FINAL REPORT

TRAINING COURSE

FOR VOLUNTEERS TO SUPPORT THE IMPLEMENTATION OF THE

EVS MULTILATERAL PROJECT ON HIV/AIDS PREVENTION IN EU AND CENTRAL AND EASTERN EUROPEAN COUNTRIES

21.09. – 26.09.2002
BERLIN, GERMANY

A project within the framework of the ICYE-Eastlinks Large Scale Project
and with the support of the European Union Youth Programme – Action 5

with the financial support of the EU

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CHRONOLOGICAL PROGRAM OVERVIEW

Arrival DAY		
21.09. SATURDAY	p.m.:	Arrival of participants
	19.00	Dinner
	21.00	**Welcome** of all participants by the hosting team Informal get-together
Voluntarism		
22.09. SUNDAY	08.00	Breakfast
	09.30	**Introduction**
	11.00	Coffee break I
	11.30	**Expectations**
	13.00	Lunch
	15:00	**YOUTH Program and EUROPEAN VOLUNTARY SERVICE** **The ICYE EASTLINKS Large Scale Project** **Background info on Project on HIV/ AIDS Prevention**
	16.30	Coffee break II
	17.00	**Practical aspects of the exchange**
	18.30	Daily evaluation "sTEAm groups"
	19.00	Dinner
	21.00	**Language Tandem Course**
Intercultural Learning		
23.09. MONDAY	08.00	Breakfast
	09.30	**Me and my culture/country**
	11.00	Coffee Break I
	11.30	**Intercultural Game**
	13.00	Lunch
	15.00	**Evaluation and sum-up**
	16.30	Coffee break II
	17.00	**Dynamic problem solving session**
	18.30	Daily evaluation "sTEAm groups"
	19.00	Dinner
	21.00	Exploring Berlin at night
Sexual Health Behaviour		
24.09. TUESDAY	08.00	Breakfast
	09.30	**Training on Sexual Healthy Behaviour I: Introduction**
	10.00	**Training on Sexual Healthy Behaviour II: STIs and HIV**
	11.00	Coffee break I
	11.30	**Training on Sexual Healthy Behaviour II: STIs and HIV**
	13.00	Lunch
	15.00	**Training on Sexual Healthy Behaviour III: Sexual Healthy Behaviour**
	16.30	Coffee break II
	17.00	**Training on Sexual Healthy Behaviour IV: Safer Sex**
	18.30	Daily evaluation "sTEAm groups"
	19.00	Dinner
	Evening	Language Tandem Course II / free
Day of work in AIDS projects		
25.09. WEDNESDAY	08.00	Breakfast
	09.30	**Regional Aspects of HIV/ AIDS I** EU and CEE countries
	11.00	Coffee break I
	11.30	**Regional Aspects of HIV/ AIDS II** EU and CEE countries
	13.00	Lunch
	15.00	**Volunteers in HIV NGOs**
	16.30	Coffee break II
	17.00	**Health Promotion theory**
	18.30	Daily evaluation "sTEAm groups"
	20.00	Project visit at *Kursiv e.V.* (Host Project),
Individual idea development/ day of departure		
26.09. THURSDAY	08.00	Breakfast
	09.30	**"Caution! Under construction!"** – workshops on individual project/ contribution to the host project
	11.00	Coffee break I
	11.30	**Final Evaluation**
	14.00/pm:	Departure of participants

SEPTEMBER 21st / EVENING:

After a warm welcome by Andreas Schwab, on behalf of the ICYE International Office, and a brief presentation of the trainer team, the participants were asked to present themselves mentioning their home country and the project they would participate in.

After a short introduction to the aims of this training course, the programme was presented in detail, the different training parts were described, and the respective trainers were introduced.

Then the participants were invited to get to know each other and the members of the team in an informal get-together.

SEPTEMBER 22nd MORNING:

Expectations, Fears, Motivation - with regards to the EVS experience

The volunteers gathered in 2 small groups to express first their expectations, fears and motivation in written form.

The results of the three groups where then summarised under the subtitles “language and culture”, “Home”, “Living situation”, “Relationships”, “Host Project” as follows:

Language and culture:
- A chance to learn a new language.
- Be able to communicate.
- Be part of the culture of the country they will be living in.
- Become active despite the communication barrier.
- Accept differences (music, food, traditions, etc.)

Home:
- To “build” a new home even for a short time.
- Find a social environment where I can feel at home.
- The time apart will not change the relation with family and friends.
- This experience will help to build a stronger relationship with my own family.

Living situation:
- To have all the basic needs covered.
- To have independence and freedom (like any other person)
- Feel part of the community of my project.
- Have some time and space for myself.
- Not to loose ,my individual lifestyle.

Relationships:
- Make new friends and establish a relationship with the co-workers
- Not to loose contact with the people in my home country.
- Find people with similar interest.
- Not to have problems with the people I will be living/ working with.

Host Project:

- Be able to share own experiences.
- Have time to adjust to the new environment.
- Have a motivating responsibility.
- Be part of a motivated group.
- Gain experience in the HIV / AIDS field.
- Have appropriate guidance in order to perform well.
- Make a beneficial contribution to other peoples' life.
- Not to be frustrated because of the communication barriers.

The presentation of the results of each group was followed by a lively discussion on differences and similarities especially with regards to the expectations of the individual participants.

SEPTEMBER 22nd, AFTERNOON

Introduction to the YOUTH Program and the European Voluntary Service

Andreas Schwab gave an introduction and provided basic information on the European Union Youth Programme as follows:

THE YOUTH PROGRAM - ACTIONS

The YOUTH- Programme consists of 5 actions in the field of youth mobility and voluntary service:

1) Youth Exchange: short term group exchange activities
2) EVS: Long-term Voluntary Service projects
3) Youth Initiatives – local level
4) Joint Actions of YOUTH with other programs
5) Support Measures – mainly seminars, training courses and study visits to facilitate the implementation of the other actions.

TARGET PUBLIC OF THE YOUTH PROGRAM:

Individuals aged 18-26
Groups of people
Non-profit sector
Local authorities

TIME FRAME OF THE YOUTH PROGRAM

The Budget of the present phase has been approved for 7 years 2000-2006.

WHO CAN APPLY/PARTICIPATE?

GEOGRAPHICAL SCOPE OF THE YOUTH PROGRAMME

The EC differentiates between Program Countries and Third Countries. Program Countries are all EU member states plus Liechtenstein, Norway and Iceland as well as the so-called pre-accession countries in Central Eastern Europe (Estonia, Latvia, Lithuania, Poland, Czech Republic, Slovakia, Hungary, Romania, Bulgaria, Slovenia, Cyprus and Malta). Organisations from the above mentioned countries can apply for funding. Projects may also take place in a limited number of third countries situated in four

priority areas – South Eastern Europe, CIS countries, the Mediterranean and Latin America.

INTERNET CONTACT

WWW.EUROPA.EU.INT/COMM/EDUCATION.YOUTH.HTML

ACTION 2 – EVS

AIMS

- Informal intercultural learning experience for the volunteer
- Support development of local community

WHAT IS AN EVS PROJECT?

Take place in a country other than where the volunteer lives
Non-profit making and unpaid
Bring added value to the local community
Do not involve job substitution
Lasts for a maximum of 12 months

ACTORS IN EVS

- The young volunteer
- Hosting organisation
- Sending organisation
- Co-ordinating organisation – in case of multilateral project

TYPES OF EVS-PROJECTS

One to one project – only two sides
Multilateral project – if more than one sending and one hosting organisations take part.

The volunteers then asked a number of further questions about the general set-up of the Youth program, more specific questions about their own projects were referred to the program point "elements of the EVS project".

Introduction to the ICYE – Eastlinks network and programs

Mr. Salvatore Romagna, Secretary-General of ICYE, introduced the ICYE- Eastlinks two – years Large Scale project „Eastlinks and ICYE: Volunteers and Local Communities beyond the East-West European divide".

The objectives of the project are:

- To provide a framework for capacity building and training
- To enhance and deepen the co-operation between Eastlinks and ICYE
- To promote and document youth mobility experiences

In order to achieve this the following meetings/seminars have been organised:

- 1st Large Scale networking meeting May 2001 Masuren, Poland
- Western sub-regional meeting March 2002 Spoleto, Italy „Promoting voluntary service in Eastern Europe" – successful strategies for recruitment and selection
- Baltic, North-eastern meeting in Tallinn, Estonia in May 2002
- South-eastern meeting in Zagreb, Croatia in May 2002
- 2nd networking meeting in June 2002 Berlin, Germany
- Training seminar on EVS programme activities in Budapest, October 2001

Other activities organised in the frame of the project were up to now three multilateral EVS projects involving the hosting and sending of volunteers from both, CIS countries and Western Europe, one of them being the multilateral pilot project on HIV/AIDS prevention.

Through the intensified networking efforts multilateral and bilateral EVS exchanges have been organised between the partner organisations.

Salvatore Romagna pointed out that due to the successful co-operation of the 2 networks the idea of a thematic EVS between East and West had received strong support.

When asked about the volunteers' personal connection to the topic as well as how they learnt about the programme the volunteers mentioned different personal situations:
One participant had learnt about the program in a local newspaper. Other volunteers were contacted by their sending organisation directly or via their voluntary activities and saw going abroad as a chance to leave their own restricted living environment, which they perceive as highly afflicted by HIV/ AIDS. One volunteer saw the participation in line with her effort to become a doctor on infectious diseases.
Especially volunteers from Western Europe perceived HIV as being connected to social problems in Eastern Europe in particular related to youth and drug-abuse.

Introduction to the HIV-EVS project

Ricci Koehler, member of the trainer team, then gave a short introduction on the background and activities generated so far in the implementation process of the ICYE-Eastlinks multilateral EVS project on HIV/AIDS Prevention. The initial idea was born at the "First Regional Conference on AIDS Prevention and Voluntary Service Organisations in CEEC", held in Tallinn, Estonia in September 2001, supported by UNESCO. It was organised by EstYES and EASTLINKS (www.eastlinks.net).

Results of the conference:

- Recognition of AIDS as a severe problem in most of the countries represented on the meeting
- Identifying youth as the most endangered group
- Taking note of a lack of moral, structural and financial support for already made efforts/ organisations
- Expressing the common will of voluntary service organisations to contribute to the global fight against AIDS on a local, national and European level
- Understanding that voluntary service and youth organisations may not be experts but can offer commitment, resources, contacts and experience in East-West exchanges.

As a concrete result of the conference, member organisations of both networks decided to set up a multilateral EVS project on HIV/AIDS prevention. This project involves project placements for 12 volunteers in 9 projects in Estonia, Russia, Ukraine, Germany and UK.

Aims of the project:

- Raising awareness on the importance of HIV/AIDS prevention among youth in Western and Eastern Europe
- Involving young people and building "living bridges" in EU- and CEEC-countries
- Support of AIDS work through enabling/ supporting the exchange between Western and Eastern European organisations active in the field of HIV/ AIDS
- Linking up voluntary service organisations (co-ordinating) and AIDS prevention initiatives(hosting).
- Providing experience and the structure of the ICYE-Eastlinks Large Scale Project

Ricci Koehler then briefly described in chronological order the activities that were necessary in the development process of the project, and welcomed the volunteer's participation in the forthcoming final phase:

- Oct. '01: Budapest, Hungary: creation of a preparation/support group: ICYE IO, Alternative-V, HealthProm, later joined by ICYE UK, EstYES and SWALLOWS as partners
- Nov.'01 – Jan.'02: identifying host projects and partners
- 1st Feb.'02: submitting of project proposals for Action 2 and Action 5 projects to the YOUTH program of the EC
- May '02: beginning of preparation work for the training course for project responsible persons in Kyiv, Ukraine, recruitment of prospective volunteers
- 21. -28. July '02: Training course in Kyiv for project responsible persons in the involved AIDS and voluntary organisations

After some general remarks made by the participants about their own specific interest in this project and their link with the respective sending organisations, Andreas Schwab gave explanations about the programme elements and the practical matters concerning the participation of the volunteers:

Elements of the EVS program

The following programme elements are foreseen in this multilateral EVS project:

- Preparatory Training / Berlin
- Arrival in the Hosting Country
- On-arrival training
- Language training
- Introduction to project work
- Project work
- Mid-term evaluation
- End of Stay evaluation
- Departure to Berlin
- Final Evaluation and Follow-up /Berlin
- Arrival Home Country
- Possibility for Follow-up project "Future Capital" on the territory of the EU

All parts were briefly described and questions were clarified.

Who is in charge of what?

Furthermore the following support structure was described as the "net" upon which volunteers can rely, explaining the responsibilities of different actors as follows:

The Sending Organisation is responsible for:

- First contact and recruitment of volunteer(s)
- Contact with volunteer(s) before, during and after the Voluntary Service
- Follow-up

The Host project is responsible for:

- Providing the volunteer(s) with meaningful tasks, training and support in accordance with the project description.
- Board and Lodging (if not otherwise agreed with the Host Co-ordinating Organisation)

The Project Supervisor is in charge of the volunteer in the project. He/she is responsible for:

- Coaching the Volunteer
- Clarify work-related questions
- Supervision of the Volunteer's tasks
- Crisis Counselling inside the project

The Host Co-ordinating Organisation is responsible for:

- On-Arrival Training
- Language Course
- Mid-term evaluation
- End-of-stay evaluation
- Pocket Money
- Reports
- Overall Coaching
- Communication with the Co-ordinating Organisation (ICYE IO)

The Mentor is the link between the Hosting Co-ordinator and Volunteer, his/her tasks are:

- "Befriending" the Volunteer
- Crisis Counselling "Advocate" for the Volunteers vs. Project and Host Co-ordinator

The Co-ordinating Organisation is the link between all actors in multilateral EVS projects and is responsible for:

- Overall co-ordination and monitoring
- Relations with the European Commission
- Training sessions for Host Projects and Volunteers
- Project management and financial administration

Practical aspects of being a volunteer abroad:

A general presentation on the following practical aspects was given and volunteers were invited to ask further questions:

Role of the Volunteer in the project:

An EVS volunteer must not substitute or replace full labour force but should give valuable contributions and an added value to the local community. Therefore he/she

should be committed with the project work and show a sense of responsibility. The project can only work out if both project and volunteer make an effort. The question about work schedules, vacation time etc. has to be seen in this perspective. A travel period of 2-3 weeks can be granted, however volunteers have to make their planning in agreement with the project and the host-co-ordinating organisation. A return to the home country before the end of the 8 months is not foreseen.

Accommodation

Some volunteers will stay with host families; others will live in their projects or rented apartments according to local possibilities. The mentor should be asked to mediate in case of unforeseen problems with the living situation.

Pocket Money

The list of pocket money was presented, indicating that the amount of pocket money depends on economic characteristics (e.g. purchasing power) found in the respective country.

It is a fix amount stipulated in the financial agreement with the European Commission. The Host Co-ordinating organisation receives the funds and should pay monthly(during first week of each month) to the volunteer in local currency. The volunteer has to sign an affidavit.

- Insurance

The areas and limitations of insurance coverage in accordance with the AXA guide for volunteers were described.

The procedure for reimbursement was explained as follows:

- Small cases: (€)

collect bills and send in for reimbursement, the amounts will either be transferred to the bank account or a cash cheque will be sent by mail

- Big cases (€€€) advice in advance

-Emergency cases advice within 48 hours

Volunteers will receive an insurance card and a certificate from AXA as well as a claim form.

A number of further questions raised by the volunteers on these and other points were answered.

SEPTEMBER 22nd / EVENING

After dinner, during which the results of the Election of the German Parliament were announced and commented, the volunteers had an introduction to the language of their respective hosting country taught in form of a "TANDEM COURSE". The volunteers from one country taught the volunteers who would be going to their country frequently used words and phrases. As this was done in a very creative way, the volunteers enjoyed it and were able to overcome first obstacles etc. with regards to the language.

SEPTEMBER 23rd MORNING

Me and my culture/country

Andreas Schwab presented the objectives of the intercultural learning day.

To make volunteers aware about different cultural concepts and as a warming-up activity the intercultural game "Race against the time" was played. Two groups had to pass a cup of water from one person to the other, one group with the concept of speed (the winner is the one that finishes first) and the other one with the concept of quality (the one that has most water left is the winner).

At the end both groups briefly described how they see the concept of time in their own country and what other concepts they had been confronted with.

<u>My culture, your culture</u>

After this introductory exercise, the volunteers were asked to split in pairs where 1 Western (A) and 1 Eastern European country (B) was represented, with the following tasks:

- A tells B what s/he assumes about the country of B (5 min)
- B can ask A questions but as long as A is talking cannot correct him/her
- B can make notes of items to come back to later on
- B corrects A or completes his knowledge about her country (10 min)
- Now B talks about A's country & culture / roles reversed (5 min)
- A corrects B (10 min)
- A & B tell what they appreciate most about their own culture and what they dislike about it, sum up things and ask questions to understand better.

At the end a spokesman (either A or B) reported to the whole group.

During the following plenary discussion the participants reflected on the origin and reproduction of stereotypes with regards to their own and other cultural groups recognising their own role in promoting tolerance and intercultural awareness.

The participants from Russia and Ukraine then presented a very creative and lively presentation on their country and culture and received a warm applause from the group.

SEPTEMBER 23rd / AFTERNOON

Intercultural Game

In order to introduce the relevance of values in determining what we believe is right or wrong, the intercultural game ABIGALE was played. Participants were asked to read a text and to make an individual ranking for each character in the text (Abigale, Tom, Sinbad, Abigale's mother) and John according to their behaviour: Who acted worst, who second worst, etc. Then they were asked to discuss in small groups how they perceive the behaviour of the characters. The task of the small groups was to come up with a list on which everyone could agree.

After lively discussions in the two small groups the results were presented in plenary, where the discussion continued, since some members of the 2nd group could not agree on the ranking done by the first group. Even though for some participants this exercise was too hypothetical, through this exercise they became aware about how different the judgements on the characters were in the group.

In the following group evaluation we tried to answer the question on which grounds participants had made their ranking taking a look at the values that could be linked to the positive or negative judgement of behaviour.

The Iceberg concept of Culture

In this session the participants looked at different elements of culture using the Iceberg Concept (see annex). The group gathered elements of culture and then determined which elements are in the visible (primarily in awareness) and which are in the invisible part of the Iceberg (primarily out of awareness). In the following plenary discussion emphasis laid on how participants expect cultural differences to influence their life / work as a volunteer abroad.

Dynamic problem solving session

The concept of dynamic problem-solving was explained with regards to the specific situations that can come up during the voluntary service. Volunteers were made aware that a lot depends on their own initiative, but that for any action taken they should first try to look at the problem from different angles and to reflect on possible solutions also considering the point of view of the hosting side.

The group was divided in two small groups, which had the task to come up with concrete situations, then preparing a little role-play on one situation and presenting it in plenary. In the following discussions the volunteers expressed their concern with regards to what would really happen in the project and different problem solving strategies were analysed.

SEPTEMBER 23rd / EVENING

Exploring Berlin

The volunteers were offered the chance to explore Berlin.

After the obligatory souvenir shopping at the Western centre of the City, the Zoologischer Garten, they went to the new quarter of the German government with the Reichstag and around the Brandenburg Gate. They got a short introduction about its moving history and close connection to German history. After a stroll on “Unter den Linden” with taking a glance at the Russian Embassy the day ended in a typical German Pub.

SEPTEMBER 24th / MORNING

For the training on Sexual Health, Michael Krone (Kursiv e.V.) was briefly introduced as a Berlin-based expert on counselling service for people afflicted by HIV/ AIDS (PLWHA, friends, partners, family, etc.).

In order to find a playful introduction into the topic participants had to find a person who would agree on one of the given statements as
__ *Has talked with their parents about sex and HIV/AIDS*
or
__ *Believes all parts of the body are sexy ,*

and others.

Then, the participants examined current sexual beliefs by answering the following true/false questions.

They wrote only the number and answer on their paper. At the end of the program, this exercise was repeated, and volunteers themselves could evaluate whether their beliefs had been altered during the program.

The statements were:
① Abstinence is only for virgins.
② I could contract a sexually transmitted infection some day.
③ Sex and intercourse are the same.
④ Men should provide the condom.

Determining Sexually Healthy Behaviors:
The participants were asked to read aloud one of the given statements.

As a group, the participants were to decide whether the behaviour or response was sexually healthy. The participants were encouraged to make use of "sexually healthy" or "not sexually healthy" as opposed to "right" or "wrong".

Using the situations deemed sexually healthy, participants then collectively created a definition for sexual health. After having agreed upon a definition, it was supplemented with the following one that was kept on the wall for the duration of the training seminar:

Sexual health is the total well-being of a person, -physically, mentally and psychologically, socially and spiritually- without force, violence and abuse and with choices, options and informed consent.

The following exercise was used to ease the use of vocabulary regarding sexual organs. Three sheets were passed out with organ or behaviour headings.

The participants wrote down as many words as they knew regarding these headings in English or their native language. The facilitator then acknowledged the words and provided the appropriate terms that would be used during the sessions.

Participants were encouraged to share how it felt to say or write these words.

They were then asked to complete this statement:
Talking about sex makes me feel…
and started to recognise their common opinions and differences concerning sex.

Sexually Transmitted Infections (STI)
In order to have a whole approach toward Sexual Health STI's[1] have to be included. This helps to work later on HIV/ AIDS. As one of the most dangerous STI's.

The objectives of this session were:
- To become aware of symptoms of STI's
- To become aware of how sexually transmitted infections can spread
- To assess one's own behaviour for risk of STI's

[1] sexually transmitted infections

- To develop responsible attitudes towards treatment of STI's
- To develop the skills to communicate with a partner about STI's

The following definition of STI's was given: *Sexually Transmitted Infections are infections you can get through sexual contact with someone who is already infected. They are passed through sexual contact with the penis, vagina, anus, or mouth. All STI's are treatable, but not all are curable.*

Which are which? : STI's caused by bacteria or parasites can be cured with medicine. These include: Chlamydia, Syphilis, Trichomoniasis, Gonorrhea, Pubic lice, Chancroid.

STI's caused by viruses can currently not be cured, but they can be treated to reduce the symptoms and discomfort of the infected person. These include:
HIV/AIDS, Human Papilloma Virus (genital warts), Hepatitis B, Herpes

If not treated, **all** STI's have serious health effects. Because many STI's have similar symptoms and are commonly present together, the training focused on common symptoms of infections rather than on each individual infection.

Recognising Symptoms: Symptom cards were distributed. Participants had to decide whether the listed description is normal or characteristic of an STI. They read the descriptions out loud. Then if the description was characteristic of an STI, they should say, "I should consult a doctor." If it was a normal occurrence, they should say so.

The facilitators emphasized that:
✓ It is not wise to try to diagnose yourself; only a doctor can properly diagnose an STI.
✓ In order to know if something is unusual for you, you must know what is usual- KNOW YOURSELF!
✓ STI's that are not treated can lead to liver damage, skin disease, blindness, cancer (especially cervical), brain damage, infertility and death
✓ STI's are common among sexually active young people. There's no need to be ashamed but to see a doctor. STI's do not go away by themselves, though the external symptoms might.

HIV/AIDS

The objectives of this session were:

- To learn how HIV can be transmitted
- To understand how HIV affects the body
- To encourage positive attitudes in communicating with people with HIV
- To discuss how inaccurate assumptions about a person can put you at risk for HIV

The HIV/AIDS Train: In order to help us understand HIV/AIDS, the following analogy was used:

"Imagine that our health is like a train running along a track. When a person becomes infected with HIV, their wagon switches to a different, and shorter, track. When you reach the end of this track you have developed AIDS. Two things tell you how soon you will reach the end of the track. Your T-cell count (the number of cells that fight infection) tells you how much track you have left before you reach your destination-AIDS. The lower the count the closer you are to AIDS. Your viral load (how much of the virus is in your body) tells you how fast your train is travelling. The higher your viral load, the sooner you will reach AIDS. When you reach AIDS, your wagon becomes filled with unwelcome passengers, or infections that you cannot fight."

It was then emphasised that:
In order to become infected with HIV:
You must be in direct contact with one of the four body fluids that can transmit HIV. These fluids are blood, semen, vaginal fluid and breast milk and these fluids must find an entry route into your body. Entry can occur through a cut, sore, or through soft tissue or membranes located in the vagina, tip of the penis, the anus, the mouth, the eyes or the nose.

By using a variety of methods, a closer look was then taken at HIV/AIDS:

Activity Cards: Participants had to identify the risk of transmission in the illustrated activity and to tell whether or not the action is safe (cannot transmit HIV) or unsafe (can transmit HIV).

Asking the Right Questions: 3 volunteers received a script and were taped the corresponding status (HIV+ or HIV-) on their back without letting them read it. They had to assume the identity of the character whose description they had. The audience then asked questions to determine which one might have HIV.
After a couple of questions the audience was asked to determine whom they believe is HIV+. Further on the following questions were discussed:
Did you make any assumptions about who has HIV? What does this say about our ability to determine whether a person has HIV based on educational status, position or age?
The necessity to ask the "right" which means proper questions, which can tell you about the risk the other person was at, was emphasised.

Participants were then asked to evaluate confidentially a questionnaire to find out whether they are or were at risk for becoming infected.

SEPTEMBER 24th / AFTERNOON

Sexual Healthy Behaviour

Participants were asked to brainstorm their goals for the future and write them down on a flipchart. They then briefly shared their goals

In a second step participants were asked to rank the following posters in order of how it would interfere with attainment of their life goals, from most to least.

'Most' would most likely prevent attainment of life goals.

- Unintended Pregnancy
- Sexually Transmitted Infection other than HIV
- HIV

Participants lively discussed their rankings. Female participants from Western Europe ranked "Unintended Pregnancy" as the "most", whereas male participants felt an HIV-infection as the biggest threat to their goals in life.

In the following different concepts to avoid one or all of the above-mentioned incidences were introduced.

The question "What is the best method to make sure you don't get pregnant, cause a pregnancy, or contract a sexually transmitted infection?" was raised. Answer: abstinence

Abstinence was then defined as: a conscious decision to avoid the most risky activities or behaviours by not having sexual intercourse at this time.

Why Intercourse? Participants brainstormed the reasons why people have sexual intercourse and ranked the three most important reasons why young people have sexual intercourse.

As an alternative to intercourse, which bears entailed risk of Unintended Pregnancy, transmitting STI as well as HIV the concept of *Outercourse* was introduced.

Definition of Outercourse was provided as follows: intimate contact without having oral, vaginal, or anal penetrative sex.

Participants were asked to brainstorm forms of outercourse and collected a number of them.

Safer Sex

If you decide to engage in sexual intercourse, you might encounter different attitudes about who is responsible for initiating and practising safer sex.

The group was divided in two working groups of which one worked on "Who in a relationship should take responsibility for safer sex" and one on "Who usually takes the responsibility for safer sex".

Comparing results of both groups made it obvious that the reality differs in most cases from the ideal.

It was stated and explained that there is nothing like safe sex, as sex entails per se a certain risk. Thus, safer sex is sexual contact with *reduced* risk of infection or pregnancy.

In order to determine the relative risks of behaviour and forms of intercourse, the participants then were asked to place *Higher Risk* and *Lower Risk* cards on the floor at opposite ends of the space and to rank given sexual activities according to their risk.

When asked why they believe why people may not have safer sex, participants came up with:

- The belief that sex doesn't feel good with a condom;
- Safer sex interrupts sexual intimacy;
- Feeling that it could never happen to me,
- Etc.

Condoms Work!

The objectives of this unit were to increase comfort discussing condom use, discussing factors that influence correct condom use and to rehearse dialogue about it.

Condom Knowledge: Statements regarding the use of condoms were read out, participants responded with either 'True' or 'False':

❶ Most condom breakage is because of incorrect use. TRUE

❷ Communication between partners increases condom use. TRUE

❸ You should always use a latex condom. TRUE (unless allergic, then use polyurethane-stress that very few people are allergic to latex)

❹ Heat or sunlight can damage a condom. TRUE –Don't keep your condom in your back pocket or buy a condom that was in the window of a drug store or kiosk!

❺ Condoms are highly effective protection against STI's including gonorrhea, chlamydia, HIV. TRUE

❻ Condoms have no dangerous side effects. TRUE

❼ For many men the tightness of the condom helps to retain their erection. TRUE

Condom Practice: The theoretical part about the use of Condoms was followed by a Line-Up where participants had to arrange themselves shoulder-to-shoulder with cards in the correct order.

Portrait of a Sexually Healthy Student.

As a wrap-up to review the key ideas expressed throughout the program, participants drew on a piece of wallpaper the body of a student. Then they created a portrait of a sexually healthy student with features they found characteristic through words and illustrations.

Promise to Myself [Appendix 16]:

As a personal outcome of the training participants had the chance to make a promise to themselves to be sexually healthy. They chose the option that best suited them at this time in their life.

They were asked to save this piece of paper and to put it somewhere they can see it often and recall the promise they made to themselves on this day. If at any time, their situation should change, they could select another option by signing on the appropriate line and dating it.

Evaluation Exercise

A tight circle was formed and participants closed their eyes and shared their feeling starting with "What I valued most was….

and then 'What was hardest for me was…'

At the end of this session, the facilitators congratulated the participants on their heightened awareness of HIV/AIDS and pinned a red ribbon on them. 🎗

SEPTEMBER 25th / MORNING

Seminar on Regional Aspects of HIV/AIDS in Europe

Dr. Erica Richardson expert of the University of Birmingham was presented and given a warm welcome. She first presented a detailed and complete assessment on the situation of HIV/AIDS infection/prevention in Western and Eastern European countries in form of a handout, using the figures from the UNAIDS (2002) report on the global HIV/AIDS Epidemic 2002(see annex 1):

Section 1: THE HIV SITUATION IN WESTERN, CENTRAL AND EASTERN EUROPE

For this exercise the volunteers were split into two mixed groups: one group were the sex experts (facilitated by Michael Krone) and the other group were the drugs experts (facilitated by Erica Richardson).

The groups received a handout with basic epidemiological data and the major trends indicating that HIV/AIDS is currently a more serious problem in Eastern Europe than in Western Europe and that it affects mainly IDUs[2] in the East and MSMs[3] in the West.

The objective of the group discussion was to find out differences in:

- Sexual and drug-taking practices between the two regions (or within regions!).
- The scale, content, delivery of HIV prevention programs (among the sexually active / drug users).
- Legislation, which may facilitate or hinder prevention efforts (e.g. stigmatising of sexual minorities / street sex work / drug use).

2 Injecting Drug Users
3 Males Having Sex with Males

Section 2: HIV TESTING AND TREATMENT – SYSTEMS AND PROTOCOLS

The country groups received the following vignettes and a questionnaire with the task to explore the structural issues around HIV in their respective home countries. The vignettes were used as a work sheet – they chose whether to discuss Ira or George's case and then picked one person to give feedback to the group.

Vignette A (Eastern European group)
Ira is known to health and social services as an injecting drug user as she has been in contact with their services in relation to controlling her drug use. She is currently in the first trimester of a pregnancy, what happens next?

- *Is she obliged to have an HIV test?*
- *If she tests positive would a termination of the pregnancy be available? Would a termination be actively encouraged by medical staff?*
- *If Ira wants to continue with the pregnancy would AZT (an antiretroviral drug) be available to her in order to reduce the risk of transmission via the placenta?*
- *Would Ira get the same access to medical services as other pregnant women?*
- *If Ira's child is born HIV positive does the child have equal access to schooling?*

Vignette B (Western European group)
George finds out he is HIV positive through routine screening after he has donated blood. What happens next?

- *Is he obliged to seek medical attention / register as someone living with HIV?*
- *If he contacts medical services is he obliged to provide them with information on his previous sexual contacts?*
- *What factors would influence his access to anti-retroviral drugs (e.g.*

ability to pay, insurance cover, whether he lives in the city / countryside, lifestyle choices)?
- *Once George knows that he is HIV positive can he be prosecuted for passing the infection on? If so, under what circumstances?*
- *Are George's rights to employment, welfare and healthcare protected by law?*

During the following plenary discussion the following issues were raised and explained:

- Testing policies vary greatly from country to country even within regions – those who are routinely tested (pregnant women, blood donors, medical personnel, STI clinic patients) may well be tested anonymously for epidemiological monitoring purposes without being informed of any positive result
- People considered to belong to 'high risk groups' are often targeted for HIV testing (IDUs, CSWs[4], MSMs) either by coercion when in contact with medical services (UK / Germany) or by force when in contact with the police (Russia / Ukraine / Estonia).
- Termination of pregnancy is still the preferred way of dealing with HIV+ mothers in Eastern Europe. Whereas in the UK it is very much down to the mother's choice and in Germany access to abortion is very strictly limited.
- Westerners have greater access to drug therapies and in Western Europe there are few barriers to accessing these drugs, consequently HIV can be treated as a chronic [life limiting] rather than terminal [life threatening] illness.

- Financial constraints can even mean that there are insufficient funds available to reduce mother-to-child transmission

- From a legal point of view the rights of PLWHA[5] are better protected in Western Europe than in Eastern Europe. But, while there are fewer legal obligations on PLWHA in Western rather than Eastern Europe even in Western Europe they are open to legal challenges if they knowingly infect others.

- However, in practice in both East and West these rights are regularly ignored, so children always find it harder to access education if they are suspected of being HIV-Positive.

Section 3: HIV IN GLOBAL CONTEXTS

This rounding up session drew upon the differences highlighted in the earlier session and developed into a lively group discussion on

- The politics of HIV and development
- The HIV/AIDS as a security issue in Europe
- Gender aspects of HIV monitoring and prevention

In closing the session the facilitators made clear that:
In putting together health education interventions we need to be aware of these issues so that prejudices are not just routinely reinforced because they always have been – our job is to challenge them and thereby, potentially, make better, more client-based and culturally sensitive interventions.

4 Commercial Sex Workers

5 People living with HIV/AIDS

SEPTEMBER 25th / AFTERNOON

Whereas the training on Sexual Health aimed at the volunteers personally the Course on Health-Promotion-Theory aimed at understanding the social spheres involved in applying Health Promotion work.
Thus, participants gained in the first part:
a.) the opportunity to explore the different aspects of health and well-being affected by HIV/ AIDS
b) Knowledge of different methods of HIV prevention and health promotion
c.) An opportunity to reflect on health promotion activities they may use in their posting and
d.) The experience of planning a health promotion intervention.

Amanda Jones introduced herself briefly as a current health promoter at the NHS Trust London and as a former volunteer in Ekaterinburg.
She asked participants about their name, country, where they will be posted and what sort of organisation they will be hosted by.
Further on, learning objectives of the course were clarified. Participants started with coming up with a definition of health promotion.
Amanda Jones then introduced the Health Field Concept of Tones K. adapted by J Harris, which shows the relationship between the main factors influencing health status as:

- Genetic endowment
- The Home and work environment
- Individual lifestyle
- Health and Medical Services.

In 3 groups of 4, participants drew their own diagram on flip chart paper and thought about the factors that affect well-being and health of those at risk or those living with HIV/ AIDS and write them down.

In plenary, the aspects gathered within the groups were collected and commented. The Health Promotion Concept was pinned on the wall that everybody could see it.

The set of values every health promotion should be based on were introduced:

- Equity
- Community participation
- Inter-sector collaboration.

Amanda Jones referred about the following methods and their effectiveness:

- Mass Media campaigns
- Small Media campaigns
- Counselling and testing
- Peer education
- Workshops and group work
- Individual cognitive intervention
- Community mobilisation/ community development
- Social Marketing

Further on, she used her experiences as a volunteer for explaining the planning and process of a health promotion intervention at the example of the first World AIDS Day Ekaterinburg 2000.

The second part of the Health Promotion Training started after the coffee break with an energiser.
After refreshing the learning objectives of session 1 the next topic was “Marketing Health”.
Thus, she introduced Social Marketing, which was first used by Kotler and Zaltman 1971. Underpinning this is the assumption that just as people choose products people choose health behaviours and that their choices can be influenced.

The following “Seven P’s“ can be used as a tool to plan health promotion activities.

Problem focus
Needs assessment
Assessing existing resources
(Epidemology, demographics, audience)

Product
What will it be?
e.g. Clinic, drop-in, leaflet, campaign
Set of objectives

Process
Choice of method/ design/ delivery
Method of communication
e.g. focus groups for more information on the audience

Place
Where are your audience?
Avenues of distribution/ communication

Price
Person hours
Cost of the audience: economic, change of behaviour
Who is sponsering/ partnering your project?
Note: The cost is measured in more than money: time, cost to the person in applying risk reduction activity e.g. Commercial Sex Workers using condoms

Promotion
What is being promoted? Health, service, awareness

Physical Evidence
How do you evaluate effectiveness?
e.g. measures for process, outcomes, etc.

Participants split up in three groups and got a loose target group e.g. young people, gay men, commercial sex workers. Each group was asked to come up with a project idea and to work it through the Seven P's, writing down what they would do at each stage.
The results of a sample of groups were lively discussed and pro's and con's evaluated.

SEPTEMBER 25th / EVENING

Visit to Kursiv e.V.

After Dinner the group was visited one of the Berlin hosting projects, Kursiv e. V. During the guided visit, Michael Krone, project supervisor explained the aims, structure and activities of the project as follows:

Origins

Future positive came into being in 1996 (at that time under the name AIDS & ARBEIT) as a volunteer-based initiative on the part of affected individuals and others interested in the topic. Since November 1997, four full-time staff members have been at work on the further development of the project.

Goal and Issues

The goal of ***future positive*** is the (re) integration of people with HIV and Aids into work life, with due consideration for their needs and any health constraints upon their abilities. The project aims to deal with any and all issues that may arise for people with HIV and Aids in the context of work, in particular gaining or regaining a position or withdrawing from work life.

Focuses of *future positive*

- **Social Counselling**

Counselling is concerned with such issues as social welfare (health insurance, pension insurance, unemployment insurance, nursing care insurance, rehabilitation, social assistance, housing rights, support for the severely disabled), developing professional and lifetime perspectives, (re) entry into professional life, withdrawal from professional life, clarifying one's own interests, information and advising on possibilities of enhancing work opportunities (e.g., support for the severely disabled, provisions of the reform law on promoting labour, integration into the labour market under the terms of the federal social welfare law).

Future positive offers social counselling on these issues. Individual counselling sessions can be arranged five days a week.

Additional Focuses of *future positive*:

- Psychological counselling through networking with the specialised psychological team of the Gay Counselling Center.

- Initiating new employment models in conjunction with other agencies (Federal Insurance Agency for Employees, State Insurance Agency, Health Maintenance Organisations, firms, etc.)

- Developing models for flexible employment opportunities in co-operation with non-governmental agencies.

- Information and counselling for employers concerning federal labour subsidies (e.g., through law protecting the severely disabled, the reformed law to promote employment, and the federal social welfare law) and flexible time models for people with limited or variable work capacities (e.g., the so-called Hamburg model).

- Information for employees on possibilities of improving the work situation of people with HIV and Aids (e.g., the assistance model) in co-operation with other partners.

- Encouraging anti-discrimination models in the realm of Aids and work.

SEPTEMBER 26th / MORNING

During the morning session participants continued their group work or set up own project ideas and worked on the concept of the main factors influencing health status again as it was a rather complex concept.

All results were presented and evaluated in plenary.

As a closure of the course Amanda Jones handed out forms of project proposals for further training reasons and gave hints concerning useful internet addresses and literature.

On behalf of the group and the organisers, Ricci Koehler thanked Amanda Jones warmly for her valuable input and volunteers expressed the usefulness of the concrete information received.

Evaluation / Farewell:
At first the volunteers were asked to give a personal feedback to all members of the group. For this they drew their hands on a sheet of paper and wrote their name on it. The sheets then were circled and participants were invited to write short personal notes they would like to address to each other.

The volunteers were asked to evaluate the training by writing down their opinion. Three different categories were used: (drawn on 3 different flip chart papers which were hung in different corners of the meeting room)

- **Suitcase** – The volunteers were asked to write down the aspects they found useful during the seminar and will take with them.
- **Washing machine** - the volunteers were asked to write down program parts and elements they think are useful, but possibly could be presented / done in a different way.
- **Trashcan** – the volunteers were asked to write down the aspects they found useless during the seminar.

The following individual opinions of the volunteers were then expressed as follows:
The information given in general was very useful. It was interesting to see the different points of view regarding volunteering and to share former experiences. Especially the practical information about HIV – AIDS and the training was very useful. Intercultural learning for some was more useful than for others, and the information and theoretical input on Youth and EVS program as well as insurance for some was too long. The programme was experienced very dense so that sometimes participants lacked the time to exchange ideas with each other. Some more out-door activities would have been good, but the group acknowledged that there was a lack of time due to the complex and interesting topics covered.

Later on the volunteers were asked to give a rating regarding each of the program parts, which confirmed these results.

After thanking both participants and trainers, Andreas Schwab of the ICYE International office said good-bye to all, wishing a good journey and successful EVS project.

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