

DOCUMENTATION

on the implementation of the

ICYE Eastlinks multilateral EVS project on
HIV/AIDS prevention

This project has been carried out with the support of the
YOUTH programme of the European Community



“The content of this project does not necessarily reflect the position of the European Community, nor does it involve any responsibility on their part.”

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1. Introduction on Background, Aims and Objectives

According to WHO recent statistics the rate of HIV infections in CEE countries is one of the fastest growing in the world. In the Ukraine, for example, every month there are about 2000 new infections, the average age of the infected population being between 15 to 25. Similar scenarios can be found also in other countries such as Estonia and the Russian Federation.

Against this background, from 24.09. to 30.09.2001 ICYE's partner network in CEEC, EASTLINKS organised, with support of UNESCO, a Regional Conference on AIDS Prevention and Voluntary Service Organisation in Tallinn, Estonia. This activity and the project proposed in this application are an integral part of the ICYE-EASTLINKS Large Scale Project. At the Tallinn conference ICYE and Eastlinks member organisations decided to give high priority to the implementation of this EVS Multilateral project related to HIV/AIDS prevention whereby for the first time voluntary service opportunities were offered to HIV/AIDS-related projects in EU and Estonia, the Russian Federation and Ukraine. Due to the special and innovative character of this EVS project additional support measures in the form of topic-related training courses for volunteers and host projects were carried out in Kiev and Berlin.

The involvement of motivated young people in HIV/AIDS prevention projects aimed at enhancing cooperation between themselves and the wider HIV/AIDS prevention sector. The volunteer's presence adds an intercultural dimension to preventative and care work, as well as an input in term of human resources and networking links, which eventually became a source of inspiration for similar joint future projects.

In more general terms, this project contributed to advocating the cause and visibility of HIV/AIDS projects towards civil society, with a view to promoting a more widespread responsibility in the fight against AIDS across all frontiers – be they geographical or mental.

We would like to thank all, individuals and organisations, who have directly or indirectly contributed to this project for their idealism and hard work!

3. Reports on Volunteers' activities:

Quotes from "Annex to Certificate »:

"The volunteer was involved in an innovative study investigating the issue of HIV/AIDS in immigrant populations... Olga learnt a lot during her placement and Freshwinds certainly learned a lot from her." *Comments on the participation of Olga Almaeva from Russia in Freshwinds, UK.*

"Tim is keen to continue working in the HIV/AIDS and Drug rehabilitation sectors in his home country. He may also return to the UK to participate in related training. Tim certainly found his time in the UK to be an "eye opener" we hope that his experiences at Freshwinds will serve him well in the future and we wish him the best of luck in his endeavours." *Comments on Teimur Alekserov from Estonia in Freshwinds UK.*

"With her open attitude and a friendly ear for everybody, Tatiana was not only a "magnet" bringing young people into the club, but she was a highly respected example of engagement for everybody in the club." *Comments on Tatiana Anzonger from Russia in VIA eV, Berlin, Germany*

"Jenny demonstrated not only good level of special knowledge and skills but fluent spoken Russian. I'd like to notice that all, staff, full time and volunteers were impressed by Jenny's enthusiasm." *Comments on Jenny Blum from Germany in Nadezhda, Samara, Russia.*

"Prior to arrival at the Host Project, Marina had strongly developed sense of professionalism. This was tested and strengthened by a

new awareness of cultural differences between the HIV/AIDS epidemic in UK and the Ukraine." *Comments on Marina Braga from the Ukraine in Crusaid, UK.*

"Mathilde showed professional skills which allowed her to take part actively in the design of the information brochure "Inside Out". Mathilde received a special training on Trafficking in Women in the Baltic States. This training, combined with an intense personal research on this subject, allowed her to achieve a high level of knowledge in this field and eventually be in charge of coordinating the prevention program led by the NGO Living for Tomorrow in partnership with other Estonian and International Organizations." *Comments on Mathilde Darley from Austria in AIDS Prevention Center, Tallinn, Estonia*

"Natasha already proved skills in confidence and awareness of the tolerance of cultural difference necessary to deliver HIV/AIDS awareness initiatives. Her placement has developed her professional skills with regard to the organisation of fundraising initiatives, and she has increased awareness of the global epidemic." *Comments on Natalya Dvinskykh from the Ukraine in Crusaid, UK.*

"She was also very enthusiastic to use her time here as an educational experience, learning as much as possible about all the different aspects of the work of Living for Tomorrow and the AIDS prevention Center." *Comments on Jennifer Holy from the UK in Living for Tomorrow, Tallinn, Estonia.*

4. Assessment of results / Host and Host Coordinating organisations:

Quotes from « Questionnaire Pilot Project EVS on HIV / AIDS Prevention »

How essential do you deem an intercultural component for your work?

...It is very important for our organization, because we co-operate with partner organizations from different countries and need to know cultural differences and peculiarities of work in the field of HIV/AIDS abroad...

... Absolutely necessary and one of the big impacts in our organization's work. With Berlin getting a city with more and more migrants living in, our organization needs to broaden intercultural facts into counseling, e.g. what the understanding of homosexuality in different cultures is concerned and about the impact that has for health and health behavior of the individuals....

Have your expectations been met concerning networking and new partnerships in the field of HIV/AIDS prevention and beyond?

... Yes, the ideas regarding the new partnership were even beyond expectations and we are expecting visits of possible British partners soon...

... Future will show. The cooperation with the Estonian Sending organization turned out to be helpful in dealing with the volunteer's health problems. The cooperation with projects in countries joining the EC pretty soon should be much easier to establish. Therefore the networking and partnership with Tallinn is very helpful. I hope that the partnership with Ukraine and Russia will last as well...

Please, specify how your project benefits from hosting a foreign young volunteer (culturally, professionally, personally, other).

... "Faith, Hope, Love" definitely benefited from hosting a foreign volunteer, knew British culture better. Staff and volunteers had an opportunity to improve English...

... Due to the health concerning problems of the volunteer working in our project there were not many opportunities to benefit. If the circumstances had been different, I think the project had benefited a lot...

... The work with the volunteer was very good for my knowledge in the HIV/AIDS work here and in Eastern Europe. I can't speak for other people in the project Schalasch....

You are warmly welcome to share any other kind of experience or comment, here.

..We had a valuable experience of hosting the volunteer and benefited greatly from her presence in terms of intercultural learning and experience ...

... Compared to other programs that favour consulting exchange the EVS Voluntary Service Project embodies much more a Bottom-Up- than a Top-Down-Strategy. The advantage is, that most of the volunteers know the work in HIV/AIDS-Context already before they start the project. So it's a lot easier to compare the work they did in their home countries with the work in the projects. The conditions between HIV/AIDS-work in Eastern and Western Europe are tremendously different. Therefore there's a need of practical experiences to assess, which work contents, strategies and forms of supply can be transferred under which circumstances...

5. Assessment of results / Coordinator:

The multilateral EVS project on HIV / AIDS prevention was initiated by youth NGO's in EU and CEEC under the ICYE Eastlinks Large Scale Project in view of recent statistics showing that the rate of HIV infections in CEE countries is one of the fastest growing in the world.

For the first time voluntary service opportunities could be offered to HIV/AIDS prevention NGO's and related projects in EU and Estonia, the Russian Federation and Ukraine. The project enabled the involvement of motivated young people in a reciprocal exchange among youth voluntary service organisations and HIV/AIDS NGO's in these countries.

This has proved to be successful for the volunteers, even though in some cases they were confronted with the sometimes hard realities of HIV/AIDS and youth work in some of the participating countries and had to work out things together with their mentors.

Nevertheless, the project has generated multiple initiatives by returned volunteers, of whom 80% are still active in one way or the other in youth work dealing with HIV/AIDS prevention and sexual health promotion.

The project has also proven to be successful for the host and host coordinating organisations as

they have realized the high potential of East West volunteer exchange in theme-related peer education projects and are now in the process of developing bilateral future volunteer exchange projects.

A difficult but valuable experience made by EU host organisations was the participation of two young volunteers who are themselves affected by HIV. The conclusions drawn from those experiences are valuable and will have to be considered in future projects. They shall enable future sending and host organisations to judge more adequately the needs of each individual volunteer and the capacity of the host organisations to fulfil those needs and to provide the kind of support needed in any foreseeable situation.

In view of the above, for the coordinator / the ICYE network the overall result of the pilot project is successful. The number of follow-up initiatives and the positive feedback received by host, sending and host-coordinating organisations as well as by volunteers shows, that there is high interest in continuing the established cooperation.

Volunteer exchange has proved to be an adequate tool for involving youth in the long-term fight against AIDS across all frontiers.

6. The Final Evaluation Meeting

BERLIN, 27-30th June 2003

The ICYE - EASTLINKS multilateral EVS project on HIV/AIDS prevention in EU and Central and Eastern European Countries, supported by the Youth Programme of the EC, aims at enhancing cooperation between the youth voluntary service movement and the wider HIV/AIDS prevention sector with a view to promoting a more widespread responsibility in the fight against AIDS across all frontiers.

From November 2002 to June 2003, 12 motivated young volunteers from Austria, Estonia, Germany, Russia, Ukraine and the United Kingdom volunteered in HIV/AIDS prevention, care and support projects in Berlin, Birmingham, London, Odessa, Samara and Tallinn.

During the final evaluation meeting for volunteers which took place from June 27th to 30th in Berlin, Germany, the volunteer's shared and contrasted the experiences in living abroad as well as working on HIV/AIDS in distinct EU and CEE countries. Together with the team composed by

Ricci Köhler, Michael Krone and Andreas Schwab the volunteers assessed the participation of all actors in this EVS project as well as the overall impact of the project, drawing the lessons learnt from this pilot experience. Furthermore the returnees shared ideas on possible follow-up activities and were provided with background information regarding the EC Future Capital / Action 3 of the Youth Programme as well as with thematic input regarding the difference of Disease prevention methods on Eastern and Western Europe.

The volunteers praised the programme's variety of methods, topics and information provided as well the extremely good and motivating group atmosphere.

It speaks for itself that all volunteers present at the meeting are presently in one form or the other working on a follow-up activity to their voluntary service: be it Future Capital, further studies or the organization of a HIV/AIDS prevention project.

6.1. Programme

Main Activities:

JUNE 27th FRIDAY

- Presentation of the programme
- Technical announcements
- Short presentation and hand-out of report forms / explanations on travel reimbursement
- A Great Experience for me!
"Choose a personally enriching experience about people/ life/culture/ arts in the host country" (game, poem, song, dance, or)
- Presentation in plenary.

JUNE 28th SATURDAY

Life in the host country, evaluation / comparison of personal experience in the different host Countries

1. Work
2. Living environment
3. culture-language-social contacts
4. relationships with home

Hosting Countries culture – and experience of it:

Theoretical approach vs. Practical experience

Volunteering – with reference to the Hosting placement

1. What have I achieved?
2. Did experience match my goal and objectives?
3. What should the project have done differently ?
4. What should I have done differently?
5. Did I try to resolve conflicts? If yes – how?

Evaluation of the overall EVS project / experience:

- Pre-departure training
- Project support
- Language tutoring
- mid-term evaluation
- overall coaching

Work of:

- sending org
- host org. (project supervisor?)
- host co-ordinating org. (Mentor?)
- international co-ordinator

The EVS Programme

- Evaluation and recommendations
- My personal achievements vs. My goals

JUNE 29th SUNDAY

Project Presentation

Training on Disease Prevention

Create your own project

Personal Perspectives

Future Capital

Returning home

- before/after the experience

Evaluation and feedback

- about final evaluation meeting to organisers
-

6.2. Final Evaluation Sessions' Highlights:

6.2.1. Hosting Countries culture – and experience of it: (Saturday 28th June, 11:30)

Theoretical approach vs. Practical experience

The volunteers were asked to name 3 features about the host country's culture which they experienced positive and 3 which they experienced negative. In the following discussion the different ways of dealing with these cultural attitudes were discussed.

The attitudes named as positive and negative with regards to the experiences made in the different host countries of the volunteers were as follows:

Country	Positive	Negative
UNITED KINGDOM	<ul style="list-style-type: none"> - Politeness - Tolerance - Aesthetic values - Open-Mindedness - Helpful with foreigners - English Architecture - Landscape/Nature - Traditional Games/Sports - English food, breakfast tea - Medical Care for HIV+ - Strong Economy 	<ul style="list-style-type: none"> - Difficult to make real friends - People are complicated - Gender/roles behaviour - Politeness - Different way of clothing - Lack of consideration in tube - Public transport - Weather - Dirty cities - Drugs
UKRAINE	<ul style="list-style-type: none"> - Hospitality - Friendship - Boys with good manners and consideration - Food 	<ul style="list-style-type: none"> - Smoking - Attitude to work/merely present? - "girls"
GERMANY	<ul style="list-style-type: none"> - Free expression of one's opinion - Free choice of lifestyle - Developed social system/net - Punctuality - Public transport at day time 	<ul style="list-style-type: none"> - Alternative uniformism? - Stereotypes-lack of flexibility - Lack of consideration for other people - Relationships- based on getting something in return - Extreme environmentalism - Greedy with small amounts - Public transport at night time - Medical care
ESTONIA	<ul style="list-style-type: none"> - Russians are friendly, proud and helpful - Estonians are sometimes friendly, proud and helpful - Estonian cultural life 	<ul style="list-style-type: none"> - Low self esteem - impolite - Attitude towards work - Lack of consideration - Selfishness

6.2.2. Future Capital

The participants apart from receiving a handout were provided with the following overview on the Action 3 / *Future Capital* :

WHY?

- Pass on and multiply acquired experience
- Professional and personal development

WHO?

- Ex-EVS VOLUNTEERS (individuals)
- Residents in programme countries (in this case UK, Germany, Estonia)

WHAT?

- Starting-up professional activity
- Event, particular activity or product
- Personal development, additional training, official recognition

WHERE?

- Programme countries

WHEN?

- Within 2 years after EVS

HOW MUCH?

- 3750€ - 5000€

HOW?

- Develop project
- Download Application Form
- Contact national Agency/get advice
- PRESENT PROJECT

6.2.3. Pictures



Presentation of the Projects (Sunday 29th June, 9:30)

The volunteers present their host projects, the main tasks, the main target groups, structure of the project, the financing and their tasks, while they were working in the project. The following table gives an overview out of the volunteer's perspective:

Project:	Main Tasks:	Main Target Groups:	Structure:	Financing:	Volunteer's tasks:
„Faith, Hope, Love“ Odessa, Ukraine	Outreach Work International Training (Centre) Re-integration Centre Harm Reduction HIV/AIDS Awareness Youth training Brochures	IDU's Female Sex workers (+ male) Ukrainian Women who've been trafficked abroad Youths Local population Juvenile delinquents - also Prisoners	Big Boss (charismatic leadership) Approx. 150 staff & volunteers Project-based work	Elton John Foundation USAID UNAIDS UK & German Governments etc.	Participate in Female Sex Workers Outreach Help with monthly newspaper for IDU's and Ex-user Help translate/understand emails in English Help write official letters in English Run my own project Pick the children up from school Search internet for organisations where we could get funding Answer the telephone. "Da!" Listen in on meetings. e.g. IDU outreach Attend seminar on outreach for female sex workers
Schalasch, project of VIA e.V. Berlin, Germany	Fostering foreign fellow citizens' own initiatives in the field of social work with/for migrants and East Europeans of German origin now living in Berlin, in the field of intercultural and anti-racism work, as well as in the field of information and public relations. Development of common strategies to improve quality and accessibility of health. Providing culturally appropriate services with institutions of public health and social services and with partners from the countries of origin Prevention in HIV/AIDS, STD, drugs, Education of young people	Members of Russian speaking families, e.g. children and young people		mainly through the Berlin regional government	peer education Activities like Billiard-cup, film project etc.

Project:	Main Tasks:	Main Target Groups:	Structure:	Financing:	Volunteer's tasks:
<p>zik gGmbH - Zuhause im Kiez, Berlin, Germany</p>	<p>Housing for PLWHA Social Real Estate broker Cooperation Employment Project 'Orangerie' here: café and restaurant concerts, exhibitions medical info on HIV/AIDS Internet providing PC-Groups</p>	<p>People living with HIV/AIDS and People with other diseases, who are traditionally clients of AIDS-Helps (e.g. Hepatitides)</p>	<p>nine projects are coordinated by the central office</p>	<p>DAH zik Orangerie itself fundraising</p>	<p>visible: work at the café non-visible: people</p>
<p>AIDS Prevention Centre, Ennetuskus, Tallinn, Estonia</p>	<p>educational program anonymous testing counselling for HIV-positive people Rehabilitation for drug users</p>	<p>school children health workers prison officials PLWHA IV drug users</p>	<p>Governmental organisation tackling HIV/AIDS prevention and treatment</p>	<p>Governmental financing, some project funding</p>	<p>Some lectures with young people representing centre at national /international events helping in testing room</p>
<p>Subproject: MTÜ Living For Tomorrow, Tallinn, Estonia HIV/AIDS prevention through peer education, gender awareness, etc</p>	<p>peer education youth seminars lectures for young people producing educational materials events to "celebrate" December 1st (awareness raising) trafficking projects</p>	<p>Young people</p>	<p>World Childhood Fund Family Health International, etc.</p>		<p>giving lectures, leading seminars, organising events, creating new brochure, leading trafficking project, peer education</p>
<p>Crusaid, London, UK National Fundraiser for HIV/AIDS</p>	<p>Financial Support of HIV/AIDS projects in the UK and worldwide Raising of HIV/AIDS awareness among population Financial support of individuals living with HIV/AIDS</p>	<p>PLWHA General population (preventive work)</p>	<p>Hardship Fund Grants and Projects Department (Research Centre in Britain, clinic in South Africa, Projects in the UK, worldwide) Events Department (Walk for Life, Hero Awards, Garden Party, World AIDS Day, Auctions, Concerts, ...) Appeals Department (regular appeals mailing ...) Communication Department IT-Department; Theatre Cares Charity Shop; Finance Department; Volunteers</p>	<p>Own fundraising events and activities Regular donations from individuals Trustees Charity shop Theatre, screening cares Raffle, cards, CDS</p>	<p>Reception duties Stuffing envelopes (PC "Regular appeals mailing") Work at the charity shop Work with data base Assistance with accounting Field visits to the projects, writing reports on the visits; Assistance with events organisation; Presentation of HIV/AIDS situation for the UK charities; Making people acquainted with Ukrainian culture, traditions, food</p>

Project:	Main Tasks:	Main Target Groups:	Structure:	Financing:	Volunteer's tasks:
<p>Freshwinds, Birmingham, UK Local charity in Birmingham</p>	<p>Provides care and supports people living with life-threatening and life-limiting disease like HIV/AIDS, Multiple Sclerosis, Cancer, etc.) Complementary therapy (Aroma, Reflexology, Healing, Indian head massage, Reiki, Acupuncture and others) support group for HIV positive people African community, providing supporting programme for African Caribbean people Training courses in Aromatherapy and Reflexology</p>	<p>PLWHA and others Professionals</p>	<p>Charity. Staff (approx. 10 - 15 people) and many volunteers: therapists, marketing workers, receptionists, gardening workers etc</p>	<p>National Lottery, different funds and grants</p>	<p>Investigation of Eastern European Communities in the West Midlands Establishing links between Freshwinds and organisations working with E/E immigrants Comparing and contrasting the issue of HIV/AIDS in the UK and Eastern Europe Organising a seminar / open dialogue "HIV/AIDS in Post Soviet Russia - compared to the UK" at Birmingham University / European Research Institute) Lecture on "HIV/AIDS: the Global Issue" at the British-Russian Society Cooperation with different charities, providing care and support for HIV positive people</p>
<p>Population Service International, Samara, Russian Federation "Take it with you"</p>	<p>Providing healthy "lifestyle" via social marketing Inform young people about sexual health (trainings, actions) Provide an own cheap brand of condoms (make them available, work with pharmacies, price, commercials) Using the resources of volunteers for peer education</p>	<p>Young heterosexual people (15 - 24 years old)</p>		<p>USAID, Elton John Foundation</p>	<p>International interactive trainings (HIV/AIDS) Information campaigns in clubs Information campaigns in parks and at the beach To motivate youth to buy condoms, pharmacy action Questionnaire about / among sexual behaviour and knowledge about HIV/AIDS</p>

Training on Disease Prevention (Sunday 29th June, 11:00)

The session dealt with the topic of how a state deals with infectious diseases. Therefore a short historical overview of the AIDS battles in the last decades was given. Encompassing the detection of the virus in the beginning of the 80's in the USA when the phenomenon was called GRID (Gay Related Immuno Deficiency) until the present day.

After discovering the method of viral transmission and in order to minimize the consequences for the population, different prevention strategies were considered. In this context the notions of 'incidence' and 'prevalence' as markers to quantify a disease in a population were introduced to the volunteers. The incidence of a disease is the rate at which new cases occur in a population during a specified period. The prevalence of a disease is the proportion of a population that are cases at a point in time.

In Western countries where the epidemic spread very fast there was controversy between 'Old Public Health Policy' and 'New Public Health Policy'. The more conservative method was to isolate those persons infected with the virus, the more progressive politicians preferred the integration concept. Because of a variety of reasons, that are shown below, the main strategy became 'Don't isolate, integrate', which included different concepts of information and education for the population. That implicated to inform about topics as there are homosexuality, sex work or illegal substance abuse. There were campaigns about non-discrimination and non-marginalization as well as risk management and harm reduction concepts.

In order to understand the political context of strategies to fight the disease the new way in the Western Countries, the main reasons were extracted:

1. The whole sexually active population seemed to be at risk. It was obvious that not all the people infected or who were at risk of being infected could be isolated.
2. Issues of individual civil liberties restricted the "Old Public Health" attitude. It would have meant major legislative changes after a historical period

of sexual freedom and individual liberty in the 60's and 70's.

3. New Public Health did not need to be invented. There had already been new strategies of dealing with community health risks like coronary heart disease or stroke. These included: community building, the participation of high risk target groups as part of prevention strategy planning and medical supply and social support emphasising empowerment and enabling as social responsible risk management.

After more than two decades of fighting the virus the resume would be that prevention strategies in the EC-Countries and other Western Countries worked effectively. Infection rates, morbidity and mortality are lower than foreseen. The main reasons for this efficacy were extracted:

- With the main risk-groups of homosexual and IV drug users there were already existing civil-rights movements or organised groups making it was very easy to use the whole infrastructure of these existing subpopulations.
- Due to the lack of effective treatments the medical sector was very weak, so there was a need to strengthen the prevention sector. In this period the usually less powerful sciences dealing with health; psychology, sociology, education and nursing sciences, could bring to the table their knowledge of dealing with disease. For that reason new strategies were desired and could be invented.
- Because one major method of transmission was sexual, it was much easier to distribute information and to teach people, nearly everybody was afflicted. So the population were very willing to learn.

There seemed to be this enormous danger. Everybody was at least at risk and that's why behaviour changes were easier to establish. In order to interpret different prevention strategies and to compare those in EC- and CEE-Countries, the notions of Primary, Secondary and Tertiary Prevention are introduced to the volunteers:

- Primary prevention is designed to prevent a disease or condition from occurring in the first place. Physical activity

to reduce the risk of heart disease and vaccination against diseases are classic examples of primary prevention measures.

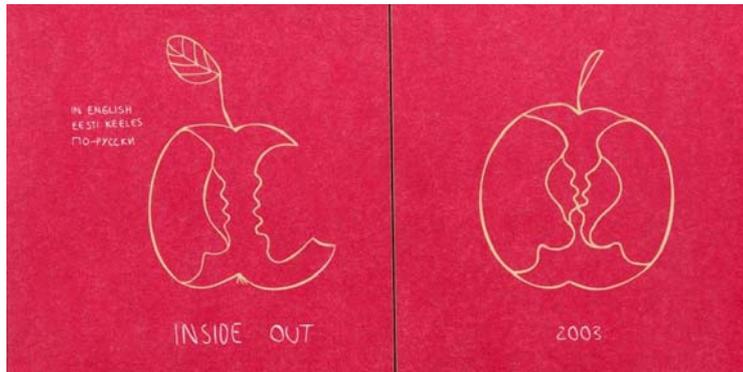
- Secondary prevention attempts to identify a disease at its earliest stage so that prompt and appropriate management can be initiated. Successful secondary prevention reduces the impact of the disease. Mammograms to detect breast cancer are an example of a secondary prevention measure.
- Tertiary prevention focuses on reducing or minimizing the consequences of a disease once it has developed. The goal of tertiary prevention is to eliminate, or at least delay, the onset of complications and disability due to the disease. Most medical interventions fall into this level. A typical example is the tight control of blood glucose levels in a person with diabetes to prevent complications.

According to the prevention model of primary, secondary and tertiary prevention, the volunteers were asked to attach the main tasks of the projects they worked in, to the three sectors. After that the main differences of project work in EC- and CEE-Countries were extracted. The volunteers found out that in the CEEC many more primary prevention campaigns are needed or already implemented while project work in EC-Countries is dealing much more with the support and supply of people already infected.

In order to scrutinise which strategies the volunteers got to know in the last eight months and how they could be transferred into their own home country, participants were asked to create their own HIV/AIDS projects. Within they had to focus on experiences and contacts they made during the programme.

ANNEX 1: Publications / Background Material

A1.1. Brochure: Living for tomorrow



Front and Back Covers of the booklet



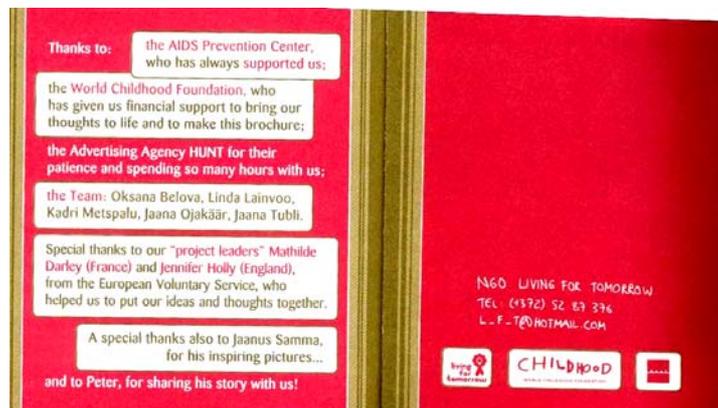
Estonian



Russian



English



A1. 2. Leaflet: Freshwinds

"Freshwinds is making a difference for people affected by life-threatening, life-limiting health conditions and social exclusion."

Founded on humanitarian principles Freshwinds was registered as a charity in 1992 to provide care, information and support **without charge** to people, both adults and children living with life-threatening and life-limiting health conditions such as Cancer, Multiple Sclerosis, HIV/AIDS and

Freshwinds is committed to:

INTEGRATION - effectively combining diverse methods of care and support of the highest quality.

CO-OPERATION - working with other agencies, service providers and charities to ensure the most effective services possible are available to those in need.

EDUCATION - supporting and enabling individuals to develop their skills for independent growth and thereby fulfill their personal potential.

Fundraising/Donations

Freshwinds relies on individual donations, grant giving bodies and donations from companies/businesses to maintain its services. Any donations are greatly appreciated and used with integrity and responsibility to maintain or further develop the services. Please contact Freshwinds to find out how you can make a donation, or simply send a cheque made payable to 'Freshwinds'.

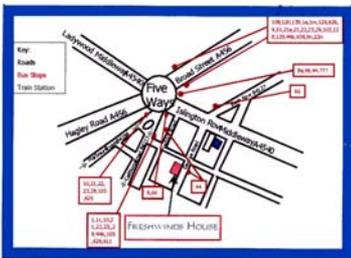
Name: _____

Address: _____

I enclose a donation of: £.....

Freshwinds also accepts donations by "CharityCard". "CharityCard" is operated by the Charities Aid Foundation. 

HOW TO FIND US



Freshwinds House is conveniently situated within walking distance of the many bus stops on Five Ways.

It is five to ten minutes walk from Five Ways train station which is on the Lichfield to Redditch line.

Major access roads to Five Ways include the A4540, and the A456 which link up with the M5 and M6 respectively.

Freshwinds House has a car park that visitors may use.

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FRESHWINDS



EASTERN EUROPEAN PROJECT



Registered Charity Number: 1079968
Registered Company Number: 3936089

<p>Introduction</p> <p>Freshwinds is carrying out a study of the issues affecting Eastern European people living in Birmingham.</p> <p>This study will focus on health and social issues, particularly HIV/AIDS, drug use and discrimination.</p> <p>If you:</p> <ul style="list-style-type: none"> • Are a refugee or asylum seeker from Eastern Europe, • Are HIV positive or you are at risk of being infected, • Know someone who is HIV positive, • Can help us with this innovative research, <p>Then please get in touch with either Olga or Teimur.</p>	<p>HIV Services</p> <p>Training We provide information and training for HIV positive people and people who are at high risk of being infected.</p> <p>Peer support Our HIV support group is run by positive people for positive people</p> <p>Medical support Advice on medical care. Signposting to HIV services in the region</p> <p>Complementary therapies We offer a range of 25 complementary, all performed by qualified professionals, completely free of charge.</p> <p>Counselling Free counselling available for HIV positive people.</p> <p>FiNDA project Free information, guidance and legal advice on a wide range of issues including benefits, housing, employment and training.</p> <p>Supporting people project A dedicated support service for council and housing association tenants living with HIV.</p>	<p>The project team (L-R): Olga Alemaeva, James Argent, Teimur Aleskerov.</p>  <p>Olga and Teimur are participants of the Inter-Cultural Youth Exchange programme, a project funded by the European Union.</p> <p>Olga comes from Samara in Russia and Teimur from Estonian capital Tallinn. They are both have an experience in the field of HIV/AIDS in their home countries.</p> <p>James works for Freshwinds as the volunteer co-ordinator.</p>
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A1.3. ICYE Federation's Newsletter Articles

The following articles were included in the 2nd Issue of the ICYE Federation's Newsletter of February 2003:

Lyudmila Shulga Ukrainian Volunteer in Berlin Germany wrote:

The Secret of the Orange Café

"I come from Ukraine, Mariupol the city on the Azov Sea. In November 2002 I started my eight-month volunteer service for ZiK GmbH, Orangerie in Berlin organised by ICYE and Alternative-V, Ukrainian NGO and supported by the EVS programme,

ZiK-Orangerie is a café for HIV positive people. Its motto is "From Positive to Positive". All co-workers, with two or three exceptions, are HIV positive. They are of different age, mostly about 35-... and at first sight they seem to be "normal". After some observations comes the feeling that all of them are only wearing the mask of "normality". The truth is so that people working in this project came out from the bottom of the life. They experienced drugs (some of them are drug-users even now), prisons, unemployment, life in the street then diseases and hospitals. Constant instability and diseases made them physically and mentally damaged. Each one of them (excluding the main staff) is under control of a social worker, who help to organise their working day, to pay bills, to do shopping or, even, to write letters. Slowly, step-by-step, the social worker creates for him/her a new world. The main goal of the Orangerie is to support HIV positive people in everyday life, to bring in it some stability and clarity. Work in the "Orangerie" shows the way out of isolation and gives the opportunity to be useful again.

The work with injured people is simple, but demands lots of inner power. Long-time communication and constant polite struggle with such kind of people made me more careful and stronger. I've learned to work with and to listen to people from the other world (I don't like the term "mentally damaged people"). I've

learned to be patient; I've learned to be soft or hard with them, depending on the situation. Once and forever I gave up the idea of saving them or brining them up. They do not need this. What they need is support, though to accept this fact is also not so easy for them.

Except the work, I had to cope with many other things. First, it was my language barrier. The time I came to Berlin, I could hardly say a word in German. As a consequence, it was difficult to build up good contact with clients of my host project and to integrate into the team. Besides, I could take over only few tasks where not much language was demanded, of course these were not the most interesting tasks. The situation changed a couple of months later, thanks to my ability to learn languages quickly.

At the moment, I am still volunteering for ZIK-Orangerie. I am proud to work in one of the most difficult projects. Within the time I spent here, I was never sorry for the choice I have made. Doing voluntary service is an extremely exciting activity that demands courage and flexibility. Of course it has its own negative sides, like missing home, friends, other from your life-style, etc. But the positive sides of it from my point of view, are much more important and exciting. I did not even suspect that this experience could influence my life so much. Due to the voluntary service I realised what my future job would be.

If your choice is to go the way of voluntary service, you should not forget that this path, as any other, has its own difficulties. The question is what you can make out of it"

Marina Braga, Ukrainian volunteer in London, UK wrote:



First Impressions

“I am volunteering for Crusaid, the national fundraiser for HIV/AIDS. I am extremely lucky as I work with very nice and helpful people who are very patient and do not get tired of answering lots of my questions and

explaining concepts, often more than once. I have been involved in several tasks from collections for World AIDS day, working on the database, assisting in the charity shop while learning about the AIDS situation here in the UK.

I am now given the opportunity to work on reception and try out my English on those who call our office. Poor people! They hear my Odessa accent (it’s the city where I was born) that does not want to disappear when I speak English.

One memory I will treasure and take home with me and is of the day I attended the Candlelight Ceremony before World AIDS Day that was led to remember those who died of AIDS. Thousands of lighted candles were burning in the hands of people who came to the Millennium Bridge that day. The priest gave a speech and a minute of silence was held. Looking on the lights above the Thames I thought about those millions of lives touched by the epidemic, some known and unknown faces flashed in my mind and I almost cried. I don’t want to believe that somebody may remain indifferent to the global HIV/AIDS problem that has changed lives not only of those who live with HIV and AIDS but also of their friends and relatives.”

Olga Alemaeva, Russian volunteer in England wrote:



My first impressions

“What is a volunteer? This is a person who thinks and cares not just about himself, but also about other people and community where he lives.

I think there are many problems all over the world that couldn’t be resolved without volunteers. One of these problems is HIV/AIDS, which concern all the countries in the world today. However, we’ll only be able to beat this disease when everybody does everything within his or her capabilities to help.

Generally, the idea of gathering together young people from different countries, linked by a common issue (in this case HIV/AIDS), helps them to gain a better understanding of the various aspects of this problem by looking at it from another and / or diverse points of view. In other words, the young people put themselves in the shoes of people from other countries – this is the goal of the International Cultural Youth Exchange – ICYE.

What about my experience as a volunteer in the UK? Previously I worked as a volunteer in Russia and thanks to this, I am taking part in this project. This is my first experience of international exchange and also my first trip abroad. Such projects help us to share our own ideas and thoughts and take on new views and opinions.

When all the ICYE volunteers gathered together at the Latin American House in London for the Christmas Party in December 2002, I thought to myself: “Life is wonderful!” It was terrific that all these people from all corners of the globe, speaking in different languages, were linked by one common ideal – voluntary work to help other people, improve self-development and bring about cross-cultural exchange.

I would like to thank all the people who organised this project and made the International Cultural Youth Exchange possible for us!”

Jennifer Holly, British volunteer in Tallinn, Estonia wrote:

WHAT EXACTLY IS 'ESTONIAN'?

“Aaaah, the delight of once again immersing oneself in a new society. The adventure of making new acquaintances, stumbling across little gems and little horrors, attempting to order hot chocolate and find yourself eating a bowl of chicken soup!! This time it's served with traditional Estonian black bread.

Our employers, i.e. Aidsi Entsekeskus, have been introducing us gradually to the project. We have visited two needle exchange centres, been to a day long seminar for teenagers about HIV and drugs, talked with ex-drug users and current drug users, and discussed at length between ourselves everything possible to do with HIV, AIDS, drugs, the blatant and more subtle differences between how the West and the East tackle these subjects, and what we will be able to contribute.

First impressions of Tallinn are, overall, positive. As a tourist you would be bewitched by the quaint beauty of the old town, charmed by the multilingual nature of all Estonians, stuffed with delicious food and delectable Hõõgvein (hot, spiced wine). As a permanent resident (especially with experience of Russia), I am flabbergasted by the overwhelming, lingering Russian presence and absolutely intrigued by the ensuing ineffable, inscrutable culture - what exactly is 'Estonian'?”

Kathryn Hill, British volunteer in Odessa Ukraine wrote:

PRETTY WOMAN

“I don't think there is any need to ask if you have seen the film 'Pretty Woman'. Of course 'Pretty Woman' was a modern Fairy Tale, an enchanting fiction. But how many of us had our understanding of prostitution influenced by the images in this film? Do you remember Julia Roberts' first attempt to work as a prostitute, when she mistakenly takes up her position on a seasoned prostitute's 'patch'? For many of us this scene and the images of streetwise women in mini skirts and micro tops parading for business somehow seemed a believable reality.

However this is not the real face of prostitution as I found out for myself when I participated in the Harm Reduction HIV/AIDS Outreach project for the female sex worker population here in Odessa, Ukraine. Alongside Mariya, a sociologist from the organisation 'Faith, Hope, Love,' I went one freezing January evening to the city's port. Armed with condoms, leaflets advising about safe sex and the organisations' monthly magazine for female sex workers and drug users, our task was to talk with the women and distribute our materials. The female sex workers were an unremarkable group of approximately twenty women located opposite the port entrance and outside a small shop. They were of mixed age, the majority of them were obviously in their early twenties and they were dressed for the weather - in trousers and winter coats. I was surprised because they did not match my idea of a prostitute; they looked like 'normal' people. Mariya informed me that a significant number of them were new, and that many of them were University students from Odessa region or other parts of Ukraine. I had become so de-sensitised to the term "female sex worker" that when I actually met them it was a shock to recognise that they were not merely women who sold sex but women with other priorities in their lives. They were happy, laughing and joking and trying to speak English. I could not understand why they chose to do this work.

The sex workers recognised Mariya and were happy to talk with her. This is because the organisation conducts Outreach at the same location regularly on Tuesday and Friday evenings. It quickly became clear to me that this Outreach work was very important to the female sex workers. The condoms were eagerly received, as were our leaflets. The magazine was also very popular and I was pleasantly surprised that there was so much demand for it; having spent many long, dull hours in the office folding and stapling the pages it was rewarding to see that this work was appreciated. We stayed for no more than half an hour because there were not a great number of women working there that evening. The previous Tuesday evening Mariya and her colleague had counted approximately thirty-five women, and in the summer months there can be as many as eighty. As for clients I did not notice many, although at one point I saw a stream of female sex workers heading towards a newly parked

car. I am informed that the large number of sex workers in one location is good for the client. If he wishes he can ask the women to turn around so that he can see their profiles, or if he likes he can ask them to show him their legs or rear. He has plenty of choice.

The statistics tell us why this Outreach work is so important. There is an HIV/AIDS epidemic in Ukraine - 1% of the population is infected with HIV/AIDS (compare this with Britain's 0.1%). In Odessa, a city of approximately 1 million, 13, 000 people are known to have HIV/AIDS but the World Health Organisation recommends that the reality is nearer eight or

ten times this number. Female sex workers are one of the highest risk groups for HIV/AIDS and without the work of 'Faith, Hope, Love' in both Harm Reduction and in collecting data about the female sex worker profession in Odessa many more such women are likely to become infected and spread the disease. As I went home to bed that evening I thought of the women I had just met. What were they doing now? Maybe others had also gone to bed - but in what circumstances, and what would the consequences be? Some, I knew, had just gone to a nearby cafe for a hot drink. It had been a very cold night."

ANNEX 2: Address list of involved organisations

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