

AIDSTAR-Two Project Trip Report – Algeria Dec. 15 – Dec. 22, 2012

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5 key words:

HIV
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Process for completing trip report

1. This **trip report** must be completed by the traveler and distributed to the supervisor, relevant activity manager (Yadira for field support), and ProCo within 5 business days of the traveler's return to their home office.
2. The traveler will schedule a **debriefing** with their activity manager and, if appropriate, the project team within 10 business days of their return to their home office. This meeting will highlight content for the trip report. If the traveler is an activity manager, they will meet with the relevant members of the project team. The appropriate activity manager can serve as a resource to determine who else should be present at the debriefing.
3. Trip reports and addenda should be saved by the ProCo with the relevant TDY documents in sub-project eRoom.
4. Completion of the trip report and scheduling debriefings is the responsibility of the traveler.
5. The traveler must have the report **reviewed and approved by the activity manager**, who will submit to the COTR and appropriate mission.
6. When the entire template is completed, email the report along with all relevant documents to the relevant Activity Manager and ProCo. The ProCo will determine if trip report and which documents should be sent to **Institutional Memory and will update trip report submission logs**.
7. Save this report using the following naming protocol: PY# LAST NAME, First Name – Destination Month, DD YYYY (i.e. PY3 JOHNSON, Sarah –Honduras Oct 22 2010).

1. Scope of Work: Technical support to PLHIV organizations in the MENA region

Destination and Client(s)/ Partner(s)	Lebanon (Beirut), Vivre Positif. Algeria (Oran) Association de Protection Contre le SIDA / Groupe Amel de femmes vivant avec le VIH
Traveler(s) Name, Role	Juan Hernandez, consultant
Date of travel on Trip	9 – 22 December, 2012
Purpose of trip	To provide technical support to PLHIV organizations in Beirut and Oran
Objectives/Activities/ Deliverables	<p>Beirut. Objectives: A) To accompany the startup of the project, ensure that systems are in place: calendar, work plan, financial/accounting system, definition of clear roles and responsibilities, information system including simple indicators. B) To design, prepare and facilitate a participatory workshop aiming at producing IEC materials that will be used to sensitize PLWHA about internalized stigma. IEC draft materials will be subsequently tested by volunteers of VP in focus groups. C) Following the workshop, to provide advice for the following steps of VP pilot project.</p> <p>Activities: hands-on workshop to produce draft IEC materials on reduction of internal and external stigma; detailed work plan with roles, responsibilities, calendar and products; debriefing with SIDC partners to ensure support to VP when needed.</p> <p>Deliverables: Workshop agenda, concept note and workshop materials; local workshop facilitated, technical support provided; updated action plan of VP, brief mission report and detailed mission report including results of workshop, recommendations and next steps.</p> <p>Oran. Objectives: A) To facilitate a consultation and consensus building meeting with a group of volunteers and beneficiaries from Amel, self-support group of women living with HIV hosted by APCS in Oran, present the MENA project, facilitate a collective discussion about needs of participants and program priorities. B) To facilitate a participatory “capacity assessment” focus group in order to collect baseline information about current capacity, scope of work and coverage of the support group hosted by APCS. To assess also the strengths and weaknesses of the technical and organizational support provided by APCS to this group. C) To guide a core group of volunteers from this support group to develop a first small project.</p> <p>Activities: Consensus meeting held with 12 beneficiaries and volunteers of Amel self-help group hosted by APCS; presentation of meeting conclusions to a broader group of 25 beneficiaries living in wilayas out of Oran; participatory capacity self-assessment with a core group of volunteers of Amel; identification of start-up activities for a small project and preparation of budget.</p> <p>Deliverables: Concept note and consensus meeting agenda; mobilization, baseline data collection and planning mission conducted; brief mission report, baseline report using same outline developed for Tunis and Beirut, draft action plan and budget of the PLHIV partner for a first pilot three-month project</p>
Background/Context, if appropriate.	

2. Major Trip Accomplishments: Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

- 1. Beirut.** A four-day hands-on workshop to produce draft IEC materials was conducted with a group of six members/volunteers of Vivre Positif. Even though the group was small, the outputs were quite relevant given the short time available to produce a set of draft materials which will be finalized and validated with two focus groups. None of the participants had previous experience in developing IEC materials, however, their creativity, interest and enthusiasm yielded a rich range of proposals to be developed in different formats and targeting different public. VP participants came out with a set of scenarios describing situations in PLWHAs experience stigma, self-stigma, discrimination, etc., and decided to target the following sub-populations: a positive bisexual MSM who is also a clandestine sex worker; a married woman in a family setting, an MSM young man, and youth in and out of school. IEC proposed formats to present these scenarios were: sketch or role plays, card games/puzzles, a comic or photo strip, and “talking heads” for short videos in YouTube.
- 2. Oran.** The consultation and consensus building meeting took place 17-18 December in Oran with 12 participants from Amel, self-help group hosted by APCS and had the purpose of facilitating exchange of experiences among women living with HIV, introduce the MENA program, explore possible partnerships with Alliance and facilitate a rapid contextual analysis to identify feasible activities that the group could develop within a small three-month pilot project framework. A wider meeting took place on the 19th which included women living with HIV from wilayas out of Oran. The group is formed by very energetic, courageous and powerful women who have visibly come a long way from extremely stigmatizing and discriminatory environments (family, community, workplace, school) and who have progressed by the nurturing accompaniment and support of APCS board and staff. A striking feature of this group of women living with HIV is their incredible determination to change the way their families, society and the health system views them and treats them and other PLWHAs in Algeria. To our knowledge there is not a similar group of PLWHA in the region such as this. The dynamics of the group and the interaction with APCS has yielded an extraordinary ensemble of empowered women who have gradually lost their fear and shame and have become very vocal in their demands which they have taken directly to government health authorities. Taking into consideration the extremely high levels of conservatism, religious fundamentalism, HIV-related stigma and discrimination, sex-phobia and male predominance in the region, the value and importance of the activities done by Amel/APCS can be considered as models to be explored and further strengthened and developed. To this effect, and after a rapid assessment of Amel’s capacities as a group, a discussion with a core group of Amel members and APCS support staff identified the importance of establishing a partnership with the Alliance and of the opportunity of having access to seed monies to start strengthening the human resources of Amel/APCS in order to develop in the future targeted activities relevant to the lives and conditions of women living with HIV in this part of Algeria (Oran and its neighboring wilayas). Thus during the first three months a core group of Amel members and APCS staff will benefit from practical training in the use of Windows package (Word, Excel, Power Point, Access, Photoshop), will address the issue of reducing internal and external HIV-related stigma by preparing draft awareness raising sessions and workshops to reduce stigma, for Amel beneficiaries and volunteers, using participatory methods. APCS has staff trained in participatory facilitation and will be supported by consultant via Skype –and if possible in person- to ensure these draft materials are produced. It is envisaged that project progress will be reviewed also during the regional exchange workshop to take place at the end of the first quarter 2013. Amel/APCS will then develop and present a proposal for follow-up activities at the end of this three month period. The women in the group have undergone a long and painful process to come to this point and any future initiative aiming at reinforcing their self-esteem, enhancing or creating skills and capacities for better coping with HIV, and reducing internal and external stigma and discrimination should be very sensitive to the harsh conditions women with HIV have to endure, and to the unfriendly discriminatory environment that surrounds them. In this sense, starting small and on a low-key tone might prove to be an appropriate point of

entry; by strengthening basic technical skills in computer use and in participatory facilitation of group dynamics (centered on reducing internal stigma as a startup theme), Amel's beneficiaries and volunteers, and APCS staff can gradually upgrade the intensity of trainings and capacity building exercises. Women with HIV in this group have a very high awareness of the importance of adherence to treatment, and interruption of stocks and lack of appropriate testing sites –especially viral load- have on their health and their wellbeing. APCS' mentorship in this respect is extraordinary and should be widely commended. Including APCS staff to improve their computer skills will also facilitate a better interaction and support between APCS and Amel.

3. Next steps: Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
Approval of small project proposal and its corresponding budget	Alliance	?
Technical support to Vivre Positif via email and Skype	Juan / Alliance	ongoing
Technical support to Amel / APCS via email, Skype and in person	Juan / Alliance	Ongoing Jan. – Mar.

4. Contacts: List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Contact info	Home organization	Notes
Rita Wahab	ritou@yahoo.com	Vivre Positif	Vivre Positif Board member
Nadia Badran	nbadran@sidc-lebanon.org	SIDC	Key technical support provider to Vivre Positif in SIDC
Faiza Raho	hakelwikaya10@yahoo.fr	APCS	Executive Director, APCS
Omar Ouhaddad	omar.ouhaddad@hotmail.com	APCS	Program Coordinator
Ilyes Kessal	ilyes.kessal@gmail.com	APCS	Volunteer medical doctor
Ahmel Azzi		Amel / APCS	Amel member and member of the Board of APCS
Nassera Bouchlil		Amel / APCS	Amel Coordinator

5. Description of Relevant Documents / Addendums: Give the document's file name, a brief description of the relevant document's value to other staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file

