

GOOD PRACTICE HANDBOOK

ARAS – Romanian Association against AIDS

ARAS 2007©

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ARAS – about us, briefly

A group of persons with different backgrounds but aware of the need of action in the HIV/AIDS field elaborated the status and set up an association in 1992. Its objective was to prevent HIV infection by information, education and communication and also to improve the medical-psycho-social situation of those living with HIV/AIDS.

According to the law on associations and foundations, ARAS had from the beginning a Council of Administration made up of the founding members, and a National Office. The Council runs the association between the General Meetings/Assemblies, and the National Office organizes and coordinates its activities and deals with mobilizing resources, either material or human.

During its first three years of activity, ARAS was operating with just 3 employed persons (a book-keeper, a secretary and an administrator). All the activities developed at that time were based on the exclusive contribution of the volunteers. These activities also had a PR component that made known the association, its principles and values. We managed by this to turn the attention of the Romanian society on the HIV infection and on the urgent need of taking action in the prevention sphere.

At the same time, we called the attention of the entire country on this aspect by means of outreach activities down the seaside resorts and we recruited new volunteers that set up ARAS branches in other towns. We also turned the attention of some major donors on our activities, such as USAID. The necessity of an institutional development has gradually come out, with a capacity to attract considerable funds and to absorb them by a rigorous implementation of the projects contracted with various funders/donors.

In 1995, we benefited of an organizational assessment, followed by a one-year transition period, when we evaluated as an institution and we trained the most of the volunteers in the majority of the university centres where ARAS branches have been set later on.

ARAS has grown and developed due to a favourable concourse of events, but mainly to an unfavourable one that pledged us to find solutions, learn, negotiate and, especially plead for the NGO, civil society, sustainability, subcontracting, for the human rights, for the law observance in Romania, and for the rights of the ARAS beneficiaries. There also were some challenges that have helped us develop (a general lack of services and mainly the lack of services for vulnerable persons), which have made us ever stronger and more courageous.

ARAS has played an active role in the moulding of the Romanian civil society, being constantly involved in activities that stand for the involvement of the community in all stages of development of the programmes having the citizen as their beneficiary.

Maria Georgescu
Executive Manager
ARAS

PROGRAMMES

SUPPORT PROVIDED TO PERSONS LIVING WITH HIV/AIDS

Psycho-social services for adults living with HIV/AIDS

Purpose	The project aims at increasing the life quality of the persons living with HIV by: information, counselling, educational and entertaining activities, social support, material support, psychological counselling.
Target group	Beneficiaries are persons living with HIV/ AIDS that face social problems and their families.
Objectives	<ol style="list-style-type: none"> 1. Increase in the level of information/ education of persons living with HIV/ AIDS (medical, legal information regarding available services). 2. Advocacy for the social integration of beneficiaries (in the family, school, work places). 3. Links to services – social and medical assistance, etc.
Services	<ul style="list-style-type: none"> - Psychological counselling - Psycho-social counselling (at the HQ of the association, at home or in the hospital) - Organisation of support groups - Social recreational services (summer schools, creation workshops, watching movies, internet access, picnics) in which the programme beneficiaries are actively involved. - The representation of beneficiaries in front of the authorities - Advocacy for respecting human rights (for respecting confidentiality, non-discrimination in school, family, workplace). - References or being accompanied to other institutions, depending on the problems of each beneficiary. - Material support - Aid for social and professional integration - Distribution of information materials and condoms.
Working techniques	<ul style="list-style-type: none"> - Evaluation questionnaires of the ARAS programme - Evaluation of the social situation - Support groups - Organization of recreational-educational activities - Round tables, conferences, seminars for professionals and decision makers in the medical, social, educational field and local authorities.

Working hours (timetable)	<p><input type="checkbox"/> Individual psycho-social counselling</p> <table border="1" data-bbox="456 260 1133 365"> <tr> <td><input type="checkbox"/> Tuesday</td> <td><input type="checkbox"/> Wednesday</td> </tr> <tr> <td>Between: 10.00 – 16.00</td> <td>Between: 10.00 – 16.00</td> </tr> </table> <p><input type="checkbox"/> Distribution of food/ hygiene products</p> <table border="1" data-bbox="456 436 1133 541"> <tr> <td><input type="checkbox"/> Tuesday</td> <td><input type="checkbox"/> Wednesday</td> </tr> <tr> <td>Between: 10.00 – 16.00</td> <td>Between: 10.00 – 16.00</td> </tr> </table> <p><input type="checkbox"/> Psychological counselling (with prior scheduling)</p> <table border="1" data-bbox="456 642 805 716"> <tr> <td><input type="checkbox"/> Thursday</td> </tr> <tr> <td>Between: 11.00 – 15.00</td> </tr> </table> <p><input type="checkbox"/> Support group</p> <table border="1" data-bbox="456 787 805 861"> <tr> <td><input type="checkbox"/> Saturday</td> </tr> <tr> <td>Between: 11.00 – 13.00</td> </tr> </table> <p><input type="checkbox"/> Home visits, setting up collaborations with other institutions, being accompanied to other services</p> <table border="1" data-bbox="456 961 1133 1066"> <tr> <td><input type="checkbox"/> Thursday</td> <td><input type="checkbox"/> Friday</td> </tr> <tr> <td>Between: 10.00 – 16.00</td> <td>Between: 10.00 – 16.00</td> </tr> </table> <p><input type="checkbox"/> Activities – Workshop of decoration objects</p> <table border="1" data-bbox="456 1138 1295 1243"> <tr> <td><input type="checkbox"/> Monday</td> <td><input type="checkbox"/> Tuesday</td> <td><input type="checkbox"/> Wednesday</td> </tr> <tr> <td>Between 11.00 – 17.00</td> <td>Between: 16.00 – 18.00</td> <td>Between: 16.00 – 18.00</td> </tr> </table>	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	Between: 10.00 – 16.00	Between: 10.00 – 16.00	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	Between: 10.00 – 16.00	Between: 10.00 – 16.00	<input type="checkbox"/> Thursday	Between: 11.00 – 15.00	<input type="checkbox"/> Saturday	Between: 11.00 – 13.00	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	Between: 10.00 – 16.00	Between: 10.00 – 16.00	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	Between 11.00 – 17.00	Between: 16.00 – 18.00	Between: 16.00 – 18.00
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Partners	<ul style="list-style-type: none"> - Matei Bals, Victor Babes Institutes - Local Authorities – DGASPC - Collaborations with NGO's and local authorities that run programmes in the field of HIV infections (RAA, RCA, UNOPA, Noi si Ceilalti) 																						
Donors	Ministry of Labour, Social Solidarity and Family Solidarité SIDA, Fondation de France, Fondation AIR FRANCE																						
Contact	Ramona Enache, coordinating social assistant Liana Velica, programme consultant Bucharest, 5, Intr. Mihai Eminescu, Tel: 210 20 77 e-mail ramona.enache@arasnet.ro . liana.velica@arasnet.ro																						

Description of the project

History

The social assistance project for HIV infected persons started in 1995 and was the first social assistance project in Romania that was addressed to these persons, HIV infection for adults was discovered subsequent to that of paediatric infection (in terms of size). During 1995-2000, the programme also targeted the children affected by HIV taken out of foster centres/ orphanages and subsequently reintegrated within families, family type houses, foster families as well as the reduction of discrimination towards them through the information and education of the teaching staff.

Persons living with HIV that requested the services of ARAS wanted information, the possibility to meet other infected persons, support in their relationship with the family or with the public institutions and material support. Many of the beneficiaries stated that the ARAS HQ is the only place where they can talk openly about the HIV status and about their feelings related to the disease.

The project started following the requests for support received at the AIDS Helpline (the hotline for information initiated by ARAS). Due to the fact that ARAS volunteers that operated the phone line could not address all the requests for support from the HIV infected persons, a project that benefited from the technical support of the ARAS Constanta branch was initiated with the support of Médecins Sans Frontieres (which had already started a social assistance project for HIV infected children). The elaboration of the programme was also supported by beneficiaries that alongside social assistants have developed working methods, ethical rules, objectives and collaborations with other institutions. At the moment the project beneficiaries that request and receive support are 178 families, whereas 45 beneficiaries request support only in crisis situations (passive cases).

During its lifetime, the project has come across a series of obstacles:

- Insufficient funding – the project worked for 2 years on a voluntary basis
- The impossibility to fully address the requests for support coming from persons that do not reside in Bucharest or Ilfov County
- Frequent legal changes and differences in their application (in different districts in Bucharest).
- Discriminatory attitudes of professionals in the medical and social fields (persons living with HIV are not accepted in care institutions, the services provided are different, confidentiality is not always respected).

Legislation

The legislation used in this project:

- Law no 584 of 29th October 2002 regarding the measures for the prevention of the spreading of AIDS disease in Romania and for protection of the HIV infected people or suffering from AIDS.
- Law no 519 of 2001 regarding the protection of disabled persons
- Law no 116 of 2002 regarding the prevention and fight against social marginalisation
- Order no 726 of 1 October 2002 regarding the criteria on the basis of which the disability degree is set for adults.
- Law no 34/1998 regarding the granting of subsidies to associations and foundations that set up and manage social assistance units.
- Ordinance no 137/2000 (including the accompanying laws and normative documents) regarding the fight against discrimination
- Ordinance no 68/ 2003 regarding social services

Target groups

➤ Characteristics

Persons living with HIV are socially vulnerable, because of the attitude of the members of the society towards the HIV infection and towards persons living with HIV. The stigma and discrimination determines the decrease in self esteem, isolation, low access to medical and social services, higher social costs.

The social problems that exist prior to the diagnosis or determined by the finding out of the HIV status include the lack of information, lack of housing, financial difficulties, psychiatric diagnosis.

➤ Needs

The problems that they face are: social exclusion, confidentiality not being respected by the family, civil servants, medical doctors, discrimination at the workplace, legal problems (divorce, legal actions for different breaches of basic rights).

Project team

The functioning of the programme is ensured by a project coordinator (social worker), 2 social workers and 1 psychologist.

The project coordinator ensures the organisation and monitoring of activities, reporting of activities, development of information and training materials.

The social worker provides information, support in the self-assessment of the social situation and in the intervention plans to the project beneficiary, psychosocial counselling, represents beneficiaries before the court, local authorities and various other institutions, informs them about their legal rights, provide referrals to other services.

The psychologist provides psychological counselling to the beneficiaries that request it, as well as the organisation of support groups.

Services

➤ Information of beneficiaries

It consists in transfer of knowledge to beneficiaries through individual and group discussions and through the distribution of information materials.

The activity is carried out by social workers, **social workers**, volunteers, peer educators and takes place at the ARAS HQ or at the beneficiaries' place.

The information sessions have the following topics (adapted to the educational level of the beneficiaries):

- basic information regarding the HIV/ AIDS/ STI infection, Hepatitis B-C (signs, symptoms, way of transmission, diagnosis, treatment and prevention), family planning, sexuality, nutrition
- access to medical services (available services, addresses)
- legal rights
- available social services and ways of accessing them
- other information requested by the beneficiary

Beneficiaries receive leaflets, books, magazines, legislation, depending on their needs (treatments, stages of disease, social services, education for health, legal guides, and nutrition).

➤ Psychosocial counselling

Counselling is a dialogue between the social assistant and the beneficiary in which they try to find some solutions for solving the social problems identified by the beneficiary; it is the process through which the beneficiary analyses existing problems and then chooses the best ways of solving them.

In order to solve social problems it is necessary to undertake an additional social assessment of each case depending on the needs of the beneficiaries. These assessments are carried out with the involvement of the beneficiaries at their home or the places they live in. These assessments consist of social surveys, individual plans, social files and are attached to the clients' folders.

If social services cannot be covered by ARAS, the clients are referred to other institutions (day centres, night centres, local authorities, medical services, services for educational/ professional institutions).

➤ Organisation of support groups

Support groups have the purpose to openly discuss the problems determined by the HIV infection and to establish support relationships among the group members. The group discusses the problems that they face, and then set topics of discussion for the following meetings. Groups have 10 participants and meet twice a month.

Groups are formed depending on the personal characteristics of the members and the areas of discussions.

➤ Collaboration with other institutions

The assistance service organises meetings, courses with social assistants from other NGO's/ institutions with the following topics: the existing services, collaboration strategies, the functioning of a network that may ensure communication, exchange of experience, avoidance of service overlap.

➤ Material support

The activity is carried out at the ARAS HQ or at the beneficiary's home, being accompanied by information and counselling. The distribution of food, clothes or hygiene products is done on a monthly basis, depending on the social assessment, intervention plans and depending on the needs of the beneficiaries. The food products are distributed in low quantities and are addressed to persons with serious social situations, assessed according to the social survey (other disabled family members, very low incomes, lack of housing).

➤ Recreational activities

Participation to shows, outings in parks or forests, birthday parties, movie watching, internet access, manufacturing of craft objects are being organised. The activities take place for 2 days a week, with groups of maximum 10 persons.

➤ Psychological counselling

Individual or group meetings focused on the identification of crisis situations in life experience, of blocks in communication and relationships.

The intervention is targeted towards the identification and enhancement of psychological resources in view of putting mechanisms into place and adapted behaviours.

The meetings take place on a weekly basis, upon the request of beneficiaries and/ or upon the recommendation of the social worker towards the psychologist.

During the counselling sessions, detailed referrals to other services are provided, depending on the beneficiaries' needs. ARAS also represents a resource for beneficiaries recommended by other NGO's, public institutions, hospitals and even beneficiaries.

➤ Advocacy

- Organisation of round tables, conferences, as well as participation in such events
- The notification of violations of the rights of HIV affected persons.
- Setting up collaborations with institutions or NGO's that are concerned with following the rights of HIV affected people, or that have a role in ensuring that these rights are respected.
- The information and education of professionals in the medical and social fields
- The involvement of beneficiaries in these activities.

➤ Evaluation of activities

It is carried out by applying and analysing questionnaires whose purpose is to assess the clients' satisfaction regarding the service and its adaptation to their needs (it is applied twice a year). In order to meet the needs of the beneficiary, the extent to which beneficiaries face problems is also followed. The evaluations can also look at the assessment of the meetings of the support groups, the most adequate ways of distributing packages, the attitude towards risk related behaviours.

Monitoring- evaluation

The forms used are: the social file, social survey, individual plan, questionnaire and contract.

Contract

Contracting parties:

ARAS – The Romanian Anti-AIDS Association located in Bucharest, 23, Blvd. Gării Obor, appt. 8, district 2, represented by and from the social assistance department, hereinafter referred to as **service provider**, and

Mr/ Ms with offices in Bucharest, no.....street..... bl.....Entrance.....appt.....district.....ID no.....phone no.....hereinafter referred to as **beneficiary**.

Obligations of the parties:

The service provider has the obligation to:

- Evaluate the social situation of beneficiaries and their families
- To provide social services to the beneficiary, including education for health (counselling, information, educational materials, supporting the beneficiary's interest before other organisations and institutions, food, protection materials, etc – to the extent of their possibilities and depending on the work plan agreed together).
- To develop a work plan together with the beneficiary in view of getting him/ her out of the crisis situation and for the increase in the beneficiary's and his/ her family quality of life (upon the request of the beneficiary).
The agreed work plan is the annex to the current contract.
- To ensure, together with the beneficiary, the carrying out of this work plan.
To **maintain confidentiality** regarding the personal data of the beneficiaries, according to legal provisions in force.
- The hygiene and food products are provided according to the social situation of the beneficiaries and the resources and possibilities of the service provider
- to select the beneficiaries of the different activities carried out on the basis of the following criteria:
 - the requests of the funder of that particular programme
 - the involvement of the beneficiary in the development of the work plan that is agreed together
 - the social situation of beneficiaries.

The beneficiary has the obligation:

- to collaborate with the service provider for the evaluation of the social situation of his/ her family, including the acceptance of a home visit of the social worker of the service provider;
- to participate in the development of the work plan for leaving the crisis situation and for the increase in his/ her and his/ her family's quality of life;
- to participate in the application of the work plan mutually agreed with the social workers of the service provider;
- **to pick up the hygiene and/ or food products during the period of time agreed together with the service provider;**
- **the visit for picking up food or hygiene products is not deemed as a visit for discussing the social situation or the work plan;**

- **to adopt a respectful and accepting attitude towards the other beneficiaries;**
- to maintain the confidentiality regarding the information found out from other beneficiaries met at the HQ of the service provider.**

Other provisions:

The work plan for the increase of the quality of life of persons affected by HIV shall be developed in agreement by the service provider and the beneficiary, depending on the real possibilities of the two partners. In case one of the partners does not respect the planning of activities in this work plan, this contract shall be cancelled.

In case the beneficiary is included in a food and hygiene product distribution programme, the beneficiary shall be aware and accept the following:

- the food and hygiene products are distributed over a period time period – depending on the number of requests received from the service provider, the social situation of the family and the conditions of the programme funder;
- in case the beneficiary does not come on the date mentioned in the report for picking up the package, it will be distributed to another beneficiary (excepting those persons with a serious health condition).
- All beneficiaries must propose on a monthly basis the products for the next package. The service provider shall analyse the suggestions, shall purchase the products respecting the suggestions – the products requested by **most** beneficiaries shall be purchased;
- **beneficiaries can choose these services outside the distribution days of the packages.**

The beneficiary shall understand that the activities of the service provider are limited by the available funds and shall agree to lend support for the increase of the quality of services.

The complaints regarding the quality of services shall be done in writing and submitted to the ARAS secretariat, with a registration number.

General provisions:

The violation of the obligations foreseen for the service provider and beneficiary shall lead to the cancellation of this contract.

This contract is concluded for a 6 month period from the date of signing and shall be accompanied by a work plan signed by both parties.

This contract was concluded in two copies, one for each of the parties.

Date of signature:

Social worker:

Beneficiary:

SOCIAL FILE

Code

Beneficiary last name

Beneficiary first name

Date of birth

Sex

Address

No Street bl. Sc. Ap. District

Town

Telephone no

Other ways of contact

Diagnosis

Other family members/ relatives s/he lives with:

.....

.....

.....

Income per family member

House:

Personal ownership Rented (private) Rented (from the state)

From relatives no housing

Within the family towards neighbours and friends for everybody

Observations:

.....

.....

Date

SOCIAL SURVEY FORM

SOCIAL SURVEY

DATE SOCIAL SURVEY WAS CARRIED OUT:

LAST AND FIRST NAME OF THE BENEFICIARY:

AGE OF BENEFICIARY:

OTHER DATA REGARDING THE BENEFICIARY:

FAMILY MAKE UP/ MEMBERS WHOM S/HE LIVES WITH:

INCOME:

Food grant:

Salary:

Salary for accompanying person:

Double allowance:

State allowance:

Special aid:

Disability pension:

Income per member of the family:

HOUSE:

Number of rooms:

Ownership/ rent:

Hygiene:

Equipment:

HEALTH STATE:

Diagnosis:

Medical unit:

RVA treatment:

SOCIAL RELATIONS:

- with relatives/ family:

- with neighbours/ friends:

- with other organisations:

CONCLUSIONS AND SUGGESTIONS:

SIGNATURE:

INDIVIDUAL WORK PLAN

INDIVIDUAL WORK PLAN

PERIOD-----

LAST NAME-----

FIRST NAME-----

-
ADDRESS-----

TELEPHONE NO.-----

DIAGNOSIS-----

NUMBER OF FAMILY MEMBERS-----

INCOME PER FAMILY MEMBER-----

Description of the current situation-----

Observations-----

Evolution of the situation without intervention-----

Intervention plan (possible, achievable)-----

86% of the **respondents** have stated that the information was useful to a large and very large extent. The number of persons who considered the quality of information to be “very good” represents 50% of the questionnaires. The other half of the group is divided between 30%, which regarded the quality as being “good” and the remaining 20% found the information “satisfactory”. The percentage of persons that thought the information was not satisfactory was 0%.

The communication between the ARAS staff and beneficiaries is regarded as being good and very good by 100% of the surveyed population, distributed as follows: 70% consider it to be “very good”; 30% see it as being good. Therefore, we consider that there is a high degree of satisfaction among the clients regarding the way in which the programme staff communicates with the beneficiaries.

The social assistance service responds to a high degree to the clients’ requests and their need for support. A high percent (94%) considers that the assistance service is according to their needs and finds it useful (a lot and very much).

„TEENAGER DREAM”

Target	The “Teenager dream” project is an educational and support project for the HIV/ AIDS infection affected teenagers.
Target group	Teenagers affected by the HIV/ AIDS infection.
Objectives	<ul style="list-style-type: none"> • personal development of the teenagers affected – consolidation of the personal and group identity; • set up of a support group (the feeling of belonging to a group - cohesion) • improvement of knowledge and life abilities: household skills, manual skills, communication, social and relationship skills (team work in school, within the group, having friends, having/ building a relationship based on love, etc), use of computer, secretariat, photography, choosing and planning a career.
Services	<p>The PSYCHO- EDUCATIONAL Service:</p> <ul style="list-style-type: none"> • <u>Psychological assistance</u> in the form of individual counselling and the support group; • <u>Educational support</u> in the form of creation workshops, learning a foreign language, magazine, etc.
Working techniques	<ul style="list-style-type: none"> - For the support group we use a series of specific techniques: role playing, brainstorming, free discussions with open questions, etc. - There is team work for the magazine and there are forums for articles that need to be written.

Working hours (timetable)	<ul style="list-style-type: none"> • Monday- <u>individual counselling</u> (optional) with prior scheduling; • Tuesday: between 14-17h <u>a manual workshop takes place</u> (painting, crafts, bracelets, beads, greeting cards); • Thursday: a <u>support group</u> takes place between 15-17h • Friday: an <u>English class</u> takes place between 16-18 h 18h – loisir (watching a theatre play, walks) • Saturday “Circul” magazine meeting takes place between 12-13 h • 13-15 h theatre <p>Note: our teenagers also participate in different conferences on various topics: discrimination, the protection of the rights of infected teenagers, advocacy; contests, such as the photography one that is currently run on the topic of discrimination, within the “open your heart” campaign, they are members of the UNOPA national network; manufacturing of ribbons, etc.</p>
Partners	
Funders	FONDATION AIR FRANCE
Contact	<p>Monica Dan, project coordinator: monica.dan@arasnet.ro</p> <p>Ella Manu, psychologist: ela.manu@arasnet.ro</p>

HIV/ AIDS PREVENTION

“It’s time to get involved” – reduction of risk associated to life in collectivity (orphanages)

Purpose	<ol style="list-style-type: none"> 1. Strengthening the information regarding the transmission of HIV infection, regarding the consequences of the infection, the reduction of risks and the ability to adopt and maintain a risk reduction strategy among children and teenagers in foster centres. 2. Development of life skills, communication and negotiation abilities, taking decisions and avoiding risks among teenagers in foster centres.
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Target group	<ul style="list-style-type: none"> • Children and teenagers in closed communities and other forms of protection for children in difficult situations (orphans, coming from disorganised families, with behavioural problems, or that are in a social-economic impossibility and are abandoned). • Children and teenagers living with HIV, coming from families and from the child protection system.
Objectives	<ul style="list-style-type: none"> ▪ Training of 132 trainers and other staff categories in order to carry out educational activities in view of preventing HIV and other STI infections, with children and teenagers from at least 14 counties and 5 districts of the Capital. 13,200 children and teenagers from foster centres/ other forms of protection for children in difficult situations in the target counties/ districts will participate in educational sessions for the prevention of HIV and other STI infection and drug use. <ul style="list-style-type: none"> ▪ The training of 15 trainers to provide pre-/ post-HIV testing. ▪ Development of social skills of 285 children and HIV infected teenagers in foster centres, other forms of protection (family type houses, social appartments) and from families in 4 counties (Neamţ, Bacău, Ialomiţa and Vrancea). ▪ The development, printing and distribution of the manual: <i>The prevention of HIV/ AIDS and other STI infection and drug use</i> in 300 copies. ▪ The development, printing and distribution of 30,000 copies of the leaflets: <i>HIV infection, i.e. STI infections</i>, for teenagers in foster centres
Services	<ul style="list-style-type: none"> - Education for the prevention of HIV/ AIDS and STI transmission and the reduction of discrimination towards persons affected by HIV/ AIDS; - Education for the personal development; - Social (social assistance); - Psychological and social counselling.
Working techniques	<ul style="list-style-type: none"> - Organisation of training workshops of trainers in foster centres. Over a 3 day period, trainers received information regarding HIV infection, other sexually transmitted infections and drug use, regarding the Romanian legislation in the field and undertook the educational programme for HIV/ AIDS and STI prevention, in an approach for experimental. During the project, 18 training workshops were organised (12 more than in the project plan), that included, besides the trainers in foster centres, volunteers of the association, that prepared themselves to work with young people. - The organisation of educational sessions with children and teenagers from foster centres, in view of preventing HIV/ AIDS/ STI, drug use. The sessions are organised by the trainers trained within the project or by ARAS volunteers and staff, according to an educational programme that is adapted to the specifics of the

	<p>target group.</p> <ul style="list-style-type: none"> - The organisation of personal development programmes for children and teenagers infected with HIV, whose education was limited to a few primary school classes (for most of them), for the social integration as an adult and independence. The educational programme included both a theme programme run regularly (theme support groups) and recreational activities (trips, parties), art activities (music, arts and crafts, theatre).
Working hours (timetable)	Workshops and educational sessions are run daily (including on Saturdays and Sundays), according to the spare time of children and teenagers.
Partners	The National Authority for the Child's Rights Protection (Ro. ANPDC), the "Save the Children" Foundation and the General Directorates for Social Assistance and Child Protection (Ro. DGASPC) from: Alba, Bacău, Bihor, București (districts 1-6), Buzău, Iași, Ilfov, Maramureș, Neamț, Prahova, Sălaj, Satu Mare, Vaslui, Vrancea, Ialomița.
Funders/donors	The Global Fund for AIDS, malaria and Tuberculosis, implemented in Romania by the Ministry of Health, the Management Unit of projects funded by the Global Fund and the World Bank.
Contact	Monica Dan, project coordinator E-mail: monica.dan@arasnet.ro

Description of the project

History

When did the project start?

The project started in 2004, in order to meet the need to implement an educational programme for the prevention of HIV/ AIDS, other STI's and drug use among children and teenagers in a difficult situation protected by the public and private system in Romania (this system comprised between 2004- 2005 approx. 30,000 children and teenagers from all over the country). The previous educational activities were limited to a relatively low number of institutions. In the counties in Transylvania in particular, the previous educational activity was virtually non-existent. A preliminary needs assessment of the ANDPC identified the need for education materials (manuals, video materials, leaflets and posters).

The project was developed by ARAS together with ANDPC – public institution of national importance with responsibilities in defining legislation and strategies in the field of child protection in Romania and in the monitoring and assessment of their application and was based on the experience gained by ARAS in similar programmes run at a local level (Bucharest, Neamt, Dolj).

Difficult moments and obstacles

The obstacles encountered during the programme implementation are caused by the organisation of the child protection system, which led to the situation that not all the trainers that participated in the courses were rightly selected and the activities that they carried out was not consequently supported or monitored attentively enough in all counties by the partner authorities (DGASPC - the Directorates for Social Assistance and Child's Rights Protection), which led to an implementation below expectations of the educational sessions (from a total number of 261 trained trainers, only 108

developed reports regarding the educational activities). This statement is not valid for all the counties in which the project was implemented, but it is valid for most of them. The trainers were not financially motivated for the activities they carried out, and in the cases where they had to move to other centres, they did not have the financial or logistical support (they should have been replaced by other colleagues during the educational activities, which did not happen).

Moreover, the organisation of the child protection system, although it was highly improved over the last few years, continues to consist in factors of enhancing the vulnerability of children towards the HIV infection (the most known problems are related to the “public” procurement system, that forces the DGASPC to buy the same kind of clothes for boys and girls alike, probably with differences in colour, with consequences in the self-image of children – that are thus easily identifiable as coming from an “orphanage”. As children are never in the situation to manage the expenditure budget of the centre or of the family type centre, to participate in shopping, to choose goods, they can not develop the skill to manage their personal budget; in some centres, the number of children/ teenagers that are under the personal care of an educator remains high (10/ 15 children/ educator).

Legislation

Penal Code, in the *Official Monitor of Romania*, Part I, no 303/ 12 April 2005

The Government Decision no 1 342/26 August 2004 regarding the approval of the 2004-2007 National Strategy for the surveillance, control and prevention of cases of HIV/ AIDS infection, in the *Official Monitor of Romania*, Part I, no 865/22 September 2004

Law no 584/ 29 October 2002 regarding the measures for the prevention and fight against AIDS disease and protection of the HIV infected persons, in the *Official Monitor of Romania*, Part I, no 814/08.

Law no 46/21 January 2003 regarding the rights of patients, in the *Official Monitor of Romania*, Part I, no 51/20 January 2003

Law no 48/16 January 2002, published in the *Official Monitor of Romania*, Part I, no 69/ 31 January 2002, for the approval of the Romanian Government Ordinance no 137/ 31 August 2000 regarding the prevention and sanctioning of all forms of discrimination, in the *Official Monitor of Romania*, Part I, no 431/ 02 September 2000.

Law no 143/ 26 July 2000 regarding the fight against traffic and illegal consumption of drugs, published in the *Official Monitor of Romania*, Part I, no 362/ 03 August 2000

The Order no 508/ 20 November 2002 of the Minister of Labour and Social Solidarity and no 933/ 25 November 2002 of the Minister of Health and Family regarding the approval of the general norms of labour protection, in the *Official Monitor of Romania*, Part I, no. 880/06 December 2002

The order of the Minister of Health no. 889/ 05 November 1998 [norms of application] for the updating of the Order no. 912/ 11 September 1992 of the Minister of Health regarding the set up of the system for declaring the HIV infection and the approval of its application methodology.

Order no 1070/ 25 August 2004 of the Minister of Health for the approval of the programme for surveillance and control of the sexually transmitted infections (Annex 1: *the Guide for Diagnosis and Treatment of Sexually Transmitted Infections*).

Order no 10/ 12 January 2005 of the Minister of Health for the approval of the programmes and sub-programmes for health funded from the state budget in 2005, in the *Official Monitor of Romania*, Part I, no 61/ 18 January 2005.

Target group

Children and teenagers in foster centres are almost totally included in the public and special education, having access to all information and the education that primary pupils receive. They also have access to medical care. Still, the fact that in some cases, the attention, care, affection, support for education are shared with a large number of colleagues makes most of them desiring affection and attention, thus being more vulnerable than other teenagers coming from harmonious families. The psychosocial skills (the ability to communicate, to negotiate, etc), the self image need to be improved, by a better way of channelling; no educational effort or psychological and social counselling is in vain from this point o view. Some of the children and teenagers cared for in foster centres never have money, thus never being able to buy chocolate for instance, when they want it; all these factors add up to the vulnerability related to the young age, life experience and limited knowledge, specific to that period of their lives.

Project team

It is made up of health educators, employees and volunteers, trained within this ARAS project or in previous projects. The need assessment component for beneficiaries and the project impact was implemented by interview operators and the monitoring/ evaluation coordinator, former volunteers, with experience in communicating with beneficiaries, carrying out interviews.

Services

- Information / education / communication
- Referrals to other services
- Technical assistance
- Counselling and support

Monitoring – evaluation

¹Activity report for HIV prevention –
County (Bucharest, district): _____

Approved by the DGASPC programme coordinator (name, position and signature)

Name and position of the person filling in the report _____

From the foster centre/ family type house/ social apartment

Month, year _____

¹ The report is sent via fax 021 210 20 77 or e-mail monica.dan@arasnet.ro by day 5 of the following month

<p>1) Number of activities carried out by the person filling in the report during the reporting month.</p> <p>The placement centre/ social apartment/ family type housing in which the educational activities were carried out during the reporting month:</p>			
<p>2) The total number of activities carried out by the person filling in the report (from the beginning of the activity within the project):</p>			
<p>3) The number of beneficiaries that they worked with during the reporting month:</p>			
<p>4) the number of new beneficiaries included in the project during the reporting month (that they worked with for the first time during the reporting month).</p>			
<p>5) the total number of beneficiaries in the project (the sum of all months) (registered once, even if they participate in sessions several times, or over the course of several month)</p>			
<p>6) List of beneficiaries that they worked with during the reporting month (name initials, age, number of sessions that they participated in)²</p>	Initials	Age	Session no.

² An additional table can be filled in if the number of children exceeds the number of rows in the table

7) number and type of materials distributed			
8) number of beneficiaries that received information regarding:	Health	HIV prevention	Test

Methods used:

Observations:

Activity report for educational and development activities: _____

Approved by the local programme coordinator (name, position and signature)

Name and position of the person/ employee filling in the report:

Placement centre/ family type house/ social apartment

Month _____

1) Number of activities carried out by the person that fills in the report, during the month (the sum of activities described below).		
2) Types of activities carried out during the reporting month and number of participants	Activity/ number of activities	No. of beneficiaries that attended

³ the report is sent via fax 021 210 20 77 or e-mail monica.dan@arasnet.ro by the Day 5 of the following month

3) Number of working hours carried out by the person filling in the report, in the project		
4) The number of beneficiaries included in the project that have participated in activities in the course of the reporting month (details: number of beneficiaries in foster centres, families, other types of care and education, e.g. special schools); provide details regarding the institutions that you collaborated with: foster centres, social apartments, etc during the course of the reporting month		
5) Number of new beneficiaries (that are new to the project) in the course of the month (the respective social files will be filled in).		
6) The number of beneficiaries that are not included in the project but have participated in activities (details: brothers, sisters, friends, colleagues, school community, etc.).		
7) Total number of beneficiaries in the project (the sum of all months); the number of beneficiaries that must match the number of social files filled in during the project		

Description of activities and methods used

Observations

Signature of the person filling in the report _____

Results

The two action directions of the project- education for the prevention of HIV infection and the personal development of HIV/ AIDS affected teenagers were assessed in two distinct manners. The first component was “operationalised” through the level of information regarding HIV infection and other STI and the attitude towards HIV/ AIDS infected persons, interviews carried out with young people in some counties, the increase of the percentage of persons that believe that, for instance “an HIV infected child is a risk of transmission of the virus to school colleagues), as well as one of the results of information and actually of the entire educational activity would be a higher level of fear, translated through the overvaluation of risks. The personal development component of HIV/ AIDS affected teenagers was not evaluated from a qualitative point of view in an objective manner. The interviews carried out with beneficiaries showed the fact that the recreational activities, the walks and trips were deemed to be pleasant and instructive (children thought that they have a lot to learn by visiting other town, sightseeing objectives such Cheile Bicazului, the Monasteries in Northern Moldova); it is important to point out that almost half of the children that worked on this project had never been on a trip outside the city they lived in.

“Evening by evening” – the reduction of risks associated to commercial sex

Purpose	The prevention of HIV/ AIDS amongst persons involved in commercial sex
Target group	Persons involved in practicing commercial sex
Objectives	<ol style="list-style-type: none"> 1. Reduction of risks of HIV/ AIDS/ STI infection 2. The increase in access of the target group to social-medical services
Services	<ul style="list-style-type: none"> - Counselling for quick risk assessment and reduction - Distribution of information materials - Distribution of condoms and lubricants - Basic medical care - Counselling and quick HIV/ HBV/ HCV testing - Vaccination for HAV/ HBV - Social assistance - Distribution of hygiene packages - Psychological support - Needle exchange - Distribution of distilled water, alcohol swabs, heparin gel - Free transport to other services
Working techniques	<p>Outreach Case management Mapping</p>
Working hours (timetable)	Evenings, Mondays through Fridays
Partners	RHRN, APEL Service, SAMU SOCIAL, UNAIDS
Funders/donors	The Global Fund for AIDS, TBC and Malaria, the European Commission, the Open Society Institute, John Snow Institute, SIDACTION, UNODC
Contact	<p>Marian Ursan National coordinator marian.ursan@arasnet.ro</p>

Description of the project

History

The “Evening by Evening” project was initiated by ARAS in September of 1999, following the recommendation of a study carried out together with UNAIDS during the course of the same year. One of the study recommendations was to initiate a project that would meet the needs identified at persons involved in commercial sex.

The needs of the target groups are the following:

- Proper information regarding HIV/ AIDS/ STI, information that should have been delivered, taking into consideration the level of education and understanding.

- Quality condoms accompanied by demonstrations (on two fingers or on a dildo) regarding their proper way of use.
- Referrals to other medical and social services, sometimes the persons being accompanied by a programme representative.

As the programmes is based exclusively on outreach activity, the activities started extremely slowly. First they were carried out in Bucharest and Ilfov in the streets that were well known for the demand and supply of sexual services, then in Constanta, Iasi, Timis, Arad and Dolj. Starting 2003, activities were extended in Piatra-Neamț, Bacău, Arad, Cluj and Brașov.

Starting 1999, around 5,000 different persons (men and women involved in commercial sex, drug users, pimps, etc) have benefited from the services of the Evening by Evening programme.

The existing obstacles in the implementation of the project mainly refer to:

- The illegal character of prostitution which was an obstacle in developing the activities because the persons identified by us live in illegality and are difficult to contact.
- The financial limitations of the project.
- Lack of other medical and social services willing to provide services to the project beneficiaries.

Legislation

For the moment, from the legal standpoint, prostitution represents “the deed of a person that makes a living by practicing in this respect sexual intercourse with different persons” and is punished with “imprisonment from 3 months to a year or with penalty days”⁴.

On the other hand, pimping represents “the urge or facilitation to practice prostitution or getting earnings from a prostitute that practices prostitution” and “it is punished with strict imprisonment from 2 to 7 years and the interdiction of certain rights. The recruitment of a person for prostitution or forcing somebody into prostitution is punished with strict imprisonment from 3 to 10 years and the interdiction of certain rights”. In case the deeds above are “carried out towards a minor or have another serious nature, the hard jail time is from 15 to 20 years and the interdiction of certain rights.”⁵

Target groups

The main risks regarding HIV transmission that CSW are exposed to are related to practicing unprotected sex both with clients as well as with their life partners. Therefore, the rate of condom use at the latest sexual contact, both with the customer as well as with the partner is 36.2%, whereas the rate of constant condom use in 2005 with all sexual partners (customers and life partner) is 20%. The existing programmes, together with the distribution capacity of stores and pharmacies cover at the moment the need for condoms in the locations where the study was carried out.

Another problem identified is the high incidence of injectible drug use amongst CSW (over 11% state that during 2004 and 2005 used injectible heroine). Approximately 40% of the CSW that use drugs have stated that they use the injection kits in common.

⁴ Acc. to Art.234, Penal Code, published in the Official Monitor, Part I, no 303 of April 12, 2005.

⁵ Acc. to Art.235, Penal Code, published in the Official Monitor, Part I, no 303 of April 12, 2005.

There is a special situation in the case of blood donations, over 10% of the interviewed CSW stating that they have donated blood in the last year, even if the risk level is high (due to unprotected sex and the common use of needles).

Out of the total CSW interviewed (93.4%) have heard of HIV/ AIDS, results that are similar to those recorded in the general population according to the State of Reproductive Health in Romania in 2004 (99.5%). Unfortunately, this level of knowledge does not reflect to the same extent at the risk perception level (only 65.1% of the CSW considering that they have an HIV infection risk) and even less at the level of behaviours. Generally, there is a difference of around 16-20 percent between CSW that are aware of the risk associated to a certain type of sexual contact and those that adopt a safe behaviour (the constant use of a condom) in this respect.

The human trafficking is a ubiquitous and disconcerting reality as an incidence in all the areas covered by the study (almost 30% of the CSW interviewed stated that they were sold or bought). At the same time, there is abuse from pimps, clients or police, half of the CSW accusing such abuses from clients and one third from police. Over 13% of the CSW that took an HIV test in 2004 were taken to the testing centre by the police representatives.

At the time of the study, 8.63% of the interviewed CSW were minor, and 12% never went to school. Over 20% of the CSW included in the study had spent a part of their childhood in a child care facility, and this experience had increased their vulnerability to being trafficked⁶, as well to the involvement in commercial sex.

Most CSW have started their activity from very young ages or in their teenage years. In most cases they come from rural areas or small towns and have subsequently migrated to urban conglomerations either in search of a job, or following the recruitment of a pimp or trafficking networks.

Their inability to face the challenges determined by the life style in the big cities, as well as the low potential to develop new social networks (friends, belonging to different social groups) has determined in most of the cases the vulnerability in front of proposals to get involved in commercial sex. Regarded as a temporary solution at first, the commercial sex practice tends to turn into a lifestyle. The attempts to “escape” from this environment are in most cases abandoned from the very beginning, as there is a lack of perspective : CSW have nowhere to go, whom to ask for help, they are known and stigmatised within the community, and the possibility of remaking their lives is shadowed by their past. The situation becomes even more dramatic in case the CSW tries to escape the trafficking persons and are severely punished by them.

The project team

The project team is made up of a technical coordination team based in Bucharest and by 11 other local teams, in each county, and in Bucharest.

The staff is made up of social workers, psychologists, medical doctors, teachers and other persons with economic, engineering background, etc.

Coordination Team:

Programme coordinator – National

⁶ Approximately 45% of the CSW that had passed through a child protection institution said they had been trafficked, while only 24.5% of the other CSW accused trafficking.

Project Assistant

The team in Bucharest and Ilfov County

Local coordinator – social worker

Medical doctor

Psychologist

Educators

The staffs in Constanța, Iași, Bacău, Arad, Timiș, Dolj, Piatra-Neamț and Brașov carry out their outreach activities in partnership with the staff in the programme addressed to the Roma population.

Services

ARAS

CSW - Night by Night Project Activities Chart

	SERVICES	COUNTIES									
		B	IF	CT	IS	DJ	TM	NT	BC	CJ	AR
1	Outreach	X	X	X	X	X	X	X	X	X	X
2	HIV/AIDS/STIs Counselling	X	X	X	X	X	X	X	X	X	X
3	Risk Assessment Counselling	X	X	X	X	X	X	X	X	X	X
4	Risk reduction Counselling	X	X	X	X	X	X	X	X	X	X
5	IEC Materials Distribution	X	X	X	X	X	X	X	X	X	X
6	Condoms Distribution	X	X	X	X	X	X	X	X	X	X
7	Lubricants Distribution	X	X	X	X	X	X	X	X	X	X
8	Primary Medical Care (outreach)	X	X		X	X	X				
9	Primary Medical Care (other centres)	X	X	X	X	X	X		X	X	
10	HAV+HBV Vaccination	X									
11	Referrals to Other Medical Services	X	X	X	X	X	X	X	X	X	X
12	Social Assistance	X	X								
13	Referrals to Other Social Services	X	X	X	X	X	X	X	X	X	X
14	Hygiene Products Distribution	X	X								
15	Psychological Support	X	X				X				
16	Needles Exchange	X	X								
17	Distilled Water distribution	X	X								
18	Alcohol Swabs Distribution	X	X								
19	Heparin Gel Distribution	X	X								
20	HIV/HBV/HCV Counselling and Rapid Tests	X*		X*							
21	Free transportation to other services	X	X	X	X	X	X	X	X	X	X

* Pilot Activity. Soon it will be carried out on a permanent basis.

B = Bucharest; IF = Ilfov; CT = Constanța; IS = Iași; DJ = Dolj; NT = Neamț; BC = Bacău; CJ = Cluj; AR = Arad.

The social worker is also the case responsible. S/he, in partnership with other colleagues in the team, designs an intervention both from a social as well as from a medical perspective. E.g.: checking into a hospital involves, besides the acceptance of the hospital, some documents. They are obtained through everybody's effort but under the coordination of the case responsible.

Qualitative results:

- Persons that are under assistance have understood what the intervention of a social service means, i.e. the fact that they also have to do something (to participate at the sessions, to ensure the security of the outreach team members, to participate in assessments, etc).
- Although initially health did not represent a priority for them, in the last years this topic has become more and more common in our discussions.
- Confidentiality has become a concept that is understood, respected and applied. Persons discuss face to face with a team member and what is discussed remains strictly confidential.
- There is a mobilisation of the persons under assistance, i.e. they go to hospital alone, whereas before they were always accompanied.
- The police do not intervene against the outreach team members, they actually offer us support if we request it.

“Health Options” – the reduction of risks associated to the injecting drug use

Purpose	The prevention of HIV or STI infection among injecting drugs users and their sexual partners by promoting risk-free behaviours.
Target group	Injecting drug users Their sexual partners and members of their families Other service providers in the addiction field The communities in which IDU live
Services	<ul style="list-style-type: none"> - Information regarding the reduction of risks associated to the injecting drugs use and transmission of the HIV infection - Education in view of reducing risks - Counselling in view of reducing risks - Distribution of syringes - Distribution of condoms - Distribution of distilled water, disinfected tampons, heparin gel - Distribution of hygienic-sanitary packages - Recovery of used syringes - Referrals to other social, medical and legal services
Working techniques	<ul style="list-style-type: none"> - outreach (field work, on the “beneficiary field”) - non-directive approach - registration of anonymous codes - free discussions - mapping (identification of areas with potential beneficiaries)

	- establishing relationships with the community and the police precinct in the area
Working hours (timetable)	Five days a week, between 16:00 -21:00 (the schedule is flexible depending on season and areas).
Partners	RHRN UNAIDS UNICEF The group of beneficiaries
Funders/donors	GFATM, through the Implementation Unit within the Ministry of Health The Ministry of Labour and Social Solidarity.
Contact	Marian Ursan National Coordinator marian.ursan@arasnet.ro

Description of the project

History

The project “Health Options” started in March 2004.

According to the latest quick estimation carried out by the National Anti-Drug Association in 2004, 1% of the population in Bucharest takes drugs by intravenous administration (over 24,000 persons). Taking this into account, the programmes addressed to injecting drug users (IDU) are insufficient and are not addressed directly to the needs of the target group. The experience of the RHRN members in their work with active users and the studies carried out show that:

- Although there are over 24,000 persons that inject drugs, pharmacies in Bucharest do not sell insulin syringes, making it difficult to have access to sterile injection kit.
- Although for almost 10 years we are facing a drug use phenomenon, the treatment centres are insufficient. At a national centre there are only two rehabilitation centres, and two methadone programmes that can cover a very small part of the demand for IDU treatment;
- Amongst professionals in the field, there are not enough information related to HIV infection that are adapted to the risk behaviour that the IDU are exposed to;
- Although many IDU are involved in practicing commercial sex, the social and medical services that should address these vulnerable groups are almost non-existent;
- Even if there is a high rate of Hepatitis C infection amongst IDU, the case management of a drug user carrying the Hepatitis C virus is not clearly defined.

Being aware of the problem of drug use and HIV infection, starting in 2000 the representatives of the civil society are the only ones that implement programmes for needle change, thus ensuring the access to sterile kit and sending information regarding the risks associated to drug use to the target group. Because they have proved their efficiency in HIV prevention, in most European countries the needle exchange programmes are funded by governmental institutions. In Romania, they are implemented only with international financial support.

ARAS has been active since as early as 2000 in the prevention of HIV infection amongst Injectible Drug Users (IDU), homeless persons, persons involved in commercial sex and the Rroma community, through risk reduction actions. In this regard, in 1999 a project was launched that addressed persons involved in commercial sex.

Starting December 2000, ARAS started the analysis of the relationship between the use of injecting drugs, commercial sex and the sets of risk behaviours that characterise these activities.

Taking into consideration the complexity of the problem and the large number of IDU in Bucharest (over 24,000), the “Health Options” programme was developed in March 2004, with the financial support of the Global Fund for HIV/ AIDS, Tuberculosis and Malaria. Starting August 2004 the project has been offering specific services and information, in view of reducing the risks associated to behaviours at risk of HIV infection/ STI for drug users in Bucharest.

From March 2004 to December 2005, 2 ,100 beneficiaries were contacted within the project, active heroine users that received sterile injection materials and information regarding the reduction of risks and the available services from health educators.

Legislation

This project follows the guidelines of the 2004-2007 National Strategy for HIV/ AIDS and the Anti-Drug one for 2005-2012.

The services provided by this programme are regulated through Law no 522/ 2004 that amends law no 243/2000, but also through a series of normative documents and the National and International legislation, including national standards.

Target groups

The data in the research carried out by RHRN between 2002 and 2004 and in the ANA studies (2003-2005), supported through the direct experience of the project, draw a specific profile of drug users in Bucharest: they are young, mainly male, and single with primary or no studies, no jobs.

The beneficiaries of the RED project are a population exposed to a health risk and the extreme poverty risk; they are persons found on the margins or even outside the assistance, social and medical care system, due to the social economic context specific to these are which have a direct influence over the behaviours they adopted.

The injecting drug users represent a vulnerable group from the HIV infection point of view due to poverty, the **risky injection behaviour** towards HIV infection (common use of injection materials, practicing unsafe sex often with multiple partners, etc⁷), frequent problems with the police, and high rate of Hepatitis C cases⁸. Because drug users have a mobile lifestyle (street, other neighbourhoods, jail, etc), the spread of HIV in other segments of the population has a very high likelihood. Due to the problems with police and the lack of medical services, the group of drug users tends to be more and more closed. The needle exchange programmes are the only that ensure the contact with this group and that can provide clear information regarding the medical and social status of these persons.

The project team

- health educators
- team coordinator

The responsibilities of the team are focused on the development of the programme, on the organisation of field activities and the necessary human and material resources, data collection,

⁷ These behaviours are described in the qualitative and quantitative researches carried out by RHRN in 2002 and 2004.

⁸ The epidemiological research carried out by the Public Health Institute Bucharest – December 2004

research of the situation of drug use and users, as well as on the informational and financial management. The specific tasks relate to:

- Establishing contact with drug users and distribution of sterile injection materials and other protection materials (such as recipients for needle collection, condoms, lubricants and educational materials);
- providing information and education to beneficiaries, regarding all aspects related to safe drug use, safe injection practices, transmission of infections through unprotected sexual contacts and through drug use, identification of personal risk and setting up a plan for their reduction;
- provision, upon beneficiaries' request, of referrals to other social and medical services;
- participation to the planning and implementation of community education activities;
- collection and carrying out of statistics, the development of evaluation reports, correspondence and other administrative tasks;
- research and implementation of some new work strategies, for the increase of the service efficiency;
- the staff participates in meetings, training sessions and other activities directly associated with the running of the project;
- Training in "working with drug users" and psychological supervision of the team;
- Establishing links with the police, governmental institutions and other representatives of the civil society;
- organisation of materials, to maintain issues related to the available stock.

Services

Information regarding the reduction of the HIV infection transmission risk – information implies provision of data regarding a certain topic, the professional not taking the responsibility in what regards the way in which the beneficiary shall use the information.

In the case of Needle Exchange Programs (NEP), the information activity follows the following **objectives**:

- the increase in the awareness level of the risks associated to injectible drug use amongst groups that are vulnerable to HIV/ AIDS infection
- the increase in the level of knowledge regarding HIV/ STI in the target group
- the promotion of low risk behaviours towards HIV/ STI infection
- the promotion of social services within the community and in the target group.

Education regarding risks – In the long run, the information activity has an educational effect. The periodic repetition of information related to risks associated to injectible drug use ensures a good reception of messages and leads to the beneficiaries assuming them, the direct effect being the substitution of risky behaviours with safer ones.

Education is an efficient instrument in the fight against HIV/ AIDS infection. People are not aware of the need for behaviour change if they do not have correct information regarding:

- the behaviour that makes them vulnerable
- the activities that have an infection risk and the danger free ones
- how can one reduce risks in case it can not be eliminated.

Counselling in view of risk reduction – means the use of interpersonal relations for facilitating self-knowledge, emotional acceptance and maturing, the maximum development of the beneficiary’s personal resources.

The general purpose is to stimulate the client’s self-knowledge, personal development, adaptation in view of getting independence and the necessary skills for an independent and dignified life. Counselling can also ensure an active support to clients, because they can identify and explore their own feelings, priority problems and in order to take the appropriate decisions.

The purpose of risk assessment is that of helping people that underestimate the risk and that perceive themselves as being outside the danger area to make a connection between their actions and HIV transmission.

Counselling for risk reduction is complex, because it is difficult to estimate or to quantify the risk. There is a usual practice in HIV/ AIDS education to help people assess their risks, classifying them as being “high”, “low” and/ or “no risk”.

Needle exchange – The access to sterile injection materials for injectible drug users and encouraging them to use these are essential components of the HIV/ AIDS prevention programmes and should be regarded as part of complex, comprehensive strategies of the reduction in illegal drug demand. The equipment is provided through a series of methods, generally entitled the needle and syringe exchange programme, and its purpose is related to the fact that drug users have their own injection equipment and do not use it in common with others, that the time in which the syringes and needles used is reduced, and the used equipment is recovered.

Distribution of condoms – The indirect beneficiaries of PSS are the sexual partners of the injectible drug users and the general population, that is protected from the risk of HIV/ STI transmission through unprotected sex.

The main objective of the distribution of condoms is the reduction of STI transmission risk. Condoms are part of the kits distributed by the fixed or mobile centres. They can also be distributed outside the kits, depending on the beneficiary’s needs. The distribution of condoms is accompanied by instruction of use and information regarding STI or safer sex practices.

The syringe exchange programme has a set of rules that has the role to protect the beneficiary and the professional during the process of recovering the potentially contaminated syringes. These rules are communicated to the beneficiary verbally and through posters displayed in the spare addressed to the recovery of used injection equipment. The recovery of potentially infected materials is carried out respecting universal precautions (single use gloves, recipients approved by the Ministry of Health, disinfection after the end of the process). The recipients in which the potentially infected injection equipment is collected are usually yellow and are labelled with a text that warns regarding the toxic risk of the materials inside, e.g. “danger – contaminated sharp objects”.

The depositing, collection and transport of recipient that contain contaminated injection equipment is done under safe conditions both for the staff that works in PSS, as well as for beneficiaries or the rest of the community.

Referral to other social, medical and legal services – The multisectoral approach of the drug use problem involves the taking over and solving of cases from a medical as well as a psycho-social point of view of as many persons that have contact with PSS. This is a long term objective, as most PSS beneficiaries are reluctant to the idea of accessing medical or social services for different reasons, inter alia the discriminating treatment, the stigma associated to drug users, the limited time they have

for activities outside the circuit of use, the low tolerance level and the lack of patience in following the service access procedure.

As mentioned above, a PSS is in most cases the first service that comes into contact with drug users and through it, they can be directed towards other types of services, mainly counselling and voluntary testing centres, rehabilitation or methadone centres, as well as social assistance and reintegration centres for this type of beneficiaries.

Monitoring – evaluation

DAILY FICHE

ARAS

Options for health

Date:

AREA	INFO SESSIONS	NO OF IDU CONTACTED	OTHER PERSONS
TOTAL informative sessions:		TOTAL beneficiaries:	

DISTRIBUTED MATERIALS			
CONDOMS		INFO MATERIALS	
SYRINGES		COLECTED SYRINGES	
GEL		DISINFECTING SWABS/PADS	
HYGIENIC MATERIALS		DISTRIBUTED DISTILLED WATER	

INTRAVENOUS DRUG USE RELATED RISKS			
Use in common of the injecting kit		Re-use of the injecting kit	
Unprotected sex		Other risks: - tattoo - cuts - other	

RISK REDUCTION		COUNSELLING	
Safer sex		Counselling	

General precautions		Other	

HIV and STI TRANSMISSION

Mother – child		Blood	Injecting drugs	
			Medical treatments	
Sex			Other	

HIV TESTING

Window period		Confidentiality	
Symptoms & Evolution		Testing centres	
Other		Referrals to testing centres	

SEXUALLY TRANSMITTED INFECTIONS (STI) HCV (hepatitis C virus)

Ways of transmission		Ways of transmission	
Symptom		Symptoms and evolution	
Testing		Treatment	

INFO SERVICES METHADONE

Detox		Methadone	
Methadone		Treatment	
Other		Interactions	

OVERDOSE

Causes	
Signs & Prevention	

Other	

**Example CONTACT FICHE
ARAS**

***Options for health
PERIOD***

No.	Code	K i t	S R	Gel	Extra materi al	Date	K i t	S R	Extra materi al	Date	Area
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1.	ADI 81 CRI 04 M										
2.	ADE 71 TOM 11 M SN,										
3.	ADE 84 RAD 09 M										
4.	ADI 88 BOG 01 M										
5.	ADI 89 ALB 12 M										
6.	ADR 79 CRI 12 M										
7.	ADR 82 DAN 01 M										
8.	ADR 83 CRI 04 M										
9.	ADR 84 BOG 01 M S/SN/H										
10.	ADR 87 MIH 07 M			21.04							
11.	ADR 89 FLO 07 M										
12.	ALA 85 MAR 03 M										
13.	ALE 67 AUR 06 M										
14.	ALE 73 DAN 10 M			22.06							
15.	ALE 79 LAU 03 M										
16.	ALE 80 ALE 01 M										
17.	ALE 80 GIG 07 M										
18.	ALE 80 MAR 07 M										

19.	ALE 80 VAS 07 M										
20.	ALE 81 GEO 07 M										
21.	ALE 83 GIG 01 M										
22.	ALE 89 MAR 10 M S/SN										
23.	ALI 76 RAD 06 M										
24.	ALI 78 CRI 05 M										
25.	ALI 80 CRI 12 M			27.07							

HIV/AIDS prevention among vulnerable groups: persons living in the street and Roma

Purpose	Reduction of the HIV/STI infection risks among homeless young people, children and Roma population in 7 counties
Target group	<ul style="list-style-type: none"> • Roma population exposed to HIV infection risk • street children in Bucharest • professionals working with street children • community educators chosen from among young people living in the street (street young people) • Roma community educators
Objective	<p>1. The increase by:</p> <ul style="list-style-type: none"> - 20% of the number of young people living in the street and Roma people that can name at least 2 types of behaviour at risk of HIV infection; - 20% of the number of young people living in the street and Roma people that can correctly assess their HIV infection risk; - 20% of the number of young and Roma people that can choose and carry on a risk reduction strategy; - 20% of the number of young people living in the street and Roma people that know the fact that an HIV positive person looks the same as a healthy one; - 20% of the number of young and Roma people that can make proof what is the correct use of a condom; - 10% of the target Roma population, i.e. a sexually active population that constantly use a condom; - 10% of the Roma having access to medical services. <p>2. The training of 50 professionals working with homeless young people and provides information on AIDS.</p>

	<p>3. The training of: 30 community educators among the young people living in the street; 40 women and young Rroma.</p> <p>4. The work together with other 20 organisations, the information dissemination, the share of experience and of a joint database on the beneficiaries.</p>
Services	<p>Information and education on HIV / AIDS , STI , human body, microbes , bacteria that might affect the beneficiaries health</p> <p>Medical - HIV testing, syphilis, syphilis treatment</p> <p>Social assistance: identity cards, access to various institutions (town halls, hospitals)</p> <p>Material support: hygiene kits, condoms</p>
Working techniques	<ul style="list-style-type: none"> - information and educational sessions, carried out on the spot by health educators and community educators - outreach work, in the beneficiaries' communities - description of the human body, fluids, sexual organs, reproduction proces, use of cvondom, STI - use of posters showing the STI's effects.
Working time (timetable)	Monday - Friday, between 10 .00 h to 20.00 h, according to the weather and the events in the street
Partners	ARAS branches in 7 counties
Funders/Donors	Global Fondul for HIV/AIDS, Tuberculosis and malaria, MMSSF (Ro. for the Ministry of Labour, Social Solidarity and Family)
Contact	Cărăboi Adrian Project Coordinator adrian.caraboi@arasnet.ro

Description of the project

History

The project started in 1999-2001, was financed by USAID – The Initiative for Family Health in Romania and Romanian Harm Reduction Network, financed by USAID and UNFPA. Both interventions took place in Bucharest, Constanta and Iasi.

Through the education, distribution of condoms, testing and counselling sessions (HIV, hepatitis B and C) carried on the spot, approximately 100 Roma people and 100 street children have been contacted/addressed. This is how a beneficiaries' database started to develop.

The main needs of the beneficiaries were, on the one hand, related to the access to medical services, mainly HIV/VHB/VHC/syphilis tests and treatment for these diseases and, on the other hand, to information about the human body, its pathogenic agents, methods to reduce the risks of catching contagious diseases and education for health.

Beneficiaries

The profile of vulnerable persons in the Roma community

In the post '89 Romanian society, Roma people are dealt with as a social problem; delinquency, unemployment, the absence of housing, the lack of education, poverty, begging are often used to define these people. In general, they are treated as a social category, a kind of the society's outcast. Even if they are legally free people, the fact that they are not provided means for a decent living and their keeping at an inferiority statute made the Roma continue their old survival strategy by auto-marginalization.

If officially there is no discrimination against Roma in schools, most of the times teachers treat the Roma children in a different way or simply ignore them.

In Romania the number of Roma people, as a result of the 1992 census, is of 409,723, the one approximated by the Roma leaders being of 2,000,000 – 3,500,000, and the one circulated by the European institutions is of 1,000,000 – 1,800,000. This turns Roma people into the country's second minority.

The homeless minors, known as "street children", are in a similar situation. The street children have become a visible presence soon after the 1989 Revolution and have represented the clearest indicator of a serious social and economic crisis of the Romanian society. The juvenile vagabondage appears in broken up families, with unemployed or/and alcoholic parents. Initially the children take refuge in the street to escape from the effects of domestic violence. In time, the child estranges from his/her family and ends up living in street, strolls from town to town, where s/he passes through various groups of children. S/he ends up living a life which is full of violence, being attacked by older children, harassed by the police, compelled to sleep in sewers or in parks.

The street children live outside the society, implicitly outside the educational and sanitary system. Their educational level is minimum – except from the spoken language, they can't write, they don't understand symbols and haven't developed an abstract thinking (they can't tell the hour, can't calculate, don't have the concept of map – which would ease their orientation etc.). The absence of an education for health predisposes them and the ones around them to the ill-health risks. Given the fact that they live in common, they are predisposed to contagious diseases as tuberculosis and syphilis, also considering the precocious age at which they begin their sexual life.

Working with street children is very difficult and implies a permanent adaptation to their needs, and also to their resistance to integrating values and types of behaviour that could allow them to develop social skills. From the viewpoint of the HIV prevention, the street children's most important needs are ensuring them a minimum hygiene, helping them change conducts at risk of infection or transmission of infections, and recognizing the infection risk situations.

The project team

- project coordinator
- educators (among which also peer educators from the Rroma population)

Services

- information – human body, microbes, STI
- education – the use of condom
- referrals: at Scarlat Longhin hospital for the treatment of some of the STI
- specific services – social packages, condoms, folders
- referrals to other services: HIV, syphilis, hepatitis B and C, Chlamydia testing centres, etc. and treatment of some of the STI
- social assistance – assistance in drawing up the documentation to obtain identity papers
- counselling and support
- HIV/hepatitis/STI testing.

AIDS Helpline: 0800 800 033

Purpose	<ol style="list-style-type: none">1. prevention of HIV infection2. support for HIV affected persons
Target group	<ul style="list-style-type: none">• general population• persons having a risk-taking behaviour• persons wishing to get more knowledge on HIV• persons living with HIV• persons wishing to take an HIV test or who have taken such a test• relatives or friends of infected persons or at risk of infection
Services	<ul style="list-style-type: none">- information- pre and post HIV testing counselling- psychological counselling,- legislative counselling (social assistance)- support- referrals to specialized institutions and services
Working techniques	<ul style="list-style-type: none">- counselling by phone and by e-mail
Working hours (timetable)	09:00 – 21:00, 7 days / week
Partners	ROMTELECOM (starting 1 st January 2006)
Donors/Funders	Global Fund for HIV/AIDS, Tuberculosis and Malaria ROMTELECOM (starting 1 st January 2006)
Contact	0 800 800 033 e-mail: AIDS.helpline@arasnet.ro

Description of the Project

AIDS Helpline is a national service, free of charge and confidential, provided by specialized operators in the field of HIV infection. This type of service offers the possibility to go deeply into the messages, to refer to services (HIV test, counselling, medical and social assistance) and to promote the role of the NGOs in public health programmes.

AIDS Helpline is a useful instrument for information, counselling and referral to specialized services.

History

The first accredited course, “Helpline AIDS communication and operation”, and training for operators took place in 1994 and the first Helpline AIDS phone service with a paid phone number was launched at the same time. It is a service exclusively made up of volunteers (coordinator and operators), 4 hours/day, 7 days/week.

During June 2002 - February 2004, the AIDS Helpline service functioned as part of the “HIV Prevention” project, carried on by ARAS in partnership with McCann-Erickson advertising company, and with an EU financial support, through the Developing the Civil Society programme – it’s about a phone line free of charge.

From March 2004, AIDS Helpline has been financed within Activity 1 of the HIV/AIDS Programme of the Global Fund Project for AIDS, TBC and Malaria.

ARAS set up the information and counselling service by phone in the HIV/AIDS field in October 1993. It functioned under the name of “Hotline AIDS”, on a voluntary basis, till June 2002, except for the year 1997, when it was financed by FDSC, within a PHARE programme.

Target group

- persons having a behaviour at risk of infection
- persons wishing to get more knowledge on HIV
- HIV infected persons
- persons wishing to take an HIV test or who have taken such a test
- relatives or friends of infected persons or at risk of infection

Project team

- **project coordinator**
- **operators**
- an operator from the AIDS Helpline service is trained to provide information on HIV/AIDS infection, sexually transmitted infections (STI), family planning and other chapters of the reproduction health, legislation, notions of human rights and child’s rights;
- the Helpline operator has the qualities necessary to a counsellor, the ability to answer to the caller’s needs, without a complete and direct communication with him/her (the operator only has at his disposal one of the three elements of the communication);

Services

Information regarding the HIV transmission and evolution, treatment, legislation in the field, counselling, social assistance, etc.

Referrals to other services (mainly HIV testing centres)

AIDS HELPLINE QUESTIONNAIRE

OPERATOR _____

SEX: M F

DATE / TIME CALL _____

AGE: _____

DURATION: _____

CASE: NEW OLD

COUNTY: _____

HIV AFFECTED YES NO

HL INFORMATION SOURCE

media events

posters/folders

institutions

physician

other sources

SEXUAL PREFERENCE:

hetero homo bisexual no sexual activity

MOTIVE OF CALL

general information

referral to other services

counselling

HIV/AIDS/STIs orientare

TRANSMISSION

Ways of transmission

Mother-child

Medical treatments

Drugs IV

Oral sex

Vaginal sex/ sexual intercourse

Anal sex

Masturbation/ Sexual practices

Cosmetics/ Tattoos

Insects/ Animals

TESTING

Window period

Testing procedures

Confidentiality

Referrals/ Testing centres

OTHER INFO ON HIV

Symptoms

Evolution

Statistics

COUNSELLING

Risk assessment

Pre-/post- Counselling

Support

Risk reduction

Depression

Suicide

Domestic violence

Substance abuse

Rape

Accidents at work
 Blood
 Other questions about transmission
 (kiss, toilet, touch, objects)

History
 Others...

Sequester/Traffic
 Referiri servicii

RISKS

Unprotected sex
 Professional

 Medical treatments
 IV Drugs
 Other risks...

TREATMENT- GENERAL DATA

for HIV
 for opportunistic infections
 Vaccines
 Accesibility
 Referrals for treatments
 Post – exposure treatment

STI

Ways of transmission of STI
 STI Symptoms
 Testing/ Treatments
 STI Referrals

RISK REDUCTION

Safer sex
 Condoms
 Seringes exchange
 Universal precautions
 Accesibility to sanitary materials
 Fidelity
 Referrals for risk reduction
 Other methods

PREGNANCY

HIV transmission to child
 Testing of the pregnant
 Treatment mother – child
 Specialized referrals
 Pregnant care

ARAS INFO

Social Assistance
 Donations
 General information
 Voluntariate
 Demands/requests of services

CARE SERVICES TOPICS

Types of services
 Health ensurance
 Services of other NGOs

LEGISLATIVE COUNSELLING

Social discrimination
 Medical discrimination
 Social protection
 Interventions of other institutions
 Complaints
 Referrals to specialized institutions

OTHERS

Counselling and HIV testing

Purpose	Reduction of HIV transmission among general population, pregnant women, and persons from vulnerable groups
Target group	<ul style="list-style-type: none"> - persons receiving information on HIV infection - persons benefiting from counselling services and HIV testing - professionals in the sanitary field who take part in the training
Objective 1) pilot centres 2) training 3) advocacy	<ol style="list-style-type: none"> 1. Increase of the information level of the population about the HIV infection 2. Promotion of counselling and voluntary HIV testing as an HIV prevention method by advocacy activities and by the training of the professionals in the field 3. Development of the services of counselling and HIV testing

Services	<ol style="list-style-type: none"> 1. drawing up and dissemination of information materials 2. drawing up and dissemination of a manual on the pre and post HIV test counselling for professionals 3. pre and post HIV test counselling– centres 4. authorised/accredited training courses in pre- and post- HIV test counselling 5. advocacy for the development of all services of HIV prevention and for respect of the human rights. Organisation of round table discussions and seminars with a view to involving the decision makers in the development of services
Working techniques	Services of pre and post HIV-test counselling, as well as the training ones are carried out according to the standards, working protocols and curricula developed by ARAS through the adaptation of the international recommendations to the situation in Romania
Working hours (timetable)	
Partners	Public Health Directorates in Bucharest, Constanta and Iasi
Funders/donors	USAID and JSI
Contact	Liana Velica Project Coordinator liana.velica@arasnet.ro

Description of the Project

History

In Romania the HIV test was not accompanied by counselling nor accesible (known, free of charge, anonymously), although legal provisions in this respect have been settled since 1998. Many persons took the test without understanding the signification/meaning of the results or without knowing they were taking such a test (without consent). In addition to this, persons who took an HIV test didn't have the opportunity to get information and motivation to adopt a kind of behaviour with reduced risks of getting infected.

The counselling wasn't provided because the professionals in the field weren't and still aren't trained, motivated, supervised, assessed.

The population didn't ask for the test because people didn't even know about the existence or the benefits of the testing and counselling (in 1999 over 90% of the HIV test carried out in Romania were for the donated blood).

The idea of developping counselling and testing services emerged in ARAS in 1995, soon after a group of volunteers had visited an HIV testing and counselling centre in France. For 4 long years ARAS had been trying to get financing and had provided the pre- and post- HIV test counselling on a voluntary basis within the Centres of the Directorates of Public Health in Bucharest and Constanța counties; eventually, the project was officially launched by the opening of 3 centres providing services adapted to the beneficiaries' needs.

The HIV counselling and testing programme started in 1999 with an USAID financial support, within a large HIV prevention project and it keeps on functioning, with the support of the same donor, within another specific programme that includes advocacy activities and the training of professionals. The testing and counselling centre functions on the basis of a partnership ARAS – Directorate of Public Health Bucharest; it follows the recommendations of the World Health Organisation and the working method standards proposed by the Centre for Disease Control and Prevention Atlanta (CDC). This was the first HIV counselling and testing service in Romania. The services are free of charge, anonymous and confidential.

In the course of a year, over 4,500 persons receive HIV testing and counselling services, 150 medical staff attends training courses in counselling and 10 – 15 thousand persons receive informative material.

The obstacles in the implementation of the project are similar to those all projects carried out by NGOs face – the difficulty to guarantee the continuity and the development of activities, a tough collaboration with the decision-makers or among the professionals in the field that might facilitate the developing of activities or even the extent of the working model.

Legislation

The testing and counselling programme is based on and uses the following legal documents:

Order of the Minister of Health no. 889/1998, concerning the HIV infection surveillance, and its implementation standards that also stipulate the ways pre- and post- HIV test counseling may be provided in

The 2004-2007 National HIV/AIDS Strategy that stipulates the HIV counselling and testing services as well as working principles

Law no. 584/2002 regarding measures of preventing the AIDS transmission in Romania and of protecting the HIV-infected persons or persons living with AIDS, which provides prevention services, as well as diagnose and treatment services for HIV-infected persons.

Target group

The target group of the project is the population at large, but mainly by persons that are vulnerable to HIV infection – young people, pregnant women, persons involved in commercial sex, injecting drug users, homeless, Roma, young people in the foster centres, handicapped persons.

Most of the beneficiaries have a low level of information on the HIV infection, prevention, health in general. In addition, many of the beneficiaries do not have identity papers or resources to opt for a paid test, they don't have health insurances, do not access medical services (for some of the beneficiaries, the visit to the HIV counseling and testing centre represents their first contact with a medical service).

Besides, there is also medical staff or social workers/psychologists that receive training services among the beneficiaries of the project as they do not possess the knowledge and the abilities needed to practice counselling.

The ensuring of confidentiality and of free HIV counselling and testing – due to the fact that many beneficiaries are involved in activities on the brink of legality, do not have health insurances and, sometimes, don't even have identity papers, most of them say they wouldn't access the services unless they were on an anonymous basis and free of charge.

Accessible and friendly services – programme according to the beneficiaries' programme, centres placed in areas within reach, welcoming atmosphere.

Information adapted to the beneficiary's level of understanding – through a face to face counselling and materials drawn up in an accessible language and with many images.

The project team

The functioning of the programme is ensured by a coordinator, a project assistant (social worker), 4 counsellors (3 psychologists and a social assistant), and also by 5 medical aids/nurses from the Directorates of Public Health.

The executive manager, the local coordinators and the accountants/book-keepers (the financial matters) deal with the management and the advocacy component of the project.

The executive manager ensures the collaboration with other institutions and represents the programme, and carries on advocacy activities within the specialized committees s/he is member of.

The project coordinator together with the project assistant do the organisation and monitoring of the activities, the reporting, drawing up of informative and training materials.

The counsellors provide information to the beneficiaries of the project, support in the risk self-assessment and in drawing up plans to reduce them, as well as referrals to other services.

Services

- permanent training of the staff and volunteers and their involvement in the project activities. Training sessions are carried out periodically and they include general information on the HIV infection, on the association and mainly on the working methods in information, education or counselling activities;
- informative materials
 - elaboration and dissemination of informative materials – folders and posters for the public at large or for certain groups – that are adapted to the needs and include the promotion of the HIV test (what it is, benefits, where it can be taken);
 - elaboration and dissemination of a manual on the pre- and post HIV-test counselling for professionals. The manual includes both the international recommendations and the experience acquired by ARAS professionals in the course of more than 7 years since they have been providing pre- and post- HIV test counselling services; it will be distributed to physicians and medical aids/nurses;
- VCT
 - providing pre- and post- HIV test counselling services in 3 centres where the Directorates of Public Health provide testing free of charge. The services include two meetings – one of pre- test counselling and one of post- test counselling. At the first meeting, beneficiaries receive information on HIV and on the test, support in assessing their risks of getting infected and in planning to adopt a type of behaviour with a reduced risk of infection, as well as informative materials. The test result is announced during the post- test counselling, the plan of changing the behaviour is discussed again or/and solutions are being identified so that the beneficiary can cope with a positive result of the test (including referrals to other services);
 - HIV testing – partners in the project (Directorates of Public Health) provide the gathering of blood sample and its analysis in their laboratories. The centres provide HIV (ELISA), syphilis tests and also HBV and HCV tests (these two on account of the available resources);
- training

- organisation of authorized training courses in pre- and post- HIV test counselling. These 3-day courses (a total of 15 hours) include presentations as well as exercises, so that trainees may acquire knowledge on the pre- and post- HIV test counselling and develop the skills necessary in a risk-free life style;
- advocacy
 - organisation of round table discussions and seminars with a view to involving the decision-makers in developing the services. In order to identify the best solutions meant to lead to an extension of the pre- and post- HIV test counselling services, a workgroup was set up; within this workgroup, the working models already in place were analysed and propositions were made for the improvement of the regulations on the HIV testing;
 - pleading for the development of all HIV prevention services and for the respect of the human rights, so that that the pre- and post- HIV test counselling services may be integrated into a functional system – through press releases, articles, studies, interventions at the meetings, inform relevant authorities on the non-observance of the legislation etc.

The counselling and testing centres represent a resource for many other services (who now have the possibility to send their beneficiaries to these centres) and at the same time they represent a point of starting to other medical or social services for the beneficiaries (within the counselling meeting detailed referrals to other institutions are provided, according to the needs of each beneficiary).

Working protocol in the VCT

The first counselling session: pre- HIV test counselling

This session is aimed at supporting the client/patient in:

- making the decision on taking the HIV test;
- assessing his/her risk to get HIV infected;
- determining a risk reduction plan.

The pre-test counselling gives the clients/patients the opportunity to:

- improve/gather more information on the HIV infection (transmission, prevention, evolution);
- get information on the testing process;
- make a decision in full knowledge of the facts about taking the HIV test;
- initiate a behaviour change process, to prevent the HIV infection or transmission;
- become aware of their own infection risks;
- recognize and strengthen the previous efforts to reduce infection risks;
- better identify personal barriers to the risk reduction;
- achieve a risk reduction plan;
- know which are the resources available for the risk reduction plan.

Objectives

At the end of a counselling session, the clients/patients:

- will have established a supportive relationship with the counsellor;
- will have knowledge on the HIV infection and the testing process;
- will have carried out an assessment of his-her own risk of getting infected;

- will have identified and planned specific actions for an increase in the level of using prevention methods;
- will have obtained referrals to other resources (including other services) that may support the change of behaviour;
- will have made a decision concerning the taking of the HIV test.

Structure of the pre-HIV test counselling session

Activity	Method	Time (minutes)	Materials
Introduction /establishing the counselling relationship	Discussion	1	
Discussion on the general data regarding HIV and the testing	Discussion /Open questions	3	
Risk assessment	Discussion/ Active listening	4	
Identification of the previous attempts of risk reduction and identification of barriers	Discussion/ Active listening	2	
Conception of a risk reduction plan	Discussion, Active listening	4	Writing down of the plan
Written approval for the carrying out of the test Arranging the meeting for the post-test counselling	Discussion/ Filling in the application	1	The signing of the agreement A visiting card for the next meeting
Needed time: 15 minutes			

1. Introduction/establishing of the counselling relationship (one minute)

- A welcome message.
- Introduction of the counsellor/centre.

- Presentation of the meeting purpose, of its approximate duration and of the expected results following this meeting. The client/patient's consent is asked in order to guide the discussion to the topics that may lead to the attaining of the proposed objectives.

During the session, the counsellor shall be polite, shall prove to be a good professional and will show respect, empathy and sincerity towards the client. The counsellor shall get involved in the discussion and interested in the client's opinion.

2. The discussion on the general data regarding HIV and the testing (3 minutes)

The discussion will focus on the clarification of the data about the HIV infection and the testing process. The discussion shall include the following information (which is to be found in the Order of the Minister of Health no 889/1998⁹):

- difference between HIV and AIDS;
- ways of transmission;
- evolution;
- social response (the society's reaction, treatment, support);
- testing process (benefits, window period, blood collection, significance of the results);
- confidentiality and consent (including the limits of confidentiality).

Information shall be provided to the clients in an accessible language and it shall be adapted to their needs. The counselor shall involve the client in the discussion and shall improve/gather more information the client holds.

The counsellor shall have a professional and sincere attitude.

3. Risk assessment (4 minutes)

The approach shall aim at supporting the client in admitting/identifying the specific types of behaviour that expose him/her to the infection risk.

The discussion shall focus on the client's sexual or (injecting) drug use behaviour and on the circumstances these behaviour types occur. The discussion should begin with the recent problems (symptoms, referrals etc.) that have brought the client to the centre. The client and the counsellor shall identify together the categories of behaviour that imply an exposure to the infection risk as well as the frequency of these types of behaviour. In the meantime, the discussion is centred on those types of behaviour, situations, partners that may contribute to the infection risk.

Thus, an atmosphere meant to ensure collaboration in exploring the major problems is being established. The counsellor shall make use of active listening (open questions, use of non-verbal language, listening).

Attention! The exploration of behaviour types in the course of risk assessment represents an important element of the pre- test counselling, aimed at facilitating the client's understanding of his/her own risks of getting infected. It is in not way meant to be a data-collecting instrument.

• Identification of the previous attempts to reduce risk and identification of barriers in the risk reduction (2 minutes)

This helps the client identify his/her previous attempts to change the behaviour at risk and help him/her assess his/her support social network (that may encourage him/her in initiating a risk reducing plan).

⁹ See Annex V: Legislation on HIV/AIDS, the mentioned order, *A ști pentru a trăi* – the pre-testing counselling fiche.

At the same time, this phase is aimed to reinforcing the client's efforts to act and communicate so as to be able to adopt a safe behaviour. Simultaneously, the misunderstandings regarding the HIV infection in a manner that is adapted to the client's needs. It is necessary to identify barriers in adopting behaviours with reduced infection risks in order to achieve a realistic plan of behavioural change.

The whole discussion is focused on the consolidation of the client's trust into his/her own strength to change something in his/her behaviour. Open questions and encouragements shall be used to this purpose.

5. Achievement of a risk reduction plan (4 minutes)

The client is supported in establishing a plan to reduce the HIV infection risks. The plan must address the risks the client has identified in the assessment phase and must integrate his/her previous attempts to reduce them, considering the perceived/discerned barriers. The discussion is about how the client will put to practice this plan, by using specific steps and about developing a plan B.

The counsellor shall encourage the client to develop plans that include the use of the condom or of single use syringes. Plans that do not these aspects but still reduce risks are accepted as well. The counsellor has to obtain the confirmation of the fact that the plan is acceptable for the client, to write down the plan in the template (see *infra*) and to give a copy to the client. The counsellor will admit that the plan represents a challenge and will reconfirm the fact that, at the next visit (the post-test counselling), s/he will work together with the client so as to update or rediscuss the plan. Before finalizing this stage, the counsellor shall invite the client to ask additional questions, if s/he wants to, on the plan theme.

6. Written consent for taking the test. The setting up of a meeting for the post-test counselling (2 minutes)

Before taking a test, the client is asked for his/her consent to be tested and s/he is handed the consent form (see *infra*), being asked to read it carefully and eventually to sign it.

The counsellor and the client will arrange together a new meeting before the latter leaves for the medical cabinet to have the blood sample collected. This new meeting is to take place when the client returns to the centre to get the result and for the post test counselling. The counsellor shall write down the day and hour of the meeting on a visiting card (see *infra*) and then hand it to the client. The counsellor shall remind the client that s/he may call to reschedule the meeting in case something occurs which may prevent him/her to come to the centre when appointed.

The HIV counselling and testing fiche (see *infra*) shall be filled in after the client leaves.

The second counselling session: the post- HIV test counselling

This session is aimed at announcing the results of the HIV test and drawing up a risk reduction plan.

The intervention will help the client to:

- get the result of the HIV test and understand it;
- identify and reinforce the efforts s/he has made to reduce the risk of getting infected, as they had been defined at the previous session / to face the diagnosis of HIV infection.

Objectives

At the end of the session, the client will have:

- received the result of the HIV test, and an interpretation based on the personal risk of getting HIV infected;
- got the meaning of the test result;

- revised, renegotiated and reinforced the risk reduction plan;
- received and understood the referrals to other services that meet his/her personal needs.

Structure of the post-HIV test counselling session

Activity	Method	Time (minutes)	Materials
Announcement of the test result	Discussion	1	Test result
Meaning of the result	Discussion	2	
Re-discussion of the risk reduction plan/ Crisis intervention	Discussion Active listening	10	
Referrals	Discussion	2	
Total time: 15 minutes			

So, this structure needs:

- the pre-test counselling, carried out by the same counsellor;
- the announcement of the test result – only face to face – to the person that has taken the test;
- resources available for referrals (addresses, timetable, contact person).

1. Announcement of the test result (1 minute)

The test result is announced only to the client that has taken it (or to his/her tutor/legal representative, in case the clients are children or persons that are legally insane); the lingo and technicalities shall be avoided. The tone and the voice rhythm, when announcing the result, should be balanced so as to avoid an accentuation of fear or relief.

2. Discussion on the meaning of the result (2 minutes)

The provisions contained in the post-HIV test counselling are to be observed (as stipulated in Order of the Minister of Health no 889/1998¹⁰).

- A negative result to the test means there is no proof of the presence of HIV, the virus that provokes AIDS.

Nota bene: a person that has recently been exposed to the risk of getting injected might be HIV positive, while the test is not yet positive (it's the period of immunologic window). Under these circumstances, the discussion is about taking another test.

¹⁰ See Annex V: HIV/AIDS legislation, the quoted order, Post-test Counselling Fiche for the HIV positive.

- An unconvincing/undetermined result means that the test is not relevant, what may indicate a recent infection (antibodies haven't developed yet) and, in many cases, a reaction to something else than HIV.
- A positive result means (according to the tests taken – ELISA, WESTERN BLOT) that the test should be confirmed or that it is about a positive one. If a complementary confirmation hasn't been carried out yet, a new blood sample shall be collected or referrals shall be offered to another service that provides confirmation tests.

3. Re-discussion of the risk reduction plan (negative result)/crisis intervention (positive result) (10 minutes)

a. Negative result/Re-discussion of the risk reduction plan

By beginning from the risk reduction plan that has been written down on the form at the pre-test counselling, the counsellor provides the client, at this stage, a re-discussion of the steps decided at the end of the pre-test counselling and that the client made to change behaviours. Then the risk reduction plan is reviewed, the way it has been put to practice shall be assessed and the client shall be encouraged to continue his/her efforts or the whole plan is being adjusted, on account of the difficulties met.

b. Positive result/Crisis intervention

During the session, the counsellor shall be empathic and have a professional uncritical attitude.

The post-test counseling in case of a positive result shall take into consideration the client's reaction to the announcement of the result (shock, denial or acceptance) and will focus on assisting him/her to overcome the crisis situation generated by the result.

If the client gets into shock (s/he has no reaction, doesn't talk), the counsellor shall wait for the client to get over (at the most, the counselor offers him/her a glass of water, tells him/her s/he is with him/her). If a client reacts to a positive result by denying it, the counsellor (in case s/he already has a confirmation of the result) shall not encourage this state of denial, even though s/he is aware that this is a normal reaction, which occurs frequently.

The session will follow the rules of the crisis counselling. The development of a crisis includes several steps: the risky event, the vulnerable situation, the precipitating element, the active crisis, the reintegration. After a positive result has been announced, clients may get into a state of crisis; however, instead of trying to solve it (its intensity will gradually slow down), the counsellor shall help the client to find suitable ways to be socially functional.

The counsellor shall offer the client the chance to:

- express his/her feelings and find ways to control them (it's about defining the problem from the client's standpoint) by:
 - talking about the diagnosis;
 - crying and being furious;
 - thinking of who may support him/her;
 - thinking of new targets in the future, new opportunities;
- clear up the steps to follow (an examination of several alternatives), such as:
 - accessing the assessment and treatment services (a test to determine the quantity of virus, prophylactic/preventive treatments for other diseases);
 - getting in touch with organizations and support services – associations of the HIV/AIDS affected persons, support groups, long term counselling, information (about the treatment, social support, development of the infection, referrals to other services);
 - drawing up a strategy to inform his/her partners – to cope with the fear of having exposed other partners and other persons to the HIV infection and in order to find solutions to inform them (so that they are aware that they might have been exposed to the risk of HIV infection);

- elaborating a plan to cope with the situation (through feasible, concrete steps).

4. Providing referrals to other services (2 minutes)

On account of the plan established by the client, the counsellor shall provide written referrals to other services. In order to be able to provide the most suitable referrals to the client's situation, the counsellor should have a database containing these services, permanently updated. Referrals will include: name, address, phone number, programme, services, and contact person.

The counsellor ends the session, thanks the client and offers him/her good wishes. He also reminds the client that s/he may come again to the centre, if s/he has additional questions.

If the test result is a positive one, the client is always invited to come back for a new meeting (in case the counselor and the client mutually agree upon the fact it is necessary to return to the centre for a new session).

Once the client left, the counselor fills in the HIV testing and counseling fiche (see *infra*).

Form 1: Plan of reducing risks of HIV infection

Code/Name: _____
Identified risk: _____ _____ _____ _____
Prevention objective: _____ _____
Risk reduction plan: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Form 2: Informed consent (agreement for taking the test)

The undersigned:
Owner of the code:
I declare that I received information regarding:
<input type="checkbox"/> HIV/AIDS infection; <input type="checkbox"/> other sexually transmitted infections; <input type="checkbox"/> testing procedures; <input type="checkbox"/> evolution of the disease and treatments; <input type="checkbox"/> prevention of the infection; <input type="checkbox"/> legislation in force.
I declare I had the chance to ask any question on the HIV infection /other STI and on the ways to prevent them.

With full knowledge of the facts, I agree to take tests for:

- HIV
- HBV/HCV
- VDRL/TPHA

Date:

Signature:

Counsellor:

Form 3: Visiting card for scheduling the post-HIV test counselling session



Code:

Surname and first name(s):

Tested*:

Scheduled post-test counselling:
Day:, hour:

Counsellor:

** The result shall not be announced to a third person and shall not be told on the phone.*

Form 4

HIV testing and counselling fiche

Code: ___ / ___ / ___ / ___ (no./day/month/centre)
Surname: _____ First name: _____

Sex: M F
Date of birth: ___ / ___ / ___
Town: _____ County: _____
Address: _____

SEXUAL ORIENTATION:

No sexual activity
 Heterosexual
 Homosexual
 Bisexual
 No answer (NA)

The client has been sent by:

HIV+ Partner
 IEC Programme
 outreach
 education at school
 education at work
 AIDS Helpline
 Detoxication programme / methadone substitution
 Family physician / specialist physician
 Friend / relative
 Media (radio, TV)
 Others _____
 No answer (NA)

CLIENT'S REASON TO TAKE THE TEST:

Medical recommendation – confirmation
 Medical recommendation – symptoms
 Actual HIV+ partner
 HIV+ partner in the past
 Tuberculosis or STI diagnosis
 Pregnancy, month _____
 Behaviour at risk of infection
 Beginning of a new relationship
 Getting hired
 Leaving abroad
 Wish to take the test periodically
 Curiosity
 Other (specify) _____

COUNSELLING DATA:
Name/centre number: _____
Name of counsellor: _____
Pre-test counselling: ___ / ___ / ___ / ___
(hh/dd/mm/yy)
Scheduling for post-test counselling: ___ / ___ / ___

TEST RESULT:

HISTORY OF HIV TESTING
Number of previous tests:
 0 1 2 3 4 5 >5

Date of the latest result: _____ (month) _____ (year)

Latest result:
 Positive ELISA WB PCR quick NA
 Negative
 Uncertain
 Didn't take the result

TYPE OF SERVICES:

PRE-TEST:

Information
 Risk assessment
 Risk reduction plan
 Referrals

POST-TEST:

Announcement of result
 Risk reduction plan
 Referrals

Test:

Sampling
 Laboratory

RISK REDUCTION - RR

STAGE OF RR:

Indifference (not thinking of changing)
 Contemplation (thinking of changing)
 Intention (preparing for action)
 Action (adopting a new behaviour)
 Maintenance (keeping the new behaviour)

PRE-TEST: IMMEDIATE PLAN OF RR

POST-TEST: PLAN EXECUTION

A plan hasn't been drawn up
 Client hasn't made efforts
 Attempt to carry out the plan
 Plan fulfilled

POST-TEST: IMMEDIATE PLAN

LONG TERM PLAN

REFERRED TO pre-test/post-test:

Without referrals
 STI Clinic
 Hospital of infectious diseases
 Other medical services
 Detoxication
 Exchange of syringes
 Social services
 Services provided by NGOs
 Group of support
 HIV+ Association
 Sexual education
 Access to condoms
 Family planning
 Psychotherapy
 Other (specify)

The client's behaviour during the last year is being discussed and written down (12 months).

Other tests taken: TPHA pos. VHB pos. VHC pos. Other (specify) _____
 Outreach programme: CSW IDU Rroma Street children Other (specify) _____

Total number of partners

males

Sexual activity	Protection frequency <small>never/sometimes/frequently/always</small>			
Oral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Vaginal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Anal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

females

Sexual activity	Protection frequency <small>never/sometimes/frequently/always</small>			
Oral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Vaginal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Anal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

sexual relation with CSW

Sexual activity	Protection frequency <small>never/sometimes/frequently/always</small>			
Oral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Vaginal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Anal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

sexual relation with IDU

Sexual activity	Protection frequency <small>never/sometimes/frequently/always</small>			
Oral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Vaginal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Anal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

HIV+ partner

Sexual activity	Protection frequency <small>never/sometimes/frequently/always</small>			
Oral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Vaginal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Anal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Used substances	injectabil
Alcohol	
Marijuana	
Heroin	<input type="checkbox"/> Yes
Cocaine	<input type="checkbox"/> Yes
Amphetamine	
Other (specify) _____	<input type="checkbox"/> Yes

Sexually transmitted infections

- None
- Syphilis
- Hepatitis B
- Hepatitis C
- Other (specify) _____

Other risk factors

- Receives money or goods in exchange of sexual intercourse
- Tattooing, *piercing*
- Tranfusion, year _____ hospitalization injections surgery
- Stomatology
- Blood diseases
- Occupational blood exposure
- Occupational exposure – person known to be HIV+
- Accident that involves blood
- Child born by an HIV+ mother
- rape
- Other (specify) _____

Counsellor's notes:

Results

15, 000 folders distributes annually to young people, pregnant women or persons belonging to vulnerable groups

4,500 persons receive annually pre and post HIV test counselling (70% youth, 45% pregnant women, 32% persons from vulnerable groups)

150 medical staff participates annually in courses of pre and post HIV test counselling (10-12 courses on the average)

The drawing up of the counseling manual/handbook, of the working standards and protocols, as well as of the syllabus.

The number of beneficiaries that come back to the centre for the post test counseling (under the circumstances that the test is taken on a voluntary basis, free of charge and anonymously) is of 92%, which represents a greater number than the one for other services (80-90%).

95% of the participants in the courses appreciate as good and very good the content of training in the HIV counselling, as they declared that they learned about a new perspective of the relationship with all the patients and especially with the HIV infected ones. However, only 65% consider that the acquired information can be put to practice at their workplace (lack of resources).

The evaluation of the pre and post HIV test counselling, dr. Dan Duiculescu carried out in 2003, includes appreciations regarding the fact that this is the first HIV counselling and testing service in Romania where the counsellors observe the working protocol, that the atmosphere is considered as friendly by the beneficiaries and that they obtained the information they needed. However, the evaluation points out the fact that the waiting rooms may need improvement and that a psychologic support for the counsellors is needed (specific supervision and support groups).

„Prevention for everybody!”

Purpose	An increased access of the persons of the persons with hearing deficiency to voluntary counselling and testing services; the promotion of education for health in special schools, by informing and rendering the teaching staff aware of them; prevention of the transmission of HIV infection among young people with hearing deficiency.
Target group	Young people with hearing deficiency
Objectives	<ul style="list-style-type: none"> □ prevention of HIV transmission among young people with hearing deficiency by information and education on the HIV infection and by information sessions organized in special schools for deaf or at the club of the association of young people with hearing deficiency; □ an increase in the access to voluntary HIV counseling and testing services; □ promotion of education for health at the special schools attended by young people with hearing deficiencies.
Services	<ul style="list-style-type: none"> • IEC- for the teaching staff in the special schools and also for the pupils and young people with hearing deficiency, with the help of per educators trained in a previous project; elaboration and development of a study of on how to quickly evaluate the knowledge, attitudes and behaviour of the young people with hearing deficiency and organization of a conference with the decision makers to raise awareness on the problem and to develop a programme on education for health in the special schools, which is adapted to their specific

	<p>needs.</p> <ul style="list-style-type: none"> • Medical – providing the HIV testing for at least 100 persons with hearing deficiencies. The HIV test is accompanied by counselling through the agency of an interpreter.
Working techniques	Presentation, group discussions, role-play (within the information sessions)
Working hours (timetable)	<ul style="list-style-type: none"> □ Tuesdays, 12-18 – counselling and HIV testing □ Every 2 weeks meetings with the teaching staff in the special schools for deaf. □ Monthly information sessions for the young people with hearing deficiencies at special schools or at the Club of Deaf People Association in Romania (Ro.: ANSR).
Collaborations:	Deaf People Association in Romania – Ro. ANSR
Funders/donors	First data Western Union Foundation (at present) UNICEF , Phare (Acces Programme)
Contact	mihaela.blejan@arasnet.ro liana.velica@arasnet.ro

Description of the Project

“Prevention for everybody!” is a project developed by ARAS in collaboration with ANSR (Deaf People Association in Romania), with the financial support of Western Union First Data Foundation.

Activities:

- Elaboration of a CAPC (Ro. for Knowledge – Attitudes – Practices – Behaviour) study on the HIV/AIDS infection among young people with hearing deficiencies in Bucharest. The study is aimed at evaluating the knowledges and attitudes about the HIV infection, but it also has in view the risks and behaviours of HIV infection that young people with hearing deficiencies might run.
- Organization and carrying out of informative sessions for the teachers in the schools for deaf in Bucharest.
- Drawing up and production of a folder entitled the “HIV test” for the persons with hearing deficiencies with a view to increase access to the testing. The material is adapted for the young people with hearing deficiencies. Members of ANSR Bucharest also took part in the elaboration of this folder. It contains information on the HIV transmission, testing procedures, referral (guidance) to the DIHAM counselling and HIV testing centre as the testing is free of charge there, anonymous and the counselling is provided with the help of an interpreter.
- Distribution of the “HIV test” folder. This folder shall be distributed in the special schools where young people with hearing deficiencies learn, during the information sessions organized for the members of the association at the ANSR headquarters. The folder promotes the HIV testing together with counselling and the activities carried out within the project.
- Informing and educating young people with hearing deficiencies on the HIV infection by sessions organized in schools; the sessions are held by the project team and are based on the involvement of the peer educators (persons with hearing deficiencies); they were trained in a previous ARAS project.

- Providing specialized services of counselling and HIV testing adapted for the young people with hearing deficiencies.
- Organisation of a conference for the decision makers on the importance of including the education for health in the curricula of the special schools and adaptation of the education for health curricula drawn up by the Ministry of Education for the ordinary schools so as they fit the special needs of the pupils learning in the special schools. The outcomes of the study achieved in the project, as well as the benchmarks, are to be presented at the conference.

History

This project started on 1 November 2005.

Information campaigns on the prevention of the HIV/BTS infection unfortunately address the public at large, without taking into consideration difficulties met by some people with special needs of communication due to some deficiencies in accessing messages and information. This is because, the group made up of the persons with hearing deficiencies, which theoretically runs the same risk of infection as the whole community, has a limited access to information due to their deficiency and so they become more vulnerable.

Given the fact that the means of mass communication and the classical methods of information are inaccessible or inefficient, an approach capable to meet everybody's needs and possibilities and adapted to the specific of the communication style for this kind of deficiency.

Persons with hearing deficiency have communication difficulties in accessing medical services. That is why an interpreter of the language expressed through mimic and gestures was needed to facilitate the access of these young people to the counselling and HIV testing services, mainly that the discussion within the counselling is an intimate and personal one.

History/background:

A couple with hearing deficiencies came to the counselling and testing centre in 2000 with a view to taking an HIV test for marriage. The counselling session was a difficult one due to the barriers in communication between the counsellor and the two clients, and also to their very low level of information on HIV infection.

Coming across this problem, in 2001 ARAS collaborated with the Deaf People Association in Romania and with the Blind People Association in Romania in writing down and then in carrying out of a prevention project among persons with deficiencies. At the DIHAM counselling and testing centre, the counselling activity is carried out in the presence and with the help of an interpreter of the language expressed through mimic and gestures recommended by the Deaf People Association in Romania.

Esteemed number of beneficiaries:

- 100 persons with hearing deficiencies will have access to counselling and HIV testing services adapted to their needs (the counselling session is to take place with the help of an interpreter of mimic and gestures)
- 60 teachers in the special schools will acquire knowledge and skills to implement the education for health programme in the special schools

- at least 50 young people will take part in the information/education sessions run by the peer educators
- 25 persons, decision-makers, will be informed on the HIV prevention programme in schools and will be able to identify solutions so as to include these activities in the curricula of the special schools
- at least 1,500 persons with hearing deficiencies will receive information on the HIV infection and implicitly on the HIV test.

Difficulties:

The target-group is marginalized: in Romania, there is no concern that persons with hearing deficiencies receive the same services and communicate the same way as the general population does. Access to information and health services is as difficult as the access to education.

Legislation

Which are the most frequently used pieces of legislation within the project?

We use mainly the legislation concerning the handicapped persons in this project.

Target group

Due to their deficiency, young people and persons with hearing deficiencies possess a low level of information on health in general and mainly on HIV infection. Most of the persons with hearing deficiency are high-school or vocational school graduates, and a rather small percentage (below 5%) are college or university graduates.

The access to information and prevention of HIV infection services is very low for young people with hearing deficiencies, mostly due to barriers in communication. Many of the young people with hearing deficiencies not only that don't have access to the mass information channels or to education for health, but they don't even understand the prevention messages because the language expressed through mimic and gestures does not include signs for AIDS, virus, microbe and because in many cases the level of development does not allow the understanding of abstract words. Thus, young people with hearing deficiencies possess less information on the education for health and much less on the HIV infection as compared to the common young people.

Due to the lack of information regarding the education for health, many young people with hearing deficiency are at risk of getting HIV and other STIs.

Needs of the target group

The special schooling must include the education for health programme, which is already operational in the the mass schooling, and accompanying this programme of specific prevention activities addressed to young people. This should also include the training and active involvement of the teaching staff, facilitated access to counselling and HIV testing free of charge, with the interpretation of mimic and gesture provided, information on the ways of transmission and HIV prevention methods, and the distribution of condoms through the agency of the Deaf People Association in Romania.

Facilitating the access to medical services capable to provide interpretation in the mimic and gesture based language might represent a first approach of this kind in Romania and is meant lead to the increase of the level of knowledge on the HIV infection among the young people with hearing deficiencies. Moreover, this may provide data on the dimension to which the community of the persons with hearing deficiencies is affected by the HIV infection.

The project team

The project team consists in: a project coordinator, a project assistant, a counsellor, a sociologist, 5 research operators and an interpreter of the mimic and gesture based language.

➤ Project coordinator

Tasks:

- Carries out activities of HIV/AIDS, BTS prevention/education
- Assures collaboration among the partners in the project
- Has thorough knowledge of the project and judiciously assigns its activities
- Assures the development of the project according to the allocated budget and the scheduling of activities
- Evaluates, supervises and monitors the activity and the performances of the project team
- Draws up quarterly activity reports and submits them to the ARAS board of directors and to the donors of the project
- Supervises the drawing up of the financial reports and then submits them to the donor
- Coordinates the partial and final evaluations of the project
- Collaborates with the community leaders and with governmental and/or non-governmental organisations for the purpose of fulfilling the objectives of the project
- Establishes contacts and exchanges information with NGO/GO which develop programmes in the same interest area
- Represents the project in the media relations
- Identifies other financing sources so as to ensure the continuity of the project
- Participates in the activities of the organisation

➤ Project assistant

- Assures the communication and the collaboration with the persons receiving services in the project as well as with the association's collaborators
- Assures the communication with the partner association and with the beneficiaries, organizes meetings, informs them about the activity of the association and on the latest findings in the field of the HIV infection
- Permanently updates his/her knowledge and those of the project team regarding the HIV infection and STI
- Organizes and holds the information sessions in the project for the teachers in the schooling institutions for persons with hearing deficiencies
- Draws up, together with the project team, the informative materials (folders, leaflets)
- Makes quarterly activity reports of his/her own activity and submit them to the project coordinator
- Participate in the activities of the organisation

➤ Sociologist

- Organizes and leads the carrying out of the study meant for the persons with hearing deficiencies
- Draws up and analyses the questionnaire on the basis of which the study is to be made.
- Supervizes the interview operators so as the study go on well
- Registers the data obtained in the study into a database
- Offers sociologic consultancy on the study made for persons with hearing deficiencies
- Participates in the meetings of the project team and the supervision meetings

➤ Counsellor

- Develops activities of HIV/AIDS counselling for all the persons that ask for such a service, while observing the protocol and working standards, as follows:
 - pre HIV test counselling:
 - establishes professional relations in counselling (greeting, welcome message)
 - discusses information on the HIV infection and HIV testing
 - supports the beneficiary in self assessing the risk
 - supports the beneficiary in building up a risk reduction plan, on account of the risk level s/he identifies
 - writes down the client's consent for testing and establishes a post test meeting
 - post test counselling
 - announces the result and explains its meaning
 - rediscuss the risk reduction plan (in case of a negative result)
 - provides emotional support and assistance in planning the future actions (treatment, psychological support, announcing the partners) in case of a positive result
 - provides referrals to other medical or social services
 - fills in the counselling fiches and updates the database (after the beneficiary's departure)
 - gets involved in the organisation and keeping the seminars and courses within the project
 - draws up monthly activity reports and submits them to the project coordinator
- assures the confidentiality of the information received from the beneficiaries

Participates in the meetings of the project team and in the supervision meetings

➤ Interpreter of the mimic and gesture based language

- assures, together with the project team, the drawing up and the adaptation of the content of the informative materials developed in the project, as well as of the training materials
- participates in the informative sessions carried out for the persons with hearing deficiencies and provides translation
- participates in the training course for the teachers in the special schools for deaf and provides translation (for the persons with hearing deficiencies)
- provides the beneficiary/HIV counsellor interpretship in the pre and post HIV testing counselling process
- draws up quarterly activity reports and submits them to the project coordinator

➤ Interview operator

- implements the questionnaires concerning the study on the evaluation of the beneficiaries' knowledge, behaviours and attitudes
- provides communication and collaboration with the persons that receive services within the project
- distributes informative materials

Services

Information and education services are provided by this project and referrals are made towards other HIV/STI prevention and treatment services, according to each particular situation.

The services of information and education regarding the HIV infection are addressed to young people with hearing deficiencies and to the teachers in the special schools for deaf. An informative session for young people with hearing deficiencies takes about an hour, is carried out in a mimic and gesture based language and contains information on the ways of transmission, prevention methods, the importance and advantages of the HIV testing, discussions on the risks and behaviours a.s.o . The working methods are adapted to the young people's needs and the information sessions are organized and carried out with the help of the peer educators – members of ANSR.

The information and awareness raising sessions regarding the education for health is addressed to the teaching staff in the special schools and last for 4 hours approximately. Data and information on the HIV infection, on the education for health (methods, working techniques adapted for the special schooling) etc. are presented at these sessions.

- referrals to other services
- pre and post HIV test counselling for the persons with hearing deficiencies. The HIV testing is provided free of charge by the Directorate of Public Health in Bucharest.

The counselling is provided by a specialized counsellor and the communication between the client and the counsellor is carried out with the help of an interpreter of the mimic and gesture based language. The interpreter, as well as the counsellor, keep the confidentiality of the data and of the discussion within the counselling process. The counselling service includes two meetings – one for pre test counselling and one for post test counselling. During the first meeting, the beneficiaries receive information on HIV and on the test, support in assessing their own risks of getting infected and in planning the adoption of behaviours with a reduced infection risk, as well as informative and protection (condoms) materials. During the post test counselling the test result is announced, the plan for reducing the infection risk is discussed again and solutions are identified for the beneficiary to be able to face the a positive result (including referrals to other services).

ADVOCACY FOR HUMAN RIGHTS

Campaign of information, education and communication for the injecting drug users

Purpose	Improvement of the health of the injecting drug users by promoting the harm reduction and addiction treatment services
Beneficiary group	Injecting drug users
Target group	<ul style="list-style-type: none"> - national authorities - local authorities (town halls, service providers within the Directorates of Social Assistance and Child Protection, Directorates of Medical Assistance) - pharmacists - media
Objectives	<p>Short description of each and every objective (justification of the choice of objective)</p> <ul style="list-style-type: none"> • <i>An increased access of the injecting drug users to sterile medical equipment</i> • <i>Attraction of new members of the Romanian Harm Reduction Network, by developping the capacity of other organisations to provide and implement services addressed to drug users</i> • <i>Involvement of the decision makers in the prevention of the HIV infection among drug users and development of partnerships among civil society – governmental institutions –private sector</i>
Services	No direct service is offered
Working techniques	<ul style="list-style-type: none"> • Advocacy și lobby - drug policy club – round table discussions • Training and conferences • Technical assistance • Press articles – press releases • Research • Networking
Partners	ANA RHRN (Romanian Harm Reduction Network) Integration CEEHRN ENDIPP UNAIDS Media
Funders/donors	UNICEF OSI
Contact	valentin.simionov@arasnet.ro

Description of the project

History

The experience of the exchange syringes programmes and the various studies carried out by RHRN and the Romanian Anti-Drug Agency points out that:

- in Bucharest, over 24,000 persons use drugs on a daily basis by injection;
- drug use affects the young segment of the population: 80% of the IDUs are aged between 16-29 years old; 70% of them are jobless or receive an unemployed allowance;
- low level of education, lack of information regarding risks and sexual or use behaviours represent a major danger for the transmission of HIV and of other sexually transmitted infections first of all for the CDI group, but also for the general population, through their sexual partners;
- most of the CDI do not access to sterile injecting kit as they cannot be bought in the pharmacies, fact that can lead to a major growth in the number of behaviours at risk of infection;
- all the services addressed to the drug users cover less than 10% of the total CDI estimated in Bucharest;
- epidemiologic surveillance system of this group of beneficiaries is difficult to carry out because of the lack or or weak development of the services addressed to them, as well as of the methodology used and functioning of the testing centres;
- lack of information on the drug use, as well as on the specific services at national level;
- vulnerable groups (maily the CDI) are not involved in developping and implementing the services that address the needs of this group. The commitments Romania made at national and international level state the fact that the HIV infection and the needs of the vulnerable groups should be dealt with special attention. Meanwhile, the great difference between official papers and the existing services affects the society as a system;
- the partnership between the civil society and institutions at national and local level is not a real one, and the dialogue between the two must be improved.

Started in March 2004, this programme aimed at drawing attention on the problem regarding the HIV infection among injecting drug users. A 2004-2006 RHRN working strategy was set up, based on a proper assessment of the drug use situation and of the existing services. "IEC Campaign for IDUs" covers a large part of the activities proposed in this document.

In Romania, the drug use phenomenon is continually growing, while the stigma associated with the drug abuse leads to a lack of information on the injecting drug users.

Moreover, the lack of specialists in the field and the misunderstanding of the phenomenon represent the main obstacles in this project. On the other hand, the lack of a true partnership between the civil society and the governmental institutions has raised serious problems in the development and support of services for the drug users. The lack of funding at national level for the syringe exchange programmes and the weak support of other services for the injecting drug users turns this vulnerable group into a closed one. This group does not access services and represents an epidemiologic danger

taking into account the large number of behaviours at risk: use in common of the injecting kits, reuse, the practice of the commercial sex, unprotected sexual relations often with multiple partners etc.

Respected values:

Transparency
Consistency
Earnestness
Flexibility
Communication
Creativity

Legislation:

As it is an advocacy type project, it is grounded on the national legislation and international regulations that refer to the services for the drug users, social and medical services, human rights etc.

Team of the project

Project Coordinator
Project Assistant
Technical Assistant
Volunteers
Researchers

The project team has as duties to organize and develop all the activities and work strategies the project board (made up of the RHRN members) discusses and approves.

This way, the team facilitates the meetings among the RHRN members, the group of beneficiaries and the local authorities; it represents the beneficiaries' interests (drug users) in relationship with various target groups, helps at building up a real image of the drug use situation, and militates for the rights of vulnerable groups.

Services

- description of the types of services provided

Advocacy and lobby – comprehensive programmes for the prevention of the HIV/AIDS infection should offer opportunities so that all the vulnerable groups may have access to a large range of services. One of the greatest challenges is to militate for a multidisciplinary approach of the epidemic, given the fact that HIV/AIDS ignores political or legal borders established by the governments.

The society's answer to the epidemic won't be efficient unless governments and societies protect the human rights, including those of the marginalized groups. Incrimination and stigmatization of the behaviours at risk only leads to a negative result regarding the public health.

All the involved stakeholders (decision-makers, representatives of the civil society, affected groups) must put pressure on the government so that it turn the HIV infection related issues and the drug use into national priorities. International funds may support the implementation of the emergency programmes, however their development at a large scale is within the powers of the national structures.

Training and conferences – The comprehensive approach of the drug use is based on a good collaboration among all the service providers involved in this phenomenon –medical institutions, non-governmental organizations, town-halls, international agencies. This way, a good knowledge of

this matter implies information relating to the medical risks associated to the psycho-active substance abuse, the legal troubles it determines, and the national and the international circumstances (existing services, statistics etc.). The courses and conferences are on a wide range of information that refer to the needs that might appear in the planning, implementing and evaluating activities of a programme on the prevention of HIV infection addressed to injecting drug users. The informative packages address to the various stakeholders involved in this issue and they are developed on the grounds of some clear assessments of the participants' needs.

Technical assistance – the team members provide technical assistance in developing the services, and the advocacy strategies so that drug user services may be developed at national, regional and international levels as well. The assistance provided is meant to determine the development of the institutional capacity of the beneficiary organisations and institutions so as to achieve a qualitative response in relation to the drug use matters.

Research – being truly aware of the real situation of the drug use is an important element in the development and the planning of the specialized interventions. This project is meant to back up the documentation on and research of the risk drug use associated factors, the review of legislation and the promotion of good practices in the legislative field. A major research component is the association with the organisation of the advocacy activities, through which the results of the research reports are presented. This way, it is achieved a good promotion of the drug use issue in Romania, and also the discussion of the solutions.

Networking – the main mission of this project is to stimulate and develop networks/partnerships in Romania, so as to determine an improvement of the health state and of the rights of the vulnerable groups. The project provides a continuous flow of information, institutional development, advocacy and resource mobilization with a view to a sustained and permanent response to the needs of the Romanian society.

- In order to guarantee an active exchange of information and resources, and also to get the public and the media support in this drug use issue, specific activities are carried out: documentation on and promotion of good practice models, participation in conferences and events at national and international level etc.

Monitoring – evaluation

The monitoring activity was carried out through narrative reports for each activity and at the closing of the project.

Results

- establishment of a partnership between RHRN and the authorities in the pharmacy sector
- involvement of the private sector (of the pharmacies) in the development of the HIV prevention services addressed to the injecting drug users
- promotion of the need to develop services for the drug users in Bucharest/Romania by organizing numerous events, courses, conferences
- documentation on the needs and the drug users' situation in Romania by involving the media in the advocacy activities, and also by drawing up country reports and stand documents
- development of the handbook on the Management of Syringe Exchange Programmes

- support of the need to develop services for the CDI by asking them to get involved in the strategies meant to develop social and medical services, documents of the local authorities (town-halls, Directorates of Public Health) or the national ones

Developping the substitution therapy in Romania

Purpose	Prevention of the HIV/STI transmission by improving the access to medical and social services for the injecting drug users
Target group	Decision-makers, NGO, state-based institutions interested or involved in this issue
Objectives	<ol style="list-style-type: none"> 1. Improving the HIV prevention and other services for the injecting drug users (ensuring a continuity and growth in the community services capacity to prevent HIV) 2. Improving the dialogue among various decision-makers (representatives of governmental institutions and of the civil society) so as to render the authorities aware of the necessity to develop services adapted to the needs of the groups vulnerable to HIV/STI, and to ensure by this a continuity of the existing services and to create a real partnership between the governmental and non-governmental organisations (Advocacy) 3. Improving the echange of experience and good practices at national level (Networking)
Working techniques	Getting abilities/skills in working with the media Round table discussions Press releases Articles Interviews Press conferences
Funders/donors	Open Society Institute
Contact	valentin.simionov@arasnet.ro

Description of the project

History

According to the latest quick estimation the National Anti-Drug Association and UNAIDS provided in 2004, 1% of the population in Bucharest is intravenous drug user (over 24,000 people). Because of a very high level of consumption in the Capital, RHRN appreciates that Bucharest finds itself in an emergency situation. However, the capacity and the quality of the treatment services are far from being able to cope with this phenomenon. Most of those of try to get rid of this addiction find no other choice and end by keeping on using drugs, this entailing serious social and individual repercussions. Among the solutions successfully applied by the European countries in the HIV/AIDS prevention and the reduction of the social costs associated to the consumption of opium-based substances are:

ensuring access to sterile injecting kits, ensuring the users' access to treatment and addiction-related services (of substitution and non-substitution type), access to social and professional reintegration services.

The project lasted 6 months (January - June 2006). Given the current circumstances, ARAS sees the increase in the demands for treatment from the heroine users as an advocacy objective, so much as it hasn't been found among the priorities of the Ministry of Health.

The institutions and organisations that provide services for the groups vulnerable to HIV/STI (mainly the injecting drug users) report numerous behaviours at risk of HIV infection or transmission inside these groups. Meanwhile, the services (including those of HIV prevention) addressed to vulnerable groups are provided in the National Anti-Drug Strategy 2005-2012 and in the HIV/AIDS National Strategy on 2004-2007. However, in reality, they are still fragmented and underfunded, which opens the possibility that an HIV epidemic may appear at first inside the vulnerable groups, then in the general population.

In Bucharest, the syringes exchange programmes reach only 10% of the total population of injecting drug users and they are exclusively based on international funds. In the meantime, the services providing treatment for opium-based substances addiction cover less than 5% of the need of treatment in the Capital, which proves the fact that, in this context, services providing opium-substances addiction treatment based on the substitution with methadone are not yet adapted to the real situation.

The partnership between the governmental and the non-governmental organisations is not an operational one, and that the dialogue between the two sectors needs improvement.

Although ARAS was present in the Romanian media as a provider of psycho-social services and as an organisation that militates for the rights of people at risk of getting infected or HIV/AIDS affected, the collaboration with the journalists wasn't a systematic one. That is why, the first activity of the project was the organisation of a training session in working with the media. It was addressed to ARAS employees and to the partner organisations within the Romanian Harm Reduction Network (RHRN). The course was held by an international expert and consisted in the presentation of:

- The role of the media in an open society
- The media structures (press agencies, local, national and commercial media channels)
- Techniques for monitoring the media (plans and monitoring reports, dissemination of information)
- Techniques of drawing up press releases
- Types of messages addressed to the media
- Ways of involving journalists in advocacy
- Techniques to build up strategies of working with the media

In order to reach the objectives of the project, the project team collaborated with many organisations and with an important number of journalists. The events organized had as an effect the establishing of contacts among various decision-makers from the local administrations, medical services, NGOs, dissemination of important information from the perspective of the service development.

State-based institutions:

- National Administration of Penitentiaries

- Psychiatric hospitals that provide services of detoxication and substitution based on methadone
- Ministry of Health
- General Directorates for Social Assistance and Child Protection in Bucharest
- Service of Protection of the Victims and Social Reintegration of Delinquents functioning at the Bucharest Tribunal
- National Anti-Drug Agency

International organisations:

- Open Society Institute – IHRD
- UNICEF
- UNAIDS

NGOs :

- Save the Children
- Romanian Angel Appeal
- ALIAT
- CRED
- Integration

Legislation

The current legislation allows the development of substitution centre only in the psychiatric hospitals equipped with closed-circuit pharmacies. The substitution treatment is a real alternative to the consumption and delinquency; however, for the time being it exists only on the paper or only for a few hundreds of patients that had the privilege to get one of the places in the state-based medical centres where they may benefit of the substitution treatment (LSM IV, CETTT St. Spiridon, Socola Psychiatric Hospital – drug-addiction section). The pieces of legislation analysed or invoked in the debates brought about by the round tables were:

- Law no 143/2000, concerning the prevention and fight against traffic and illegal drug use
- Law no 522/2005, of modification and updating Law no 143/2000 concerning the prevention and fight against traffic and illegal drug use
- Order no 725/I.A.-898 of 15 October 2002 on the medical and educational measures applied to the drug addicts in penitentiaries
- Law no 339/2005 concerning the legal status of plants, substances and narcotic and psychotropic preparations

Team of the project

- Project coordinator – outreach worker – social worker
- Project assistant – outreach worker – general practitioner

Monitoring – evaluation

The monitoring of the project was carried out through the regular activity reports and the final report, drawn up at the closing of the project.

Results

Training

- “Role of the mass media in developing the risk reduction services” – 21-22 January, ARAS

Round tables (Drug Policy Clubs)

- „Services for substituting heroine addiction – social and legislative aspects ”,15 March 2006, ARAS seat in Bucharest
- „Syringe Exchange Programmes ”, 14 April 2006, UNICEF seat, Bucharest
- “Developping medical services for substituting heroine addiction in penitentiaries”, 18 May 2006, at the National Administration of Penitentiaries, Bucharest
- “Options for Health – substitution treatment in Romania”, 27 June 2006, Palatce of Parliament

Press Conferences

«Mass media and the drug users», 27 June 2006, Palace of Parliament

EUROPEAN PROGRAMMES

AIDS Action and Integration

Purpose	<i>To guarantee the existence of at least one NGO competent and recognized in each of Central and East Europe countries, that may allow persons living with HIV/AIDS and groups vulnerable to this infection to benefit of a quality support in the health field and in prevention.</i>
Target group	
Objectives	<ul style="list-style-type: none"> • setting up new working instruments addressed to the needs of the local NGOs in Central and East Europe that are active in the prevention of the HIV infection and in the work with HIV/AIDS affected people • assessing the local context regarding the epidemiologic situation and the services addressed to vulnerable groups and HIV/AIDS affected people • offering support mainly to the stakeholders in the health field from the 10 new EU member states and from the 3 candidate countries
Services	
Working techniques	<ul style="list-style-type: none"> • 9 international seminars on the best practices • country missions • training periods, exchange of experience and inter-country training sessions • meetings with the stakeholders in the health field in the European Union • transparency of decisions reported in the section reserved to members, on the site www.integration-projects.org • publication, every six months, of a newsletter presenting the project activities and the future plans (ARAS ensures the

	communication part in the project, including the publication and mailing of the newsletter to over 500 recipients/addressees)
Partners	Main partners: AIDES (coordination) / FRANCE AIDS ACTION EUROPE (connections at European level) - NETHERLANDS ARAS (communication) / ROMANIA AIDS FONDACIJA ROBERT / SLOVENIA BADZ Z NAMI / POLAND CEEHRN - LITHUANIA SCAP / Czech AIDS Society / CZECH REPUBLIC EATG - European AIDS Treatment Group / BELGIUM DIA+LOGS / LATVIA
Main funders/donors	European Commission – DG SANCO Open Society Institute Embassies of France in other partner countries Fondation de France GSK Positive Action Roche UNAIDS
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Mission

The mission of the projects “Aids Action & Integration” is to support the development of the local anti-AIDS associations in Central and East Europe, mainly in newly become and future members of the European Union. The projects will allow the local stakeholders from 10 new EU members and 3 candidate countries, among which Romania, involved in the HIV/AIDS issue, to take advantage of the best practices and lessons learned at European level.

Objectives and activities of the project

Nine international seminars on the best practices that can be used as a resource in creating new working instruments, prioritarily addressed to the needs of the local NGOs in Central and East Europe. Each seminar has a main theme: the management of the NGOs, vulnerable groups, women and sexual health, reduction of risks for the injecting drug users, informative and prevention campaigns for young people, anti-HIV treatments, anti-retrovirals for drug users, nutrition and other key-topics for the people living with HIV/AIDS, the HIV infection and the work places. One of the seminars took place in November 2005 in Romania, under the title “Sustainable services for vulnerable groups”.

The missions are in the countries that are about to become EU members, the priority being those uncovered in the first stage of the project, such as Cyprus, Slovakia, Slovenia, Turkey and Bulgaria. Their aim is to assess the local context from a European perspective (they will be synthesized in 5 reports, one for each country). The missions will be carried out to update, if necessary, the reports previously published on these countries.

The probation periods and the training sessions inter-countries are carried out within the local health projects, recognized in the EU to offer support especially to the stakeholders in the health sector from the 10 new EU member states and from the 3 candidate countries.

A restricted coordination team will supervise the whole process to ensure the visibility of the events in the essential moments of the projects, will organize two reunions with the EU stakeholders in the health sector in Brussels, will support the activity of "Dissemination and communication", developed by ARAS in Romania and will guarantee the evaluation of all aspects of the project. The communication within the project will also be supported by the publication of a bi-annual newsletter, this task being incumbent on the Romanian side.

Projects funded especially by **DG SANCO within the European Commission.**

The activities started in February 2005 and they are planned to take 36 months.