

## **AIDSTAR-Two Project Trip Report – Azerbaijan Dec. 11 – Dec. 16, 2012**

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5 key words:

HIV  
Baseline monitoring  
Monitoring of best practices  
Men Who Have Sex With Men  
Azerbaijan

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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:

Destination and Client(s)/ Partner(s)	Baku, Azerbaijan
Traveler(s) Name, Role	Yury Sarankov, consultant, Kiev, Ukraine
Date of travel on Trip	11.12 – 16.12.2012 Baku, Azerbaijan
Purpose of trip	Base-line monitoring visit to NGOs that will get technical support under the AIDSTAR II project
Objectives/Activities/ Deliverables	Meeting with NGO staff, gaps analysis of the implementation of the Comprehensive package of services for MSM, monitoring of best practice documentation, discussion on technical support plan
Background/Context, if appropriate.	<p>Attempts to describe best practices on HIV prevention among men having sex with men (MSM) in the Caucasus (Azerbaijan, Georgia and Armenia) have not yet been undertaken. This is, first of all, because of the "traditional" "donor – implementer" model of relationship, which implies the existence in the organization only those activities that are funded and "dictated" by the donor. "Classic" package is aimed mainly at primary HIV prevention among MSM, which includes outreach and informational materials/condoms/lubricants, training and counseling (mainly on safe sex) and VCT in some places. Such a package should always be implemented by NGO, which is reflected in the Proposals to the Global Fund (the main donor for many NGOs) and to other large donors such as USAID. The existing monitoring system involves establishing and supporting an NGO database, where services provided to clients (clients are coded) are recorded. Indicators are number of services provided (e.g., number of condoms). This approach does not imply or require quality information on the services (description of efficiency, customer satisfaction scores, identification of best practices and lessons learned).</p> <p>Despite the fact that the documentation process of program activities is not structured or systematically organized, single elements of the "collection" of qualitative information (which can be referred to BP) can be defined in the organizations. For example, in Georgia, in the NGO "Tanadgoma" there is a description of all activities for HIV prevention among MSM, which have been carried out from the early days of the organization. There is also a complete list of abstracts and presentations made by organization workers at the international conferences. In addition, reports from seminars and workshops, which include feedback from participants (post-training evaluations) are regularly provided to the funding agencies (donors).</p> <p>Taking into consideration, as noted above, that non-governmental organizations working with MSM, implement the same type of activity at a limited scale based on donors requirements, it is rather difficult to identify best practices that could be unique and innovative in the context of the local epidemic. That is, those activities that go beyond the basic prevention approach, which is funded by donors. This task is even more difficult to achieve, if we take into account the set of criteria for documenting best practices proposed (Effectiveness, Cost-effectiveness, Relevance, Ethical soundness, Replicability, Innovativeness, Sustainability).</p> <p>In all 3 countries within the Comprehensive Package of services, divided into three areas (prevention, treatment/care/support and mobilization/advocacy), the</p>

1st component and partially the 3d are the most complete and efficient. In all 3 countries NGOs meet difficulties with the implementation of the 2d component. Medical care for HIV infection is provided by government organizations (ART, treatment of opportunistic infections, VCT). Only NGO "Tanadgoma" has capacity to provide counseling and HIV testing with rapid tests in the organization's office. NGO "Gender and Development" collaborates with the local AIDS Center in Baku, which has a mobile laboratory. However, the 2nd component involves not only medical care, but also psycho-social support for HIV + MSM through individual counseling and group work (self-help groups), which fits into the concept of "positive prevention". Like two years ago, when the Study on the Comprehensive package of services was conducted, the situation with this activity has not changed. Despite access to MSM populations, NGO workers are not able to motivate HIV+MSM to establish and maintain self-help groups, which is associated with stigma from society in general, and from the LGBT community in particular (a fear of rejection and isolation).

Most challenging criteria for assessing best practices, as well as, other activities of NGOs in the EECA is sustainability. Sustainability of programs or their survival depends on the existing funding opportunities, which, unfortunately, are currently limited by the world financial crisis, and the loss of interest from donors to the region as a whole. Component on HIV prevention among MSM, funded by the Global Fund, is extremely limited (due to the lack of recognition of the epidemic in this population at the country level). There is a huge risk (and it's a matter of time) of the funding termination for the prevention from the Global Fund, which will finally result in the cessation of all prevention activities for vulnerable groups, including MSM. Governmental services have no funding, capacities and "moral" willingness to take a job that is currently being implemented by NGOs exclusively. This will entail the loss of years of work experience with MSM, lessons learned and best practices. In this regard, it is important that the workers of the organizations could be able to document experience and use it as a PR-tool to get public funding for their important social and medical work.

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

1. Meeting with local USAID representatives to discuss AIDSTAR II project and possible assistance to local NGO.
2. Gap analysis of the Comprehensive Package of services for MSM. Gaps were identified.
3. Analysis of the current NGO activities aimed at identifying best practices (what is unique and innovative in terms of HIV programming in the context of local HIV epidemic).
4. NGO approach to documenting project-related activities was discussed. This turned to be the weakest point in "NGO life". A list of recommendations on the introduction/improvement of documentation process was developed.
5. Technical support plan for upcoming 3 months was discussed and agreed.

Gaps in the implementation of Package identified:

1. Lack of self-support groups for HIV+MSM
2. Currently, lack of internet-counseling. No web-page of NGO available.
3. NGO office is small and inconvenient to conduct trainings for MSM.
4. No psychologists in 2 other cities where HIV prevention for MSM is implemented.

Recommendations made on best practice documentation process:

1. Select and appoint an NGO's employee who will be responsible for the documentation of program activities, including a description of best practices and lessons learned.
2. Systematize the available information on the program activities in accordance with a list suggested above (see Methods for documenting BP).
3. Select the aspect (direction) of the program activities, which could meet one or more of best practices criteria and describe it. For example, an on-line counseling - is an efficient, cost-effective, relevant practice with high potential sustainability (activity can be continued even in the absence of large funds/grants).
4. Develop a simple form to get feedback from programs clients. It should include questions aimed at identifying the level of customer satisfaction with the services provided. In addition, this form should have an empty section that customers could use to describe their cases (stories). For example, a client might describe how the program activities of the NGO help him maintain sexual health and/or increase his level of knowledge about prevention.
5. Develop a simple form to get feedback from other government and non-governmental organizations (stakeholders), which could assess the projects on HIV prevention among MSM.
6. Document the facts of "institutionalization" of activities. Storage of information about the role of organization/employees in the work of state institutions (membership in various committees/CCM, engagement in the development of national programs/meetings/conferences). Collection of media coverage of the NGO activities.
7. Create an "information exchange platform" between 3 countries. Common approaches to documentation can be used within the South Caucasus Network of HIV Prevention Projects for MSM.

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

Description of task	Responsible staff	Due date
Introduction/improvement of best practice documentation process	NGO staff	April 2013
Trainings for NGO	Technical Support HUB and external experts	January-April 2013
Follow-up visit	Yury Sarankov	April 2013

**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	Function	Home organization	Notes
Elkhan Baghirov, Kamran Rzayev	Executive Director	Gender Tereqqi maariflendirme ictimai birliyi (Gender & Development) Baku, Azerbaijan, Dilala Alieva str.,60 +994506202078 <a href="mailto:kamran.gender.and.development.az@gmail.com">kamran.gender.and.development.az@gmail.com</a>	Mr. Baghirov and Mr. Rzayev provided all relevant information on NGO projects and activities aimed at HIV prevention among MSM
Shirin Kazimov	Health Project Management Specialist	USAID <a href="mailto:skazimov@usaid.gov">skazimov@usaid.gov</a> + 99450 214 5727	

**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