BORDER|NET work

Health and Social Development Foundation

# BORDERNETwork

**Work Package 8**

# Assessment Survey

# on

# Community-based participatory

# HIV/AIDS prevention and sexual health promotion measures for ethnic minorities and migrant groups

## Report

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## 1. The BORDERNETwork Project and Work Package 8 – Participatory approaches to community based HIV/STIs prevention in ethnic minority and migrant groups

The specific objective (Nr.5 in the BORDERNETwork Project) of Work Package 8 is to improve in two-and-a-half-year period community based HIV/STIs prevention and sexual health for ethnic minorities (e.g. ROMA) and migrant groups through capacity building in participatory prevention models.

An important role of the WP8 activities is to reinforce the construction of an expert network among European NGOs experts in the field HIV and migration/ethnic minorities in order to exchange experience regarding different models of community based HIV prevention for ethnic minorities (Roma community in particular) and migrant groups.

The participating countries WP8 are 10, 8 EU and 2 Balkan NON-EU countries. All partner organizations are NGOs *(see Annex 1):* AIDS-Hilfe Vienna (AHW); AIDS Information and Support Centre (AISC), Tallinn; Deutsche AIDS-Hilfe Berlin (DAH); Romanian Association against AIDS (ARAS), Bucharest; PRIMA, Bratislava; Latvia's Family Planning and Sexual Health Association (Papardes Zieds), Riga; JAZAS, Belgrade; PROI, Sarajevo and the Health and Social Development Foundation (HESED), Sofia; leader of the WP8.

Some of the instruments, described as specific activities of the WP8 and used to facilitate the process of networking in the frames of WP8 are:

- **Desk review** of relevant actions on EU level;

- **Assessment survey** of models of participatory HIV prevention among ethnic/migrant groups with involvement of all WP8 partners;

- **Exchange seminar** at the end of the assessment phase with the objective to reinforce the expert dialogue regarding NGOs' experience in developing, implementing and evaluating models of participatory HIV preventions among ethnic/migrant groups;

The Desk review was conducted in the period April – June 2010. The results were presented and discussed in July 2010 with representatives of all WP8 associated and collaborating NGOs during the kick-off meeting in Berlin.

*The goal of this report is to provide a brief description of the process and to summarize the results of the assessment survey.* The results of the desk review and the assessment survey are oriented to present successful programs in the field of HIV prevention among ethnic communities and migrant groups in Europe, to identify the strengths and the weaknesses of the models presented which could be improved by implementing the experience of the other partners in the WP8.

The main input of HESED as a leader of the WP8 is the introduction, training and support of the partners by the transfer of the evidence-based research and intervention POL model[1]. The effectiveness of its implementation among ethnic communities (especially Roma community) is outlined in several scientific publications[2]. Therefore the HESED's experience with the POL model is not included in this assessment report. As a training methodology it was presented during the Competence building training in the frame of WP8 in March 2011 in Bucharest, Romania (Deliverable D9). As a model of participatory community-based prevention it will be thoroughly described in the final product of WP8 – a manual on effective intervention models for participatory community-based prevention, which compiles and systematizes the selected best models in and reviewed good practice models in the 10 participant countries.

## 2. The Assessment Survey, Methodology

The first method chosen to facilitate the experience exchange among the network members of WP8 was developing of and collecting data by means of a quantitative survey. The stages of this process were:

### 2.1. Preparation of Assessment Survey and a Desk Review

[1] The POL (Popular Opinion Leader) model is an HIV Prevention Model developed by CAIR (Center for AIDS Intervention Research), Medical College of Wisconsin, Milwaukee, USA, http://www.mcw.edu/cair.htm

[2] Jeffrey Kelly, Yuri Amirkhanian, Elena Kabakchieva, Sylvia Vassileva, Timothy L. McAuliffe, Wayne J. DiFranceisco, Radostina Antonova, Elena Petrova, Boyan Vassilev, Roman A. Khoursine, Borislav Dimitrov "Prevention of HIV and sexually transmitted diseases in high risk social networks of young Roma (Gypsy) men in Bulgaria: randomised controlled trial" British Medical Journal 2006; 333: 1098-101

During the period March-June 2010 a desk review was conducted. The main goal was reviewing of existing HIV programs among ethnic groups (especially Roma community) and migrant groups. Reviewed were the following sites:

- www.correlation-net.org
- www.aidsactioneurope.org
- www.aidsmobility.org
- www.euromanet.eu
- www.ecdc.europa.eu
- http://qhr.sagepub.com/

and 167 items (reports, articles, materials, projects, surveys and researches) were examined.

The main outlines of this desk review are:

- The collected and published data about the Roma communities in Europe are insufficient. There is no official data about the HIV/AIDS prevalence among this community, especially for the countries from the Central and Eastern Europe.
- The majority of the studied materials related to the minority/Roma communities describe experience in the field of human rights and education, but do not focus explicitly on health and social problems.
- The majority of the reviewed materials are reports and action plans for HIV prevention work among migrants (mostly with African origin) in Europe.
- The collected data about the Roma in Europe, particularly in Central and Eastern Europe, shows the vulnerability of this community to HIV transmission and the lack of effective and evidence based interventions in this field.

Based on this desk review the team made the following recommendations:

- There is a need for standardisation across studies, across countries, and across different migrant populations (migrants recently arriving and/or in transit, established ethnic minority communities).
- More research is needed to develop accurate indicators related to mobility and migration status.

- Models of good practice should be developed on the basis of an analysis of studies carried out among migrants and ethnic minorities.
- Evaluation models and methods of the interventions in the field should be developed.

## 2.2. Developing of an Instrument for Assessment Survey

During the desk review, several questionnaire options were discussed. Some were quantitative but most were qualitative with the aim of collecting data about the organizational capacity and evaluation of the particular HIV prevention models. Having analyzed the goals of the survey, gathered questionnaires and the existing data regarding the target groups and the HIV prevention programs among them, a team of experts from HESED developed the first draft of the survey's quantitative semi-structured questionnaire. The following main research areas were selected:

- Definition and information about the ethnic/migrant groups represented in the given country and about those of them, addressed with the NGO's HIV prevention programmes;
- Basic information about the NGOs – organizational capacity, team composition, expertise, resources;
- Description of one selected by the NGO's HIV prevention programme based on participatory approach and analysis of its strongest sides.

Each area was supported by several open questions.

## 2.3. Piloting and finalizing the questionnaire among WP8 experts

The first draft was sent by email to all WP8 associated and collaborating partners for review and comments. The final design and content of the questionnaire were discussed during the kick-off meeting in a separate session. Every participant had the chance to express his/her opinion about the questionnaire. The HESED team incorporated those into a revised version of the questionnaire. The main topics discussed and modified in the survey's questionnaire were:

- Definition of the terms used - ethnic group, minority groups, community and migrants;

- The situation regarding the target groups for NGOs' HIV prevention programmes differ in the different countries. Additionally, the NGOs presented have different backgrounds, expertise and financial capacity. The related consideration was in how far would a comparison be possible and fair?
- How to select just one HIV prevention program – what are the main criteria to make this choice?

All these issues and others were openly discussed. The final version of the questionnaire (see Annex 1) was sent by email to all WP8 associated and collaborating partners.

### 2.4. Coordinating the survey's email return-flow

The HESED team coordinated the 3-month period of completing and sending back the questionnaire. During the exchange seminar in Sofia several important issues regarding the NGOs' unique experience were discussed.

### 2.5. Summarizing the collected data

The data gathered from the questionnaires and the seminar discussions was analyzed. The main results are shown in the present report (see below, p. 4). *The present report is based on the data provided by the partners from 8 countries (6 EU and 2 ENP), 4 of the partners being associated partners, involved in WP8, 2 collaborating partners and 2 experts from ENP-countries NGOs:*

- Austria – AIDS-Hilfe Vienna
- Bosnia and Herzegovina - UG-PROI, Sarajevo
- Estonia – AISC, Tallinn
- Germany – Deutsche AIDS-Hilfe Berlin (DAH), Berlin
- Latvia – Latvias Infectology Center, Riga
- Romania -The Romanian Association against AIDS (ARAS), Bucharest
- Serbia – JAZAS, Belgrade
- Slovakia – PRIMA, Bratislava

## 3. The Exchange Seminar in Sofia

The "Exchange Seminar on Participatory Community Involvement in HIV prevention" had the objective to complement the assessment survey with intensive exchange on the

various models of community-based prevention the partners use. Besides it aimed at fostering networking among the NGOs from EU and NON-EU countries. The seminar was took place in Sofia hosted by HESED as lead partner of WP8 in the organization's health and social community centre in the biggest Roma neighbourhood of Sofia, Fakulteta.

All participants (see annex 2) were involved in the process of developing, implementing and evaluating HIV prevention programs among migrant/ethnic minority target groups – They presented their organizations' most successful projects and findings in the HIV/AIDS prevention work with minority groups (e.g. Roma) and migrant populations. Although, the organization from Latvia does not have previous experience with the Roma community, they have shown their strong intentions to work with this specific target group.

The seminar was highly useful for all the participants – a huge quantity of very important information was shared between the participants. The discussed topics were relevant for all participants.

Despite the difference in the target groups in the countries, there are many similarities regarding the problems of the ethnic minorities and migrant communities in all countries represented in WP8.

*The findings below reflect the perspective of the organizations which teams reported on the strengths of the particular model of participatory prevention in use.*

## 4. The Assessment Survey Results

### 4.1. Major ethnic minority/migrant groups in each survey country and vulnerability towards HIV/AIDS

A basic and crucial point for developing effective and adequate HIV prevention programs is the comprehensive knowledge of the target groups – the relevant ethnic minorities and/or migrant groups. The first part of the questionnaire is dedicated to definition, information and ways of gathering information about the NGOs' target population.

Shared definitions among all WP8 member organizations are:

As **Ethnic minority** could a group of people within a given national state be theoretically defined:

- Which is numerically smaller than the rest of the population of the state or a part of the state;
- Whose members are citizens of the state where they have the status of a minority;
- Which is not in a dominant position;
- Which has culture, language, religion, race etc. different from that of the rest of the population;
- Whose members want to preserve their identity;
- Which has a long-term presence on the territory where it lives.
- Whose members are born in this particular state.

As **Migrant group** could a group of people within a given national state be theoretically described:

- Which is numerically smaller than the rest of the population of the state or a part of the state;
- Which is not in a dominant position;
- Which has culture, language, religion, race etc. different from that of the rest of the population;
- Whose members want to preserve their identity.
- Whose members (and/or their parents) are not born in this particular state.

The term migration defines the (permanent) change of the main residence of an individual or a group. Therefore, it is a special form of mobility. A migrant changes his/her residence over the international borders and moves to another country to stay there. The migrant becomes part of the local population group and after generations cannot be called a migrant anymore. The number of generations needed to win recognition as legal citizens depends on the particular state law.

As for the situation in the survey countries several reasons for migration may be outlined, valid for the whole European region also: war and political conflicts, abuse of human rights,



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poverty and unemployment, continuous demand for cheap labor force, family reasons, international traffic and communication reasons in the state of origin. Thus, different classifications for migrants can be defined:

- Asylum seeker,
- Work migrant,
- Family or family members,
- Highly qualified migrants,
- Students etc.

Ethnic minority communities have their own classification related to their origin, religion, language and culture.

Among the survey countries from Eastern, Central and South Europe the biggest ethnic minority and the most vulnerable group towards HIV/AIDS/STI transmission is the Roma community. Usually these countries do not have big migrant groups, as traditionally they do not belong to the countries of destination for the migrants internationally. For the two countries form Western Europe (Austria and Germany) represented in the survey the biggest and most vulnerable migrant group are the migrants from Sub-Saharan Africa. The last reports show that due to the economical crisis the Roma migrants from South-Eastern Europe are rapidly increasing their number in countries like Germany, Belgium, France, Spain even Switzerland.

*Therefore the dissemination of HIV prevention models among ethnic minorities, which efficacy was scientifically and practically proven, is urgently needed across Europe.*

The WP8 member organizations develop, implement and evaluate HIV prevention programs among different migrant and/or ethnic minorities that are the most vulnerable to HIV/AIDS transmission in their countries. The described good practice models addressed migrants from Sub-Saharan Africa (Austria and Germany), Russian ethnic minority (Estonia), Roma ethnic minority (Bulgaria, Romania, Slovakia, Serbia and Latvia), MSM, female and male CSWs with migration background (Germany, Bulgaria, Serbia, Bosnia and Herzegovina), IDUs (Latvia, Slovakia, Romania)

Although these groups live in different conditions and have different cultural background there is a significant overlapping between them (e.g. young Russians among the IDUs in Estonia, Roma IDUs in Latvia, young Roma MSM coming from Bulgaria to Germany etc.).

Additionally many share similar features of socio-economic status and social determinants, turning them into key vulnerable communities:

- Social exclusion - marginalized, discriminated, rejected position in the society (for example the Roma community in Romania, Slovakia and Bulgaria has similar social and economical status - while part of the Roma ethnic group is integrated and has common lifestyles, another part of the Roma population lives as marginalized, discriminated, rejected and poor in quite circumscribed areas in cities and at the city margins. Another important part of the Roma population lives in rural areas, keeping a traditional way of life, traditional occupations, and having internal organization/hierarchy (including its internal procedure of taking decisions and making judgments in various internal community problems – the traditional Romani *court*).

- Poverty - poor or extremely poor living conditions usually in segregated parts of the particular settlements (for example in Romania: The risk of poverty in Roma community is 3 times bigger than the average risk at national level (2003). A report of the World Bank reveals that in 2000, approximately 68.8% of the Roma population lived on less than 4.3 USD per day. The poverty level registered for the Roma population in 2004 is situated above the one registered in 1995 at a very big distance from the other ethnic categories, 3 persons out of 4 being poor.) This is why a reasonable part of these target populations is involved in illegal activities such as trafficking of women and men. Thus, these groups are highly exposed to violence and abuse and the risk for HIV/AIDS/STI transmission is extremely high.

- Patriarchal culture – in almost all the described ethnic minority groups the women are underprivileged, early marriages are a cultural norm, domestic violence against women is often perceived as a natural right of men.

- Lack of education and/or poor knowledge of the official language – regardless of the status (migrant in a foreign country or member of ethnic minority), one of the common features is the poor knowledge of the official language. This characteristic mixed with low level of education and with the somewhat (wide-spread among some Roma communities) belief in incorrect and mostly magical myths about the human

body and health makes interventions in the field of HIV prevention an extremely difficult challenge.

- Lack of trusted channels for HIV/AIDS prevention information - for all of the described ethnic minority's and migrant groups the main and most trusted information channels are the media (mostly TV in the mother tongue) and the social face-to-face communication with people from the same group.

- Lack of information and official data about HIV prevalence among the groups – data is scarce on migrants and ethnic minorities, in Serbia, Romania, Slovenia and Bulgaria, on national level, data regarding HIV is not collected in terms of ethnic background/country of origin. In all WP8 participants from Eastern Europe there is no source for official data regarding the Roma community and HIV/STI vulnerability.

- Lack of community based NGOs or migrant self-organizations (MSO) involved in the HIV prevention programs – all the presented in WP8 countries (with the exception of Bulgaria) does not have community based and/or ethnic/minority NGOs involved in HIV prevention activities. Some of the NGOs have team members from the target population.

The programs described below try to influence some of these features and determinants.

### 4.2. Projects highlighted as good practice by the survey participants

All participants have thoroughly described their experience in developing, implementing and evaluating HIV prevention programs among different ethnic and/or migrant groups. Due to the different situations of the NGOs – years of experience in the field, needs and specifics of the target groups, number of programs, financial support etc. – they vary significantly. For example, the Park Project (Austria) and PaKoMi-Project (Germany) cover the minimum of the standards for community development and community work (members of the target populations are trained and involved in some project activities). Other projects provide low-threshold services (outreach work, HIV VCT, drop-in centers) delivered by professionals, which are extended to the vulnerable communities. A third line of programs is directed at the improvement of the target group's situation regarding basic human rights, equity and

social inclusion. Fourth group of activities are directed at data collecting regarding the HIV/AIDS/STI prevalence in these target groups.

The present report does not have the ambitions to draw analytical comparison and evaluation of all presented programs. Its point of view is strongly connected with exploring the variety of participatory approaches implemented by the European NGOs. The emphasis is put upon the methods, which facilitate and endorse the community development of the target populations; which provide the ethnic and migrant groups with capacity to deal with HIV prevention challenges themselves.

- **In Austria** the **"Park Project"** addresses various migrants groups (Turkish, South-West Balkans, and African) and has been realized by AHW in cooperation with the city of Vienna since 2000.
- **In Bosnia and Herzegovina** the project realized by the NGO Association PROI is implementation of the **POL model** among commercial sex workers (most of whom are Roma). The UG-PROI team was trained in POL model by team of experts from the Medical College of Wisconsin and HESED in 2008 in the frames of the GAIN 2 project. The described experience is a piloting project of the POL model in Bosnia and Herzegovina.
- **In Estonia** AIDS-i Tugikeskus (AIDS Information and Support Center) implemented together with another NGO (Living for Tomorrow) the model of trans-cultural AIDS mediators in the frame of the **AIDS & Mobility** project (EU-funded 2009-2011), addressing representatives of the Russian minority in Estonia.
- **In Latvia** –the Infectology Center (LIC) and the NGO Papardes Zieds reported jointly on the results from a small **bio-behavioral investigation** in the town of Ventspils (2009), where a Roma community is situated. No particular community-based HIV/STI prevention interventions have been targeted at that community so far.
- **In Germany** the Deutsche AIDS Hilfe outlines a participatory research and HIV prevention project with vulnerable migrant communities, **PaKoMi-Project**. The target populations are African immigrants, MSM and female sex workers with migration background.
- **In Romania** the ARAS Foundation outlined the 3-year programme **HIV/AIDS Prevention among Roma population,** funded by the Global Fund (GFATM).
- **In Serbia** JAZAS Association reported on the **Step Ahead (ASA) project,** supported by Ministry of foreign affairs Netherlands (MATRA Programme). The target group is CSWs (commercial sex workers), majority of them with Roma background.
- **In Slovakia** the PRIMA Association, Bratislava selected HIV prevention programme aiming at harm-reduction and social care services for IDUs and CSWs, significant part of whom belonging also to Roma community.

## 4.3. Methods for participatory community prevention, used in the projects

### 4.3.1. Short description

Each presented organization uses different to some extent methods according to the specifics of the target group in each country and to group's needs. There are some similarities in the migrant groups in Germany and Austria. In the other countries in the survey the basic target groups originate from the Roma minorities. The situation in Estonia is unique, because only there the minority consists of Russian speaking group.

**The PAKOMI project of DAH in Germany** is a research project and has a mixed-method design, using both qualitative and quantitative methods. It is being implemented according to principles of community-based participatory research. The project covers several target groups in four pilot projects– sex worker (female/male), MSM with migrant background (often without homosexual identity). Most of them belong to Roma communities from Bulgaria or Romania. Their knowledge on HIV and other STIs is limited; their German language skills are mostly not available. Key Persons from these communities have been identified by the project's street workers. Another target group is composed by representatives of African communities, addressed in two German cities.

The biggest advantage of the PAKOMI project is the close cooperation between researchers, service providers and migrant communities. This research project is investigating how locally-based participatory processes can be initiated and sustained for this purpose.

The primary methods used by the project are:

- A quantitative survey of the local AIDS service organizations regarding their prevention activities for immigrant communities, including current services and partnerships with other stakeholders.

- Case studies at the local level investigating the forms of cooperation and participation taking place in the development of HIV prevention for immigrants

- **Development of participatory research methods** which can be used at the local level to maximize the effectiveness of HIV prevention for immigrants

On the local level, community-based research projects are taking place in four cities. The community partners decide on the aim and procedures of the local project within the frame

of the overall study aims. Participatory needs assessments are carried out to develop new HIV prevention services for (im)migrants. Peer researchers from local immigrant communities are collecting and analyzing the data with support from academic researchers.

Community members and service providers are involved at the local level. An advisory committee has also been formed for the project as a whole, composed of community members, researchers and other experts in the field.

**The Park Project conducted by AIDS Hilfe Wien (AHW) is named after the setting's orientation of the interventions – parks and open areas. Through involvement of** referees, sharing same language and cultural background like the targeted migrant populations the communities are being reached in parks and other settings of informal gatherings. There talks are initiated about sexuality, Hepatitis and HIV. The project activities started out in parks and then expanded to cultural clubs, events and bars.

The referees are trained by AHW and get a salary for their work, they meet on regular basis for feedback and build-up sessions and are supervised by a team member.

The **setting oriented** method seems very promising. As the project also exists since eleven years there is a lot of experience with the referees but also within Aids Hilfe Wien. The communities best reached in the past years are the Turkish and the Bosnic-Serbian-Croation Community. In the project AHW has also successfully trained referees from Russia and Romania, who were though unable to establish a good contact to their communities.

The main objectives of the project are:

- To reach the target group where they live and to overcome barriers.
- To speak to the target group in their mother tongue and to understand their cultural background.
- To talk to the community in a relaxed and comfortable atmosphere.
- To include the gender aspect in the project: If possible male referees address men and female referees address women

An important part of the method used is entering into a new community. Few steps have been outlined as important in this regards. First there is a meeting with experts who are working in the community and they are asked to share their impressions. For example, if AHW wants to develop new community contacts to the African community, they are interested in exploring their situation and context - how do they live in Vienna – home, work and what is the attitude towards HIV in the different African countries.

An example of a successful "entry" strategy was the football world championship in South Africa in 2010, on which occasion contacts with various sub-groups from the African community were established. In addition one of the other gate-openers were the churches, being the preachers very influential in the community. The project is conducted in collaboration with the department for migrants of the city of Vienna which also acts as a co-financer.
As very relevant component of the model is considered the fact that **the referees are members of the target group**. In case of the African community the concept and also the planning was conducted with the community itself.

Another important part of the method used is **the regular feedback** given by the referees and **the coaching and supervision** provided by the co-ordinating team.

In **Serbia JAZAS** integrates their methods in the frame of basic harm reduction, prevention and diagnostic services offered in a drop-in centre. The participatory methods are **self-support and peer education** among sex workers. Peer education, an integral part of the approach, has as a core focus themes related to differences and tolerance, discrimination and social inclusion. In the groups for self-support initiated by the team but coordinated by experienced peers every time the topic is chosen by the participants, the programme and activities vary according to the group's planning.

Despite the fact that the methods are not applied in a community setting, but in a services (drop-in centre for harm reduction and HIV VCT), the model shows clearly elements of participatory community involvement, through the strengthening of a self-organisation and self-regulation of the group of sex workers.

The other basic method applied is **counseling**, covering the wide range of topics - legal, health, social, psychological, etc.

The projects of JAZAS are not yet profoundly community-based but rest upon cultural sensitivity and a participatory approach as points of departure.

Other part of the work in the organization is connected with **training** of 'supporting professions' (health, social welfare, the police).

Other method used by JAZAS is the creation of informal **network** of non-governmental organizations which lobbied for the change of law concerning health insurance for Roma as

well as the Anti-Discrimination Law recently passed in Serbia. Each program and research project is carefully developed and the target group is **mapped** accordingly.

**Needs assessments** are conducted periodically at the drop-in center and through research projects and fieldwork, using the method of **focus groups**.

There are some similarities between the JAZAS's methods those used by ARAS and by PRIMA. Those are again related to the particularities of the target groups, with which the NGOs work in these countries. In all three organizations the **harm-reduction** method and the **outreach work** are the main means through which contact to the vulnerable groups is established and the prevention activities implemented.

Mobile street work (3 times weekly) is the mainly used method by **PRIMA's team in Bratislava**, offering improved access to diagnostic, treatment and care. Besides the primary prevention and harm reduction, a drop-in centre offers the possibility for counseling (2 times weekly) and secondary prevention (education and health-care materials). Individual case-management and referral are the other methods complementing the approach of the services, through the social assistance program clients are accompanied to the medical doctors, police, and public authorities' offices in relation to their social welfare problems and documentation. PRIMA offers different types of counseling as well – health, social, psychological, but compared to JAZAS methods; they do it basically through street work although they have a contact centre as well.

**ARAS** develops its Roma community project in nine different regions in Romania. The basic method used here again is outreach HIV prevention services, which include:

1. Training of the field health educators / outreach workers and peer educators recruited from the beneficiaries of the program.

2. Outreach activities for HIV/STIs prevention – including counseling, education, referrals to socio-medical services and distribution of materials of peer educators provided by outreach teams with the support of peer educators.

3. Coordination and mobilization – meetings with groups interested in the problem, at local as well as at national level (NGO's, city halls, public health authorities and peer educators).

4. Monitoring and evaluation

Important part of the success of the participatory approach of ARAS is that **Roma community leaders were consulted** before the start of the interventions, and asked to support it.

The project of **AISC in Estonia** addresses vulnerable groups, that are not exactly a minority community, because in Estonia there is a big Russian speaking group, but people are form different nationalities (former Soviet Union countries) and it is difficult to talk about a closed community. The success of the method of the project AIDS & Mobility 2009-2011 is due to the fact that the main people working with the target groups were Russian speaking and could create trustful relations with the representatives of the vulnerable groups – they are mostly young people from Russian speaking nationalities in Tallinn.

The main method used in the project is the implementing structured **transcultural mediator training** and **conducting educational group sessions** on HIV/AIDS with community representatives. The biggest part of the success of the training conducted during the project is the interactive methods used in the training modules, as well as the personal guidance of training team in organizing and providing community sessions.

The supporting activities contributed to the success of the method are:

1. **developing an innovative health education model** for migrants and ethnic minorities - Literature review, Curriculum, Guidebook, Slide-Kit
2. **strengthening the existing network structures of HIV prevention among migrants -** Network, constituency and services map, Partner activity reporting, Legal registration
3. **evaluating performance and outcomes -** Common reporting requirements, Bilingual Questionnaires, Evaluation report
4. **disseminating the results** and communicate them widely –
5. **designing adequate strategies to assure continuity of the approach -** Potential partners map, Sustainability Plan, Project briefings, Master Toolkit
6. **influencing European and national policy making -** Policy briefings, Technical support, CSF Participation, Policy Summit Report, Common recommendations, Future Development report

There are not special HIV/AIDS surveys and prevention interventions for national minorities carried out in **Latvia** so far**.** However, in 2009 assessment of IDU scene in Ventspils, one of the biggest cities of Latvia (43 088 inhabitants) was performed. This included small bio-behavioural investigation. Unexpectedly among all respondents (n=195) 50% were Roma

(n=97). 23% of all Roma participated in the survey were detected to be HIV positive notwithstanding, similar proportion was observed among Latvians (24%) and Russians (25%). It should be noted that education level among all respondents was extremely low – elementary and incomplete elementary education for 66.4% of respondents. Good knowledge about HIV/AIDS was declared only for 13.6% but insufficient for 86.4%.

In **Bosnia and Herzegovina** some of the specific core elements of the **POL (Popular Opinion Leader) model** were adapted by the team of **Association PROI** in order to implement the model among the groups of the commercial sex workers. The main goal of POL program was reduction of HIV/AIDS and STI risk among sexual workers. Following components of the method can be outlined:

1. Identifying and Trainings of POL from the community
2. Trainings of POL trainers
3. Peer consultation on HIV/AIDS, STI and other related issues
4. Peer trainings on HIV/AIDS, STI and other related issues
5. Development of POL training manual and other supportive activities.

The used methods for the needs assessment of the target group were focus groups and individual conversations with CSWs.

### 4.3.2. Quality Assurance and Indicators

The different interventions apply different categories of indicators. Some of them focus on measurement of the changes produced, others on the immediate results of the interventions, some focus on process, other on outcomes.

Some of the commonly outlined indicators to measure success of the community-based interventions are:

- Number of people reached;
- Number of people trained how to disseminate in a proper way the information needed in the target group;
- Mediators certified;
- Community sessions held;

- Hours referees worked;
- Number of settings (e.g. parks, clubs, events) covered;
- Number of brochures and number of condoms disseminated;
- Average duration of intervention

All the projects use similar quantitative indicators to measure the outputs of the interventions. It depends on the structure of the project, the participants and the methods used, but there are some common indicators like **number of people reached** – every organization uses this indicator to measure the success of the project. In the case of JAZAS the indicators are stretched to measure also the changes in behavior of the target group members and the uptake of services (number of sex workers who show up and participate in drop-in center activities, who use the HIV VCT services etc.). Similarly PRIMA applies the number of new clients, number of constant clients, number of testing clients, number of positive clients as indicators for the intervention's evaluation.

In other projects, focusing more on capacity building, such as training methods, peer education and counseling in HIV prevention, the most important indicator applied is the **people (target community members) trained** how to disseminate in a proper way the information needed in the target group. Among those are the projects of ARAS (Romania) and AISC (Estonia). In the last case important indicators pointed out were also: certification of mediators (upon completion of a full training course), community sessions held, number of topics covered in the training sessions. Similarly for the successful implementation of the method of POL, demanding high level of community participation the indicators selected by PROI (BiH) aim to measure the solidity of the community involvement, through: educated POL as peer counselors and trainers, number of sessions conducted by the POL, number of new POL recruited for training by the already trained peer educators, number of community representatives (e.g. sex workers) attending VCT services.

It is obvious that the majority of all these indicators are quantitative. They can provide feedback regarding the scope of reach of the interventions. However, the importance of indicators related to qualitative dimensions of the interventions, i.e. measuring the changes in the individual behavioral and attitudes and in the group norms (i.e. indicators for measuring the depth of the intervention), is crucial for this kind of interventions among communities.

An important type of indicators measuring the adequateness of the community-based approach is the proportion of the community's participation in: the project's team (see

p.4.4.), in the problem identification, needs assessment, planning and implementation of the intervention and in the feedback (level of satisfaction) and evaluation. Those indicators have not been outlined by any of the survey participants as explicitly used, although some teams referred to them when describing their methods (see 4.2., needs assessment).

### 4.4. Team and Competence

The basic feature of the participatory methods in all the projects is that they are designed **for** the particular community and in every country they are implemented together **with** participation of the target community members in the project activities. Naturally the grade of this participation varies, thus determining the grade of community-involvement, community-centeredness and community-based character of the interventions. Hence, some of the project's could be described only as working at community tangents (community-friendly, culturally competent approaches), others try to work at the entry gates, while others rely for their implementation fully on the internal resources of the community itself (community development).

The involvement of the community representatives in the team of the intervention is inevitable regardless of the model chosen. The different positions and roles being attributed to the community members vary in the countries - peers, referees, outreach workers, mediators, etc. Accordingly there are some differences in their responsibility and power within the teams, but basically they share a similar task related to their competence – to **create the bridge** between the organizations and the target populations in order to explore better, understand, and meet the needs of the target community with regards to HIV/STI prevention. The assistants from the target community help the organizations to plan their activities in a way appropriate to the specifics of the certain group.

The basic prerequisite for success of all projects remains the participation of multi-cultural and multi-disciplinary team in each organization and project.

#### 4.4.1. Experts

Experts (health professionals, psychologists, social workers, educational workers, pedagogues, cultural anthropologists, researchers) play crucial role in needs assessment, design of intervention, evaluation and quality assurance.

As shown by the Park Project in Vienna the team leader (HIV prevention expert) is exclusively responsible for the activities in the project. The team members, who are representatives of the target communities, before starting their work, are trained by the specialists in the organization and by the other, experienced already, referees.

The PAKOMI Project in Germany combines the expertise of scientific and cultural backgrounds - there are two coordinators, one with migrant origin and one without migrant origin. Nevertheless both of them are academic researchers. Comminity members (peer researchers) are trained in capacity building workshops.

In Tallinn - the mediators, in Romania - the field health educators, outreach workers and peer educators are preliminary trained by specialists in the field of HIV prevention. In Romania – each of the 9 local teams is formed by a local coordinator and 2-3 outreach workers (social workers, medical personnel, psychologists, health educators).

In Belgrade the peer educators are also preliminary trained and work with the support of experts in different fields: there is an educational team (divided into adult and youth educators), medical team, research team and outreach team.

In Bratislava, the project team is composed exclusively from experts. There work street workers, who are social workers or psychologists and medical doctors as well.

In Sarajevo, the team has reached a balance between experts and target group's representatives. The coordinator, the administrative team, the VCT team and some of the trainers are experts in their field. Along with them sex workers are involved in the project working team as outreach worker (1 person), trainers (3 persons) and peer educators (15 persons).

### 4.4.2. Referees

The target community team members are defines as Referees by the Park Project in Vienna. The referees go through special educational program; in addition they will be trained in the setting and start their first tours together with experienced referees who have been working already longer in the program.

The using of referees guarantees from one side the success of the project activities and from other – the participation of the target population. They participate in the planning of the activities in the beginning of the work with new community.

### 4.4.3. Peer educators

JAZAS applies the method of peer education, defining the community team members as peer educators. They are persons who are directly involved in sex work and who represent the sex worker community. The peer educators are Roma with different education background. The underlying assumption of that model is that the team members share not only the same cultural background as the target community, but also the same working and living situation, therefore they can become peers for their colleagues in the sex work and at same time for their community. This makes the role of the peer educators slightly different than that of the referees, who are not necessarily sharing same social and work situation as the rest of the community members.

### 4.4.4. Mediators

According to the concept of the A&M project in Tallinn the community team members are described as transcultural mediators. Their basic task to train them in “mediating” the needs and problems of the particular community group they represent. In the frame of the project 24 mediators were trained and completed 50 hours of training. They work with personal agreements. They organized 44 community sessions reaching all together 548 young people from the Russian speaking ethnic minorities. Notable hereby is the role of “bridges” to be build between the cultures and the mediation between the groups, suggesting the two-way exchange needed for a successful inclusion and integration. Not only the mediators but their trainers as well had background from the target communities: one of the trainers of educational module has Ukrainian background, lecturers and specialists involved in training of mediators were Russians, Ukrainians, Estonians, and Belarusians.

### 4.4.5. Outreach workers

Some of the outreach workers have professional background; some are representatives of the target communities. This team definition is being used in Romania and Slovakia, whereas only the outreach workers recruited by ARAS have community background same as the target Roma community. They execute both the functions of facilitators and peer educators. They support the connection of the project teams with the community members, and facilitate the access of the community members to information, medical and social services, especially, but not exclusively linked with HIV/STIs prevention. Besides the project

coordinator by himself is representative of the target group. Some of the team members were first volunteers for several years before they were offered the role of a paid team member. Prerequisite for that is the continuous training (during the 3 years of implementation 8 workshops) which allows periodical refreshment of knowledge, as well as sharing experience of work between teams from all 10 project implementation sites in the country. The outreach teams worked with trained health mediators and *allies* (facilitators in the communities).

### 4.4.6. Community partners

In Germany the project is based on the participation of members of vulnerable immigrant communities as well as on community-based research in order to better understand the needs of the communities and to develop appropriate HIV prevention services.

Community members and service providers are involved at the local level. An advisory committee has also been formed for the project as a whole, composed of community members, researchers and other experts in the field. The community partners decide on the aim and procedures of the local project within the frame of the overall study aims.
Peer researchers from local immigrant communities are collecting and analyzing the data with support from academic researchers. Peer researchers are financially reimbursed and are trained in national capacity building workshops. Community members are involved at any stage of process.
Key persons from the immigrant communities have been identified and offered to participate in the project. All of them are financially reimbursed.

Summing up the involvement of the target communities (either ethic minority or migrants) in the teams is a minimum but by far not the sole sufficient indicator for participatory community based prevention. The considerations to be taken here are: not just involving community representatives for the sake of their representation, but to identify who are the appropriate ones, what are their resources, their strengths, their motivation, why should they engage with such activities?

Synchronised good practice standards for identification, recruitment, training, guiding an coaching community members should be elaborated and put in practice by the teams and projects, who endeavour realizing the community-based approach in its full scale.

## 5. Conclusions and recommendations

The present report does not aim at an analytical comparison of all the described HIV prevention programs for ethic minority/migrant communities in 10 European countries. Its objective is to demonstrate the variety of methods and approaches, implemented by NGOs and community-based organisations from both EU and non-EU countries and to draw some directions for future improvement of the methods in the field.

Although there are a lot of similarities in the target groups and in the implemented programs, there is no one method or programme adequate for all the situations and target groups described above. All presented programs are in a process of development and improvement in order to meet better the needs of the target populations. There is a vast range of programs' strengths that could be developed and described as good practices in the field.

All successful programs shared put the emphasis on some important points that could be implemented independent from the particular target population such as: combination of research of the community features related to the risks and activities aiming to change underlying factors in the community and individuals' knowledge, attitudes, practices and behaviour; engaging representatives of the target population in the program activities, sustainable over longer-term delivery of HIV prevention services etc.

Although the target groups for the NGOs in Germany and Austria are migrant groups from Africa, the last data show that due to the economical crisis the Roma migrants from South-Eastern Europe are rapidly increasing their number in countries like Germany, Belgium, even Switzerland. *This is why, that the dissemination of HIV prevention models among ethnic minorities, which efficacy was scientifically and practically proven, is urgently needed for all countries in Europe.*

Next step in the cooperation within WP8 is conducting training for trainers in the POL model for community-based prevention delivered by the team of HESED.

This model emphasize the most important factors of the participatory approach: structured gathering of information about the community norms and leadership, involving of community informal leaders in the innovation process, using the natural communication ways and channels, investing resources in the community strengths and measurable qualitative and quantitative indicators for the intervention effectiveness. The underlying concept and the components of this model will be described in the final product of WP8, the

manual for good practice in community-based participatory prevention among migrants/ethic communities to be published by BORDERNETwork in 2012.

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**Annex 1**

# List of partners involved in BORDERNETwork Work Package 8

## I. Associated partners

| Organisation | Contact Persons | Contact Details |
|---|---|---|
| **HESED, Sofia (BG)** | Sylvia Vassileva<br>Radostina Antonova | s.vassileva@hesed.bg<br>r.antonova@hesed.bg |
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| **ARAS, Bucharest (RO)** | Galina Musat | galina.musat@arasnet.ro |
| **PRIMA, Bratislava (SK)** | Barbora Kucharova | barbora.kucharova@gmail.com |

## II. Collaborating parners, involved in assessment survey/meetings and training:

| Organisation | Contact Persons | Contact Details |
|---|---|---|
| **DAH, Berlin (DE)** | Tanja Gangarova | tanja.gangarova@dah.aidshilfe.de |
| **CORRELATION II, Amsterdam (NL)** | Eberhard Schatz | eschatz@correlation-net.org |

## III. Non-EU Partners invited to take part in survey/meetings and trainings:

| Organisation | Contact Persons | Contact Details |
|---|---|---|
| **JAZAS, Belgrade (S)** | Dr. Dragan Ilic | drilic@sezampro.rs |
| **UG PROI, Sarajevo (BiH)** | Samir Ibisevic | ugproi@bih.net.ba |

**Annex 2**

# Assessment Survey

# HIV/AIDS Prevention and sexual health promotion measures for ethnic minorities and migrant groups

## Work package 8

**Participatory approaches to community based HIV/STIs prevention in ethnic minority and migrant groups**

Funded by

EU Commission

# The sole responsibility of any use that may be made of the information lies with the author (HESED)

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

**INTRODUCTION**

Workpackage 8 is led by the project partner Health and Social Development Foundation (HESED). This workpackage focuses on participatory approaches to community based HIV/STIs prevention in ethnic minorities (e.g. ROMA) and migrant groups and promotion of sexual and reproductive health. Therefore the main expertise to be collected here is in the area of HIV/STI prevention programmes/projects/activities among the ethnic minorities and migrant groups.

This Assessment Survey is the first step with the aim to get an overview of:

- The situation of ethnic minorities (e.g. ROMA) and migrant groups in the region where your organisation operates. If you work on a national level please consider national data for your answers. If you work in and for a special region (town, district, province…), please describe this.
- Your organisation in general.
- Your activities in ethnic minority HIV/AIDS prevention.
- One specific HIV/AIDS prevention programme/activity.

Please, fill in the survey till 15th of September 2010 and sent it us back.

For further questions please do not hesitate to contact us.

Thank you very much for your cooperation!

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**OVERVIEW: ETHNIC MINORITIES AND/OR MIGRANT GROUPS**

1. How do you define “ethnic minority” and “migrant group”?

2. What ethnic minorities or migrant groups are there in your country and which are the biggest ones?

3. Which one/ones are the most vulnerable towards HIV/AIDS/STIs transmission?

4. Please, briefly describe your organization's target populations (ethnic minority/ migrant group) – size, urban/rural, social, economical, educational status, subgroups, vulnerability (health infrastructure, norms, etc.)?

5. Is this migrant group/ethnic minority organized? Are there community based NGO's? What is their participation/contribution in HIV prevention among their own community?

6. Do you have data regarding HIV/AIDS/STI prevalence in your target ethnic minority/ migrant group in your country or region? If yes, please provide information and the sources of information you use. If no, what is the reason/barrier for lack of information?

7. What is the access of the ethnic minority/ migrant group to HIV/AIDS information? What are the most trusted channels of information?

8. What is the access of the ethnic minority/ migrant group to condoms and other methods of contraception? What are the main obstacles in front of a favorable access?

**ORGANISATION:**

1. Please give a brief overview of your organisation with respect to structure, objectives and main fields of work.

2. How is your organisation funded? Please, tick the appropriate box/boxes:
   a. ☐ State funds or subsidies
   b. ☐ Local funds or subsidies
   c. ☐ Project funds or subsidies
   d. ☐ Sponsorship by commercial companies
   e. ☐ Donations
   f. ☐ Other
3. What are your organisation's current main funding sources? For each one, can you also estimate the approximate percentage of your agency's funding that comes this year from that source?

   Source % of Agency Funding

a. _____ _____ %

b. _____ _____ %

c. _____ _____ %

**MINORITY PROGRAMMES/ACTIVITIES**

1. Please, list all the programmes, activities, measures and/or projects your organisation conducts in HIV/AIDS prevention and sexual health promotion for minorities in the last five years.

| |
|---|
| |

Please, pick one specific ethnic minority/migrant group HIV/AIDS prevention programme your organisation conducts and which you consider as most successful. Please, answer the following questions concerning this specific programme/activity:

*If you want to describe more than one ethnic minority/migrant group HIV/AIDS prevention programme, please copy the questions 1-14 of this section and fill them in describing the other programme/programmes.*

1. Name of the minority HIV/STI prevention programme/activity.

| |
|---|
| |

2. Why do you consider this programme as the most successful in your experience?

3. Please, describe the target group in a few sentences. Do you reach a specific target population and subpopulation of the minority with this activity? For how many years has your organization worked with this target group?

4. Please, describe the aims and objectives of this programme in a few sentences. What are the measurable targets?

5. Please, describe the methods used for the needs' assessment of the target group?

6. Please, describe the activities/services in the programme in few sentences.

7. What is the coverage/number of people from the target population reached with planned service/s provided by this programme?

8. Please, describe how is the target group involved in the programme's activities?

9. Please, describe programme team by number, position and background.

10. Are there representatives from the target ethnic minority or migrant group as a part of the working team? How many? What positions and qualifications do they have?

11. Please, describe the system for the selection of team members.

12. Please, describe the competence building system/activities.

13. Please, describe the quality assurance system of the programme.

14. What indicators did you use to measure the effectiveness of this programme?

15. Which factors increase the effectiveness of the programme?

16. What were the barriers or challenges your organisation has experienced with respect to carrying out this programme?

**Annex 3**

**List of participants in the Exchange seminar**

**Sofia, October 2010**

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**HESED Sofia, Bulgaria,** Milena Mihaylova, Radostina Antonova

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

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

**Infectology Center Riga, Latvia,** Alise Krümina

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

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

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

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

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

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Executive Agency for Health and Consumers

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