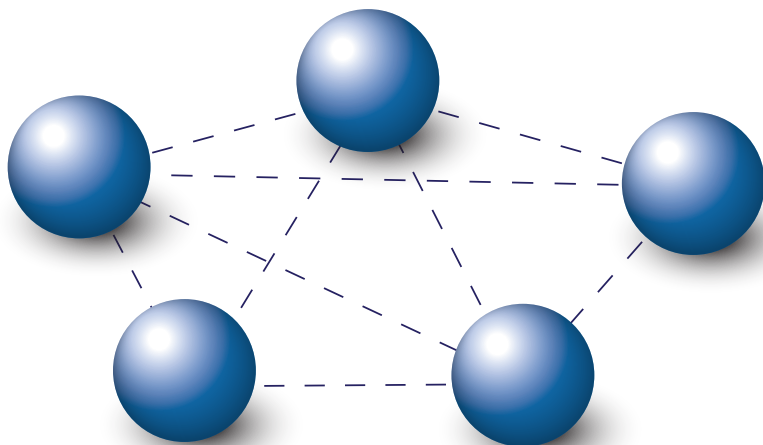


# Peer To Peer Project Bucharest Romania

reports by Alina Dumitriu, *SENS POZITIV*  
& Robert Fieldhouse, *BASELINE*



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## Report by Alina Dumitriu (SENS POZITIV)



The PEER TO PEER Project started in December 2011. The team was brought together out of the desire to facilitate patients with HIV to access counseling done by impartial people who have gone through the same experiences.

### In the beginning of the project the team consisted of:

Alina Dumitriu      *Project Coordinator*

Oana Georgescu      *Project Assistant*

Daniel Ion      *Peer Educator*

Adriana Movanu      *Peer Educator*

Nicoleta Loghinov      *Accountant*

### The Project Coordinator responsibilities are:

- Training peer educators
- Testing the knowledge of peer educators including the treatment and care of HIV and Hepatitis
- Facilitating the integration of peer educators in the multidisciplinary teams of "Matei Bals" Infectious Diseases Institute and the "Victor Babes" Infectious Diseases Hospital.
- Supervising and coordinating the activity of the two peer educators
- Managing issues along the project

### The Peer Educator's responsibilities are:

- Participating in the trainings held by Robert Fieldhouse
- Learning from the SENS POZITIV blog and from the informational brochures published by the association what the coordinator is directing them to learn
- Asking for clarifications when they do not understand
- Participating in the counseling sessions of Alina Dumitriu, given that the client agrees

### The Project Assistant responsibilities are:

- To assist the project coordinator with the activities of the PEER TO PEER project, as well as all the other activities of the Association
- To monitor the discrimination cases and to initiate collaborative work with other specialists and/or other non-profit organizations in order to aid in their resolution
- Press monitoring
- Monitoring the online SENS POZITIV activity on the blog and Facebook account; keeping an eye on the people who wish to benefit from counseling services and mentioning them to counselors

# JUSTRI Peer To Peer Project

- Doing the inventory for ARV treatment donations
- Monitoring requests for donations and sending the donations to patients
- PLHIV counseling

## **The accountant responsibilities are:**

- Taking care of the financial aspect of the project
- Finding a legal form to be able to grant the scholarships in Romania
- Putting together and writing up the contracts
- Monthly payments
- Working on and archiving the financial papers of the PEER TO PEER project

Starting in December 2012, Daniel has begun to assist at the counseling sessions with newly diagnosed PLHIV and other PLHIV in multiple at risk situations (Commercial SEX Workers (CSW), Injection Drug Users (IDU), Roma people, homeless people, street children, man pregnant women). The project coordinator at the syringe exchange center DROP IN Colentina held these sessions.

Daniel has also accompanied the first clients of this project, together with the project coordinator. The clients had been rapid tested for HIV, HBV, HCV and Syphilis and when the results were positive or uncertain, the procedure mentions to go to IBI "Matei Bals" Hospital in order to confirm the results through a lab test.

Robert Fieldhouse has come to Bucharest, Romania in March 2012 when he held a training session for the two in training peer educators, the project coordinator and two other volunteers in this project. The language of the training was simple so everyone, no matter the level of information accumulated, could understand it.

The only person who seemed confused was Adriana Movanu, who announced that she might back out of the project because she didn't believe she was at the same level as Daniel.



## JUSTRI Peer To Peer Project

In May 2012, Daniel started attending “Victor Babes” Hospital to offer counseling sessions, twice a week, during the first part of the day (and he remains there for the rest of the day, according to patient situation). Daniel benefits from supervision sessions of the cases he has in his case load. During these sessions he asks questions, voices confusions and narrates his dialogue with the patients etc.

Adriana is not ready to begin counseling sessions. She has a low self-esteem and, during the evaluation of her competencies, it was noticeable that she had not studied the printed and online materials recommended by the project coordinator.

In July 2012, Adriana and Daniel took a test to evaluate their knowledge. Daniel passed but Adriana did not. She accentuated side effects of treatment, even on the items that did not deal with this issue. The test revealed that Adriana did not even have the basic notions.

The project team maintained its members until September 2012, when following a discussion the project coordinator had with Adriana, Adriana decided to leave home. She had made up her mind before the meeting. The project continued in the same formula but without Adriana. We looked for another girl to replace her and in December 2012, Cristina Marinescu joined the team. At the moment, she is undergoing training. Daniel has also joined her during this training because he feels he needs to verify and better his information on life with HIV.

### **At the present moment, the project consists of the following members:**

Alina Dumitriu     *Project Coordinator*

Oana Georgescu     *Project Assistant*

Daniel Ion     *Peer Educator*

Cristina Marinescu     *Peer Educator*

Nicoleta Loghinov     *Accountant*

Daniel has asked to continue being in training until January 2013. Cristina will receive training until January or even February 2013, according to her needs and then she will start giving counseling sessions at one of the two hospitals. The project coordinator will consult with both peer educators and decide to which hospital will be assigned each one of them.

**Alina Dumitriu**

*Project Coordinator*

11th December 2012

## Report by Robert Fieldhouse (BASELINE)

### BASELINE

JUSTRI sponsored HIV treatments educator Robert Fieldhouse to provide two days of workshops for peer educators and treatment trainers working in Bucharest.

The training took place on 29th/30th March 2012 at Accept, a gay organisation in central Bucharest and was organised in conjunction with local HIV activist Alina Dumitriu of Sens Pozitiv, a local peer support and information provider.

Alina has been providing information and support to people living with HIV singlehandedly for many years since her own diagnosis in 2007.

Last year during JUSTRI's adherence meeting in Bucharest, it became apparent that Alina needed some support.

JUSTRI has sponsored two interns to work alongside Alina as peer counselors on adherence at Victor Babes and Matei Bals hospitals- Daniel and Adriana. Both attended the training. Another intern at Sens Pozitiv, Joan, who wants to work in harm reduction attended as he currently provides pre- and post-test counseling at Sens Pozitiv.

Alina opened up the training to peer support workers from other local projects, including Karusel Two workers attended Christina, a social work intern at Karusel and Janus, a student studying for a social work masters.



# JUSTRI Peer To Peer Project

Alina has recently got some support with advocacy, lobbying, communications and fundraising from another woman living with HIV, Aurora both days training attended too.

Joan provided an update about the HIV situation in Romania: Last year there were 405 new HIV diagnoses; which can be broken down as follows:

Injecting drug user 15% (62 people)

Heterosexuals 63% (255 people)

Vertical 2.5% (10 people)

Gay 15.5% (63 people)

Alina provided an update about the stockout situation, which has been an issue since April 2010. Though 2011 was easier than 2010, stockouts are expected again in September 2012.

## What was covered in the training?

During the first session we mapped what the participants' felt would be the most useful information to cover.

Delivering the BEST (Better Equipped to Start Treatment) programme, written by Robert Fieldhouse, we looked at the following areas in depth over 6 sessions:

- Readiness to start therapy; how can community treatment advisors work with positive people to provide simple to understand treatment information?
- What to cover in a one-to-one session with a client
- How peer advisors can support adherence in the long-term
- Discussion of the European AIDS Clinical Society Treatment Guidelines
- The basics; viral load, CD4, other monitoring tests
- Question and Answer Session



## Outcomes

After negotiations for six years Alina has secured an agreement to provide peer educators in local clinics. This is a big departure for Romania, where a paternalistic mode of care prevails.

The training was the first intensive treatment training the peer educators had ever had.

Alina's input was vital to translate the learning outcomes into the Romanian context.

Daniel has been working to translate the treatments information in BASELINE magazine into Romanian.

The training brought together a range of interns who come into contact with positive people at diagnosis and at crisis points. The training has put all interns in a position to speak confidently with clients to empower them to understand how HIV treatment works, the therapies they are taking, the need for adherence and how HIV is monitored.

Despite the drug access issue a large range of HIV drugs are available in Romania, so the training's scope was as wide-ranging as training carried out in a setting such as the UK.

All participants were engaged and worked hard to cover a large amount of material- in English- over a two-day period.

Accept kindly donated the space for free, so I bought their many cats lots of food as a thank you.

Thanks for the opportunity to work with the Romanian treatment educators. I think the training will enable the interns to be able to better support Alina Dumitriu in her ongoing work.

## Future Training

JUSTRI has arranged for Robert to be back in Bucharest in early 2013 for another training session.



With special thanks to ViiV healthcare whose generous support made this programme possible.



## Update October 2015

The PEER TO PEER Project started in December 2011. The team was brought together out of the desire to facilitate people living with HIV to access counseling on treatment adherence and living a long and healthy life with a chronic affection. The main idea of the project was also to empower peer educators through training and support to become expert patients and help others in the community through their work. SENS POZITIV Association is a firm believer in the GIPA principles in aiding community members becoming active and indispensable agents on all levels in their community – individual, community, regional, national and international. The project addresses people from all vulnerable groups – ethnic minorities, hospital care professionals, injecting drug users (IDUs), men having sex with men (MSM), people living with HIV (PLHIV), prisoners (ex-) and sex workers.

At the present moment **the team** consists of a project coordinator, a project assistant, three HIV counselors and an accountant. The project coordinator and project assistant are experienced professionals in the HIV/AIDS field and also are formally specialized in counseling and psychotherapy. The project coordinator is an expert in facilitating the doctor-patient relationship, is integrated in many multidisciplinary teams in the two hospitals where the project activity takes place, as well as in the NGO network working in the field of HIV/AIDS and adjacent domains. The HIV counselors as well, are specialized in psychology or have undergone diverse trainings in the field.

Among the **project coordinator responsibilities** are training HIV counselors, facilitating their access to national and international trainings and conferences, testing the knowledge and needs of the counselors, facilitating the integration of HIV counselors in the multidisciplinary teams of “Matei Bals” Infectious Diseases Institute and the “Victor Babes” Infectious Diseases Hospital, supervising and coordinating the activity of the HIV counselors, managing rising issues along the project, providing a model of counseling and accompanying services to the other trainees.

### The HIV counselors responsibilities are:

participating in the in house and external trainings and supervision sessions, learning from the SENS POZITIV blog and the adequate resources indicated by the project coordinator and project assistant, asking for clarifications and detailed information when they do not understand or if the need arises in order to maintain a quality performance at their job, participating in the counseling sessions provided by the project coordinator, given that the client agrees, providing feedback to the other members of the team regarding their work and their process in the training.

The Project Assistant responsibilities are: to assist the project coordinator with the activities of the PEER TO PEER project, as well as all the other activities of the Association, to monitor the discrimination cases and to initiate collaborative work with other specialists and/or other non-profit organizations in order to aid in their resolution, press monitoring, monitoring the online SENS POZITIV activity on the blog and Facebook account; keeping





an eye on the people who wish to benefit from counseling services and mentioning them to counselors, doing the inventory for ARV treatment donations, Monitoring requests for donations and sending the donations to patients, PLHIV counseling, providing support and supervision to the HIV counselors on a regular basis and whenever need arises.

The accountant responsibilities are: taking care of the financial aspect of the project, finding a legal form to be able to grant the scholarships in Romania, putting together and writing up the contracts, monthly payments, working on and archiving the financial papers of the PEER TO PEER project.

### **The current format of the project consists of:**

- Two days for each HIV counselor in the hospital. At the moment all three of them are in the “Victor Babes” Infectious Diseases Hospital working closely with dr. Luminita Ene, dr. Erscoiu Simona and dr. Cristiana Oprea.
- Counseling and accompanying to the doctor of patients in “Matei Bals” Infectious Diseases Institute by the project coordinator 3 days a week, working closely with the doctors
- Two hour weekly supervision session of the HIV counselor with the project assistant where hard cases are supervised, missing information and knowledge is detected and clarified.
- Information clarification, support and training whenever needed from the project coordinator and project assistant for the peer educators

## Results:

- So far the peer educators have counseled face to face at least 200 newly admitted people who were referred to them for counseling and treatment information, that apart from the people the project coordinator counsels. In each counseling session the needs of the patients are first assessed and treatment counseling is tailored to the specific life and medical needs of the patient. The HIV counselors undergo continuous training during supervision hours to be able to adequately respond to the the patients needs.
- The peer educators have established great working relationships with the hospital staff (doctors, social assistants, psychologists) and have become integrated in the multidisciplinary team that attends to the patient's needs.
- Each HIV counselor has undergone a period of training and then was assessed to see if they could provide face to face HIV counseling to patients. The assessment is done by the project assistant and the project coordinator who have the abilities to supervise and evaluate the trainees. The team is a cohesive one, always working on maintaining good communication and collaboration among themselves and with the multidisciplinary teams of professionals. It is a continuous process of growth, personal development and perfection of abilities and knowledge. It is also a process of continuous challenge, for example working with specific vulnerable groups (e.g. IDUs) who have very specific needs and give rise to specific issues regarding treatment counseling and adherence.

One of our most important achievements so far is the integration in the multidisciplinary teams in the hospitals. Doctors and nurses, as well as other professionals refer patients to HIV counselors for support and guidance. The work provided by the project coordinator and HIV counselors is highly needed and appreciated. The presence of HIV counselors makes a big difference not only in the life of patients but also in the life of the other professionals working with PLHIV.

## Feedback from the team members:

*"It's been almost 3 years since i've been working in this peer-to-peer project. At first as a volunteer, I went at informing and counselling sessions while also attending supervision sessions. This experience helped me a lot to better understand the HIV problematic and how could get more involved in this field. The best feedback I received was from my friends that told me how much i grew and improved my experience as a human being every day, also my personal therapist told me that. Working with vulnerable people it's very challenging and it's important to remain mentally healthy, so I considered that this program helped me a lot, it was the best thing that happened to me, for both things: for my personal development as well as professionally on becoming the best HIV counselor i can be. I consider that it would help greatly if apart from the hospital work we would be able as an association to offer these services at our own place – it would provide a place where we could reach people who are not admitted in the hospital and provide continuity of care after discharge from the hospital. For the future, I would need to have more access to the conferences and I also consider important to have a cultural experience with others HIV counselors that do the same thing as we do, work and promote the GIPA principles. There is a lot of useful information, but i need a variety of methods to learn more and easier."*

*(HIV counselor)*

## JUSTRI Peer To Peer Project

*"I have been engaged in the NGO since august 2014 and i have been through a process of observing and learning while shadowing another counselor and now i am at the stage where i have the capacity to counsel my patients alone. I work every Monday and Wednesday 10 to 14, but i also go on a need basis. This experience has been very helpful and continues to be by opening new learning and growing opportunities and meeting new people. I like to believe i have gone through a progress process – i am much more open and the hiv information are more and most important they are CORRECT. I appreciate the great working relationship that we have with the hospital doctors and most of the nurses. I feel we are principal active agents in the hospital team and this is incredibly important to patients. I consider that we need to have the possibility of our own place where the patient can receive psychological and social support, receive information and counseling sessions, and also provide them with the chance of knowing more PLHIV not just those admitted in the hospital."*  
(HIV counselor)

*"In this project I managed to progress a lot both professionally and personally, because we had good teamleader and psychological support. At first it was quite hard to cope with various cases of HIV and other related diseases such as TB that I was afraid at first. I appreciate this project because of having access to information that others do not have access or do not know about the existence of specialized websites. I feel the necessity of having our own place where we can continue the hospital activity and hold our trainings and meetings. I believe that this project is very welcomed by the patients and very important in hospitals in Romania and helps many patients to be more aware of their condition."* (HIV counselor)

*"I believe the existence of this project has allowed the HIV counselors to grow towards becoming experts in this domain. The process is ongoing and our aim is to provide each HIV counselor with the resources to become an expert in this field, confident that they are providing the best counseling that they can with the most recent knowledge and training resources at hand. Each individual has its own growth process and motivation, but overall the project has had a positive impact on the people involved. The feedback from the patients is great and the patient rate has gradually increased as communication with the hospital staff has improved. The way HIV counselors talk about their patients is empathic and realistic and the members of the team have learned to lean on each other in times of need (people dying or complex cases of co-morbidities). I think it is a great opportunity to disseminate information and provide support and i hope that in the future we will have the resources to have more people involved in this process and be able to offer the ones already in training the possibility to receive updated training and information. The need is obviously there and is evident from the patient and hospital staff feedback – the HIV counselor is not only supporting the patient with information and counseling but also the overworked medical staff who are able to use the counselors as resources themselves."* (Project assistant)

