

AIDSTAR-Two Project Trip Report – Armenia Jan. 13 – Jan. 18, 2013

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5 key words:

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Baseline monitoring

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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) | Erevan, Armenia |
| Traveler(s) Name, Role | Yury Sarankov, consultant, Kiev, Ukraine |
| Date of travel on Trip | 13.01 – 18.01.2013 Erevan, Armenia |
| 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> |

In all 3 countries within the Comprehensive Package of services, divided into three areas (prevention, treatment/care/support and mobilization/advocacy), the 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 NGOs 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.

NGO «We For Civil Equality». President – Dr. Karen Badalyan. Currently, NGO implements 3 projects:

1. **Access to HIV-related services for transgender individuals in the South Caucasus,** The project aims to facilitate access of transgender individuals to quality HIV prevention, treatment and care services in three countries of the South Caucasus. The data on transgender needs and barriers in accessing HIV-related services will be collected and used for creation of HIV combination prevention document. The research report and prevention document will be used by the South Caucasus Network for further advocacy of access to HIV-related services among transgender people. WFCE is the project National Partner and Implementer. The project is funded by amfAR
2. **Strengthening the human rights situation of LGBT in the South Caucasus.** The project aims to raise awareness of LGBT rights and the position of LGBT in society amongst authorities, politicians and government on the local and national levels and mobilization of mainstream allies to prevent and fight discrimination of LGBT. The project is funded by the Dutch Ministry of Foreign Affairs
3. **Broader Introduction of Effective HIV Prevention Strategies Targeting Populations at Most Risk in the ENPI-East Region 2012 - 2014** The project focuses on the assessment, development and promotion on country level comprehensive approaches to services for IDU, FSWs and MSM. The project is funded by EU and implemented by HIV/AIDS International Alliance in Ukraine in partnership with WFCE

Documentation process. The Canadian Continuous improvement cycle is used to plan all project-related activities. NGO workers were trained to utilize the model. Success stories of the NGO clients were recorded in the framework of 10 years of work of WFCE

Best practice:

1. Collaboration with a police. As there were cases of physical attacks and violence toward MSM in cruising areas, NGO made a statement to police with a request to provide additional police officers in the evening time. Police increased their presence.
2. Working with journalists. In 2010, British Council had a component on civil society development by strengthening the role of media. Monitoring of the 5 printed and 5 online media made. This information was presented to BC. BC organized a 3-day training for 10 journalists about how to write about LGBT (sexuality, gender, terminology). Upon completion of training journalists have written articles about the LGBT community. All articles have appeared in media. BC established a separate “He/She” prize for the best publications on the topic of sexual orientation and gender identity. Fundraising for the prize was made by “We for civil equality.” In 2011, another training for 15 journalists was held in the framework of COC (conducted by the Dutch trainer and Alexei Marchkov, Moldova). Outcome of 2 trainings - network of LGBT-friendly media. Currently, monitoring of publications in media is being implemented.
3. Work in Nagorno-Karabakh (unrecognized independent state located 600 km. away from Erevan). NGO workers visited this part of the country and met with local MSM activists. The training on HIV prevention was conducted. Now, local MSM receive condoms/lubs on a regular basis. This

activity was not a part of any projects but was initiated by NGO “WFCE”.

NGO «Pink». Director – Mamikon Hovsepyan. Operates since 2007. Staff – 14 people. Projects:

1. Project “Diversity” (Ministry of Foreign Affairs of Norway): LGBT empowerment, work with general population (sexuality, tolerance, gender issues) and Electronic magazine (www.asya.pinkarmenia.org)
2. Since 2011 Legal clinic for most at risk populations (IDUs, MSM, sex-workers) jointly with NGO “Real People Real World (PLVH)”. Project is funded by Open Society Foundation.
3. Advocacy for the introduction of anti-discrimination law.
4. Strategic litigation (Open Society Foundation). Attempts to introduce a concept of hate crimes.
5. HIV prevention among MSM project funded by the Global Fund started in 2010. Geography: Erevan city and outskirts.

Activities: internet-outreach (3 workers communicate with MSM via on-line social web-sites inviting “clients” to visit the office. Each outreach worker serves up to 30 MSM per month); trainings (on sexual health), discussion clubs and cinema sessions are regularly held; Voluntary counseling and testing (VCT) – 2 NGO workers are trained to provide pre- and post-test counseling. HIV testing itself is being carried out in the STI clinic where clients are referred. This service covers up to 30 MSM per month; Distribution of information materials/condoms and lubricants; Behavioral surveillance surveys (BSS) are conducted on a regular base (latest one – December 2012); individual psychological counseling – clients are referred to the NGO “Female Resource Center” where psychologists are based.

Gaps: lack of own psychological service, no self-support groups for HIV+MSM available (officially: 22 MSM are registered as HIV-infected).

Training needs: (a) Training of Trainers. Only 2 NGO workers have been trained as trainers; (b) Internet-counseling; (c) outreach-work in different context. It is important to share experience with outreach-projects in various countries as well as to learn about safety issues; (d) to train new staff workers on the specifics of work with LGBT people. Post-graduate specialists (social workers, psychologists leave their universities with no knowledge on psycho-social needs and life experiences of sexual minorities).

NGO “Education in the name of health” is the oldest implementer of the MSM component of the Global Fund grant (since 2003). **Primary prevention activities** include (outreach work in cruising areas – 9 outreach-workers); distribution of information materials/condoms and lubricants; Behavioral surveillance surveys (BSS) are conducted on a regular base (latest one – December 2012); referral to AIDS-center and STI clinic for VCT.

Best practice:

Since October 2010 “Education in the Name of Health” has been implementing the following innovative measures among project beneficiaries with the purpose of knowledge enhancement on HIV issues and HIV prevention among MSM: each outreach worker regularly organizes 5-8 member groups out of his beneficiaries. 1-2 hour mini-seminars based on themes suggested by the beneficiaries is being discussed. The seminar-meeting is held at the project office. According to the agenda beneficiaries are provided with information by the project outreach worker who discusses the agenda beforehand with the project

management staff (Project director, coordinator, psychologist). The latter also take part at the seminar-meetings and participate, if necessary, in the discussion of questions arising. The seminar-meetings mainly address the following topics: historical overview on HIV/AIDS, HIV and sexually transmitted infections (STI) transmission modes, laboratory testing of HIV, the principles of HIV treatment and etc. With the purpose of knowledge evaluation of the beneficiaries a survey is carried out both preceding and following the seminar-meeting. Based on the analysis of the survey outcome the agenda and themes of the next seminar-meeting with the certain group are determined. Each outreach worker has so far organized and conducted 3-5 seminar-meetings with his beneficiaries. Totally, more than 350 beneficiaries have participated in the workshops.

Training needs: no

4th NGO working with MSM on HIV prevention is “**New Generation**”. This, most recently established organization, was initially a sub-grantee of the NGO “Pink” and now implements preventive activities in 3 removed areas of Armenia (*Gyumri, Vanadzor, Kapan/Goris*).

Most challenging issues in Armenia:

NGOs relationships. NGOs are in conflicting situation with each other. Poor communication between HIV prevention projects may especially be destructive as it prevents them to discuss and develop activities most needed to improve HIV prevention work at a country level.

Reliability of data on HIV prevalence among MSM. In December 2012 Director of the National AIDS-center reported at the CCM meeting that out of 500 MSM tested 0 cases of HIV were detected. These MSM were supposedly referred to the AIDS-center by outreach-workers.

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.

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| 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. |
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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 |
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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 |
|--------------------|---|---|-------|
| Dr. Karen Badalyan | President | NGO “We For Civil Equality” wfce@wfce.am P.O. Box 67, Yerevan 0010, Armenia +37491416999 | |
| Mamikon Hovsepyan | Director | NGO “Pink” 41/1 Nalbandyan, unit 1 +37491232708 info@pinkarmenia.org | |
| Ruben Jamalyan | Certified Project Manger Humanitarian Assistance, Health and Social Reform projects | United States Agency for International Development 1 st American Avenue, Yerevan 0082 United States Embassy in Armenia Phone: +37410 494363 Fax: +37410 464728 | |
| Rafael Ohanyan | | NGO “Education in the name of health” 7, Amiryan, 3d floor +37491204122 hivprev@gmail.com | |

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|-------------------|-----------|--|--|
| Sergey Gabrielyan | President | NGO "New Generation" Apt.7, 49 Baghramyan str. +374 (0) 60478989 gabrielyansergey@gmail.com | |
| | | | |

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 |
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