AIDSTAR-Two Project Trip Report

AIDSTAR-Two Project Trip Report – Algeria January 13-17, 2013

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1. Scope of Work:

Destination and Client(s)/ Partner(s)	Oran (Algeria) APCS / Association de Protection Contre le Sida AMEL / Support group of Women living with HIV (hosted by APCS)
Traveler(s) Name, Role	Kevin Orr, Regional Programme Manager, International HIV/AIDS Alliance (IHAA) Manuel Couffignal, Regional Programme Advisor, IHAA
Date of travel on Trip	13-17 January 2013
Purpose of trip	Kevin Orr and Manuel Couffignal, respectively Manager and Regional Advisor of the *Responding to MARPs in the MENA Region* Project (MENA Project), visited APCS, the implementing partner of the *Responding to MARPs in the MENA Region* in Oran, Algeria, the week of 14th January.
Objectives/Activities/ Deliverables	The objective of this technical support and monitoring visit was to review and document the various improvements made by APCS in 2012 and set up new, concrete and measurable areas of improvement for the next period.
Background/Context, if appropriate.	In 2011, the Algeria programme had several identified weaknesses, in particular performance issues (quality and coverage of the outreach work), an insufficient documentation of their advocacy work, and governance issues. Concrete performance objectives were agreed at the end of 2011: reaching more project beneficiaries, specifically through peer educators working with MSM in the field, and documenting the activities and accomplishments, notably in advocacy with stakeholders that APCS appeared to be carrying out but was not adequately reporting. Two partner visits were undertaken in the first quarter of 2012 to support their attempt to increase performance: *Technical support visit from the Alliance*. It included discussions about the MENA project's priorities for APCS, and also focused on general organizational functioning that the Alliance identified as a basic stumbling block. This included a review of governance and management issues, the internal team structure and current documentation plans. Through participatory exercises, several internal and external challenges and solutions were identified, and there was agreement for a follow up peer visit on implementation of the HIV prevention activities. *Peer support visit.* The peer technical support visit from ATL (the implementing partner in Tunisia) to APCS reviewed APCS's peer education intervention (mobilization, training and motivation of peer educators, and outreach activities), as well as monitoring and reporting systems, through working sessions with APCS management team and APCS peer educators, and

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site visits to monitor the outreach activities. Concrete methodological recommendations regarding the management of prevention activities for MSM, the training of peer educators and the outreach work were made.

Following these two visits, the Alliance organized regular phone calls with APCS staff in order to follow up on progress. APCS timely submitted monthly and quarterly activity reports. They drafted 2 briefs on their work with religious leaders (2008-10) and their work in Mascara with lawyers and judiciary – interesting in terms of their unique advocacy in these areas. They actively participated in the Most Significant Change data & documentation project, involving MSM in the whole process and elaborating a quality report.

By mid 2012, substantive progress had been made in terms of outreach. APCS hired a missing post (field supervisor of peer educators) and replaced their missing project coordinator; they expanded their team of trained and active peer educators (from 11 to 26), and they reached MSM in the same range as the other three country partners.

One of the main objectives of the present mission was to observe and confirm these and other perceived changes, such as: the clear improvement in MSM involvement, the engagement with stakeholders in the environment, the apparent reduction in hierarchical functioning, the commitment and demonstrated their willingness to learn, the quality of field work with MSM, the VCT centre for MARPs, the PLHIV support group, the links to care and treatment.

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

The 3 days of mission included a visit of APCS Office and VCT centre, various meetings with APCS President, Board members and staff (director, treasurer, psychologist, volunteer doctor, coordinators of the MSM project, field supervisor), a focus group discussion with the team of MSM peer educators from Oran and Skikda, a meeting with the core members with AMEL (the support group of women living with HIV), a meeting to review of the PMP data collected by APCS, and a debriefing meeting with the Director and Board.

Overall, the visit confirmed the positive changes that had been noted through the reports submitted by APCS, the phone calls and discussions with APCS staff during the regional workshops. Furthermore, the visit evidenced the growing and meaningful involvement of MSM and PLHIV in APCS operations, the positive interactions between these 2 groups, and the active role played by APCS to promote MSM and PLHIV-related issues in the regional and national response. APCS, perceived sometimes as a "doctors' NGO", is or has become 1) a visibly friendly and empowering place for KPs, and 2) a strong advocate of their needs and rights.

MSM prevention project

The increase of the outreach is a reality, thanks to the current team of peer educators mobilized, trained and supervised by APCS. There is currently an active team of 24 peer educators: 14 from Oran, 2 from Temouchent, 2 from Skikda and 4 from Algiers. They are aged 18 to 32, and have various profiles: effeminate, gay, SW, discrete etc. The profile of the PEs has been diversified to reach as many subgroups as possible. Each PE is expected to reach 16 peers per month. The outreach work is planned monthly. The mapping of meeting places is updated regularly (every 2 or 3 months). They refer their peers to the various services provided at APCS

premises -psychosocial counseling and VCT- or at the hospital –STI diagnosis and treatment-

APCS managers acknowledge the progress made by their team of PEs: they are more engaged, committed and united than before; they have been trained by health professionals; they are increasingly integrated in the association and involved in APCS non-MSM activities; among the current weaknesses of the team: discipline during working meetings, documentation of their work, number of peers brought to the VCT centre, non availability of lubricant which limits the efficiency of their condom promotion.

Several concrete challenges were discussed with the MSM project coordination and field supervisor, for instance the quality of the condoms (complaints from users: bad smell, breakages, etc.) and the non availability of lubricant sachets, or a few problems generated by the "peer educator" badges issued by APCS upon request of peer educators. Another recurring issue was discussed (which has been similarly raised in the other 3 countries: the monthly per diem of peer educators, whose amount (5,000 dinars per month) doesn't even cover PEs transportation and outreach expenses.

Focus group discussion with the team of peer educators

The focus group was prepared with the MSM project coordinator and field supervisor. It was decided to jointly review the M&E form used by the PEs during their outreach work and to ask them to brainstorm about the main obstacles preventing MSM to receive pre-test counseling and take the HIV antibody test. Notes of the focus group are attached in annex (…)

The peer educators were also asked about stigma and discrimination. They responded that Oran is a city relatively tolerant with homosexuality: "we are tolerated", said a PE, carrying condoms for instance is rarely a problem; cases of beating happen but overall rarely; disclosing one's sexual orientation however remains unthinkable within one's family.

Visit of the VCT centre operated by APCS

We met the young female doctor in charge of the VCT centre and whose arrival was considered positive (the previous one was apparently too patronizing). Initially opened without the authorization of the health authorities to provide counseling and the test to KPs, it is now acknowledged and seen as a reference for the MOH.

Expansion in Algiers

The discussions confirmed that the preparatory work has been minimal: APCS have mobilized and trained a team of peer educators (4) without having a proper meeting place for MSM and without having a proper referral system (to STI, testing and psychosocial services) in place. APCS explained that the extension of the MSM program in Algiers was extremely important for several reasons: there is a demand for prevention information and services for the MSM living in Tangiers, and there is no other program there; it can help to make MSM needs more visible at national level; the peer educators from Algiers are extremely motivated and willing to work; last but not least, a new law is going to establish that only "national" NGOs can receive foreign funding, and APCS might be excluded from this "national status" if it doesn't prove to be having interventions beyond Oran.

APCS however recognized that the peer educators from Algiers had started to work before conducting a proper participatory community assessment, a mapping of services and before setting up a referral system, and agreed that undertaking these steps was a priority for the coming months.

PLHIV involvement, care and support

The visit was also the opportunity to meet the core members of AMEL, the group of women living with HIV supported by APCS, whose capacity, needs and first achievements have been assessed and documented during

the technical support mission of December 2012 (*see Juan Hernandez' trip report and the detailed baseline capacity assessment report of AMEL*). We met in particular the coordinator of AMEL, who is receiving a salary from APCS (with their own funding) and with the PLHIV member of APCS' Board (she was elected by other Algerian PLHIV groups to represent PLHIV during RANAA's General Assembly in December 2012.

The visit allowed us to witness the positive and mutually beneficial relation between the women from AMEL and the team of young MSM peer educators: AMEL women are inspired by the peer educators, they want to "go to the field and help their peers, just like the MSM", while the peer educators know and exchange daily with PLHIV: very "awareness raising", as said a young peer educator. It is worth noting that APCS has tried to create a similar group of men without success so far: only women are ready and willing to meet as a group of HIV+ persons, in a community space.

The managers of APCS and the core members of AMEL described their advocacy and legal actions to defend the rights and challenge stigma a discrimination against PLHIV. For example, in May 2010, the city of Oran had a shortage of antiretroviral therapy for more than three months. APFC filed an official legal complaint for "non-assistance to people in danger" on behalf of seven people living with HIV. This complaint was publicized among local media and an article entitled "people living with HIV seeking justice" was published. The women from AMEL decided to organize a public demonstration in front of Oran Hospital. The complaint and media coverage of the case was effective: the Minister of Health resolved the breakdown of ARV provision and there haven't been new shortages to date.

With collaborating lawyers, APCS has also presented legal cases on behalf of people living with HIV evicted from their home after the disclosure of their HIV status, cases of illegal disclosure of status by caregivers with employers, and they have documented and filed 2 complaints against the University Hospital of Oran regarding abuse against PLHIV. APCS have also built the advocacy skills of AMEL women, who have submitted themselves several complaints to local authorities denouncing stigma and discrimination.

Other activities of APCS

The visit has also allowed to learn more about the other ongoing interventions of APCS, and about their collaboration with other HIV-thematic NGOs:
- APCS have been very active in starting a PMTCT program in Oran, filling another blatant gap in the national response: the public health system does not provide PMTCT services. As it happened with their VCT service, the MOH is now acknowledging their PMTCT program as "model experience".
- APCS have also initiated a program targeting (Sub-Saharan) migrants in partnership with Médecins du Monde
- They have actively participated in the reactivation of the "Algerian network against AIDS" called SAHAA with the main Algerian HIV-thematic NGOs.
- They participated in various international networks, in particular they participated in the Africa Gay Meeting in November 2012
- In July 2012 they organized "les Assises de l'APCS": a conference during which their presented their work to national stakeholders and media and encouraged the participation of their MSM and PLHIV staff and volunteers; the Moroccan ALCS and the Tunisian ATL participated in the event.
- The partnership with USAID/AIDSTAR-Two/Alliance constitutes their main source of funding, but they have other partners, including UNDP and AIDES France.

<u>Relation with the Ministry of Health and advocacy work</u>
The visit clarified that APCS's interaction with the health authorities is mixed. First, the relation with the regional health authorities is very good. APCS office is actually located in a public building and loaned by the Regional Health Department, and the senior managers of APCS (President, Board members) are actually managers of public health institutions or clinical services in Oran. The relation with the central MOH and the

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NAP has been more difficult, but APCS strongly feels that with the central Government you need to claim to get something. The MOH for instance does not provide condoms to the NGOs; ARVs are provided, but the CD4 count and viral load cannot be measured in Oran or the West of Algeria: a clear gap and unfairness compared to the services available in Algiers. As a result of what they consider a lack of interest of the MOH and a weak national response, APCS consider that they have to be vocal and demanding, and that eventually MOH follows their path, and it has happened with their VCT centre for KPs or their PMTCT initiative. They consider that services needs to be claimed to be obtained, and that things move with the MOH because they have taken the risk of being "critical".

Areas of improvement agreed:
- The mapping of services and referral system is not in place in Algiers: the establishment of a complete package of services is a priority for the coming months
- The next training of the team of peer educators will be facilitated by an international consultant
- The division of roles between the 2 project coordinators needs to be further clarified
- Further support is needed to improve the documentation of APCS work and achievements, in particular their collaboration with several religious leaders.

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

Description of task	Responsible staff	Due date
Send MSM-specific IEC materials from the other countries/partners	Manuel Couffignal	Done
Follow up establishment of the referral system in Algiers	Manuel Couffignal	
Follow up the division of roles between the 2 project coordinators, the recruitment of an accountant	Manuel Couffignal	

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
Aziz Tadjeddine, President of APCS	aziz_tadj@yahoo.fr		
Omar Ouhaddad, Coordinator of the MSM Project	omar.ouhaddad@hotmail.com		
Faiza Raho, Executive Director	faiza_ors@yahoo.fr		
Fatiha Razik, Board Member	frazik5@yahoo.fr		

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
Notes of the focus group with peer educators		IHAA – upon request

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