

5 key words:

Algeria  
PLHIV  
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MENA

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## AIDSTAR-Two Project Trip Report

### 1. Scope of Work:

Destination and Client(s)/ Partner(s)	<p>In Oran (Algeria) :</p> <ul style="list-style-type: none"> <li>• APCS / Association de Protection Contre le Sida</li> <li>• AMEL / Support group of Women living with HIV (hosted by APCS)</li> </ul> <p>In Algiers (Algeria):</p> <ul style="list-style-type: none"> <li>• EL HAYAT / PLHIV organization</li> </ul>
Traveler(s) Name, Role	Manuel Couffignal, Regional Programme Advisor, International HIV/AIDS Alliance
Date of travel on Trip	12-16 May 2013
Purpose of trip	Manuel Couffignal, Regional Advisor of the <i>Responding to MARPs in the MENA Region</i> Project (MENA Project), visited APCS, the implementing partner of the <i>Responding to MARPs in the MENA Region</i> in Oran, Algeria, the week of 13 <sup>th</sup> May.
Objectives/Activities/ Deliverables	<p>The main objective of this technical support and monitoring visit was to monitor the implementation of the MSM as well as the PLHIV project.</p> <p>The 3 day mission included:</p> <ol style="list-style-type: none"> <li>1) In Algiers, a visit to the PLHIV organization El Hayat and to the outreach prevention project, meeting with the team of MSM peer educators and with a doctor in charge of providing VCT services;</li> <li>2) In Oran, working meetings with the board and staff of APCS, coordinator and field supervisor, two peer educators (PEs) from Skikda, the doctor of APCS's VCT centre, the coordinators of AMEL, the executive director, treasurer and newly-recruited accountant, and a debriefing with APCS's President and Vice President.</li> </ol>
Background/Context, if appropriate.	<p>In January 2013, the manager and regional advisor of the MENA Project conducted a technical support and monitoring visit to APCS. The progress made by APCS was observed and documented: increased outreach, expansion of the team of peer educators, improvement in MSM involvement, engagement with stakeholders in the environment, commitment and demonstrated willingness to learn.</p> <p>In March 2012, the international consultant providing technical support to the new PLHIV partners of the MENA project visited AMEL to accompany the start-up of their 3-month pilot project and ensure systems are in place. He also facilitated and training workshop for the MSM peer educators of APCS to review and update conceptual framework of peer education and reinforce their awareness regarding confidentiality, internal discrimination among MSM and against HIV positive MSM.</p>

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The objective of this mission was to continue monitoring closely the progresses being made and providing guidance to address the remaining issues and areas of improvement.

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

### **Visit to El Hayat (Algiers)**

El Hayat is the only legally registered association of PLHIV in Algeria, and one of the first in the region. It was established in 1998 and mainly works with women living with/affected by HIV, providing them with a range of support and training opportunities. The organization does advocacy work on stigma and discrimination in healthcare settings, in particular regarding access to healthcare for pregnant women and during surgeries. They received funding from the Global Fund (round finished), UNAIDS and other donors. It is run by one full time staff member, who is active and well positioned in various regional networks and initiatives (MENAROSA, RANAA etc.) and two additional staff members who engage in outreach to help identify people at risk.

During the meeting, Ms Nawel Lahouel, the President of El Hayat described the work of her association, the challenges in Algerian environment (limited funding after the departure of the Global Fund, conflicts/rivalries among HIV-thematic NGOs etc.). She expressed her interest in initiating a partnership with the MENA project, and regretted not having been contacted before.

This overview evidenced that El Hayat is an organization with more “history” and experience than the PLHIV groups/organizations that we have started to support. They’ve had various sources of funding, implemented various projects, have their own educational materials (on ARV treatment, on nutrition), etc. The progressive capacity building approach that we have adopted for our new PLHIV partners –small pilot project, tailored organizational and technical support- wouldn’t probably be relevant for El Hayat. This visit also confirmed one feature -and an important weakness- of El Hayat, which is that it seems to be a “one woman NGO”, with a probably-limited community base. In the case of RAHMA, AMEL or Vivre Positif, we are strengthening the skills of a group of individuals and not only one leader. Whether or not El Hayat is relying on a group of core members -and not only one person- to grow, needs to be further explored before considering adding El Hayat among the beneficiary organizations of the MENA project.

### **Visit to the MSM prevention project in Algiers**

APCS has mobilized and trained a team of MSM peer educators (6) in Algiers for several reasons. First, there is a demand for prevention information and services for the MSM living in the capital city, and there is no specific program for MSM there. Second, the peer educators from Algiers are motivated and willing to work. Third, such project can help to make MSM needs more visible at national level; and last but not least, APCS has to expand its coverage beyond Oran in order to be granted a “national status” and be entitled to receive funding from external donors, according to a new Law for NGOs. During the visit to APCS in January 2013, it had been agreed that the establishment of a complete package of services was a priority for the coming months.

### **Visit to the doctor providing the VCT service (Algiers):**

Dr Aissi Lilia works in a public health centre located in the centre of Algiers. The city has 3 HIV testing services, located within primary health care centres (*EPSP / Etablissements Publics de Soins Primaires*). They also provide STIs diagnosis and treatment services. The HIV test is anonymous and free, and the M&E system theoretically records the key populations which uptake the VCT service.

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After being contacted informally by the Vice-President of APCS, this doctor met the six MSM peer educators of APCS in March 2013, and she agreed to provide friendly, confidential and voluntary counseling and testing services to the MSM referred to her by the PEs of Algiers (who have been mobilized and trained by APCS in May 2012). The PEs have her telephone number and can contact her directly to avoid waiting in the crowded waiting room of the EPSP. APCS has provided her with a stock of rapid tests, because the only tests available at the testing centre are ELISA. Her plan is to conduct both tests -rapid and ELISA-, record the data on the information system of the MOH, and count and report separately to APCS the MSM referred to her by the team of peer educators of APCS. She explained that this referral could only be informal because the Director of the centre is reluctant to establish a partnership with a CSO (there are various HIV thematic NGOs based in Algiers, but apparently none has a referral system in place with the testing centres of the MOH).

The main –and disappointing- finding was that after 2 months was that the six PEs hadn't referred one single person to her. The project coordinator from APCS agreed on exploring the reasons why no one was being referred. This is a priority for the NGO.

### Meeting with the team of peer educators from Algiers:

The meeting and group discussion had to take place on a terrace, and was constantly interrupted by acquaintances stopping by. The lack of meeting space is an obvious obstacle to the professionalization of the peer education intervention in Algiers.

The six PEs are young, motivated, socially integrated (a university student, an actor, a football player, etc.), define themselves in majority as bisexual, and rationalize the importance of being very discreet. *"People are not against homosexuality if you are discreet and don't exhibit yourself"*. They have received a one week training from APCS staff and participated in the refresher training facilitated by the Alliance consultant (*see trip report from Juan Jacobo*). Since May 2012, they have overall visited 4 to 5 times APCS in Oran. APCS supplies them regularly with condoms, IEC leaflets and M&E forms. They have no contact with any other HIV-thematic NGO in Algiers, and according to them there is no other prevention project targeting MSM in Algiers that theirs.

With the support of the project coordinator of APCS, they have mapped the meeting places of MSM in Algiers, and divided areas of intervention for each of them. When asked about their outreach work, they explained that their peers ask mainly for condoms, not so much written information. In addition to Dr Lilia for the VCT service, they share the contact of a friendly urologist when a peer requests help for an STI issue.

The discussion confirmed a recurrent issue (identified in the four countries), which in the case of Algeria has been progressively addressed and overcome in Oran, but not yet in Algiers, and that is the internal discrimination. The PEs from Algiers explained that they could not approach the "bad kind" ("mauvais genre"): the male sex workers, often very effeminate, operating on certain streets of Algiers. Consequently, they currently don't reach certain subgroups of MSM, in particular the effeminated and the male sex workers.

This visit confirmed the opportunities and challenges that had been foreseen regarding the extension of the MSM project in Algiers. It is, first of all, an important opportunity: APCS has taken the initiative to start a prevention intervention for MSM that was lacking in the capital city, despite the presence of several HIV-thematic NGOs. They have mobilized, trained a team of motivated peer educators, and they supervise and monitor their work -at distance and through occasional planning and monitoring visits-. However there

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important challenges need to be addressed:

- The referral system is informal and therefore fragile. APCS will need to sensitize the health services concerned and progressively formalize the referral system.
- The PEs of Algiers are still relatively inexperienced. They don't reach all subgroups, their interpersonal communication skills for instance don't overcome the reluctance of their peers towards HIV testing.
- The episodic monitoring visits of the project coordinator and field supervisor are insufficient. The supervision of APCS needs to be strengthened: the scaling up in Algiers needs: 1) an office, and 2) a permanent project coordinator.

These findings were discussed with APCS Board the following day in Oran. It was agreed that opening an office, mobilizing qualified project coordinator permanently based in Algiers, and strengthening the skills of the PE team in Algiers, were priorities for the next phase. This will be properly programmed and budgeted and submitted to the donor in the next phase. Regarding the absence of recognition from the health services in Algiers, APCS rationalized their approach: *"We opened a VCT centre for MARPs without authorization and it has now become a reference for the MOH. The same will happen with our MSM project in Algiers. It is starting without recognition from the local health system, but the work and the results will yield recognition, and establishing a proper referral system will then be easier"*.

### **Visit to AMEL, the self-support group of women living with HIV hosted by APCS**

I first had a meeting with the 2 coordinators of AMEL. We reviewed the progress of the implementation of their pilot project: computer and printer has been procured, the courses on Windows software (word and excel) have been undertaken, and the capacity of AMEL core group to conduct raising awareness sessions aiming at raising self esteem and effectively coping and reduce internalized stigma has been strengthened through the 2 local workshops facilitated by the AISTAR-Two consultant, and they had also drafted a set of practical participatory tools and educational materials to facilitate sessions for reducing internalized stigma and strengthening the self-esteem of the beneficiaries of AMEL Group. I informed them about the objectives of the regional workshop in Beirut and their expected contribution. AMEL coordinators also shared their needs and ideas for next phase: helping the women with children infected/affected by HIV, and providing psycho-social support to their beneficiaries through visits to the households.

I also participated in a meeting of the support group with women from Oran. A former President of APCS, currently with the French NGO AIDES, was facilitating a group discussion aiming to prepare an advocacy plan to get the viral load and CD4 count in Oran, and also to denounce the obstacles that arise in one's "journey" to get ART treatment: hygiene, confidentiality issues, attitude of service providers, etc. Several concrete issues had been identified at Oran hospital. The facilitator was recommending the following steps: first document the problems detected, then arrange a meeting with the head of the ARV treatment centre. If the meeting proves unsuccessful, write a letter to the hospital Director; and if this action doesn't yield results either, contact the media.

During the meeting with the coordinators and the group discussion, another issues generated heated discussions: breaches in confidentiality in public administrations. Apparently, PLHIV requesting a micro-credit to a municipal micro-credit service are denied loans because the officer knows, through the social security card number of the applicant, that he/she is HIV+. Some civil servants have access to the medical record of PLHIV. If confirmed, this fact is particularly disturbing. AMEL members explained that their first income generating activity had been training a group of women on cooking, but when they went to this service to request loans to open a small pastry shop, the loan were denied: *"your disease prohibits that you produce and sell food to*

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people...” This is something they will investigate further to determine the best course of action.

### **Meeting with the coordinator and the field supervisor of the MSM prevention project**

We reviewed the implementation of the action plan, particularly the pending (and budgeted) activities: the advocacy event targeting men in uniform, the reprinting of the guide on HIV and STIs, the production of a brochure presenting the achievements of the MSM project, and the development of APCS website. Based on the data provided by the doctor of APCS’s VCT centre, the progress made by the team of PEs for promoting HIV test was analysed. The PMP indicators were reviewed again; a few additional items were identified that need to be corrected in order to harmonize what was being measured in the four countries (e.g. PRS07: include the MSM reached through group discussions, not only through one-to-one interpersonal skills).

In order to strengthen the skills of the PEs from Algiers and overcome in particular their reluctance to engage with male sex workers, the field coordinator suggested to team up an experienced PE from Oran with an un-experienced PE from Algiers, and to do this outreach work “in pairs” during a few days. This activity will be budgeted and conducted in the next funding period.

The coordinator and field supervisor also reported changes that had been requested by the PEs: they are going to replace the monthly M&E form used by the PEs by a quarterly booklet; APCS is going to authorize again the badges identifying them as “educators working for APCS”, to show to the police in case of trouble if they are controlled carrying a significant number of condoms. They also confirmed and gave concrete examples of the growing involvement of MSM staff in the activities and governance of APCS: election of a MSM peer educator as Board member, participation in most outreach activities of APCS targeting the general public, youth, etc. (medical exhibition, journeys in universities etc.).

Other issues were discussed, in particular how to address and overcome the stigma against MSM+ within the MSM community, and how to establish a support group for MSM living with HIV similar to AMEL.

### **Meeting with the doctor in charge of APCS VCT centre**

The doctor presented the data shared quarterly with the coordinator of the MSM project. The number of HIV tests has overall increased (men and women), including the number of men declaring being MSM. After checking how many were new cases, and how many were tested at the VCT centre vs. how many were tested during the outreach testing events, the total number of MSM tested for the 1<sup>st</sup> time at the centre appeared to remain quite low, in comparison with the number of MSM reached monthly through interpersonal communication activities. The possible factors from “supply side”, in particular the location of the VCT centre (being located within an HIV-thematic NGO: is it dissuading persons to come) and the opening hours of the centre. The doctor admitted that different working hours (evening and Saturdays) would probably facilitate a number of MSM to undertake the HIV test. The doctor also shared how many cases had been diagnosed positive and what was the protocol then, from post-counseling to the referral for an ELISA test and the ARV treatment centre at Oran hospital (managed by APCS Vice President).

### **Meeting with the MSM project coordinator, director, treasurer and accountant**

The financial team presented the actions taken since December 2012 to respond to the recommendations made by Boubacar Sow during his technical support visit on USAID compliance and financial management. After envisaging various options, APCS has decided to recruit one MSM peer educators as accountant. He was undertaking afternoon classes on accounting. I introduced the calendar and main requirements of the close-out of AIDSTAR-Two, and briefed them about the objectives and probable agenda of the visit of Ousmane Sy

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and Curtis Feather early July.

We reviewed the spending rate and forecast/pipeline until end July. We also examined in detail the last financial reports, and several misunderstandings related to the template were clarified.

### **Meeting with APCS Board (President, Vice President, Director and Treasurer)**

I briefed them about several important news related to the MENA project: transition period from June until October and subsequent necessity to reduce the initial budget to ensure the financing of the fixed and basic operating costs of APCS, requirements for the close-out of AIDSTAR-Two, upcoming transition budget with LMG.

We then discussed the findings of the visit in Algiers, and several findings related APCS internal systems, decision making processes. Regarding El Hayat, APCS explained the reasons why they consider that El Hayat has no community base and is manipulated by the Ministry of Health.

Several recommendations were shared, discussed and endorsed by APCS board:

- In Algiers, finding an office, recruiting a qualified and full time project coordinator, strengthening the skills of the team of PEs, and formalizing the referral system are a priority for next phase.
- APCS could/should support further the development of AMEL by helping them to: define a mission and set of values for their group; elaborate materials presenting AMEL's activities (Power Point presentation, reports) with a distinct visual identity; involve them in the financial management of their grant.
- We will try to organize a regional workshop in Oran in the next phase (APCS is the only partner not having hosted a regional workshop in the MENA project).
- Despite the challenges and past failures, APCS will prioritize the creation of a support group of men living with HIV, building on the experience of AMEL's group.

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

Description of task	Responsible staff	Due date
Monitor pipeline and implementation of work plan (MSM and PLHIV project) until end July	Manuel Couffignal	Ongoing
Liaise with Curtis Feather and Ousmane Sy for the preparation of the close-out, USAID compliance and financial management visit to APCS early July	Manuel Couffignal	Ongoing

### **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
Aziz Tadjeddine, President of APCS	<a href="mailto:aziz_tadj@yahoo.fr">aziz_tadj@yahoo.fr</a>	APCS
Omar Ouhaddad, Coordinator of the MSM Project	<a href="mailto:omar.ouhaddad@hotmail.com">omar.ouhaddad@hotmail.com</a>	APCS
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Nawel Lahouel, President of El Hayat	<a href="mailto:elhayetpvs@yahoo.fr">elhayetpvs@yahoo.fr</a>	El Hayat
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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
IEC materials and publications of El Hayat	Resources from El Hayat	IHAA – upon request
Trip reports of previous technical support and monitoring visits to APCS: Boubacar Sow (Dec 2012), Juan Jacobo (Dec 2012 & March 2013), Manuel Couffignal/Kevin Orr (Jan 2013)	Trip reports	Already submitted to USAID and available in IHAA and MSH databases