

BORDERNETwork project Work Package 8

Report

**Training seminar in effective participatory models for
community based HIV prevention among migrants/ethnic
minorities**

Project deliverable (D9, part 2)



**14-16 November 2011
Vienna, Austria**

Report

Training seminar in brief:

Venue: House of Aids Hilfe Wien (AHW)

Organiser and host: Aids Hilfe Wien (AHW)

Trainers and facilitators:

Sylvia Vassileva, Radostina Antonova, HESED (Sofia);

Tanja Gangarova, DAH (Berlin), Jannis Karamanidis, manCheck (Berlin)

Sirle Blumberg, Living for Tomorrow (Tallinn)

Participants: 30 professionals and peers (incl. facilitator's teams) from 7 EU and 1 NON-EU country (See Annex 2)

Report: SPI Forschung gGmbH (Berlin)

Training seminar in detail:

Day 1, November 14, 2011

Session I: Opening, presentation of participants, programme and feedback on past period

All participants but one (representative of PROI, Sarajevo, BiH) attended the seminar. The BORDERNETwork partner teams from Germany, Slovak republic, Estonia, Latvia and the project coordinator SPI Forschung had 2 representatives each. The teams from Bulgaria (also facilitators) and Romania had 3 participants each; the Austrian team had 7 participants (4 co-workers of AHW, 2 peers from the African Community, and 1 expert from the City of Vienna/MA17)

Sabine Lex from AHW welcomed everybody on behalf of the host and wished successful exchange and pleasant stay in the organisation's house and the city of Vienna.

Elfriede Steffan greeted the participants on behalf of the project's coordinator, SPI Forschung, Berlin.

The team of HESED greeted also and opened the seminar. Sylvia Vassileva who was on maternal leave in the first half of the cooperation under WP8 introduced herself to the group and then presented briefly the seminar's programme and individual topics.

Radostina Antonova from HESED facilitated an introductory round for all participants, in each they shared more about their role in WP8, in their own organizations and also some interesting details about their person. This had a warming up and group building effect. Afterwards the HESED team bridged to the objectives of the training seminar:

Objectives of the training seminar:

To offer possibility for practical experience with 3 good-practice models of participatory community-based prevention among migrants and ethnic minorities peer reviewed and selected as result of the assessment survey conducted by HESED under WP8.

At this point the main selection criteria of the 3 models to be presented by the 3 organisations were outlined again: *“why and how were the 3 organisations: AHW, AISC and DAH (Collaborating partner) chosen to share their expertise and to transfer methodological competence with regard to implementation of their models in different contexts and migrant/ethnic minority communities”*

The most important considerations during the assessment and peer review of the models were:

- How does the model **understand and support** the respective community?
- How was **participatory approach** integrated in the interventions reaching migrants/ethnic minorities for HIV prevention?;
- How does the intervention/model **involve and relied on the strengths** of the respective community?;
- How does the intervention model bring together/unites the **goals of HIV prevention** and the **needs of the community**?
- How does the intervention/model support the **development of the community**?

Based on those criterions all together 4 models were suggested by HESED to the partner circle of WP8 and upon approval will be presented in detail in the final product of the WP8: manual of effective practice-driven participatory models for community-based prevention among migrants/ethnic minorities.

As the POL-model, introduced to BORDERNETwork from HESED, based on their experience of work within Roma communities was part of the project working plan, it was not object of the assessment study. A training seminar was conducted in March 2011 (deliverable D9) for presentation and competence building in the work with the model. The other 3 models were outlined thanks to the active participation in the WP8 and the practices described by them in the assessment study questionnaire. Those are:

- 1) the A&M Model, co-developed and presented in our projects by the Estonian A&M partner , the Aids Information and Support Centre (Tallinn, Estonia);
- 2) the PARC model, developed and presented by AHW (Vienna, Austria);
- 3) the PaKoMi model, developed by DA, WZB (supported by the German Ministry of Health) and presented in our project by DAH (Berlin, Germany)

Thus the programme of the current seminar focused in the 3 above mentioned models, whereas one was to be presented and discussed in plenary and the other two had a presentation and discussion slot and a practical workshop slot during the second day.

Having explained that, the facilitators moved to the next point of the introductory session. It aimed to offer space for sharing and brief reporting on the developments under WP8 in the last half an year (between POL-training seminar in March 2011 and the second training). The group was split in country-teams with the task to reflect for 10 minutes and outline answers on 3 questions:

- 1) Was it possible in your team/organisation/region to implement elements of the POL method in your ongoing prevention work with the background migrant/ethnic minority communities?
- 2) If yes, which were these? If no, what hampered you to do that?
- 3) Are there questions, uncertainties and/or problems encountered by the POL-methodology?

Below s brief summary of the country feedback:

The Latvian participants, being represented by the Latvian Association for Family Planning and Sexual health (Papardes Zieds) from Riga and one low-threshold HIV centre in the town of Jelgawa reported on first steps in approaching a local Roma community.

As outlined in the assessment survey, the Latvian team is lacking experience of HIV prevention within migrants/ethnic minorities, but at same considers some small (0.8% of Latvian population) Roma communities (with extensive range of IDU practices) as very vulnerable. On the occasion of BORDERNETwork the team attempted first contacts and initiated testing offers for the group, although those intervention are not truly a community-based participatory in their core elements.

Firstly an appropriate community informant, a Roma woman was selected. With her assistance the information was spread that the local HIV testing centre offers free tests for the Roma community representatives. Thus, 36 persons came for an HIV, HCV and HBV test in the frame of the pilot campaign. The age range of the reached persons was 16 to 50 years, the bigger part - women, but 7 out of the 15 men reached were IDUs.

Some interesting findings about the group suggest that condom use is pretty stigmatized in the community and there is a low readiness to apply self- and partner-protection behavior. The Roma community members were offered incentives for their participation in the pilot diagnostic intervention in the form of mobile phone cards.

The Estonian partner from AISC shared experience from another activity of BORDERNETwork, the conducted integrated bio-behavioural surveillance among female SWs (WP5). In the frame of that survey the team applied participatory approach of respondents sampling, which resembles in its core structure the POL-identification. The team used the method of respondent-driven sampling (RDS) for active recruiting of sex workers from their colleagues. This method is actually very close in its nature to the studying of hidden social structures of networks, and eliciting information about key members. The difference is that the method was only applied for the purposed of the research and did not aim intervention level.

The Austrian team shared that right after the POL-training in March 2011 they were inspired to try out some elements of the implementation of POL. The main focus was on the

community “gate keepers”, they integrated some aspects of the approach to the settings, identifying the potential POLs in the new PARC project. The team decided to work with peer educators, but the criteria for selection of those resembled the POL ones: *“when we chose peers, we chose them because they are listened to, because they make positive appearance”*. The team concentrated the efforts on the African community for the next 2 years, and will implement the participatory prevention project in various community groups from Sub-Saharan Africa living in Vienna.

The Romanian partners from ARAS reported also that they had been using similar elements as POL before the training even, such as the selection of the peer educators. However the major focus of the activities within the communities, reached by ARAS is services-based; drop-in or OST (methadone) centre. Thus some active clients were motivated to bring further potential clients as OST users. The interventions do not reach beyond the recruitment of new clients and provision of services. In that sense the approach cannot be described as community-based prevention but rather as involvement of clients into participatory service delivery.

The Slovak partners from PRIMA confirmed the experience of the Romanian colleagues, as far as they share same target group – major group of clients are IDUs. As to the experience of the Bratislava outreach team the group of IDUs can hardly be referred to as a community, as it is quite dispersed. Rather several different small groups exist and great fluctuations are in play, than a more stable and structured community with information network. In this regard the team sees a major limitation of the POL method with the group of IDUs. Referring to the experience of peer training, many of the IDU peers use to appear for one meeting and not for the next, drop-off. The whole process of recruitment is lengthy and time consuming. IDU clients were even not motivated when being offered incentives (vouchers, gift cards). The Slovak team was skeptical towards the effectiveness, as this turns to be a high-threshold method of that most at risk group.

This is a good point raised, to define the limits of a good practice method and whether and in how far it could be applied beyond a certain community group. Very important in that respect is the common place of meeting, the geographical vicinity of the community. In Bratislava the team reported that there are various IDUs with Roma origin, but not belonging to one Roma community, this making it even more complicated to reach them in their background community.

The Serbian participant from JAZAS was invited as a NON-EU expert to that exchange without binding tasks for operational activities within the frame of WP8. Nevertheless the colleague shared some experience from the work with the sex workers JAZAS is doing on the spot. Several points of similarities of the POL approach to the approach of JAZAS were mentioned, the team works with so-called “seeds”, trained to act as peer educators, also active in self-help group of sex workers in the drop-in centre in Belgrade. These roles are pretty close to the role of POL as applied by HESED.

After the feedback round Sylvia Vassileva from HESED summed up and pointed again that the third day of the training will offer the chance to experience more practical elements of the POL-model and to answer further questions on the methodology.

The seminar day continued in plenary and moved to the presentation of the first selected good-practice model, the PARC project.

Session II: Presentation of the PARC Project

Sabine Lex, MA, Prevention department, referent for women and migrants, AHW

Dr. Gregory Ugiomoh, PARC-Peer team member

Input

Sabine Lex introduced briefly the project **PARC: Prevention of AIDS with Resources of the Community**, aiming at Outreach and Peer education for Sub-Saharan Africans living in Vienna.

The project applied a participatory approach in a “learning by doing” manner and was financially supported for a periods of 3 months (June-August 2011) by the City of Vienna (MA17-Integration and Diversity).

The project’s idea grew based on the experience of the former Park project (conducted by AHW among Turkish and Balkan communities in park settings in Vienna). The new project aimed to address completely new community. The presentation offered a solid rationale of the choice of the migrant community. On the one hand AHW has not worked so far with that community; on the other hand epidemiological data confirmed the vulnerability of its members. The biggest part of the Austrian HIV cohort members coming outside of Austria has Sub-Saharan origin. There is a high proportion of late presenters among them, persons who get to know their HUV status at a pretty advanced stage of the infection. The most difficult but nonetheless important question was how and where to find the community? *“Even if it looked impossible to find the community you should start somewhere”.*

The preparatory phase of the project started in 2010 with series of meetings and exchanges. Experts, medical doctors, counselors and 1 representative of the community came together and started to create image of the community to be addressed. It was soon clear that representatives of 7 different countries in Africa belong to the “African community”; people with different background, legal status, languages and respective traditions. In the following six meetings problem and needs assessment were conducted and the main settings were outlined, where the communities could be “entered” with the help of the trained peer educators and invited to participate in the intervention.

Approach

The applied approach followed several principles from the beginning on:

- The intervention should be conducted by the community itself;
- The selected team members (Outreach workers) as free-lancers were remunerated by AHW, who also attempted to find and recruit Peer educators;
- The peer educators are the experts within their communities

- The community members were consulted also on pre-testing of materials;
- The working schedule was tailored by the outreach workers and peers themselves;
- The intervention was accompanied by constant communication, reflection, feedback interactions with the AHW team.

Training

Prior to the implementation a series of 5 training sessions of 4 hours each took place (total of 20 hours) for introduction to the project and coverage of diverse thematic topics. Here, just a selection: HIV/AIDS, hepatitis, Aids Hilfe Vienna and its services, the role of peer educator, “Does and Don’ts” for peer educator, communication skills, settings of work, places to meet and initiate conversations.

Prior to the training 5 Key Messages were formulated, which were perceived as the minimum standard of the outreach prevention contacts, to bring across clear, correct and coherent information in a way it really reaches the target community.

The 5 Key Messages (each of them is also brought down to more specific 5 to 6 sub-messages):

1. HIV/AIDS is not a death sentence!
2. Know your status – get tested!
3. Using a condom prevents you from getting HIV!
4. Social contacts with HIV+ don’t put you at any risk!
5. Hepatitis B is a viral infection of the liver – get vaccinated!

Methods

Setting-based outreach to preliminary identified places of community encounters (hair dressers, afro shops, restaurants, parks, churches) and especially organised events (music festival, pick-nick of a church, soccer games, African days 18 days etc.) was conducted. The peer educators were trained in the role and received coaching during the implementation on regular basis: *“if they do not come to us, we have to go to them”*. After the training 9 peer educators (4 women and 5 men) conducted outreach visits all times in pairs (English and French speaking). The whole process was documented and a small-scale research was conducted also (below).

Outcomes

Within a period of 3 months a total of 5 195 person were reached. 80% of them had African origin, the rest were partners of persons with African origin, or others affiliated to the African community. The bigger part was male representatives, around 3000, 2000 were female.

The general feedback from the community was assessed as very positive. Among the new experience and knowledge gained, several peculiarities or particular features of the work with the community are worth mentioning: a tendency to perceive HIV as equal to AIDS and death, (unexpectedly) high demand for condoms (also female condom), great discrepancies in the attitudes towards pre-marital sex (abstinence approach supported by the church vs. self-regulated sexual behavior).

In the second part a presentation on a small-scale qualitative survey's results was delivered by Dr. Gregory Ugiomoh, a project's peer who explored some of the barriers hindering migrants to take up voluntary HIV counselling and testing.

He conducted 3 focus groups with 10 to 15 persons each and elicited some of the most important internal group barriers to HIV prevention exposure. Some of them are: being afraid to take the test, because the knowledge of the status itself is already perceived as a death sentence, being afraid of being stigmatized, being afraid if being seen to enter the building of AHW: *"..the secrecy that surrounds it (AIDS)... they do not talk about it.."; "what you don't know does not kill you.."*

Discussion

In a discussion round the seminar group shared positive impressions about the success of that short-term intervention, reaching that many community members. Important points here were: what indicators were applied to measure the intervention; what was counted as an outreach contact: presenting the project, giving a condom, or conducting a small prevention talk?

It could be interesting if the documentation of the outreach contacts would allow to count the repetitive contacts and to see how many of the community members were involved in various meetings and shared information on several topics?

Another interesting point for the evaluation would be which of the 5 key messages were at best accepted by the community, were there preferences, and were there resistances and stereotypical beliefs, hampering the acceptance of a particular message?

Another important point is the sustainability of the measure after the 3-months period. The investment in the team resources and the motivation of the 9 peers educators should be utilized at best, if a follow-up project comes at place, where the experience gained in the pilot phase can be elaborated on and different working methods can be also piloted (group meetings and not only individual talks).

After that the working day was closed and the social programme continued with joint dinner.

Day 2, November 15 2011

The second day's programme foresaw two plenary presentations followed by two interactive workshops of the selected good practice models: Aids & Mobility (Estonian project) and PaKoMi (Germany)

Session I: Presentation of Aids & Mobility Project

Jury Kalikov, chair of the NGO Aids Information and Support Centre (AISC, Aids-i-tugikesku) and director of medical centre for services for sex workers I Tallinn

Input

The presentation started with an overview of the EU-funded (Public Health Programme) project Aids & Mobility, coordinated by the Ethno-Medizinisches Zentrum (EMZ) Hanover (Germany) in the period 2007-2010.

This seminar arises from the project BORDERNETwork which has received funding from the European Union, in the framework of the Health Programme.

The main project's objective was to create a system of mediators training in migrant/minority communities in 6 countries (Germany, Italy, UK, Denmark, Turkey, and Estonia). At the beginning 7 organisations started, 2 of which did not finish the project. The developed training materials (guidebook and toolkit), the piloted training programme and the developed sustainability plan for ensuring the involvement of the mediators after the project's end are seen by the project as main achievements of Aids& Mobility.

The training of cultural mediators is based on preliminary created and compiled good practice materials going back to the experience and traditions of the project co-ordinator, EMZ. Standardized tools and materials (Guidebook and core training materials) were developed and translated in 16 languages to be used in all the project's countries. The diverse minority/migrant communities addressed in the 6 countries were among others Turkish, Romanian, Albanian, Russian, Arabic, Spanish, and Portuguese.

The originally set targets of the project were to train 120 transcultural mediators (20 per country) and to reach 2400 (400 in each country) young people from migrant/minority communities in group education sessions.

The working plan, training schedule and piloting models were planned to run on the same principle in each country.

However the Estonian model, which was adapted and piloted by AISC together with the NGO Living for Tomorrow (prevention and sexual health training in youth AIDS prevention), introduced some changes considering the particularities of the local context.

The Estonian A&M Training of cultural mediators comprised **50 hours of training** (evening sessions and weekend training) divided in two parts:

- **Part I – Theory of AIDS and Migration** covering 8 sessions 4 hours each with focus on:

- **Introduction / Migration and HIV/AIDS**
- **Basic knowledge of HIV/AIDS**
- **Basic knowledge of hepatitis**
- **Support system and services**
- **Living with HIV/AIDS**
- **Family planning and sexual health**
- **Why don't we talk about sexuality?**
- **Basic knowledge of harm reduction (exchange of syringes, safer use, substitution)**

Hereby it should be noted that the topic of the pre-last session was suggested by the Estonian trainers and adapted for the training materials in Russian language. This topic **“communication about sexuality”** has a cornerstone importance when addressing the issues of HIV/STIs risks and when having to handle various gender and cultural norms and stereotypes spread in different communities. In this regards this contribution to the European curriculum of A&M could have had added value for the whole project's outcome, if it were considered in the other language versions also.

-**Part II – Practical Methods**, 3 weekend sessions 6 hours each, implemented in between and at the end of the theoretical sessions (Part I)

- **Didactics and the employment of media at A&M information events**
- **Preparation of an A&M information events**
- **Exemplary organization of an information events**
- **Organizational tips for the organization of an information events**
- **Practical presentation**
- **Evaluation**

The preparation for the training took 1 year, the training process including the certification another 6 months. Upon that all trained mediators had the task, stipulated by a contract with the local coordinator to organise and conduct two community education sessions for up to 10 participants each within 2 months. Of course the whole process was preceded by the selection of mediators; a prerequisite for the success of the training was the identification and recruitment of appropriate mediators.

The community addressed in the frame of the Estonian A&M project is that of the Russian speaking citizens, coming from Russia, Belarus, Moldova, and Ukraine. One important consideration was raised at the beginning, these community groups can not be considered “migrants” in Estonia, as the majority of them were born in the country and the term “migrant” is none with which they identify themselves.

At this level the Estonian project provided feedback to the general master toolkit and guidebook of the project, that the term Migration should be handled carefully and adapted to the local/country specific context. This confirms the limitations of one unified term migration unable to cover the heterogeneity of the diverse communities and ethnic backgrounds within a particular social group.

Recruitment of the mediators

Crucial questions hereby were: how to identify and attract skilled and interested community representatives? How to assure their participation in the time-consuming high-threshold training (50 hours) and the effective application of the experience gained afterwards?

The approach used by the team on the spot was not through establishing contacts with the background communities and their “gate keepers”. From the project co-ordination several internationally developed advertising media were proposed (poster, leaflet) for the whole project, which aimed to announce the call for mediators and attract interest in the communities in charge.

The channels, which turned most effective as for the Estonian partner’s opinion was a spot in the Russian speaking radio channel. Lot of interested community representatives were reached. From the beginning of the selection procedures the A&M team made explicitly clear the threshold for participation, which was pretty high: intensive and lengthy training programme over 1 and a half months (availability during the week for 8 evening sessions and during the weekend for 3 longer sessions).

In addition the certification was offered only to those who pertained to the training programme and attended at least 40 of the planned 50 hours of training. In such a way the

project team implemented its concept of quality assurance of the training trying to keep the drop-offs as low as possible.

The selection and interview of candidates took 2 months. 24 mediators were selected (target was 20) all of whom completed the training course.

At this point the seminar participants showed lively interested in the team's hypothesis about the high level of compliance to the training course. What was the success clue of the training and how was it (positively) influenced by the specifics of the community selected in Estonia?

In short, the profile of the mediators and some socio-demographic data about them: all of the selected mediators were Russian speaking belonging to one of the above mentioned ethnic communities in Tallinn. The age range was 20 to 50 years; there were actually very few "true" peers from the perspective of adolescents and young people, the selected target community of the project. The majority of the selected mediators (21) were women, only 3 were men. The education background of some of the mediators was assessed as favourable to the training intervention: teachers, social workers, social workers in prisons. There were besides some unemployed persons. Such profile of the selected mediators suggests that the Estonian A&M team focused more on the "expert" role of the mediators, many of them being multipliers working in institutional contexts (school, youth centre, and prison).

Upon completion of the training, each of the 24 trained mediators signed a contract according to which they had to organise 2 group education sessions, covering at least 2 topics of the curriculum (Part 1). Requirement to all was that one of the topics would be HIV; the second one was on free choice of the mediator. The application of this rule speaks for the openness towards more participatory way of structuring the community education sessions, as far as the interests, needs and motivation of the mediators are concerned. At this point it would be interesting to gain some insights in the process of selection of the on-choice topics. How many of them have been discussed with the background community, in how far the needs of that community have been considered by making the choice? Such a point of departure would have confirmed a higher level of involvement of the communities addressed by the intervention.

The mediators received remuneration for the two conducted sessions; they were responsible for their own planning, design, set up of setting, materials, catering etc. This provided opportunity for a direct application of their skills, decision power and self-regulation by the implementation of the group sessions.

Given that many of the settings where the mediators conducted sessions were institutional, some of the predefined conditions of their structures disabled the mediators from the chance to apply the skills for autonomous planning. Generally, many of the sessions were conducted in schools, prisons, but some in leisure-time settings, in open air, parks.

It was the intention of the project co-ordinator to provide a short-term "action"-plan for the implementation, being only two months after the training. The rationale behind was that with the time, the motivation would decrease, the drop-off chances will increase and the commitment to the content topics would be lower.

This hypothesis confirms however that the time-consuming selection and robust training did not reflect in sufficient extent one very important factor of the effectiveness – sustainability of participation of the mediators. Such an assumption illustrates somehow that the chosen approach did not rely very much on the natural resources and motivation for participation of the community representatives.

On the other hand the “project” planning frame of the whole intervention left limited space for flexibility, all pilot interventions had to be conducted in each of the partner countries by a certain deadline. The Estonian mediators conducted 46 sessions, reaching 608 community members.

It would be interesting to check whether the pilot interventions could have taken another course if more time were provided and more than one group education sessions were planned with one and a same community sub-group.

Discussion

The main points of discussions were:

-how were the community representatives contacted, involved and motivated to take part in a group education session?

-were the participants in the group sessions actually a community, and if yes, which one? Did they just represent various Russian speaking groups in Estonia or did they identify themselves as one community?

-how participatory were the group education sessions conducted?

-were the pilot interventions evaluated and how?

The point of evaluation raised intensive discussion on “how can such a short-term intervention” be at best evaluated and what can actually be evaluated?

The Estonian partner shared that a common evaluation algorithm was applied in the whole project with very extensive evaluation forms and application of pre- and post-intervention questionnaires for the mediators and for community sessions’ participants. These turned very time consuming and also too much focused on quantifiable changes, which was seen as a weak point.

Last point of discussion was the sustainability of the measure in terms of the capacity building of the 24 mediators. In how far can their efforts continue if no structure, such as a running project can assure that?

The Estonian experience with the trained mediators was that they needed coaching over a period of time and also further support possibilities. Some of the most committed were ready to initiate own small project, for which they lacked however skills for proposal writing, budgeting and work plan design. The local co-ordinator shared to be in close contact with all of them, how many of them will remain however active in their role as transcultural mediators remains not sufficiently answered by the sustainability plan of the project.

Session II: Presentation of PaKoMi project

Tanja Gangarova, Deutsche Aids Hilfe (DAH), Referent for migration, Berlin

Jannis Karamanidis, mannCheck e.V. ,Berlin

Input

The presentation started with an outline of the background of HIV prevention for migrants in Germany. Migrants are epidemiologically considered as an important target group of HIV prevention, however very heterogeneous and very hard to reach. The PaKoMi approach questions this assumption in particular: *“are migrants really hard to reach?”*

This is the starting point of the project’s approach towards participatory prevention: reach and ask the migrant communities, find out what their needs are, involve them in the solutions, empower them to participate.

In brief, PaKoMi is a **P**articipatory research project on HIV prevention in **co**operation with **M**igrant communities in Germany. The project partners are: German AIDS Help (DAH, National Association of AIDS self-help organisations), Social Science Research Center Berlin (WZB), Community Partners and service providers (African, Bulgarian, Turkish, Russian immigrant communities, ASO and other service providers) in four cities. The project was supported by the German Ministry of Health for the period 2008 to 2011.

After this introduction the video product of the project was presented, a very moving story about the ways PaKoMi was developed in 4 different migrant community settings and how the project approach brought all of them together under the “PaKoMi community”. The existing of a community is a precondition for the application of the approach. However in the assessment phase the researchers found out that in some settings the “community” does not exist as such, has to be created first (i.e. empowered to create own structures).

Several features of the PaKoMi’s approach make it unique:

- Equal partnership of community members, scientists, traditional experts
- Enabling the subject of the research to become actor of the research – departing from the school of the community-based participatory research (CBPR)
- The decision where to start – a decision taken by the community – needs-based approach based on participation from A to Z
- Participation and power of decision-making go hand in hand

The further theoretical cornerstones of the project’s approach are:

- Concept of Community vs. Target group (traditional epidemiologist view of different social groups)

Hereby, the term community is understood not only as group of individuals described to belong to one and a same target group, but individuals who share commonalities. Those can be seen not only as same background and ethnicity, but also common goals, identity, interests, social networks, and meeting points. Communities can be geographically located as such, but can also exist virtually (Internet)

This seminar arises from the project BORDERNETwork which has received funding from the European Union, in the framework of the Health Programme.

The main difference from target groups as for the project's understanding is that target groups are traditionally externally defined as groups in need of an intervention due to various reasons – risk exposure, limited access to service etc. By community the departing point is the self-definition of the group from inside. With this understanding the project addressed the chosen pilot communities.

- Stages of Participation model (WZB, Berlin 2010)

According to the model of stages of participation, introduced by Social Science Research Center Berlin (Wright, Block, von Unger 2010) participation means: *“equal partnership (with decision making power) - at each stage of the project, including problem definition, research design, conducting research, interpreting the results, and determining how the results should be used for action”*

After initial assessment phase where more than 100 organisations (mainly AIDS-help organisation) were asked about their experiences with migrant HIV prevention, 4 case studies have been selected in four cities addressing different migrant communities:

- Hamburg – African Communities
- Osnabrück – African Community
- Dortmund – female and male migrant sex workers (predominantly Bulgarian)
- Berlin – migrant MSM without gay identity

The methods used in the selected case studies were skills-building workshops on intercultural communication, peer research, mapping, voices/story telling.

For the purpose of the BORDERNETwork seminar the Berlin case study was selected by the PaKoMi team and presented by Joannis Karamanidis, former co-worker of an MSM-service organisation manCheck e.V. Berlin.

In the Berlin pilot project 3 organisations came together, which have experience of work with the community to be studied. Those were SUBWAY (service organisation for male sex workers), manCheck (service organisation for MSM) and GLADT (gay- and lesbian organisation for persons with migrant background). The project was coordinated by VIA. The community approached was MSM, who are migrants and don't have a gay identity, are hard to reach by prevention-projects with the target group MSM.

As clear from the beginning on, the contacts and involvement of the selected community was seen as rather difficult. The project started to work with 2 selected peers, young MSM with migration background and open gay identity. They were not only everyday life experts for the experience of the target communities, but were also assigned the task to establish contacts to the hidden and dispersed community members. Internet-chats were used for that purpose and the two peers collected gradually information about scene, meeting points of the community members.

Later on virtual interviews were conducted in selected Internet-sites. Focus of the participatory community research was KAB, exploring the knowledge, attitudes, behaviour and needs of the community members. 51 Turkish and 17 Russian speaking community members were interviewed by the two peers. It remained unclear in how far could those two studied groups be called “a community”, the research tasks did not answer many of the questions, related to the “community identification”. The experience gained about the group resembles a classical form of survey among a target group, with participation of representatives of the target group as interviewers.

The second part of the research project in Berlin, conducted by SUBWAY tried to address migrants, who are clients of the male SWs (without gay identity) services. For that purpose focus groups with participation of 4 male SWS with migration background were conducted. Various interactive methods were used to gain experience about the target group (the clients of male sex services): story dialogue, image of the client. This “research arm” of the Berlin pilot project brought also very interesting information and experience about a group less known before, but here again the question to be answered is the same: which is the community behind the survey, was it reached at all?

The qualitative study could be considered as a preparatory stage of establishing contacts and gaining first impressions of the “target group”, before a community participatory approach can be developed.

The final third component of the Berlin project comprised expert interviews with Turkish and Russian key informants, conducted by GLADT

The main findings of the Berlin pilot project as presented by Joannis Karamanidis were:

“ Different immigrant groups have different needs; HIV-Prevention as part of a broader concept of health promotion that pays attention to legal, social and cultural factors (Structural prevention); Participation works if the preconditions are given (the right persons, decision-making power and resources); „combined Participation“ is particularly advantageous ; Limitations of „participation“; Limitations of „cooperation““

Discussion

The main points touched during the discussion round were, whether the selected pilot project presented at best the philosophy of community participation endeavoured by PaKoMi. It was evident that the 3 small-scale studies were build on participatory principles, but they did not actually reach farther than getting first impressions on the selected target group. In how far this group identifies itself as a community remained a question unanswered by the conducted studies. In addition the example made it clear that the community participatory approach cannot be applied in each “community” setting, and that important precondition should be fulfilled in order to speak truly about reaching and involving communities.

The example illustrated very clearly that participatory methods, either in research or community-mobilisation are very well and easily accepted by the community representatives. They should be applied however together with specific incentives for participation, which is very important for the commitment on the longer run.

Session III

Interactive working group I: A&M Workshop

Facilitator: Sirle Blumberg, NGO Living for Tomorrow, Tallinn, partner of AISC for implementation of A&M training of mediators

The working group started with an introduction of Sirle Blumberg, who draws on long-term experience as AIDS prevention and sexual education trainer for young people. In the frame of the A&M project the focus of the training was to prepare young Russian speaking community members to act as transcultural mediators for their background ethnic communities in order to increase impact of HIV prevention among ethnic minorities.

The first introductory exercise divided the group in two. Each small group (3-4 members) had a flip-chart paper with a drawn tree with roots, branches and fruits on it. The tasks of the two groups were different: “16-years old girl gets pregnant” and “16-years old boy gets an STI”. These two statements were written down on the tree trunk, the technique used is named “the problem tree”. The roots of the tree are the causes, the fruits – the consequences.

The two groups had the task to fill in with suggestions the causes and consequences areas from the perspective of the 16-years old protagonist. Doing that, the group members had their own target communities in mind (e.g. 16 years old Roma girl, or 16-years old Russian speaking Latvian IDU)

Summing up in plenary group the facilitator emphasized on the importance of getting a true impression of the problem and the way it is perceived by the target community members, as the related consequences can be only then addressed with specially tailored interventions for a behavior change and risk reduction.

The second exercise focused on condoms, condom quality, variety, types. Triggering question was: “which condoms brands do you know? where do you buy condoms, or where would you go if you like to buy one, what do you look at when buying condoms”.

Based on the group brainstorming a very informative discussion and exchange took place of how to “bring across” the condom issue in a playful but serious manner when working with the target communities. Practical exercises, such as “buy a condom for the next session and describe your experience with it” can be easily applied in the frame of each training/skills building workshop with a target community.

The third exercise presented the “continuum line of condom use”, starting from “decision to use condoms”, negotiation of condom use reaching to “dispose of the used condom”.

The group received several A4 sheets of paper, where the various stages of the condom use were written down. The task was to find a group solution about the sequence of order of the stages of condom use and to order it on the floor. The exercise is very effective as a “gate opener” to the topics of partner communication, negotiation skills and assertive decision-making, especially important in contexts, where lot of negative attitudes towards condom use hamper the open talking and sharing about it.

The fourth exercise engaged with prevailing stereotypes of risk and related to that stigmatization of one or another target group (e.g. single male heterosexual sporting star vs. divorced female heterosexual university teacher, or single heterosexual female singer vs. homosexual male working in a bank). The exercise helped the group to explore; name and address typical myths and stereotypes related to risky behavior and promoted open sharing, tolerance and non-judgmental attitudes when measuring risks. This exercise can be very effectively applied in training/group education sessions when addressing rigid gender and social roles prevailing in particular communities.

The pre-last exercise focused on verbal communication skills when addressing topics of sexuality, sexual behavior and risk. In couples, the participants had to explain in words selected terms, e.g. (oral sex, contraception, safe sex etc.). This can be used as a good ice-breaker in a group training process when addressing various terms and especially the language we chose when talking about sexuality, HIV/AIDS and protection with various community members and groups. Lot of taboos of language and culture can be also addressed through the exercise.

The last six exercise aimed to bridge to tolerance, acceptance and value of the affected communities, with special focus on PLHIV. All participants received a set of core human values (areas of personal self-fulfillment such as health, love, relationships, care, career, friends, financial prosperity, rights, diversity, freedom etc.) , and had gradually to give up the majority of them until remaining with the 4 most important ones for one. The exercise focused on the importance of maintaining of core values, self-image and sense of life even by stringent circumstances of deprivation (illness).

After each exercise the facilitator initiated feedback and reflection on the technique, so the participants could shift from the role of “target community member as trainee” to “prevention professional”, exchanging ideas on methodology and its effective application. The workshop as a whole was very interactive, the group was very engaged from the beginning to the end, and the atmosphere was relaxed and enjoyable.

Interactive working group II: PaKoMi Workshop

Facilitators: Tanja Gangarova, Deutsche Aids Hilfe, Berlin; Jannis Karamanidis, mannCheck e.V. , Berlin

Starting phase: To start the workshop one of the facilitators asked the group for their understanding of “*What does “Community” mean?*”

Answers were given by the participants: e.g. I’m part of a community when I feel this is part of my Identity it is “We” instead of “I”. A community shares common things, like country of origin, sexual orientation etc, a community needs places to meet, could also be virtual in these days.

The precondition for the participation in the following practical workshop part was defined that the subgroups have to belong to the same community.

Input: The Mapping method.

The application of the mapping method in general needs a defined goal (e.g. children going or going not to school in a village in India) but should not exclude topics coming up from the participants. Mapping methods are useful to find pathways etc. of a specific community under specific topics. Mapping is especially successful in communities, which are hidden or do not have clear structures. Mappings are possible geographically and based on social structures (services available, their location and distance). There are three different kinds of mapping: a) social mapping (the participants map their social environment/contacts; b) resource mapping (where is what?) and c) mobility mapping (Who goes/travels with whom to what kind of facilities and how often? etc)

The mapping used by the PaKoMi case project with 16 Bulgarian young men in Dortmund, working in sex work showed out the several points and offers in the city of Dortmund they know. They were recruited by two peers who were known before to the social worker of the project “Neonlicht”, which is directly working with this target group. Four meetings took place: First meeting with the peer educators to discuss the whole activity and to raise their capacity. Second meeting with the whole group (two scientists, the two peers and the 16 young MSW), a third meeting for scientists and peers to evaluate the first group with the MSW and to prepare the second meeting, a fourth meeting again with the big group. Peers were paid and participants reimbursed (20€ per meeting) also for their participation. The outcome was that the project Neonlicht gained more information about meeting points of the young men in the town, especially about one place not known before. It was interesting to learn that the young men after having earned some money in male prostitution use to visit gambling halls and also female prostitutes for their own pleasure. The second outcome was that these Bulgarian young men don’t know anything about their rights or medical and social offers in Dortmund with exception of one Bulgarian doctor. It was evident, that new ways have to be invented in order to reach this community and a place like AIDS Hilfe will be not an accepted place for the young men to seek for health and medical treatment.

The second example presented by the workshop facilitators was a mixed group of different African communities’ representatives. Due to the illiterate status of some of the community members they decided to conduct the mapping with photos, the participants got the homework to make photos of the places where they usually meet with their community fellows and these photos were put together to one big map of English and French speaking African communities: meeting, socialization and health seeking points.

In general it was mentioned by the workshop facilitator, that the implementing of the method is not that easy as it seems at first glance. The peers have to be 100 percent reliable, what is not always the case. The peers in Dortmund were known by the project Neonlicht before; one peer however quitted participation due to difficulties.

In the second part of the workshop two small national groups of participants were created, one of Bulgarian participants (two of the seminar’s facilitators) and one of Austrians (6 persons, mostly co-workers of Aids-Hilfe Vienna, cultural mediators, medical doctor, prevention workers) The aim was to conduct a mapping exercise. All other participants (Latvian, Romanian, Serbian, Slovak, and German) acted as observers of the two groups.

The Austrian group started immediately to create symbols for the legend of the map. As a second step a map of all outreach facilities for MSM in blue colour and for African migrants reached by Aidshilfe were marked, with the Aidshilfe house in the middle of the map. Facilities were bars, Saunas, cruising areas (MSM) and meeting points restaurants, hair dressers, churches (African migrants).

It could be seen that the method worked smoothly, even though the participants were not belonging to one community in reality. Participants of both groups started to tell stories to the different marked places immediately, so more and more information was collected. This workshop as also assessed positively as interactive and hands-on practical support to the daily work within the communities and partner networks.

Session IV: Plenary Feedback Round

In a final plenary round the two workshop's group came together and shared immediate impressions. Here some of the shared reflection. *"fantastic, new methods to use in my work"* (impressions from A&M Workshop); *"it was very good to see same exercise taking diverse routes in two different groups "* (e.g. mapping exercise by PaKoMi workshop); *"the extended theoretical input was overshadowing to certain extent the possibility to make practical exercise"* (PaKoMi workshop); *"mapping and storytelling can be very adequate methods in our African community, we can practice it between outreach visits* (PaKoMi workshop).

Participants from the both workshops regretted the fact that the seminar programme did not allow to participate in the two working groups, thus being able to get close at-hand experiences from the two models.

The seminar facilitators tried to balance this at best in the frame of the tight 3-days programme, as they advised each country team to split in two, and visit the two parallel workshops. However, the possibility for transfer of method experience, was limited by the programme.

Day 3, November 16 2011

Warm-up exercise

A dynamic body expression game was used by HESED's team for starting the last seminar day. The participants standing in a circle, each participant in a turn stepped in the middle of the circle showing a body image of how s/he had felt coming to the seminar this morning. After the participant showed the whole group repeated the same movement/body image, making a group "echo" of the feeling and emotional state of the participant. The exercise had both an energizer and a group awareness function.

Session I – Practical experience with methods used by the POL-model

Facilitators: Radostina Antonova, Sylvia Vassileva, HESED

As originally planned, this had to be a build-up session in two parallel working groups on practicing some elements of the four POL training sessions. The idea behind was that some participants would take the role of facilitator and would conduct a session alone supported by a co-facilitators from HESED's team. The content of the training sessions were delivered as input during the first training seminar in Bucharest earlier the same year. Due to the fact that some professionals from each organization attended both seminars only partly, it was difficult to step on the experience from the previous seminar. The facilitator's team suggested a change in the programme, allowing one session for illustration of a group work technique, implemented in the frame of POL, which was however delivered by the facilitator's team and not by the participants. Thus instead of splitting in two groups and working simultaneously on it was decided to work in plenary and to spend one session with a practical example for interactive work from the POL-training model.

Two interactive techniques were applied and commented by the facilitators: "fish-bowl" and "stop-think-act" for illustrating possibilities to conduct a follow up/reflection group session with the trained POL in the phase of implementation.

5 group participants stepped in a role play, taking roles of the "selected" informal (POL) leaders. The task was to conduct a group session sharing and reflecting on experience from talk about condoms with the respective friends/fellows from the social network (corresponding to Training Session 3 of POL training). Various roles have been performed by the participants– two female sex workers, one young Roma man with MSM contacts, one young Russian speaking drug injector, and one young man. From the role, the participants shared the difficulties they faced when initiating talks about condoms with their peers. The facilitator elicited the shared stereotypes and myths related to condoms. At the end, role-play within the role play was performed, where one participant acted as POL and the other as her/his community fellow. The conversation was worked out through the drama technique "stop- think-act", allowing impressions on the rationale and emotions behind each reaction of the protagonists.

This seminar arises from the project BORDERNETwork which has received funding from the European Union, in the framework of the Health Programme.

Finally the facilitators commented on both techniques as effective interactive methods which can be used when working with personal barriers and resistance of certain community members towards behavior change. These apply both to the “natural born” leaders nominated as POL and to the members of their social networks.

Additionally some points were exchanged related to handling of difficult POLs in a group session, with focus on those who are most experienced, most cool and respectively dominating as trend-setters.

Session II - Outlining a draft structure for the handbook of models for participatory prevention with minority/migrant communities

Facilitators: Radostina Antonova, Sylvia Vassileva, HESED

The second session was to be devoted on a draft for a common structure of the handbook, which aims to present the experiences of the 4 models for participatory involvement and community-based prevention.

The participants divided in 3 small groups worked for 15 minutes sketching first ideas about the structure of the handbook. The point of departure was: what could be the common denominators/categories, we would like to use when describing the 4 models: *the Parc project, the Aids&Mobility project, the PaKoMi project and the POL model?*

The red thread of the presentation of the four models will be the relevance and application of each model according to the context and circumstances of the “communities”.

A need has been expressed by one Austrian colleague, shared by the HESED team also, that an introductory part with theoretical input and background terms like “community” and “participation” is needed. It was mentioned that such discussion should have taken place earlier on in the process of WP8, so the different partners could synchronize their ideas and be on the same page when handling the topics of community-based prevention.

In this regard the model of stages of participation introduced by the scientific centre Berlin (WZB) in the PaKoMi project has been appreciated. The authors will be addressed with the request to refer to and promote the model also in the frame of the BORDERNETwork’s handbook.

After the working groups, the three group products were presented in the plenary. The facilitator’s team of HESED shared also their ideas on important points of the structure.

At the end was agreed that HESED will compare and unify the 4 proposals and will circulate via email one concerted draft to all WP8 partners for peer review and comments in December 2011.

Session III : Closing Round and Feedback

The feedback round comprised oral sharing by the participants on the experience they made during the seminar and written seminar evaluation. A feedback form was handed for anonymous collection of impressions, suggestions and recommendations.

As for the sharing round these are the most important points touched by the participants:

The country partners lacking up to date experience of prevention work with ethnic minority community shared their satisfaction with the opportunities to learn from the other countries. The methods used by the partners in the community prevention work and especially those shared/illustrated have been appreciated by many partners. The method-exchange was considered an enriching and effective point of the seminar.

The lack of possibility to attend both interactive workshops (scheduled simultaneously), delivered by the two projects (Aid and Mobility and PaKoMi) was considered as a limitation. The regret of not being able to benefit from both but only from one interactive workshop was largely expressed. This confirmed again the demand on method competence exchange, to which the WP8 action plan tried to respond. However the duration of the both training seminars turned to be too short for an in-depth exchange in the 3 models, which offered active training.

A suggestion was made to the WP8-leaders and the coordinator to support the creation of Pool of materials on the various methods, after the example of the POL (CD-ROM with background materials distributed by trainer team during the seminar in Bucharest). The method of community-mapping (used by PaKoMi) raised particular interest in this regard. The video material of the PaKoMi project was warmly welcome and assessed very positively as it gives space to the voice of the communities and allows lively impressions in their work and commitment to the project.

Some participants regretted also that one of the models (Parc project) was presented only as an overview and input in plenary, but no time slot was dedicated to it for a more in-depth interactive exchange

At same time the both interactive workshops in the second day were appreciated as very lively, intense hands-on experience. The trying out of individual methods and the discussions after that were very useful for the partners in terms of applicability of the methods offered.

The overall facilitation of the seminar was positively assessed and the flexibility of the team of HESED, adjusting the program to the level of group achievements and tasks was appreciated.

The perfect organization and hosting of the AHW team was valued by all participants.

Here are the summarized results of the participants' feedback form:

The topics/input offered by the presentations/plenary sessions were assessed as good (47%) and very good (37%) by the majority of the participants. Two participants found however the content of the plenary sessions poor (11%). The moderation and presentation methods in plenary were assessed as very good by 47% and as good by 32% of the participants. The transferability of the content to the everyday project context was estimated as not very high, only 21% of the group considered it very good, whereas 37% as sufficient.

As for the interactive working groups, both workshops were assessed as very good in their input by 57% (A&M workshop) and 42% (PaKoMi workshop) of the respective participants. Considering the facilitation methods the A&M methods were assessed as very good by 71% of the workshop members (for PaKoMI by 50%). The transferability of the inputs and methods of the PaKoMI workshop was assessed a bit higher (64% of participant considered it very good, by A&M – 57%) than that of the A&M project.

The feedback regarding the practical POL session considered both content, methods and transferability rather as good and very good (56% of participants assessed the methods as good, while 19% as very good). Content and transferability of the model were rather assessed as sufficient (by 31% of the group).

As for the overall outcome of the seminar the majority of the participants experienced it as good or very good, 52% of the group assessed the transferability as good, while 21% each assessed it as very good and sufficient.

As for the fulfillment of the participant's personal goals, 84% of the group considered that the seminar offered opportunity for exchange on the topics of participatory prevention. Almost 80% considered that the opportunities for networking and mutual learning were sufficient. Less than the half (47.37%) considered there was new information relevant to the own work with migrant communities, whereas approx. 42% found this only as partly true. A bit more than the half (52.63%) considered that they had only partly the opportunity to participate and contribute in satisfactory extent with their professional experience in the field. Another 36% considered that completely true for them.

As for the most useful practical experiences: the community mapping of PaKoMi and the interactive group exercise of the A&M models were outlined by several participants. Some participants found different elements and not one whole model as the best combination for the practice.

Among the recommendations for optimization were the following: more theoretical input on participation would be relevant and more time for discussions around it, the length of the seminar could be shortened, the planning of the interactive sessions could have been even more closely adapted to the work with a specific migrant/ethnic minority community.



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Annexes

1. Programme of seminar
2. Participant List
3. Presentations
4. Photos

This seminar arises from the project BORDERNETwork which has received funding from the European Union, in the framework of the Health Programme.



Executive
Agency for
Health and
Consumers



Project Co-ordinator