

5 key words:

Beirut
Results
PLHIV
MSM
Prevention

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number **GHH-1-00-07-00068-01**. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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AIDSTAR-Two Project Trip Report

1. Scope of Work:

Destination and Client(s)/ Partner(s)	<p>Beirut (Lebanon)</p> <p><u>Partners in Lebanon :</u></p> <ul style="list-style-type: none"> -SIDC / Soins Infirmiers et Développement Communautaire -VIVRE POSITIF / PLHIV organization -HELEM / LGBT organization -RANAA / Regional Arab Network Against AIDS <p><u>Partners participating in the regional workshop:</u></p> <ul style="list-style-type: none"> -GS++ and AMEL: PLHIV groups (not formally registered/without legal status) -RAHMA and Le JOUR: PLHIV organizations -AMSED / Association Marocaine de Solidarité et de Développement
Traveler(s) Name, Role	Manuel Couffignal, Regional Programme Advisor, Alliance
Date of travel on Trip	June 1-6, 2013
Purpose of trip	Manuel Couffignal, Regional Advisor of the <i>Responding to MARPs in the MENA Region</i> Project (MENA Project), participated in a regional workshop of exchange of results of the PLHIV pilot projects in Beirut, Lebanon, from June 1 to 4. He also visited SIDC and Helem, implementing partners of the MSM Prevention component of the MENA Project, and RANAA, from June 5 to 6.
Objectives/Activities/ Deliverables	The objective of the mission was to participate in the regional workshop with the new PLHIV partners of the MENA Project, and to visit the Lebanese partners of the MENA Project.
Background/Context, if appropriate.	<p>The MENA Project, supported by USAID and implemented under the AIDSTAR-Two Program by its key partner, the International HIV/AIDS Alliance, started to support the involvement, care and support for people living with HIV in the MENA. Between October and December 2012, the Project began working with several groups and organizations of PLHIV: in Algeria, AMEL, support group of women living with HIV (supported by APCS); in Lebanon: Vivre Positif, an organization of PLHIV (supported by SIDC); and in Tunisia, RAHMA, organization of PLHIV and Groupe de Soutien + +, support group of PLHIV (both supported by ATL-Tunis).</p> <p>The initial partnership with these PLHIV partners included two components:</p> <p>1) <i>Organizational and technical support</i>: AMEL, Vivre Positif, RAHMA and GS + + have received several technical assistance visits; several local workshops have been held to develop educational materials and participatory tools on various topics -internalized stigma, positive prevention, ARV adherence, among other topics have been facilitated with the core members of these</p>

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organizations/groups.

2) *Small grants*, which have enabled these partners to implement initial pilot activities, including the development and testing of a set of participatory tools and/or IEC materials.

In January 2013, the MENA Project also conducted an exploratory mission to Morocco to assess the involvement, care and support for PLHIV in the country using a participatory methodology with several PLHIV groups and organizations.

In June 2013, the MENA Project organized a regional workshop for these new PLHIV partners. The objective of this regional meeting was to facilitate the exchange of experiences, promote horizontal learning and strengthen links between PLHIV groups through a participatory review of the process, achievements, results, lessons learned and next steps.

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

The regional workshop of exchange of results of the 1st phase of PLHIV pilot projects (June 1-4)

The workshop brought together approximately 20 participants from the following organizations: AMEL, RAHMA, Groupe de Soutien ++, Vivre Positif, and several organizations from Morocco: Association le Jour, Solidarité Féminine, the Democratic League for Women's Rights, and AMSED.

The workshop was co-facilitated by Juan Jacobo Hernandez, the international consultant who had provided tailored technical and organizational support to the above groups, and Nadia Badran from SIDC (translation French-Arabic). SIDC and Vivre Positif were in charge of the logistical organization.

The international consultant will submit a detailed report on the results of this workshop, which was overall productive and positively evaluated by participants. The workshop began with a horizontal exchange of experiences: each partner presented their work in their respective countries, and in particular the draft IEC tools and materials that they had elaborated and tested with the support from the MENA Project:

- AMEL, the Algerian group of women living with HIV, developed a flyer with prevention information, a comic on internal stigma, and two role plays for sensitizing women who have been recently diagnosed HIV+.
- RAHMA and GS++, the Tunisian PLHIV partners, elaborated card games/quizzes with information about ARV, adherence, co-infections and positive prevention.
- Vivre Positif, the Lebanese PLHIV organization, developed a video, a brochure and a card game on internal stigma.

The Moroccan participants presented the work of their own organizations and the challenges and opportunities regarding PLHIV involvement and support in Morocco. Le Jour, the Moroccan PLHIV organization, presented their work and activities and in particular their support groups and their “welcome home”, which provides free accommodation to the PLHIV who come to Casablanca to get their ARV treatment.

The participants were then requested to conduct a strengths, weaknesses, opportunities and threats (SWOT)

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analysis on stigma and discrimination, ARV access and adherence in their respective countries. After the work done by country, the facilitator asked participants to identify in plenary sessions the common elements across the four countries. Most participants had never done a similar exercise before.

An interesting brainstorming session was organized by Rita Wahab, Director of Vivre Positif, about the messages and requests to be conveyed during the next meeting of the Arab League by Elie Aaraj, President of RANAA, on behalf of the PLHIV of the region. The week before, UNAIDS and RANAA had organized a workshop with PLHIV from Oman, Yemen, Lebanon, Jordan and Egypt, and they had prioritized several key advocacy messages. These were submitted to the participants of our workshop (Algerians, Tunisians, Moroccans and Lebanese) for validation, but they generated a heated debate:

- The right to travel, circulate and settle across the region without mandatory HIV test: visas and residency permits here and there are subjected to a mandatory HIV test.
- The right to work without mandatory HIV test: surprisingly there wasn't consensus about this point, some PLHIV the week before (during UNAIDS/RANAA workshop) and at this time estimated that the HIV test was legitimate for certain professions (e.g., cooking, pastry, health service providers).
- The right to free ARV treatment in all countries: participants couldn't agree either if this right should apply also to the non-nationals, some participants considering that ARV should be provided free to all - including migrants-, while others considered that ARV should be provided in priority to the nationals.
- The right to social and cultural support

During the last day of the workshop, participants were asked to brainstorm about their priorities for the next phase of the MENA Project. Below is a summary of what each team prioritized:

- Vivre Positif:
 - 1) Developing a practical guide on the well-being of PLHIV in Arabic for the PLHIV of the region. The format of the guide could be for example a dialogue and Q&A between PLHIV and health professionals, peer educators, etc.
 - 2) Training/sensitization of health care providers to reduce stigma against PLHIV.
 - 3) Training of PLHIV social and health workers ("accompagnateurs socio-sanitaires").
- AMEL:
 - 1) Training of a team of PLHIV "femme relais" (female outreach workers who provide therapeutic education).
 - 2) Development of a therapeutic guide and video.
 - 3) Increase and improve the social support to children infected/affected by HIV and AIDS.
 - 4) Development of a support group of men living with HIV.
- RAHMA/GS++:
 - 1) Mobilizing, training and supporting a team of PLHIV "social and health workers".
 - 2) Putting in place an outreach intervention for PLHIV.

The time limits of the workshop meant that any further programming ideas could not be discussed in more detail at that stage. The follow-up meetings that I had with each group also evidenced that these partners will need further guidance and support to formulate, plan and cost their next action plan. Local training and planning workshops will be necessary during the transition phase (budgeted under the new funding mechanism, LMG) to provide this.

Follow-up meetings with Vivre Positif and RAHMA/GS++

I met each group separately to discuss and agree on next steps, in particular the use of the remaining balance of

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their first budget. Both partners expressed interest in learning from the project about the national Participatory Community Assessment that the Moroccan partners are planning to implement. We discussed the possibility of inviting them to the TOT that will be organized in Morocco in the near future. Both groups also requested support for the planning/budgeting of phase 2. Further tailored support is needed to build their capacity on basic project management including budgeting.

Visit to SIDC drop-in centre "l'Escale" (Harm reduction program)

SIDC had to change the location of its drop-in centre for PWID because the owner of the previous location asked them to leave. However, this in fact became an opportunity as their new location is larger and more conveniently located (closer to large avenue with bus stops) which makes it more accessible. SIDC has managed to pay one year of rent in advance with its own funding and has submitted several funding requests: funding for their centre remains uncertain to date. The data of the centre shows no correlation between injecting drug and HIV: they test around 50 PWID per month, 600 per year; in 2012 they detected 12 cases of hepatitis C2, and no HIV positive case. Further exploration of this data will be essential to ensure that programmatic interventions are correctly developed and implemented to respond to the prevention needs of drug users. The centre doesn't receive any support from the health authorities; they refer beneficiaries to health authority facilities, but this is not done reciprocally. This will again need to be factored into future programmatic interventions around referrals.

Visit to SIDC

I had a working meeting with the coordinator of the MSM project and SIDC finance officer. We reviewed the following items: spending and forecast until end July (closing of AIDSTAR-Two), follow-up points agreed with Curtis Feather (MSH) and Ousmane Sy (regional consultant) during the technical support visit on financial management and USAID compliance, publishing the regional MENA Products on SIDC website, documentation of the recent activities (photo gallery, candle light event), partnership with Helem and Oui Pour la Vie, review of PMP indicators (in particular clarification of the difference between VCT01 and VCT02, PRS08 and PRS09).

Visit to RANAA

I had a meeting with the President, Coordinator and Project Office of RANAA. RANAA accepted to publish the regional MENA products on their website, with an Arabic announcement. They presented the current activities of RANAA and the perspectives. Their funding situation is critical and they are trying to mobilize new resources, by submitting concept notes to various donors. UNAIDS MENA has confirmed their longstanding support and continues commissioning regularly the organization of regional workshops to RANAA. RANAA requested the Alliance (financial) support during this difficult phase. During this meeting, the following was agreed: sharing of information and communicating more regularly about RANAA's advocacy work; agreeing and preparing together a technical and financial proposal to be submitted to the MENA Project for the next period (October 2013 onwards).

Visit to Helem

I had a meeting with the coordinator of the MSM outreach project and with one peer educator. They briefed me about the Dekwaneh incident: in April, the Mayor of Dekwaneh (a suburb north of Beirut) asked his police to raid and close a club frequented by LGTB people. The police arrested several clients of the bar, including Syrian nationals and a transgender woman, where they were beaten and humiliated. Jointly with a human rights NGO, Helem have filed a legal complaint, and a police investigation is ongoing. Helem have used this incident to design the posters of their International Day against homophobia and transphobia (scheduled for June 9).

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The coordinator of the MSM project has been collaborating these past months in a RDS study (sample: 100 male sex workers, 60 trans and 270 MSM.) with the RAND Corporation. He was in charge of surveying the 100 sex workers and he has found the following prevalence: 2 cases of HIV, 3 of syphilis.

The MSM outreach program is going well; but the turnover of MSM peer educators remains a recurrent issue, and Helem is trying to maintain their motivation through social events. We discussed the perspectives of the programme and Helem agreed that a pilot online prevention project could be extremely valuable in Lebanon, given the high number of Lebanese MSM who are active on gay virtual spaces (dating sites, etc.).

Security situation in Lebanon

Although the activity had been authorized and there was absolutely no incident, the security situation in Lebanon was an area of concern before and during the workshop. As all Lebanese citizens, our Lebanese counterparts are increasingly worried about the ongoing crisis in Syria and its destabilizing effects in Lebanon. One concrete impact on the MSM prevention project is that a growing number of MSM, in particular male sex workers, who are reached through the mobile unit and outreach activities, are Syrian refugees. A growing proportion of the HIV tests conducted these past weeks are to Syrians. Our partners (SIDC, RANAA) also mentioned that donors' attention in Lebanon is shifting towards the Syrian refugees' crisis.

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

Description of task	Responsible staff	Due date
Post MENA publications on SIDC and RANAA websites	Manuel Couffignal	Completed
Follow-up translation of the draft IEC materials and their review by an external PLHIV committee	Manuel Couffignal Juan Hernandez	June-July/13
Monitor implementation in June-July and close-out of AIDSTAR-Two Project	Manuel Couffignal	June-Sept./13

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 organisation
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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
Annex 1. Agenda of the PLHIV regional workshop	Agenda of the workshop in English	Attached
Annex 2. List of participants	List of participants	Attached