – the identifying of the friendship networks, the recruitment of the networks, the identifying and the training of the POLs and the evaluation of the intervention *(Annex 32)*.

Involvement of partners and target groups

1) **Directly involved partners:**
   All WP8 participating institutions are NGOs from Eastern, Central and Western Europe: 6 associated partner NGOs from EU countries, 2 expert NGOs from non-EU countries, 1 collaborating partner (Deutsche Aids Hilfe).
   All these NGOs are authors of good practices in the field of AIDS prevention among different kinds of target groups (incl. ethnic minorities and migrant groups), some of them develop community-based participatory approaches, some work with community-sensitive and friendly models, and others try to address new communities in their regions. The partners took active part in the assessment survey; meetings for experience exchange (the exchange seminar in Sofia, the on-site visit in Tallinn); and capacity building training.

2) **Indirectly involved partners**:
   All directly involved partners have developed and implemented AIDS prevention programs with various participatory methods. All of them have involved representatives of the targeted communities in their teams. The roles of the community representatives depend on the particular model, in some projects they are called community mediators, in others peer educators, trans-cultural mediators, referees or POLs etc. Most often those are culturally competent and specially trained representatives of the background ethnic minority/migrant communities. In this regard the trained POLs could be defined as indirectly involved partners as well.

3) **Migrant/ethnic minority communities:**
   Those are the community groups, addressed directly by the HIV/STI prevention programs and services, conducted by the WP8 partners:
   - Migrants from Sub-Saharan Africa – in Austria and Germany;
   - Roma ethnic minority – in Bulgaria, Latvia, Romania, and Slovak Republic;
   - Russian ethnic minority – in Estonia;
   - Migrant sex workers (both male and female) – Germany;
   - Sex workers and/or IDUs with minority background – Bulgaria, Latvia, Romania, Slovak Republic.

   Two non-EU countries are involved in the expert exchange under WP8 (Serbia, Bosnia and Herzegovina) through the links to WP4 (FFM), where the situation of 2 minority communities will be closely studied (in Serbia - Roma ethnic minority, sex workers on the street whose origin is Roma and in Bosnia and Herzegovina - Roma ethnic minority)
   All these communities are involved in WP8 activities as they are beneficiary of the services/projects of the directly involved partners in WP8. The community members will be the final target group of the exchange and transfer of the good practices and AIDS prevention programs.

Coordination with other projects or activities

As one of the partners (AISC), involved in WP8 is concurrently partner in the EU-funded **AIDS &Mobility project**, links were established to the activities and results of the project in Estonia. AISC, together with the NGO: Living for Tomorrow Foundation, Tallinn, implemented on the spot the model of training of Trans-cultural mediators for the Russian ethic community in Tallinn. The model has been presented also at the WP8 exchange Seminar in Sofia in 2010 and additionally discussed in detail during the HESED's on-site visit to Tallinn in May 2011.

Deutsche AIDS-Hilfe (DAH) Berlin, involved by the project co-ordinator SPI Forschung presented an intriguing approach for participatory research and HIV prevention with the migrant communities at the exchange seminar in Sofia (October 2010). The PAKOMI project of DAH in Germany is a participatory research project and has a mixed-method design, using both qualitative and quantitative methods.

Both overrepresented AIDS prevention models are good examples for participatory approach among ethnic minorities and migrant groups, which will be thoroughly presented during the up-coming second training seminar on WP8 in Vienna (second part of Deliverable D9).

CAIR (Center for AIDS Intervention Research), Medical College of Wisconsin, Milwaukee, USA is the author of the POL methodology. The WP8-leader (HESED) team was trained by the CAIR in implementing of the POL methodology. Within the framework of the GAIN I and II projects - Communication Technology to Disseminate Evidence-Based HIV Interventions to NGOs Projects HESED trained several NGOs from Central and Eastern Europe in the implementation of this methodology.

The EU-funded project **Sinti and Roma Addiction Prevention (SRAP)** is another cooperation project for WP8. The role of HESED, lead partner of WP8 in the SRAP project is again WP leader in the area: early drug use prevention intervention. The work package will develop and test an intervention for the prevention of early drug use and the reduction of consumption among Roma youth based on life-skills drug education approach and the motivational interviews methodology. HESED's collaborators of BORDERNETwork and SRAP projects meet regularly and exchange information about important results and good practices in working with the Roma community.

Outcomes and deliverables achieved

- The first part of Deliverable D9 is completed: First training seminar in POL as a good practice model in participatory HIV/AIDS prevention for ethnic minority/migrant groups *(Annex 5)*
- Assessment survey report and peer review on models of participatory HIV prevention among migrants/ethnic minority groups. (Milestone, *Annex 31*)
- Successfully conducted training groups according to the POL-model with most at risk young Roma men *(Annex 32)*. The practical outcomes are:
    - 2 trained in POL culture mediators who work at HESED as part-time outreach workers
    - 59 most at risk Roma men, aged 16-25 successfully recruited in the POL implementation
    - 59 most at risk Roma men, aged 16-25 tested for HIV, syphilis, Chlamydia and

Gonorrhoea
- 19 trained leaders according of the POL training model
- 16 training sessions conducted
- Apr. 230 risk reduction conversation within the friendship network conducted by the trained popular opinion leaders.

Problems encountered

In the process of desk review the most relevant problem encountered was the small number of realized, described and published researches and evidence-based interventions in the field of HIV/AIDS prevention and sexual health promotion among ethnic minorities and migrant groups especially in Europe.

During the assessment survey some partners had difficulty in the correct filling-in of the survey's questionnaire.

An additional obstacle occurred during the capacity building training. The training time-schedule (2 days) was insufficient for detailed discussing of one extremely important component of the POL methodology, namely the practical POL sessions. The training sessions' consequence and techniques used in each session were not thoroughly processed. Five group role plays were planned but not realised due to lacking of basis group work technique competence of the participants. Obviously more time had to be spent for proper understanding and utilization of the techniques.

How were problems resolved

Cooperation with and support by the project co-ordinator helped the partners to improve their task performance in the frame of the assessment survey.

As for the capacity building training, the project co-ordinator and HESED team suggested to continue the training during the next training seminar of the WP8 in Vienna, November 2011. The additional build-up sessions will cover the following topics:

- discussing the NGOs experience and the consulting the NGOs' teams in the implementation of the POL model;
- detailed presentation and group role plays for each training session.

Activities planned for the next period

1) Selection of 2 (or more) additional best practices to be presented at the second training workshop in Vienna;
2) Second training in Vienna build on capacity to implement additional two identified effective models for community based prevention, November 2011;
3) Outline of manual for effective participatory HIV/STI community based prevention based on 3 best practice models.
4) Evaluation of work package activities and report on indicators achieved.

3.3.6 Specific Objective No 6: Quality assurance in youth prevention: (WP 9)

To enhance accountability and evidence-based evaluation in youth HIV/STIs prevention, sexual and reproductive health and rights (SRHR) programmes by end of 2011.

Methodology applied as planned*:*

1. **Desk Review**:

Three relevant EU-funded projects in the field of youth HIV prevention and SRHR were identified and analyzed in the desk review: SAFE II (Sexual Awareness for Europe: ensuring healthy future generations who love and care for each other: www.ippfen.org); SUNFLOWER (Young and HIV: http://www.sunflower-project.eu/); HCUBE (HIV-HBV-HCV:www.associazioneises.org.)

2. **Rapid Assessment and Response (RAR)**:

Based on different drafts (WHO guidelines) an instrument was designed for a RAR on youth HIV prevention models that matched the information requirements.

3. **Expert and Conference Meetings:**

At the First expert meeting *(Annex 35)* the "Evidence and rights based planning and support tool for SRHR/HIV prevention" by World Population Foundation & Stop Aids Now- was introduced to the partners. The tool was chosen due to its evidence based approach, comprehensive scope of HIV prevention and SRHR promotion, focus on youth projects and systematic structure on Intervention Mapping.

The tool was adapted in a participatory process, involving all project partners according to criteria of easy manageability and covering of core issues of the youth projects. A process documentation section has been added to the tool which now consists of three steps: documentation of project processes, evaluation and quality improvement. A first print version of the online QUIET was developed.

At the Second expert meeting *(Annex 37)* each partner reported their experience in using the QUIET to evaluate and improve their ongoing projects. Divided into three working groups the online version of the tool was analysed and suggestions for improvement were documented.

At the Conference Meeting the Lunchtime Seminar was prepared (see below) with an expert panel discussion, presentation of the tool and demonstration of interactive youth HIV prevention model.

4. **Lunchtime Seminar, Satellite Symposium in the frame of IAC 2010, Vienna**:

- Overview of BORDERNETwork and partner network;
- Highlights of European youth HIV prevention projects;
- Presentation of development process and draft version of the online quality improvement and evaluation tool QUIET;
- Youth prevention in action: Demonstration of Dance4Life: delivered by JAZAS, Serbia
- Visibility Event – Red Ribbon Photo

5. **Programming an Online Self Evaluation Tool**:

According to the BORDERNETwork sub-agreement a subcontractor was found to programme the tool. A first version of the tool was programmed and made accessible online at the second expert meeting in March2011. A first online trial of the evaluation and quality improvement tool had also been conducted by AHW before the meeting.

6. **Evaluation and trial period:**

Some youth prevention models were evaluated and outlined by the respective partners. After the design of the on-line tool QUIET the WP9 partners applied the online-tool to evaluate their youth HIV prevention and SRHR measures.

Involvement of partners and target groups:

The WP9-leader Aids Hilfe Wien was supported by a scientific assistant from the project co-ordinator SPI Forschung in the implementation of the WP9 activities. The other partners and groups involved are:

1) **Associated partners**:

The WP9 partner consortium is one of the project's largest, including 5 NGOs from Germany (AHP and MAT), Poland (POMOST), Latvia (LAFPSH, Papardes Zieds, partner since July 2010) and Romania (ARAS) and 2 state organisations from Estonia (NIHD) and Poland (SPWSZ).

All associated partners contributed to the compiling of RAR, to the development and review of the QI instrument, exchanged good practice in youth prevention during the first expert meeting and developed jointly the guidelines for quality improvement of youth prevention. In the next phase they evaluated their youth projects and participated and planning and conducting of the Lunchtime Satellite Seminar at the IAC. All partners tested the QUIET on one of their running projects and their suggestions for improvement were included. The online versions of the QUIET was analyzed in a participatory process and all partners' suggestions for alterations were included.

2) **Collaborating partners:**

Two collaborating partners (the Fachhochschule Kärnten, Austria and the University of Zielona Gora, Poland) were involved from the very beginning of the cooperation, participated at the expert meetings and the Lunchtime Satellite Seminar in the frame of IAC 2010. A third collaborating partner (BZgA) has been informed on regular basis on the stage of progress and development of the quality improvement and evaluation tool QUIET. The WP9- leader was invited to make a presentation on WP9 and the QUIET tool during a Satellite Workshop on Quality Improvement of HIV Prevention, co-organised by BZgA, WHO and Aids Action Europe in the frame of IAC 2010 in Vienna.

3) **Experts from non-EU countries**

4 ENP-countries NGOs (CREDINTA/Moldova, SALUS/Ukraine, JAZAS/Serbia and Action against AIDS and Ug Proi/Bosnia and Herzegovina) were invited to participate in the expert and conference meetings of WP9. They were additionally involved on voluntary basis in the RAR, piloting and discussion of the tool and contributed to all other steps of WP9 cooperation.

4) Young people as target group of the WP9 partners

All associated partners have solid experience in planning and conducting youth HIV prevention activities, whereas some have stronger focus on HIV and STI prevention and others on sexual and reproductive health and rights (SRHR).

The target groups they cover comprise general youth in age groups (12 to 15, 15 to 24 or to 30 years), young PLHIV, young people in special education settings (vocational schools, high schools and university), young sex workers, young IDU, young people from rural areas, young people from risk groups. In some countries several of these groups are addressed simultaneously because there is considerable overlap between vulnerable groups (e.g. young sex workers who also inject drugs).

The youth prevention methods applied cover. e.g. Youth Film Days, prevention events, music and art festivals, school workshops, training, peer education, outreach work, multiplier's training of sex education, Dance4Life method.

Some partners also involved the target group representatives when filling out the QUIET to evaluate and improve the quality of their projects.

Coordination with other projects or activities:

As mentioned above the development of the quality tool was a broad participation and consultation process. Collaborating partners were involved and interest of a new European initiative IQhiv (Improving Quality of HIV Prevention), coordinated by WHO, BZgA and AAE towards the tool shared. The QUIET tool was presented at various satellite workshops at IAC 2010 in Vienna and AIDS 2011 in Tallinn and in addition at the German-Austrian Aids Congress, DÖAK 2011.

Outcomes and deliverables achieved:

Intermediary outcomes (fulfilled process and output indicators) of the cooperation under WP9:

1) Three youth prevention concepts were presented and assessed by the partners:
    a. Youth Film Days
    b. Dance4Life Method
    c. Prevention workshops for young people
2) Guidelines for evaluation of methods and measures of youth prevention were drawn and a reference tool was selected for adaptation: "Evidence and rights based planning and support tool for SRHR/HIV prevention" by World Population Foundation & Stopp Aids Now (*the QUIET is the only evaluation and QI tool that refers to a planning tool!*);
3) Satellite Symposium (Lunchtime Satellite Seminar) with ~50 participants who were trained in good practice models in HIV/STI and SRHR at the library of Vienna during the WAC2011 *(Annexes 6 and 12)*
4) Creation and implementation of an online tool, which can be retrieved under: http://quiet.allproducts.info/ *(Annex 36)*

Problems encountered:

There were several problems encountered in the first project phase: language problem (not all partners could participated actively in expert discussions conducted in English), visa problem (hindering participation of non-EU experts ate the meetings), change in the team of the WPP-leader. In addition, the foreseen time line for the evaluation part was too short.

How were problems resolved:

As for the language problems: professional translation was organised or a partner colleague supported the translation into Russian (for non-EU experts) or German. As for the change in AHW's staff, Lukas Schmuckermaier's (who left the AHW team in September 2010) duties and responsibilities were taken over professionally by Rene Eichinger who coordinated the implementation of the online tool.

As for the short time planned for the evaluation with the online tool, more questions had to be added and a slight delay was caused in the implementation of the on-line tool. It can be retrieved (as described above) under the web site of the programming subcontractor, but is still not available in Internet as a completed Milestone, which is expected in September 2011.

Activities planned for the next period:

1) Finalisation of the on-line tool QUIET and on-line launch - Milestone30, expected September 2011;
2) Ensuring broad dissemination of the tool (project's website, AAE platform, EAHC, conference presentations);
3) Further coordination with other projects and activities to strengthened the stakeholders' interest in the QUIET tool.

4. Annexes

4.1 Project Deliverables

Annex 1 - Dissemination Plan (D2, WP2)
Annex 2 –Transferable concept for highly active prevention and list of common health objectives (D4, WP4)
Annex 3 - Concept for pilot communication training course with medical students (D5, WP4)
Annex 4 - BORDERNETwork Satellite Workshop in the frame of AIDS2011: Report on Workshop on improving early access to HIV and STI services and referral to treatment service for key vulnerable populations (D7, WP6)
Annex 5 - Training Seminar in Good Practice model (POL) in participatory HIV/AIDS prevention for ethnic minority/migrant groups. Report. (D9, WP8)
Annex 6 – BORDERNETwork Satellite Symposium (Lunchtime Seminar) in the frame of IAC 2010. Report (D10, WP9)

4.2 Milestones and further annexes per horizontal and core work packages

Annex 7 – Sub-agreement with project associated partners (Milestone 1, WP1)
Annex 8 - Documentation of project's Kick-off Meeting in Berlin, 2010 (Milestone2, WP1)
Annex 9- Documentation of second International Steering Committee Meeting in Berlin, 2011 (Milestone 3, WP1)
Annex 10 - Reports/minutes from coordination, monitoring and evaluation on-site visits (WP1/3)
Annex 11 –Project's Website (Milestone 6, WP2)
Annex 12 – BORDERNETwork's Visibility Act - Satellite Lunchtime Symposium in the frame of IAC in Vienna, 2010 (Milestone 7, WP2)
Annex 13 – Project printed dissemination means: Flyer, Newsletter, Conference Presentations and Poster
Annex 14 - Report from Pre-start up meeting on definition of evaluation indicators and plan (Milestone 11, WP3)
Annex 15 –Competitive tender for external evaluation (Milestone 12, WP3)
Annex 16 - Elaboration of evaluation guides, plan and instruments for external evaluation (Milestone 13, WP3)
Annex 17 – Activity Plans and reports of BORDERNETwork associated partners 2010/2011 (WP4)
Annex 18 – Protocols of cross-border region committee meetings (WP4);
Annex 19 – Lists of national/regional/local stakeholders involved in BORDERNETwork's implementation (WP2/WP4)
Annex 20 – Fact Finding Missions non-EU countries, Call for Tender and FFM Instruments (WP4)
Annex 21 - Research protocols and instruments for sentinel surveillance (RKI) and second generation bio-behavioural surveillance (SPI) (Milestone 18, WP5)
Annex 22 -Approval of the research protocols by the respective (national) ethical commission/boards (Milestone 19, WP5);
Annex 23 - Intermediate sentinel surveillance report BORDERNETwork (Milestone 20, WP5)
Annex 24 - Desk Review Report WP6;
Annex 25 - Overview report on available early HIV/STI diagnostic and VCT service for high risk groups in the partner countries. Country reports (Milestone 23, WP6)
Annex 26 - Report on self-assessment of voluntary counselling and testing services, based on the Code of Good Practice of NGOs (IPPF) (Milestone 23, WP6)
Annex 27 - Protocol of expert meeting on planning of piloting of STI/HIV diagnostic (WP6)

Annex 28 - Desk Review Report WP7
Annex 29 - Report on stocktaking survey on country-specific medical conditions in diagnostic and treatment of HIV and Co-infections (Milestone 25, WP7)
Annex 30 – Desk Review Report WP8
Annex 31 - Report on assessment survey and peer review of models of participatory HIV prevention among migrants/ethnic minority groups (Milestone27, WP8)
Annex 32- Report on POL training groups conducted by HESED in Bulgaria (WP8).
Annex 33 - Desk Review WP9
Annex 34- Summary of Rapid Assessment and Response (RAR) report on youth HIV prevention and SRHR projects (WP9)
Annex 35 - First expert meeting on improvement of quality of youth HIV prevention. Protocol (WP9)
Annex 36 - Print version of the quality evaluation and improvement tool QUIET, in English, German and Russian (WP9)
Annex 37 - Second expert meeting on testing of QUIET tool. Protocol (Milestone 29, WP9)