



**Report on the study focused on developing
effective HIV preventive activities and
interventions among the migrants originating from
urban and rural areas of the Republic of Armenia
and their family members**

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հանրապետական կենտրոն
National Center for AIDS Prevention



ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ANAF	Armenian National AIDS Foundation
ART	Antiretroviral therapy
BCC	Behavioural change communication
CIS	Commonwealth of Independent States
CSW	Commercial sex worker
FHI	Family Health International
FSW	Female sex worker
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
IOM	International Organization for Migration
NGO	Non-Governmental Organization
OSCE	Organization for Security and Co-operation in Europe
PLHIV	People living with HIV
PRSP	Poverty Reduction Strategic Papers
PSA	Public social advertisement
PSU	Places of Study
SMS	Short message service
STI	Sexually Transmitted Infection
TB	Tuberculosis
TV	Television
UMCOR	United Methodist Committee on Relief
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing

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TABLE OF CONTENTS

Summary	6
Introduction	10
The study description	11
Goals and objectives	11
Teams implementing the study	11
The Study Methodology	12
Timeframe and the process	15
Results	15
Contextual assessment	15
Health and social consequences	21
Health and Risky Behaviour	22
<i>Some results of behavioural HIV surveillance carried out among the migrants in 2007</i>	22
Some results of this study	24
Interventions	27
Conclusions, findings and recommendations	29
Conclusions and findings	29
Recommendations	33
<i>National level</i>	33
<i>Community level</i>	34
<i>Individual level</i>	34
References	35
Bibliography	36
Annexes	37
<u>Annex 1.</u> Protocol "Study for development of effective HIV prevention activities and interventions targeting the migrant workers and their family members in urban and rural areas in the Republic of Armenia"	37
<u>Annex 2.</u> Guide for focus group with family members	53
<u>Annex 3.</u> Guide for focus group with the policy makers/service providers	55
<u>Annex 4.</u> Guide for focus group with sexual partners/CSWs	57
<u>Annex 5.</u> Guide for interview with community leaders	59
<u>Annex 6.</u> Guide for interview with family members	61
<u>Annex 7.</u> Guide for interview with international organizations representatives	63
<u>Annex 8.</u> Guide for interview with migrants	64
<u>Annex 9.</u> Guide for Interview with the Migration Agency representatives	67
<u>Annex 10.</u> Guide for interview with NCAP representative	68
<u>Annex 11.</u> Guide for interview with representatives of NGOs implementing projects among migrants	69
<u>Annex 12.</u> Guide for interview with migrants with HIV	71
<u>Annex 13.</u> Questionnaire for interview with migrants	74

Brief summary

In July-October 2008 the Armenian National AIDS Foundation (ANAF) conducted the study with UNDP support and National Center for AIDS Prevention technical assistance aimed to develop successful HIV preventive activities and interventions among the migrants originating from urban and rural areas of the Republic of Armenia and their family members. The study findings allowed revealing HIV risk behaviours exhibited by the migrants, as well as assessing the needs of the migrants and their family members in the context of HIV prevention. Appropriate recommendations were developed based on the study findings, focused on reducing migrants' vulnerability and risk of HIV infection.

The study results demonstrated that HIV projects and activities are implemented mainly in administrative centres of marzes, sometimes in towns, whereas rural areas in most cases are not covered by those activities. HIV preventive activities are not sustainable or comprehensive, which reduces their effectiveness.

Provision of proper medical care is hindered by the facts that people attach no importance to the issues of their health, they seek for physicians' assistance only if they have no other alternative.

People do not often seek for medical care due to the problems with their sexual health. When people have such kind of problems, many of them avoid attending a physician in the places of their residence, even if confidentiality is ensured. Instead, they prefer to receive medical assistance in Yerevan, though, for many people it can be difficult or even impossible. To overcome those obstacles the following has been recommended:

- expand geographical coverage of the projects and activities, by covering more communities in marzes;
- increase involvement of communities into implemented preventive activities by using the capacity of village administrations and rural ambulatories;
- switch from irregularly implemented activities to those implemented on programmatic and continuous basis;
- ensure access of the population in marzes to HIV/AIDS healthcare services through mobile groups.

Migrants continue to practice HIV risk behaviour, and their knowledge on the ways of HIV prevention remains to be insufficient. Insufficient provision of relevant information for the migrants is one of the factors fuelling their HIV risk behaviour. The majority of the migrants do not have access to HIV/AIDS-related information neither in Armenia, nor in the country where they usually go to work. As a result of analysis of the above-mentioned problems, the following has been recommended:

- expand the information/educational activities using mass media, especially television as the most effective source for providing HIV/AIDS reliable information;
- provide information also at the airports, as well as on the land borders posts;
- air PSAs both on marz and national television, especially during broadcasting TV serials;

- publish articles on HIV/AIDS-related issues in marz newspapers;
- develop, print and disseminate information/educational materials related to the issue of migration and HIV/AIDS prevention.

Among the other sources of information Internet can be used. Also the information can be provided through SMS, through disseminating relevant printing materials at barber's/hairdressing salons. In addition booklets containing relevant information can be provided with the purchased air tickets at the booking offices, and be placed into the back seats on the boards of airplanes.

The low level of the migrants' awareness on legal issues also contributes to their vulnerability to HIV. To solve this problem the following has been recommended:

- raise migrants' awareness on legal issues;
- encourage potential migrants to receive as much of detailed information as possible about all conditions of migrant labour, not restricting themselves by learning only the amount of salaries.

The study reveals that the significant proportion of those moving to other countries looking for work, especially from rural areas, are young people. Taking that into account the following has been recommended:

- expand and improve HIV/AIDS-related education for senior school (formal and informal);
- involve also parents into HIV preventive activities conducted at schools.

NGOs, which conduct activities among the migrants in marzes are too scarce. Those NGOs conducting activities among the migrants, mainly provide counselling on legal issues or support in job placement. The NGOs dealing with the migrants and those implementing projects in the fields of health care and social affairs in marzes, do not address at all or address insufficiently the issues of HIV prevention. As a result of analysis of the above-mentioned problems, the following has been recommended:

- use NGOs capacity for implementing HIV preventive activities;
- organize relevant training for NGOs representatives.

As a rule people do not take the problem of HIV seriously, the majority of the population do not perceive the problem as an existent one, and that also is a serious hindrance to the success of the implemented HIV preventive activities. Being away from their families, people very often lead irregular sexual life, practice unsafe behaviour, use the services of CSWs. At the same time, many migrants do not assess adequately the risk they are exposed to, they believe that personally for them there is no risk. To overcome this obstacle, the following has been recommended:

- expand and strengthen the actions taken within the framework of the national BCC strategy;
- offer HIV testing and counselling to the migrants seeking for medical assistance due to any health problems;
- to continue activities focused on building capacity of health care services for providing HIV counselling and testing;

- raise awareness of the general population about HIV prevention ways and means, as well as about the services they can apply in case of need.

Condoms are accessible for the majority of migrants both in Armenia and in the countries where they regularly go to work. However, the following has been recommended:

- continue activities on expanding access to condoms for the migrants;
- continue activities on encouraging condom use.

Community leaders (village headmen) are not sufficiently informed about the HIV preventive activities implemented in their marzes. The Councils on HIV/AIDS, TB and Malaria Issues under Regional Administrations (Marzpetarans) do not address the issues of HIV prevention among the migrants at their meetings. On the whole, they do not play adequate role in coordinating the HIV preventive activities implemented in their marzes. The collaboration between governmental and non-governmental organizations on health care issues is not sufficient and it is not always coordinated properly. As a result of analysis of the above-mentioned problems, the following has been recommended:

- make more active the work of the Councils on HIV/AIDS, TB and Malaria Issues under Regional Administrations (Marzpetarans) on coordinating the HIV preventive activities among the migrants;
- advocate for expanding collaboration between governmental and non-governmental organizations.

Lack of funds often impedes effective implementation of the projects among the migrants. To overcome this obstacle the following has been recommended:

- carry out advocacy focused on receiving from the State Budget allocations for funding the activities among the mobile population envisaged by the National Programme on the Response to HIV Epidemic in the Republic of Armenia;
- implement activities focused on fundraising and resource mobilization.

Insufficient cooperation with migration authorities of the countries where the migrants go to work also impedes effective implementation of the projects among the migrants. In this connection the following has been recommended:

- discuss the possibility of inclusion into the agenda of the Chief Executive Board of CIS Migration Authorities the issues of disseminating HIV/AIDS-related information, of ensuring access to VCT and to condoms.
- dedicate one of the meetings of the Coordinative Board on the problems of HIV infection in CIS to discussing of migration and HIV/AIDS issues as well as the development and coordination of joint activities aimed to expand collaboration between HIV/AIDS services provided to migrants.

Though the existing legislation in Armenia covers the issues of migration, there is no comprehensive law in Armenia regulating the field of migration. A number of commitments made by Armenia in recent years through joining some international conventions and agreements related

to migration are not summarized in unified strategic and legal documents. That has brought the necessity to develop and approve the law on labour migration. It has been also recommended that the legislation on the mobile population address the issue of provision the migrants with key information on HIV/AIDS, as well as on the relevant services available in the field.

INTRODUCTION

Starting from the year of 2003 various HIV preventive activities have been conducted within the framework of the National AIDS programme among the migrants aimed at raising their awareness on HIV/AIDS and changing their HIV risk behaviour. The scope and geographical coverage of those activities have not been in consistency with the today's existing needs. To develop and implement successful HIV preventive activities among the migrants it was necessary to study those needs more comprehensively. Some increase in the knowledge on HIV prevention as well as some changes in risk behaviours have been observed among the migrants in recent years. However, their current knowledge on HIV prevention is not sufficient and the risk behaviours they practice can fuel HIV spread among them. To reduce HIV spread and to decrease HIV prevalence in Armenia, it is important to conduct effective HIV preventive activities among the migrants, since the large portion of the population in the country is involved into the migration process.

This study was conducted to reveal HIV risk behaviours of the migrants, to analyze HIV preventive activities implemented among them and to develop relevant activities on reducing the migrants' vulnerability to HIV and risk for acquiring and transmitting HIV.

The study was conducted among the labour migrants in 3 marzes of Armenia - Gegharkunuk, Ararat and Armavir marzes in the period of July-October 2008. The necessity of conducting the study has proceeded from the National Programme on the Response to HIV Epidemic, which envisages implementing relevant researches for developing more effective projects focused on the mobile population and their family members.

Questioning, interviews and focus groups were conducted with the migrants and their family members, as well as among CSWs within the framework of the study. Also focus groups and interviews were conducted with the policy makers, service providers and community leaders, interviews were conducted with representatives of local and international organizations.

THE STUDY DESCRIPTION

Goals and objectives

The study goals

To reveal exhibitions of risk behaviours among the migrants, to study HIV preventive activities conducted among them and to develop relevant recommendations for reducing migrants' vulnerability to HIV and risk for acquiring and transmitting HIV.

The study objectives

- To study the needs of the migrants, their spouses/partners and family members related to HIV prevention and analyse the received data.
- To develop recommendations for successful HIV preventive activities and interventions among the migrants and their family members in urban and rural areas.

Teams implementing the study

Core Team and Field Team were formed to conduct the study.

Core Team:

The Core Team consisted of Coordinator, Assistant to the Coordinator and Data Analyst. The Core Team members informed the community leaders about the objectives of the study and activities implemented within its framework, identified existing community strategies that could facilitate to the study, held community consultation, and established a clear link to the community and media to inform on the study results.

Project Coordinator coordinated this study activities, supervised the work performed by Field Team. The Project Coordinator was responsible for preparing the final report and making the recommendations for developing successful HIV preventive activities targeting migrants and their family members. The Project Coordinator maintained relations with the mass media representatives.

Assistant to the Coordinator assisted in performing field work in all the locations, coordinated a process of data collection, and submitted site reports. The Assistant regularly carried out monitoring for the quality of data collection. She chaired the Field Team meetings that took place once every week during the field work. She submitted all completed surveys and collected data to the Project Coordinator on a regular basis. She provided the input into the report writing and proposals developing.

Data Analyst dealt with the data entry and analysis.

Field Team

Local Field Team consisted of 5 members. The Field Team included representatives of NGOs working with migrants, health care professional, social worker, community representative, which were trained at the Workshop held in July 2008 to perform the work within the framework of this study.

Local Field Team members collected data and recorded findings and submitted them to the Assistant to the Coordinator. During data collection process they ensured privacy and maintained confidentiality of the study participants. In case of necessity they provided relevant HIV/AIDS information to study participants.

The Study Methodology*

Sources of data collection

- Migrants
- Family members and sexual partners
- Policy makers/community leaders and service providers
- Representatives of NGOs and international organizations.

Areas of assessment of data collection

- Context
- Health and Social Consequences
- Health and Risk Behaviours
- Interventions

Methods of data collection

- Review of existing information
- Questioning
- Interviews
- Focus groups

Criteria of selection and sample size substantiation

For needs of this study a two-stage time-location sampling should be used.

Selection of Geographical Areas

This study was conducted with the support of UNDP. Initially it was decided to conduct it in two marzes - Gegharkunik and Ararat. In the process of the Protocol development, the International

consultant proposed to include one more marz (Armavir marz) into the study for receiving more representative results.

These marzes were chosen due to the following reasons:

1. They represent average characteristics of migration in Armenia.
2. More than 35% of total estimated number of migrants in Armenia reside in those marzes.
3. HIV preventive activities among the migrants in those marzes are similar to those implemented in other marzes.
4. Reported HIV prevalence data indicate that those regions might play an important role in HIV spread.

** Preliminary developed protocol, questionnaires, questions drafted for questioning and interviews (attached: Annexes 1-13) were used for carrying out this study*

One town and two villages were selected for study in each marz by the method of target sampling, taking into account high migration rates in those populated areas.

Groups under study and sample size

The study was conducted among the migrants, their family members and sexual partners, policy makers, service providers, community leaders, representatives of NGOs and international organizations from Gegharkunik, Ararat and Armavir marzes. The groups under study, sample size and methods of data collection are presented in the Table 1.

Table 1

Groups under study, sample size and methods of data collection				
Groups	Questioning	Interviews	Focus groups	Total
Migrants	90	10		100
Migrants with HIV		10		10
Family members		15	1x6	21
Sexual partners/CSWs			2x7	14
Policy makers/service providers			3x7	21
Community leaders		6		6
Representatives of Migration Agency by the Ministry of Territorial Administration		4		4
NCAP representatives		1		1
NGOs representatives		6		6
International organizations representatives		3		3
Total	90	55	6 (41)	186

Criteria of migrant's selection

Migrants in each of clusters were selected by “random sampling” or “take-all” strategy (See “Evaluating programs for HIV/AIDS prevention and care in developing countries”, third printing, 2006, USAID, FHI).

The demographic characteristics of the migrants involved in the study were in consistency with the main demographic characteristics of the migrants residing in those marzes:

1. Sex

6% - females

94% - males

2. Age

under 40 – 50%

3. Family status

Married – 76%

4. Countries/places of temporary work:

Russian Federation – 93%

Other – 7%

Places of Study (PSUs):

- **Migrants:** household, airports, health care services
- **Migrants with HIV:** household, health care services
- **Family members:** household
- **Sexual partners of migrants/CSWs:** GFATM-supported projects “HIV prevention among CSWs” implemented in Gavar and Yerevan cities
- **Policy makers/service providers:** regional administrations, Migration Agency by the Ministry of Territorial Administration, National Center for AIDS Prevention
- **Community leaders:** village administrations
- **Representatives of NGOs and International organizations:** UMCOR, World Vision Armenia, Eurasia Partnership Foundation, OSCE, UNDP, IOM and ILO offices, as well as Yerevan NGOs and marz NGOs offices

Timeframe and the process

The study was conducted according to the preliminary developed timeframe, which is presented below:

Table 2

Timeframe of the activities implemented within the framework of the study				
Activities	July	August	September	October
Preparation Phase				
Establishment of Core Team and Field Team	X			
Development Study Protocol	X			
Development and adaptation of the self-administered questionnaires	X			
Development and adaptation of the guides for interviews with key informants and for focus groups	X			
Identification of tools and methodology	X			
Identification of key informants				
Workshop on Study for Core Team and Field Team	X			
Printing and distribution of the self-administered questionnaires	X			
Implementation Phase				
Fieldwork	X	X	X	
Data Entry and Analysis		X	X	
Interpretation of findings			X	
Draft report writing			X	X
Final report submission				X
Monitoring and Evaluation	X	X	X	X

Results

Contextual assessment

The active migration process started in the Republic of Armenia since the country declared its independence. Migration from the country today, though not so active, is still going on. According to the estimations of experts the number of migrants from Armenia during the recent years amounted to 800,000-1,000,000.

If in the late 80s - early 90s the reasons for the migration flow from the country were diverse, so later those reasons became more definite and specific. The researches and studies conducted in that

period revealed that the population migrated from the country mainly due to economic factors. Labour migration dominates in the picture of the migration flow from the country.

According to the data of "Labour migration in Armenia 2005-2007" survey the termination in the process of labour migration has been observed in the Republic of Armenia. If 4.1% of the population were involved in the labour migration in 2002-2005, so according to the recent survey - 3.8%. If compared with the data of 2002-2005, labour migrants' age, education and status have not been changed. The Russian Federation is the most popular country of destination for Armenian migrants. The majority of migrants from Armenia are employed in construction industry. Though there is no reliable data on the number of Armenians working in the Russian Federation, according to the research on labour migration carried out by Gallup Organization, 31% of Armenian families have at least one family member working in Russia, of whom more than 90% work there illegally. The overwhelming majority (80.8%) of the return migrants are those who returned from Russia⁵.

According to the official statistics in 2006 the balance of migration in Armenia was - 6.7⁶.

The absolute number of labour migrants in Armenia in 2006 was estimated as 96,000 - 122,000 or 3.0-3.8% of Armenia's de jure population. 93.5% of the labour migrants in Armenia are males, 6.5% are females².

Though the existing legislation in Armenia covers the issues of migration, there is no comprehensive law regulating migration in Armenia. No unified structure regulating migration processes is available in the country. Some bodies of governmental authorities have certain jurisdictions in this area and provide public services. In recent year Armenia has joined various international conventions and agreements related to migration. The country also has made a number of commitments. However, all those steps have been not summarized in unified strategic and legal documents³.

Problems brought up by labour migration

It is well known, that labour migrants generally move to the countries, where there is unfavourable HIV epidemiological situation. Therefore, their vulnerability to HIV is increased in destination countries. They often practice HIV risk behaviours, which makes them more susceptible to HIV exposure. The findings from conducted epidemiological surveillance reveal that considerable part of labour migrants with HIV temporarily inhabited and probably were infected in countries where they moved to find a job, in most cases - in the Russian Federation and Ukraine.

As per policy makers and service providers, migration is not a common phenomenon in Ararat and Armavir marzes. The level of labour migration in Ararat and Armavir marzes (which basically are agricultural areas) is not high, so it does not impede socio-economic growth there. People residing in those marzes have privatized their areas and are engaged in farming. Nevertheless, the people migrate outside Armenia and as a rule they move to cities and towns of the Russian Federation. In Gegharkunik marz labour migration is a widespread and to some extent traditional phenomenon.

Also community leaders confirmed the above-mentioned facts and outlined that the significant proportion of those moving from rural areas to other countries looking for work are young people.

The policy makers and service providers suppose that as a result of HIV preventive activities carried out in marzes, the population, particularly youth, are sufficiently informed about HIV/AIDS-related issues. At the same time, a number of some activities are being implemented among the mobile population. Thus, Migration and Return Resource Center was established in Armavir marz with Eurasia Partnership Foundation support. The Center deals with the issues of job-placement of the returned migrants, counselling and providing information.

In general, community leaders are not sufficiently informed about HIV preventive activities conducted in their marzes. The policy makers and service-providers in Ararat marz are not aware on the organizations working in the field of HIV prevention. "Armavir Development Center" NGO implemented activities among the migrants in Armavir marz. The Gavar State Medical College is carrying out the project among CSWs within the framework of the GFATM-supported National Programme in Gegharkunik marz. The "Martuni Women Community Council" NGO implements activities among the migrants providing them with HIV information materials.

The Councils on HIV, TB and Malaria Issues under Regional Administrations (Marzpetarans), involved in the study, do not address the issues related to HIV prevention among the migrants at their meetings. Those Councils generally support the organization of VCT provision to pregnant women at antenatal clinics in their marzes, as well as organizing and implementing activities devoted to World AIDS Day.

Seminars on the issues of reproductive health were held for health care workers in Ararat marz. In the opinion of the policy makers and service providers such kind of seminars should be held on a continuous basis and should involve greater number of participants.

In Armavir marz, peer education is being provided among schoolchildren. The policy makers and service providers consider peer education provision to be rather effective and think that it should be conducted on a continuous basis. At the same time, it is necessary to carry out awareness raising activities at schools at the optional lessons. Peer education is also provided among the schoolchildren in Gegharkunik marz. The policy makers and service providers noted that at the early stage there were some difficulties related to initiating HIV prevention projects at schools, since some parents objected that their children were involved in peer-education provision. However, after relevant work was performed with those parents, they requested by themselves that their children be involved in the project. The policy makers and service providers consider that those projects should also be implemented on a continuous basis.

As per information provided by the policy makers and service providers HIV prevention projects and activities are implemented mainly in Gavar city and there is a necessity to expand the geographical coverage involving more communities in the marz.

In the opinion of the community leaders, the population should have access to the information related to HIV. More active work should be performed with the families. Migrants, as well as people having prestige should be involved more broadly into activities on HIV prevention projects. The capacity of village administrations and rural ambulatories could also be used.

In the opinion of the policy makers and service providers, broadcasting appropriate social advertisement in all marzes would be very efficient both on local and national television, particularly during airing TV serials. Printing relevant materials in local papers could also be very useful. Internet can be used as well, since sometimes migrants look for a job via Internet. Radio programmes can be not so efficient in marzes due to relatively small audience that would listen to them. The community leaders also consider that the most advisable way of providing relevant information is via television and through health care services. The above mentioned ways of information provision can be with the same efficiency also in the village communities. The information coverage can be expanded through health care facilities and NGOs. At the same time the existing attitude and position of villagers towards the issues of HIV/AIDS and reproductive health should be taken into consideration. Therefore, the emphasis should be laid not on dissemination of printed materials, which very often the villagers are ashamed even to take, but on increasing the amount of information provided via television, which in its turn would promote changing the above mentioned attitude. Also the information can be provided through SMS, through disseminating relevant printing materials at barber's/hairdressing salons. In addition booklets containing relevant information can be provided with the purchased air tickets at the booking offices, and placed into the back seats on the boards of airplanes.

The social services regularly conduct registration of families in marzes, which also can be used for providing HIV-related information. However, generally the social services deal with disabled people and those receiving benefits, who as a rule do not represent a danger in the context of HIV acquiring and transmitting.

In the opinion of the policy makers and service providers, the regional administration employees themselves need to be appropriately informed, since part of them are embarrassed to discuss HIV issues and they avoid hanging HIV/AIDS-related posters upon the walls in their rooms.

In the opinion of the policy makers and service providers, it is necessary to raise awareness of migrants on legal issues, which could reduce their vulnerability to HIV. It is also necessary to encourage potential migrants to receive as much of detailed information as possible about all conditions of migrant labour, not restricting themselves by learning only the amount of salaries.

As per information provided by policy makers and service providers there are no NGOs implementing HIV preventive activities among the mobile population in Ararat marz. "Future Generation" NGO, Armenian Red Cross Society branch implement their activities in the schools of Armavir marz. Their capacity can be used also for implementing activities among the migrants. Various NGOs implement projects in Gegharkunik marz. Their capacity also can be used. It is necessary to strengthen NGO and health care services capacity in all marzes.

As per policy makers and service providers the collaboration between governmental and non-governmental organizations on health care issues is not sufficient and it is not always coordinated properly. More often NGOs-implemented projects are related to the area of agriculture, some NGOs implement activities at schools, and as a matter of fact no NGO works in the field of health care. In Armavir marz, governmental and non-governmental organizations collaborate on the issues of health care in more coordinated way. In Gegharkunik marz the collaboration between governmental and non-governmental organizations is insufficient either. Heads of health care facilities and schools are not aware on the projects implemented in their communities if they are not involved in them. It is necessary that NGOs keep informed the relevant departments of the Regional Administrations about the projects they implement. That would contribute to the effective collaboration between NGOs and Regional Administrations.

In the opinion of the policy makers and service providers, the initiative on HIV-related interventions in all marzes should be taken by NGOs. Physicians and those people or organizations possessing more information about the issue should also demonstrate initiative. Community leaders consider that the initiative should be taken by NGOs, which can implement HIV preventive activities in collaboration with village administrations.

Community leaders consider it to be very important the community readiness to support implementation of preventive activities. And to make those activities implementation more effective it is necessary to coordinate them at marz level.

The policy makers, service providers and community leaders consider that the effectiveness of the preventive activities among the mobile population is reduced by the fact that they are not sustainable or all-embracing. The overwhelming majority of migrants stay at their home places for the period of December-February, which is not long enough for effective implementation of activities among them. Implementation of activities is seriously hindered by the fact that in marzes, particularly in villages, it is not accepted yet to discuss sexual life-related issues within the families. Very often the problem is related to as not the serious one. The majority of the population do not perceive the problem as an existent one.

In the opinion of the policy makers, service providers and community leaders, migrants are influenced by some factors, which increase their vulnerability to HIV. Being far away from their family members and their regular sexual partners many of migrant labours feel free from those social norms preconditioning their behaviour within their families, as well as with their friends and relatives. In addition, being away from the family, difficulties related to accommodation to new situation (social and cultural, those connected with language), aggravate migrants' isolation. All these factors drive migrants to practice HIV risk behaviour. In particular, they often seek the services of CSWs, they do not use condom or start using drugs to mitigate the pressing reality. Naturally, those risk behaviours bring higher risk of contracting HIV. One of the factors preconditioning migrants' vulnerability to HIV is that they live illegally and undocumented in the host country, they are not provided properly with legal and social security, and as a result, they can be exposed to discrimination and exploitation. As a rule, migrants do not have access to medical services including reproductive health care services. Neither do they have access to the information

on HIV, on ways and means of HIV prevention. The access to such kind of information is reduced also due to difficulties related to poor knowledge of language of the host country or cultural "taboos" existing in some countries. Female migrants are especially vulnerable to HIV. Possibilities of their job placement are generally more restricted than those of male migrants. As a result, female migrants are obliged to work under the conditions of hidden economy facing discrimination due to their statuses both as women and as migrants.

In the opinion of the policy makers, service providers and community leaders, insufficient provision of information to migrants is the main factor fuelling their HIV risk behaviour. The conditions in the host countries where the migrants go to work, also drive their HIV risk behaviour. At the same time, many migrants do not assess adequately the risk they are exposed to, they believe that personally for them is no risk.

The policy makers, service providers and community leaders consider that one of the barriers for receiving proper medical care is the fact that people attach no importance to the issues of their health and they seek for physicians' assistance only if they have no other alternative. On the other hand, the number of those seeking STI treatment is low in marzes. People with such kind of problems often avoid attending a physician, as there is a problem of personalization. People avoid attending a physician in the places of their residence, even if confidentiality is ensured, especially in village communities, which are rather small and where almost everybody knows each other. Instead, they prefer to receive medical assistance in Yerevan, though, for many people it can be difficult or impossible. Existing mentality also hinders provision of proper medical care. In some cases it is considered to be indecent, or it is inadequately perceived, to offer HIV testing to a pregnant woman. Many pregnant women even refuse to receive any information about HIV, since they are ashamed of it.

The policy makers, service providers and community leaders consider that the migrants seeking medical assistance due to any health problem should be offered to receive HIV counselling and testing. It is necessary to raise awareness of the general population. People have to know how they can to protect themselves from HIV infection and where they can apply in case of necessity. HIV-related information should be provided on a sustainable basis with the aim to make everyone realize the necessity of undergoing HIV testing.

It is necessary to expand HIV/AIDS information activities among the migrants, to perform work with their family members, to strengthen coordination of activities at marz level, increase the number of information campaigns for the general population conducted via mass media, to involve more broadly communities into HIV preventive activities, to expand and improve HIV/AIDS education provision to senior school. As to opinion of the policy makers, service providers and community leaders the HIV/AIDS-related issues should be taught at schools as mandatory course. Parents also should be involved into HIV preventive activities carried out at schools. The knowledge received at school would assist the school children in future to discuss the issues of sexual health in more open manner.

The policy makers, service providers and community leaders attached importance to the activities carried out among health care workers aimed to increase their knowledge on HIV/AIDS and to raise their awareness of the significance of preventive activities among the migrants.

Health and social consequences

90 migrants have been questioned; the in-depth interviews were conducted with 10 more migrants. 88.9% of the questioned migrants were males, 11.1% - females. Interviews were conducted also with 10 HIV male migrants with HIV.

The majority of the questioned migrants (92.2%) indicated that as a rule they go to work to the Russian Federation and Ukraine. The migrants participated in the in-depth interviews indicated the same.

57.8% of those questioned have an opportunity to receive medical care promptly and without difficulties in Armenia, and 30% - in the country where they regularly go to work. The migrants participated in the in-depth interviews indicated the same.

49.4% of the questioned migrants indicated that they know some organizations providing HIV services, of whom 77.3% have access to such services. In the opinion of those questioned such organizations implement various activities, in particular they carry out educational projects, provide treatment and counselling, disseminate information materials, condoms, provide drugs, and perform HIV testing.

The interviewed migrants with HIV indicated the following organizations dealing with HIV/AIDS issues: the National Center for AIDS Prevention, "Armenicum" Clinical Center, "Real World, Real People" NGO and "Positive People Armenian Network" NGO. They indicated also that all those organizations are accessible for them.

The majority of the interviewed migrants' wives consider that the following traditional norms formed at personal and community levels could promote effective response to HIV: fidelity, family devotion and its prioritization. The following traditional norms and stereotypes formed at personal and community levels were mentioned as those hindering in the effective HIV response: not serious attitude to HIV, association of HIV and AIDS with risk population groups, considering discussion of the issues of HIV and AIDS to be shameful and immoral.

Nearly a half of the interviewed migrants' wives know on the facilities providing information about HIV/AIDS and risky sexual behaviour. Almost all the interviewed migrants' wives know the ways of HIV prevention, however, some of them indicated that it depends not only upon them whether to use or not to use any prevention means.

Two focus groups were held with CSWs within the framework of the study. The focus groups revealed that as a rule CSWs does not know family statuses of their non-regular clients. However, very often they know the family statuses, and sometimes - professional and social statuses of their

regular clients. They can get to know the fact that their client is a migrant incidentally during communication, however, as a rule that is not a matter of interest for them. The overwhelming majority of the CSWs participated in the focus groups, indicated that they can freely discuss with their clients the issues of health preservation, of sexual relationships, including condom use.

All the CSWs participated in the focus groups noted that they have access to information about HIV/AIDS and indicated NGOs as a main source of information. They consider it be possible that their clients be a source of information for them, though as a matter of fact they are the source of information for their clients. The CSWs, participated in the focus groups, are sure that their clients can be provided with the information through their friends and television.

The CSWs participated in the focus groups prefer to receive information from the information/educational materials and through receiving of individual counselling.

All the focus groups participants indicated that generally there are no disagreements between them and their clients associated with their different approaches to the questions of safer sexual behaviour. However, sometimes a client refuses to use condom, offering additional amount of money.

Health and Risk Behaviour

The questioning and interviews conducted within the framework of this study did not include the questions aimed to reveal risk behaviours among the migrants, since this kind of data were received from the findings of the recent behavioural HIV surveillance carried out among the migrants in 2007.

Some results of behavioural HIV surveillance carried out among the migrants in 2007

The majority of the surveyed migrants (67.1%) believe that it is possible to reduce the risk of HIV transmission by having one faithful uninfected sexual partner. 77.2% think that condom use can reduce the risk of HIV transmission. More than half (52.4%) of the surveyed migrants know that a healthy-looking person can be HIV-infected; 51.6% of those surveyed know that it is impossible to get HIV from mosquito bites and 67.6% of those surveyed consider it to be impossible to get HIV by sharing a meal with an HIV-infected person.

Thus, 27.6% of those surveyed have knowledge on HIV prevention (Table 3).

Table 3

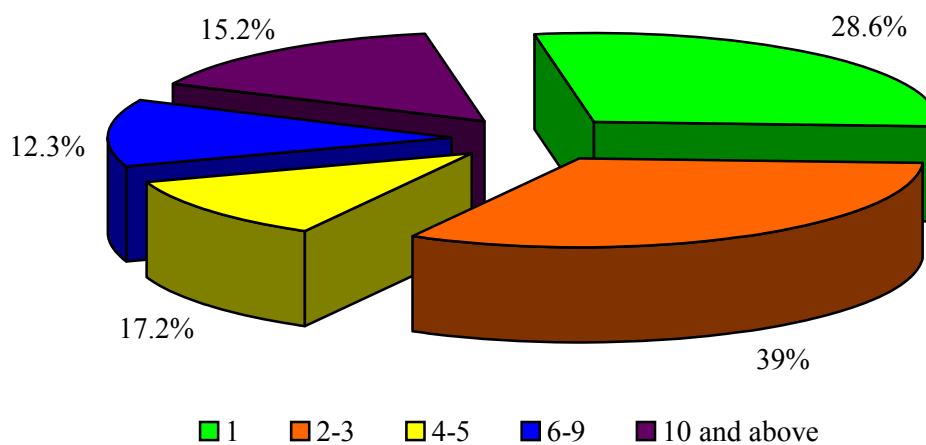
N	Questions assessing knowledge on HIV prevention	Migrants
1.	Can the risk of HIV transmission be reduced by having sex with only one faithful, uninfected partner?	67.1%
2.	Can the risk of HIV transmission be reduced by using condom?	27.2%
3.	Can a healthy-looking person have HIV?	52.4%
4.	Can a person get HIV from mosquito bites?	51.6%
5.	Can a person get HIV by sharing a meal with someone who is infected?	67.6%
	Knowledge on HIV prevention	27.6%

The overwhelming majority of those surveyed (88.8%) mentioned that they had ever had sexual intercourse. Mean age at first sex of those surveyed is 18.2 years. The overwhelming majority of those surveyed (80.2%) had sexual intercourse in the last 30 days. Only 37.6% of those sexually active used a condom the last time they had sex.

A little more than a half (51.1%) of those sexually active respondents mentioned that they had sex with non-regular partners. The majority (75.2%) of them used a condom the last time they had sex with a non-regular partner.

The majority (71.4%) of the surveyed migrants who are sexually active and have non-regular partners had sexual intercourse with two or more partners during the last year (Graph 1).

Graph 1. Number of non-regular sexual partners of the surveyed sexually active migrants having occasional sex during the last year



22.9% of those sexually active migrants used a condom consistently during the last year. Among the reasons for not using condom the respondents indicated reduced pleasure (35.4%) and trust in their partner (64%) (Table 4).

Table 4

Reasons for inconsistent condom use of the surveyed migrants (n=161)	
Reason	Percentage
Too expensive/unaffordable	1.2
Embarrassed to purchase condom	4.3
Difficult to use	6.2
Not easy to purchase	1.9
Reduces pleasure	35.4
Embarrassed to ask their partner to use condom	4.3
Trust their partners	64
Unaware of effectiveness of condom use	1.2
Other	11.3
* The surveyed migrants were allowed to choose more than one answer	

The overwhelming majority (91.3%) of the surveyed migrants who have knowledge on HIV were sexually active, of whom 33.3% used a condom the last time they had sex. More than a half (53.2%) of those having knowledge on HIV prevention had sex with non-regular partners. The overwhelming majority (87.9%) of them used a condom the last time they had sex with non-regular partners.

61.2% of those surveyed migrants were outside of Armenia for more than a month during the last year. The majority (64%) of those sexually active people had sex with non-regular partners, of whom 77.5% used a condom the last time they had sex with a non-regular partner.

45% of the surveyed migrants know where they can be tested for HIV, if they wish to; 31% of them noted that they have access to HIV voluntary counselling and testing services. 13.7% of those surveyed were tested for HIV in the last 12 months. The vast majority (97.1%) of those tested for HIV applied for the information on the testing results and received it.

54 (23.6%) of those surveyed have ever used drugs, 9 (3.6%) through injecting. The following drugs were reported as the most frequently used through injecting: heroin (66.7%) and chernyashka (22.2%). Mean age of first injecting drug use experience of those surveyed is 19.8 years. Two (0.8%) of the surveyed migrants having experience in injecting drug use indicated that they shared injecting equipment in the last month. All migrants using injecting drugs have ever used drugs prepared by someone else.

Thus, the behavioural surveillance conducted among 250 migrants has revealed that 27.6% of those surveyed had knowledge on HIV prevention 23.6% of those surveyed had ever used drugs, 3.6% - through injecting.

The behavioural surveillance conducted among migrants has revealed the following high-risk behaviours:

1. More than half (51.1%) of the sexually active migrants had sex with non-regular partners, of whom 24.8% did not use a condom the last time they had sex with non-regular partners.
2. The majority of sexually active migrants (64%) who were outside of Armenia for more than a month during the last year had sex with non-regular partners, of whom 22.5% did not use a condom the last time they had sex with non-regular partners.
3. All migrants using injecting drugs have ever used drugs prepared by someone else.

Some results of this study

72.2% of the questioned migrants consider HIV/AIDS to be a serious problem, however more than a half of them (52.2%) do not think that they are exposed to the risk of HIV contracting. 18.9% of the questioned consider that they personally are exposed to the risk of HIV contracting, and 28.9% have never thought about it.

To the question concerning the factors increasing their HIV vulnerability, 48.9% of the questioned migrants indicated lack of information, and 26.8% conditions at their temporal workplace (Table 5). The interviewed migrants gave similar answers.

Table 5

Factors increasing the migrants' vulnerability to HIV (n=90)		
Factors	Absolute number	%
Lack of information	44	48.9
Lack of access to health care services	16	17.8
Specific conditions at their temporal workplace	24	26.8
Lack of condoms or other means of prevention	11	12.2
Other	4	4.4
* The respondents were allowed to choose more than one answers		

The interviewed migrants' wives know in general what the risky sexual behaviour is and as the factors promoting such kind of behaviour they indicated drug and alcohol use, lack of knowledge, and being away from their family.

44.4% of the questioned respondents assessed their knowledge on HIV/AIDS to be insufficient, 23.3% - low, and only 15.6% - sufficient (Table 6).

Table 6

Level of migrants' knowledge on HIV/AIDS as per their assessment (n=90)		
Assessment	Absolute number	Percentage
Sufficient	14	15.6
Insufficient	40	44.4
Low	21	23.3
Can not assess	15	16.7

Half of those migrants participated in the in-depth interviews had assessed their knowledge on HIV/AIDS to be insufficient before they underwent HIV testing and to be sufficient after they underwent HIV testing. 62.2% of the questioned noted that in Armenia they do not have access to the information on HIV/AIDS, and 76.7% noted that they do not have access in the countries where they leave. Similar results were received from the interviews conducted among the migrants.

All the interviewed migrants with HIV consider that the level of providing information on HIV/AIDS for migrants is not sufficient neither in Yerevan, nor in the countries, where they usually go to work.

62.2% of the questioned migrants indicated mass media as the most an effective way of delivering reliable information on HIV/AIDS, and 37.8% consider that the information provision at their temporal workplaces would be effective (Table 7).

Table 7

Ways of delivering reliable information on HIV/AIDS		
Ways of delivering information	Absolute number	%
Dissemination of printed materials at places of residence	20	22.2
Delivering lectures	21	23.3
Providing information through mass media	56	62.2
Providing information through Internet	2	2.2
Providing information at the airports, the land borders posts	28	31.1
Providing personal counselling	15	16.7
Providing information at temporal workplaces, outside of Armenia	34	37.8
* The respondents were allowed to chose more than one answers		

As per the opinion of the vast majority of the interviewed migrants with HIV, the reliable HIV/AIDS information can be provided most effectively at the airports, at the land borders posts, as well as through personal counselling.

As a result of interviews and focus groups conducted with the migrants' family members, it was revealed that the main source of information for them is television. Also they indicated NGOs and health care workers as source of information. Though they indicated that they have access to HIV/AIDS-related information, at the same time they noted that they need to receive more information.

The interviewed migrants' wives mainly do not know to what extent their husbands are informed about HIV/AIDS. About a half of them indicated that they can be the source of information for their husbands, others indicated their friends and villagers as the source of information.

Condoms are accessible in Armenia for 67.8% of the questioned migrants, and for 76.7% in the countries where they usually go to work. All the interviewed migrants reported that condoms are accessible both in Armenia and in the countries where they regularly go to work.

The majority of the interviewed migrants' wives reported that they do not discuss at all or discuss not often the issues of health preservation and sexual relations, in particular, condom use. As a result they do not know whether their husbands object to condom use or not. The majority of the interviewed migrants' wives are afraid of being infected with HIV though they do not undertake measures to prevent it. Moreover, their vast majority do not use condom since they trust their

husbands. Those women who used condoms indicated that as a rule they are bought by their husbands.

Interventions

Starting from 2003 various HIV preventive activities have been conducted among the migrants within the framework of the National AIDS Programme aimed at raising their awareness on HIV/AIDS and reducing their risky behaviour. Starting from 2005 the Migration Agency by the Ministry of Territorial Administration of the Republic of Armenia has been implementing HIV preventive activities among the mobile population within the framework of the GFATM-supported National AIDS Programme. Information/educational materials and condoms are provided to the migrants within the framework of the implemented activities. VCT site has been set up on the basis of the medical station at "Zvartnots" airport, where migrants can receive HIV counselling and be provided with the relevant information/educational materials and condoms.

In addition, at "Zvartnots" airport the passengers can take information/educational materials from 2 tables located in the departure hall and from 1 table located in the arrival hall. HIV/AIDS-related posters are hung on the walls of halls at the airport. In addition, the Migration Agency by the Ministry of Territorial Administration reached an agreement with heads of "Armavia" Air Company on collaboration in implementing HIV preventive activities among the migrants. The "Armavia" Air Company has been provided with information/educational materials for disseminating among the passengers on airplane boards.

Outreach work is being performed among the migrants and their family members in some marzes. The capacity of Health care and Social Departments of Regional Administrations, as well as of UMCOR and "Democracy Today" NGO are used for carrying out HIV preventive activities.

In the opinion of the policy makers and service providers the implemented activities should be expanded also through involving all the land borders posts. It is necessary to increase involvement of communities into the implemented activities, use all the ways of information provision, including work with migrants' family members. Special attention should be attached to maintaining confidentiality and building trustful relationships when HIV/AIDS services are provided in rural areas. Also it is very important that all implemented activities be coordinated and aimed at solving common problems.

Lack of funds, improper coordination of implemented activities, lack of trained specialists very often impede effective implementation of projects among the migrants. Insufficient cooperation with migration authorities of the countries where the migrants go to work also impedes effective implementation of the projects among the migrants. There are also a number of other obstacles associated with the fact that for some families it is not accepted to discuss the issues related to sexual health and similar problems.

The policy makers and service providers indicated that there are not many NGOs implementing activities among the migrants in the marzes. Those NGOs performing activities among the migrants

mainly provide counselling on legal issues or support on the issues of the job placement. The NGOs dealing with the migrants and those implementing projects in the fields of health care and social affairs in marzes, do not address at all or address insufficiently the issues of HIV prevention. However, the capacity of those NGOs can be used for HIV preventive activities after the NGOs personnel are provided with relevant training. In the opinion of policy makers and service providers, in order to increase the efficiency of providing HIV-related information, it is necessary to make the best use of television. A number of educational programmes, PSAs and talk shows can be broadcasted on TV in order to once again draw attention of people. The capacities of NGOs and village administrations should be used to deliver the information to people in rural areas. It is necessary to continue implementing interventions on raising HIV/AIDS awareness among the migrants, incorporating new interventions at community level.

Effectiveness of implemented activities depends on awareness level of everybody at all levels, on the ability to assess adequately one's own behaviour and on the readiness to change it, as well as on the attitude and position towards the problem. Any initiative which would be focused on solving these problems, will raise the effectiveness of implemented activities.

Interviews were conducted with representatives of a number of governmental, nongovernmental and international organizations performing work among the migrants within the framework of this study. The table below presents those organizations and some framework of their activities.

(Table 8)

Table 8

Organizations performing work among the migrants

Organization	Some framework of their activities
<i>Governmental organizations</i>	
Migration Agency by the Ministry of Territorial Administration	Coordination of "HIV prevention among the mobile population" conducted with the Global Fund support
National Centre for AIDS Prevention	Provision of VCT and information/educational materials, provision of ART treatment, care and support to migrants with HIV, provision of methodological support to organizations delivering HIV/AIDS services to the migrant
<i>Non-governmental organizations</i>	
Martuni Women's Community Council	Provision of counselling on legal issues, provision of information on migration legislation in various countries, provision of support in drafting various documents, establishing links with migration authorities in other countries

Armavir Development Center	Provision of counselling on legal issues, provision of information on migration legislation in various countries, provision of support in drafting various documents
<i>International organizations</i>	
Eurasia Partnership Foundation	Provision support for establishing Migration and Return Resource Centers in marzes, provision of information on illegal migration
World Vision - Armenia	Implementing HIV preventive activities, providing information/educational materials among the migrants and their family members
UMCOR	Provision training for migrants on the issues of HIV and STIs prevention, provision of VCT and information/educational materials, dissemination of condoms, provision of STIs diagnostics and treatment
International Organization for Migration	"Regional Resource Centre Building" "Informed Migration" programmes, outreach work and provision of information among migrants
International Labour Organization	Development of the comprehensive anti-trafficking response in Armenia, Azerbaijan and Georgia, developing policy related to migration and trafficking
UNDP	Programme on combating trafficking, provision of information on work places abroad

Conclusions, findings and recommendations

Conclusions and findings

The study focused on developing successful HIV preventive activities and interventions among the migrants originating from urban and rural areas of the Republic of Armenia and their family members has allowed to reveal HIV risk behaviours exhibited by the migrants, as well as assessing the needs of the migrants and their family members in the context of HIV prevention, which provided basis for making recommendations on reducing migrants' vulnerability and risk of HIV infection.

1. HIV/AIDS projects and activities are generally implemented in the administrative centres of marzes, sometimes in towns, whereas rural areas in most cases are not covered by them. Therefore, there is a need to expand geographical coverage of the projects and activities by involving there more communities in marzes.

2. Episodic and incomprehensive nature of the preventive activities implemented among the migrants reduces their efficiency. The overwhelming majority of migrants stay at their home places for the period of December-February, which is not long enough for effective implementation of activities among them. The planned activities need to be implemented on programmatic and continuous basis.
3. People attach no importance to the issues of their health; they seek for physicians' assistance only if they have no other alternative. That hinders in receiving proper medical assistance. The number of those seeking STI treatment is low in marzes. People with such kind of problems often avoid receiving medical assistance, as there is a problem of personalization. Especially it is true when we speak about village communities, which are rather small and where almost everybody knows each other. Even if confidentiality is ensured, the majority of people in villages avoid attending a physician for STI treatment in the places of their residence. Instead, they prefer to receive medical assistance in Yerevan, though, for many people it can be difficult or impossible. Existing mentality also hinders in provision of proper medical care. In some places it is considered to be indecent, or it is inadequately perceived, to offer HIV testing to a pregnant woman. Many pregnant women even refuse to receive any information about HIV, since they are ashamed of it. It is necessary to ensure provision of health care services to the people in marzes through the mobile teams.
4. The overwhelming majority of the CSWs participated in the focus groups have the opportunity to discuss freely with their clients the issues of health preservation, of sexual relations, including condom use. They can serve as a source of information for their clients.
5. The results of the behavioural surveillance conducted among the migrants in 2007 show that 27.6% of those surveyed have knowledge on HIV prevention. 23.6% of those surveyed have ever used drugs, 3.6% through injecting. The behavioural surveys conducted among the migrants have proved that migrants' behaviour remains to be risky in the context of HIV infection. Therefore it is necessary to continue and extend the implementation of HIV preventive projects among them, expanding their geographical coverage. Migrants, their family members, as well as people having prestige in their communities should be involved more broadly into implemented HIV prevention projects. It is necessary to ensure more active involvement of communities into implemented activities, by using capacity of village administrations and rural ambulatories. Also, it is very important that all implemented activities be coordinated and aimed at solving common problems.
6. The study reveals that the significant proportion of those moving to other countries looking for work, especially from rural areas are young people. Therefore, it is necessary to expand and improve HIV/AIDS-related education for senior school (formal and informal). The knowledge received at school would assist the school children in future to discuss the issues of sexual health in more open manner. It is necessary to involve also parents into HIV preventive activities conducted at schools.
7. One of the factors driving migrants' HIV risk behaviours is their law awareness. 48.9% of the questioned migrants indicated that lack of information increases their vulnerability to HIV. At the same time 62.2% of them noted that in Armenia they have no access to HIV/AIDS-related information, and for 76.7% HIV/AIDS-related information inaccessible in the countries where they usually go to work. These data demonstrate that there is a need to expand information/education activities among the migrants. The mass media, especially television can

be used as an effective way of provision of reliable information. NGOs and health care workers can also serve as information providers. To improve migrants' access to the information it should be disseminated at the airports and land borders posts. It would be also effective to air PSAs both on marz and national television, especially during broadcasting TV serials, as well as to publish HIV/AIDS-related articles in marz newspapers. Internet can be used as well, since sometimes migrants look for a job via Internet. Also the information can be provided through SMS, through disseminating relevant printing materials at barber's/hairdressing salons. In addition booklets containing relevant information can be provided with the purchased air tickets at the booking offices, and placed into the back seats on the boards of airplanes.

8. The regional administration employees themselves also need to be appropriately informed, since part of them are embarrassed to discuss HIV issues and they avoid hanging HIV/AIDS-related posters upon the walls in their rooms.
9. The existing attitude and position of villagers towards the issues of HIV/AIDS and reproductive health should be taken into consideration. Therefore, the emphasis should be laid not on dissemination of printed materials, which very often the villagers are ashamed even to take, but on the increasing the amount of information provided via television, which in its turn would promote changing the above mentioned attitude.
10. The low level of migrants' awareness on legal issues also contribute to their vulnerability to HIV. Thus, it is necessary to raise migrants' awareness on legal issues, to encourage potential migrants to receive as much of detailed information as possible about all conditions of migrant labour, not restricting themselves by learning only the amount of salaries.
11. NGOs, which conduct activities among the migrants in marzes are too scarce. Those NGOs conducting activities among the migrants, mainly provide counselling on legal issues or support in job placement. The NGOs dealing with the migrants and those implementing projects in the fields of health care and social affairs in marzes, do not address at all or address insufficiently the issues of HIV prevention. It is necessary to use the capacity of those NGOs for HIV preventive activities. With this aim those NGOs representatives should be provided with relevant training.
12. The existing attitude and position of people towards the issues of HIV/AIDS and reproductive health are aggravated by the fact that people do not take the problem of HIV seriously, the majority of the population do not perceive the problem as an existent one, and that also is a serious hindrance to the success of the implemented HIV preventive activities. Being away from their families, people very often lead irregular sexual life, practice unsafe behaviour, use the services of CSWs. At the same time, many migrants do not assess adequately the risk they are exposed to, they believe that personally for them there is no risk. To overcome this obstacle, it is necessary to expand and strengthen activities implemented within the framework of the National BCC Strategy. The other way is to provide HIV testing and counselling to the migrants with any health problems seeking medical assistance. Thus, it is necessary to continue implementing activities focused on building capacity of health care services. Special attention should be given to maintaining confidentiality and building trustful relationships when HIV/AIDS services are provided in rural areas. Also it is necessary to raise awareness of the general population on the ways and means of HIV prevention, as well as on the services where they can apply should the necessity arise. The general population should be provided with

HIV-related information on a sustainable basis with the aim to make everyone realize the necessity of undergoing HIV testing.

13. Condoms are accessible for the majority of migrants (67.8%) in Armenia and for 76.7% migrants condoms are accessible also in the countries where they regularly go to work. It is necessary to continue activities on expanding access to condoms for labour migrants. At the same time it is necessary to continue activities on encouraging condom use.
14. Community leaders are not sufficiently informed about the HIV preventive activities implemented in their marzes. The Councils on HIV/AIDS, TB and Malaria Issues under Regional Administrations (Marzpetarans) do not address the issues of HIV prevention among the migrants at their meetings. On the whole, they do not play adequate role in coordinating the HIV preventive activities implemented in their marzes. Thus, it is necessary to make more active the work the Councils on HIV/AIDS, TB and Malaria Issues under Regional Administrations on coordinating HIV prevention projects among the migrants.
15. On the whole, the collaboration between governmental and non-governmental organizations on health care issues is not sufficient and it is not always coordinated properly. It is necessary to advocate for expansion of collaboration between governmental and non-governmental organizations.
16. Lack of funds very often impedes effective implementation of projects among the migrants. It is necessary to carry out advocacy focused on receiving from the State Budget allocations for funding the activities among the mobile population envisaged by the National Programme on the Response to HIV Epidemic in the Republic of Armenia. At the same time it is necessary to implement activities on fund raising and resource mobilization.
17. Insufficient cooperation with the migration authorities of the countries where the migrants go to work also impedes effective implementation of projects among the migrants. In this connection it is important to include into the agenda of the Chief Executive Board of CIS Migration Authorities the issues of disseminating HIV/AIDS-related information, of ensuring access to VCT and to condoms. Also it is necessary to dedicate one of the meetings of the Coordinative Board on the problems of HIV infection in CIS to discussing the interrelation of migration and HIV/AIDS issues as well as the development and coordination of joint activities.
18. Though the existing legislation in Armenia covers the issues of migration, there is no comprehensive law in Armenia regulating the field of migration. A number of commitments made by Armenia in recent years through joining some international conventions and agreements related to migration are not summarized in unified strategic and legal documents. That has brought the necessity to develop and approve the law on labour migration. Also it is necessary that the legislation on the mobile population address the issue of provision the migrants with key information on HIV/AIDS, as well as on the relevant services available in the field.

Recommendations

National level

1. Implement HIV prevention pilot project in one of the marzes of Armenia and based on the results of its implementation to introduce it in other marzes.
2. Encourage the development and approval of the National Programme on the issues of the mobile population.
3. Deliver health care services to the migrants in marzes through mobile teams.
4. Scale up information/educational activities within the framework of the National BCC strategy broadly involving the mass media into their implementation. Design and broadcast TV and radio programmes for the migrants and their family members.
5. Develop and print information/educational materials for the migrants and their family members, which should contain information on HIV/AIDS situation in the countries where they usually go to work, as well as on the ways of HIV prevention.
6. Ensure condom accessibility for migrants in places of their permanent residence and in the countries where they usually go to work.
7. Make more active the work of the Councils on HIV/AIDS, TB and Malaria Issues under Regional Administrations (Marzpetarans) on coordinating the HIV preventive activities among the migrants.
8. Organize special targeted discussions of the issues related to HIV prevention among the mobile population, to be held annually by the Councils on HIV/AIDS, TB and Malaria Issues under Regional Administrations (Marzpetarans).
9. Include into the agenda of the Chief Executive Board of CIS Migration Authorities the issues of disseminating HIV/AIDS-related information, of ensuring access to VCT and to condoms.
10. Dedicate one of the meetings of the Coordinative Board on the problems of HIV infection in CIS to discussing of migration and HIV/AIDS issues as well as the development and coordination of joint activities aimed to expand collaboration between HIV/AIDS services provided to migrants.
11. Advocate for inclusion into PRSP the issues related to the mobile population including those on HIV prevention.
12. Stipulate for receiving allocations from the State Budget for funding the activities among the mobile population envisaged by the National Programme on the Response to HIV Epidemic in the Republic of Armenia.
13. Advocate for developing and adopting the law on the labour migration. It has been also recommended that the legislation on the mobile population address the issue of provision the migrants with key information on HIV/AIDS, as well as on the relevant services available in the field.
14. Carry out regularly biological and behavioural HIV surveillance among the migrants.
15. Carry out deep social-demographic studies among the migrants including studies at their work places.

Community level

1. Implement HIV prevention pilot projects at the community level.
2. Perform outreach work using capacity of social workers, of the migrants and their family members. Involve CSWs into provision of the relevant information.
3. Provide peer education to the migrants.
4. Involve parents into HIV preventive activities implemented at schools.
5. Implement information/educational activities at the community level.
6. Use capacity of NGOs and communities trained within the framework of UN Agencies jointly supported programme on "HIV/AIDS capacity building" to work in the field of HIV prevention, for dissemination of information/educational materials among the migrants and their family members.
7. At marz and community levels to train personnel for implementation of HIV preventive projects among the migrants and their family members.
8. Hold training-seminars for social workers on the issues of HIV prevention among the migrants and their family members.
9. Implement activities focused on the extending access to VCT system and expanding its geographical coverage.
10. Ensure condom accessibility in migrants' places of permanent residence.
11. Organize National workshops for community leaders on the issues of HIV prevention among the migrants and their family members.
12. Advocate for scaling up collaboration between governmental and non-governmental organizations.

Individual level

1. Perform outreach work among the migrants emphasizing the importance of respectful attitude towards women.
2. Ensure access to the treatment and care for the migrants with HIV. To implement activities on ensuring adherence to the treatment of the migrants receiving ART.
3. Provide peer education to the migrants.
4. Conduct BCC activities focused on designing and disseminate key messages.
5. Implement activities aimed at increasing the number of migrants applying for VCT services.

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Protocol

Study for development of effective HIV prevention activities and interventions targeting the migrant workers and their family members in urban and rural areas in the Republic of Armenia

Goal:

To have a better understanding of risk behaviors among the migrant workers, existing interventions related to them and to develop recommendations that will improve health and minimize risk of HIV transmission.

Objective:

- To conduct study among the migrant workers, their spouses/partners and family members in marzes and analyze the collected data based on their needs.
- To prepare and provide recommendations for development of effective HIV preventive activities and interventions targeting the migrant workers and their family members in urban and rural areas.

Scope of study:

Geographical Locations:

- Gegharkunik marz
- Ararat marz
- Armavir marz

Groups and institutions under the study:

- Migrant workers
- PLHIV- Migrant workers
- Family members
- Sexual partners/CSWs
- Policy makers/service providers
- Community leaders
- State Agency on Migration
- NCAP
- NGOs (existing Projects)
- International organizations

Structure of Project coordination and implementation:

CCM:

The Country Coordination Commission on HIV/AIDS, TB and malaria issues in the Republic of Armenia (CCM) is the top coordinating structure.

CCM coordinates all the HIV/AIDS-related activities, implemented by governmental, nongovernmental and international organizations, as well as private sector and civil society, determines priorities in scientific research on HIV/AIDS, develops the HIV/AIDS preventive activities, forms multisectoral response. In this connection the results of the study should be presented to CCM.

Core Team:

Core Team consists of representatives of implementing organization (ANAF), Project Coordinator, Assistant to the Coordinator and Data analyst. Members of Core Team inform the community about the objectives and activities of the study, identify existing community strategies that can support the study, facilitate the community consultation, assist the Coordinator in writing the report and establish a clear link to the community and media to inform on the study.

Project Coordinator:

Project Coordinator carries out current coordination of these Project activities, supervises the Field Team. Coordinator is responsible for writing the final report and producing the recommendations for developing effective HIV prevention activities targeting migrants and their family members. Project Coordinator maintains relations with mass media representatives

Assistant to the Coordinator: assists field work in all the locations, coordinates a process of data collection, and produces site reports. Ensures all logistics related to study at each study site. Monitor the quality of data collection on a regular basis.

Chairs the Field Team meetings that will take place once every week during the field work (i.e. data collection). Submits all completed surveys to the Coordinator on a regular basis.

Submits all data collected to the Coordinator on a regular basis. Provides input into the report writing. Provides the Core Team with a report on accurate findings from the study sites. Respects the privacy and maintains confidentiality of the study participants at all times during the study.

Takes part in the process of recommendations development.

Data entry specialist: deals with a process of data entry.

Data analyst: is responsible for data analysis, coordinating with the National Public Health and Statistics Institutions and writing the final report.

Field Team:

Field Team consists of 4-5 members. Composition will change, based on local circumstances. The field team members' profiles would be: representatives of NGOs working with migrants, health care professionals, social workers, community representatives and other specialists, which were or will be trained on the Workshop.

Field Team members:

Attend the National Workshop in July 2008.

Work under the supervision of the Assistant to the Coordinator.

Attend all the Field Team meetings.

Collect data and record findings accurately.

Submit all surveys to the Assistant to the Coordinator when completed.

Submit collected data and findings to the Assistant to the Coordinator when completed.

Respect the privacy and maintain confidentiality of the study participants at all times during data collection.

Provide relevant HIV/AIDS information to study participants if appropriate.

Inform the Assistant to the Coordinator of any issues/problems immediately.

Inform the Assistant to the Coordinator of the strengths and weaknesses of the study.

The Study Process:

Data are collected from 4 key source groups:

- Migrants
- Family members and sexual partners
- Policy makers/community leaders and service providers
- Representatives of NGOs and international organizations

Data are collected in 4 areas of assessment:

- Context
- Health and Social Consequences
- Health and Risk Behaviours
- Interventions

Data are collected using 4 methods of data collection:

- Review of existing information
- Questioning
- Interviews
- Focus groups

Criteria of selection and sample size substantiation

For needs of this study a two-stage time-location sampling should be used.

Selection of Geographical Areas

Two regions (marzes) were selected for inclusion in the Project RFP ARM No. 049/08 which was adapted by UNDP Gegharkunik and Ararat marzes. It was decided include also Armavir marz in this study for receiving more representative results.

These marzes were chosen for the following reasons:

1. They represent average characteristics of migration in Armenia;
2. More than 35% of total estimated number of migrants in Armenia reside in those marzes
3. HIV preventive activities among the migrants in these marzes are similar to those implemented in other marzes;
4. Reported HIV prevalence data indicate that these regions might play an important role in HIV spread;

One town and 2 or 3 villages should be selected in each marz for the research.

Groups under study and sample size.

Study will be conducted among the following groups of migrant workers, their family members and sexual partners, service providers, policy makers, community leaders, representatives of NGOs and international organizations from Gegharkunik, Ararat and Armavir marzes:

Groups	questionnaires	interviews	focus groups	total
Migrant workers	90	10		100
PLHIV- migrant workers		10		10
Family members		15	1x6	21
Sexual partners/CSWs			2x7	14
Policy makers/service providers			3x7	21
Community leaders		6		6
State Agency on Migration		4		4
NCAP		1		1
NGOs (existing Projects)		6		6
International organizations		3		3
Total	90	55	6 (41)	186

Criteria of migrant's selection

Migrant workers in each of clusters should be selected by “random sampling” or “take-all” strategy (See “Evaluating programs for HIV/AIDS prevention and care in developing countries”, third printing, 2006, USAID, FHI)

The selected migrant workers should meet the following basic criteria, which reflect the main characteristics of the migrants residing in these marzes:

1. 6% females
94% - males
2. Age under 40 – 50%
3. Married – 76%
4. Countries/places of temporary work:
Russia – 93%
Other – 7%

Note: Total number of the migrants in Armenia (assessed) – 96,000-122,000 people, including*:

Gegharkunik marz– 6,000-10,200

Ararat marz – 9,000-12,600

Armavir marz – 8,000-11,500

*Labor migration from Armenia in 2005-2007, OSCE and Advanced social technologies NGO, Yerevan, 2007

Plases of Study (PSUs):

- **Migrant workers:** household, airport, patients of health care services
- **PLHIV-migrant workers:** household, health care services
- **Family members:** focus group in Armavir town
- **Sexual partners of migrants/sex workers:** focus groups placed at GFATM-supported projects “HIV prevention among FSWs“ in Gavar town and Yerevan city
- **Policy makers/service providers:** focus group in Gegharkunik, Ararat and Armavir regions (marzes) with region and city administrations, STI and narcological Centers representatives, health care department representative, representatives of social services and education department
- **Community leaders:** interview with representatives of 6 rural administrations in Gegharkunik, Ararat and Armavir marzes
- **State Agency on Migration:** interview with Migration Agency by the Ministry of Territorial Administration representative in Yerevan and regional specialists of regional administrations (marzpetaran) in Gegharkunik, Ararat and Armavir marzes
- **National Centre for AIDS Prevention:** interview with representative of the National Centre for AIDS Prevention in Yerevan city
- **NGOs (existing Projects):** interview with representatives of on-going projects are implementing by UMCOR, World Vision Armenia, GFATM-supported project for the mobile population, Eurasia Foundation, local NGOs in Yerevan city and marzes
- **International organizations:** interview with representatives of UNDP, IOM and ILO in Yerevan city

Areas of study and methods applied:

Study is conducted in **four areas** among the above-mentioned groups. Differentiation of the key questions for each of the above-mentioned groups is given in the attached tools.

1. Contextual assessment.

- Some demographics and social characteristics
- Household
- Migration and mobility
- Communication channels: languages and literacy, media and transportation
- Roles of men and women
- Specific aspects of health services
- Specific aspects of educational system
- Specific aspects of social welfare system
- Norms and values: national, community, individual
- Human rights
- Role of non-governmental organizations (NGOs)
- Capacity for implementation of HIV related activities
- Legislation and policy

Methods:

Existing information, unstructured interviews, focus group.

Data source:

National Demographic, Economic and Social Reports, annual Report on Development, PRSP, Labor migration from Armenia in 2005-2007, OSCE, HIV epidemiological surveillance in the Republic of Armenia in 2007, MoH, NCAP, interviews with key informant from the migrant workers, implementing organizations, NGOs and international organizations, community leaders, focus group with representatives of policy makers and service providers.

Key Questions:

- What kind of problems does labor migration bring in your region?
- Examples of HIV preventive activities in your region. Are they effective and consistent with the migrant worker's needs?
- What organizations work in the field of HIV prevention among the migrant workers in marzes? What are the results of implementation of such activities?
- What kind of work is performed by the Council on HIV, TB and Malaria issues under Regional Administration?
- In what way the departments you manage are involved in the implementation of the activities of the National Programme on the Response to HIV Epidemic in the Republic of Armenia, 2007-2011?

- What on-going HIV preventive activities have to be scaled up and what new types of activities have to be introduced?
- Is anything undergoing in the departments you manage related to risk behaviour of the migrant workers?
- What examples of collaboration with governmental and non-governmental organizations implementing activities among the migrant workers can you bring?
- What kind of communication channels, including local channels can be used with the greatest efficiency?
- In what way can these channels be used, in particular at rural level?
- Who should initiate the intervention, and how to realize it?
- Is anything planned for the future?
- What are governmental and non-governmental organizations having free or partially free capacity for work with the mobile population?
- What opportunities (at individual, community, regional, national and out-of-the country levels) exist increasing the effectiveness of implemented activities?
- What obstacles (at individual, community, regional, national and out-of-the country levels) exist reducing effectiveness of implemented activities or putting to risk implementation of planned activities?
- Is injecting drug use a common phenomenon for the migrant workers? If yes, so would you, according to your institution's data, assess drug addiction in your region? What measures are undertaken by authorities and service providers to solve this problem?
- What are the conditions favorable for forming and maintaining risky behaviour?
- What are the obstacles for receiving proper medical care in marzes?
- What measures do you consider could be undertaken to prevent HIV epidemic spread among the migrant workers most effectively?
- What way the HIV preventive activities implemented at schools could be used to raise HIV awareness in families?
- Is social work performed in households in marzes, what are the resources of this work and how this social work can be used for HIV prevention?
- What are public attitudes and opinions towards the migrant workers?
- What aspects of the role of men and women affect the migrant workers?
- What makes this group vulnerable to risky behaviours?
- What resources does the group lack?
- Does this group suffer from stigma and discrimination?
- What are the main priorities for the group (health or other)?
- What HIV preventive activities should be proposed in addition to those discussed?

Who is responsible: Assistant to the Coordinator

2. Health and Social Consequence.

Health Consequence:

- Levels of HIV among the migrant workers
- Access to health care services

Social Consequence:

- Status or role of individuals at risk in the community
- Need for social support

Key information to be collected includes:

- Type of social consequences reported by at-risk populations
- Extent and frequency of various social consequences
- At-risk populations' perception of the factors that inhibit or lead to social consequences
- How community norms effect or exacerbate social consequences for individuals and populations
- How community settings and contexts affect or exacerbate social consequences
- Effects of health and behaviour on partners, families and friends
- Effects of health and behaviour on strangers and wider community

Methods:

Existing information, interviews with key informant, focus group.

Data source:

Interviews with key informants from the migrant workers, implementing organizations, community leaders, NGOs, focus group with representatives of policy makers and service providers.

Key Questions:

- Is there an opportunity to receive medical care promptly and without difficulties in Armenia and in the country where you regularly go to work, should you have any problems related to your sexual health?
- Are there consequences for their interpersonal relations with family and friends?
- How do community norms affect or exacerbate the social consequences of health behavior, health problems or particular groups?
- What is the influence of community settings and contexts (such as housing, where people live)?
- Are people offered special additional support and welfare benefits?
- What is the significance of public attitudes on the health problem or the population group?

Who is responsible: Assistant to the Coordinator

3. Health and Risk Behaviours.

Individual health and risk behaviours:

- Description of the types of health and risk behaviours
- The pattern and extent of health and risk behaviour in different groups
- Beliefs, perceptions and knowledge about health and risk
- Perceptions of factors that inhibit and enable risk reduction

Community norms and context:

- How community norms and practices influence health and risk behaviour
- How community settings and contexts influence health and risk behaviour
- How different social groups and networks influence health and risk behaviour

Structural level:

- How local and national policies and attitudes influence health and risk behaviour
- How the social, legal and economic environments influence health and risk behaviour

Methods:

Existing information, interviews, focus group.

Data source:

HIV epidemiological surveillance in the Republic of Armenia 2007, MoH, NCAP, 2008, questioning and interview with key informant from the migrant workers, community leaders, implementing organizations, focus group with policy makers/service providers.

Key Questions:

Individual health and risk behaviours:

- What health and risk behaviours occur?
- When and where do behaviours occur?
- What is the extent, pattern and frequency of different behaviours?
- What is the awareness, knowledge and perception of risks?
- What factors are perceived by individuals to inhibit and enable risk reduction?

Community norms and context:

- What are community norms and practices regarding health and risk behaviour?
- How do community settings and contexts influence health and risk behaviour?

Structural level:

- What is the impact of the social, economic and legal environment on behaviour?
- Level of injecting drug use and high risk sex behaviour - number of partners - relationship type - regular or irregular, extent of condom use, frequency of condom use with different partners, knowledge of HIV/AIDS and STDs, sex work
- Treatment of STDs
- Wider factors that increase risk or relate to risk
- Any particular protective factors against risk

Who is responsible: Data analyst

4. Intervention Assessment.

Key Areas of Assessment:

1. Current interventions

- Types, aims and objectives of the interventions
- Targets strategies, and methods used
- Extent, availability and geographic distribution of the interventions
- Accessibility, appropriateness and relevance to prevention
- Feasibility, effectiveness and limitations of interventions
- Factors inhibiting and enabling effectiveness of interventions

2. Future interventions.

- The need for improvements and changes in existing interventions
- The need for new interventions

Methods:

Existing information, questionnaire, interviews, focus group.

Data source:

Reports of implementing organizations and donors, interviews with key informant from the migrant workers, project implementing organizations, community leaders, international organizations, focus groups with policy makers/service providers, as well as family members and sexual partners of migrants.

Key Questions:

- What types of intervention exist?
- What is the mechanism of the activities implementation?
- To what extent are existing interventions adequate and effective?

- What factors influence the intervention methods and strategies adopted?
- What factors influence the services provided?
- What factors influence the effectiveness of the intervention?
- What factors influence service utilization, service accessibility and availability?
- What difficulties have you faced while implementing your project?
- How are the problems related to access to the migrant workers solved?
- What information channels used for the migrant workers to be the most effective?
- What is the support from the official authorities at marz and local levels, including community?
- What factors contribute to effective implementation of projects for migrants workers?
- What factors hinder effective implementation of projects for migrant workers?
- Are there any obstacles which are impossible to overcome?
- Is there collaboration/interrelations with the organizations working with migrant workers in the countries where they regularly go to work?
- What improvements can be made to current intervention methods and strategies?
- What new interventions are needed to respond to the health needs of the populations at risk?

Who is responsible: Assistant to the Project Coordinator

Data collection:

It is envisaged to carry out questioning among the migrant workers, interview with PLHIV- migrant workers, family members, sexual partners/CSWs, community leaders, NGOs and international organizations, the NCAP and Migration Agency, to hold focus group discussions with policy makers/service providers and family members. Each focus group will involve 6-8 participants. All these planned activities are to be considered and finalized in compliance with the study sample size. These activities should be carried out on the basis of existing adopted methodologies (See for example: Guidelines “Monitoring and evaluation”, International HIV/AIDS Alliance, 2004).

Data Analysis:

Quantitative data.

Data collected will be forwarded from the field to the Data analyst for entry and statistical analysis. The data collected from the compulsory survey questions will have been entered into SPSS software.

Structured data would be analyzed by Data analyst and forwarded to the Assistant to the Project Coordinator for site report writing. Such reports would be forwarded to the Project Coordinator for final analysis and final report writing.

Qualitative data.

The Field Teams analyze the qualitative data that they collect by interviews, focus groups and the appropriate mega grid.

Qualitative data collected from interviews and focus groups will be recorded by taking notes. The notes will then transferred into "activity grids." A separate activity grid will be completed for each interview or focus group.

The initial analysis of the qualitative data will be performed concurrently with data collection.

Completed activity grids will eventually summarized on one of four "mega-grids" covering context, health and social consequences, risk and protective behaviors and interventions. (Common words, phrases or themes that kept recurring on the different activity grids were noted and transferred onto the appropriate mega grid). To get an overall impression, the data will be read and re-read.

Data analysis will be conducted mainly by using the process of triangulation and induction.

Responsibilities:

- **Project Coordinator** will be responsible for writing the final report
- **Core Team** will be responsible for support and writing the reports
- **Project Coordinator** and **Assistant to the Project Coordinator** will meet regularly in order to review findings and discuss about initial findings and further matters that might arise
- Also the **Assistant to the Project Coordinator** will meet regularly on weekly basis in order to discuss with the Field Team members the results and initial findings
- The preliminary findings will be also presented to the **Core Team** and to other relevant key stakeholders in order to get their opinion especially for the recommendations that will be suggested

Products:

It is expected that the study process will result with a final report that will include the results of the analysis of the data collected in the 4 key areas of assessment. Also it is expected that the report will come out with concrete recommendations for intervention: at individual, community and policy levels. The recommendations should target the existing intervention as well as the planned ones for future development of Projects. Also it is expected that this report will be disseminated to the governmental and non-governmental organizations as an official document.

The report will be printed in two versions: one including full report and the other providing summary of the findings and recommendations (for broad dissemination).

Follow up and dissemination of findings:

The launching of the study report will be done with a press release. The report will be distributed to the relevant governmental (health, social welfare, education etc.), non-governmental (working in harm reduction and prevention), international organizations that are working in the HIV related field or among migrant workers or are interested to work with them.

Possibility for putting on internet will also be considered.

Resources:

In accordance with UNDP Project.

Ethical issues:

Core Team and Field Team members have an obligation to ensure that those who participate in the study are protected and that their anonymity is maintained at all times. Field Team members also maintained the following ethical standards:

- Be non-judgmental
- Obtain informed consent from the participant
- Participation in the study is voluntary on the basis of informed decision
- Confidentiality and anonymity maintained at all times
- No names are written down
- Respect for the life choices made by the study participants

Timeframe:

Timeframe is presented in attachment 1.

Outline structure for the study Report:

Outline structure for the Report is presented in attachment 2.

Note: This Draft have been prepared by Alexander Busel, UNAIDS Consultant, on the basis of existing Guide, such as “Evaluating Programs for HIV/AIDS prevention and care in developing countries”, USAID, 2006, WHO Technical Guide “Rapid Assessment and Response, June 2003” for subsequent adaptation on the Workshop for the Core and Field Team in July 2008.

Timeline of the activities proposed in the frames of the study				
Activities	July	August	September	October
Preparation Phase				
Establishment of Core Team and Field Team	X			
Development study protocol	X			
Development and adaptation of the self-administered questionnaires	X			
Development and adaptation of the guides for interviews with key informants and for focus group discussions	X			
Identification of tools and methodology	X			
Identification of key informants				
Workshop on Study for Core Team and Field Team	X			
Printing and distribution of the self-administered questionnaires	X			
Implementation Phase				
Fieldwork	X	X	X	
Data Entry and Analysis		X	X	
Interpretation of findings			X	
Draft report writing			X	X
Final report submission				X
Monitoring and Evaluation	X	X	X	X

OUTLINE STRUCTURE FOR THE STUDY REPORT

SECTION	CONTENT	DESCRIPTION
CONTENTS LIST		
EXECUTIVE SUMMARY	Key findings. Recommendations for Programs development.	Provide the reader with a clear idea of: (a) the most important results and conclusions; (b) how these results were obtained; and (c) what action needs to be taken, or has already taken place.
INTRODUCTION	Description of location, start/finish date, and groups under study. Brief history of the health problems in study location.	Describe the context in which the study took place. State any external events/factors that affected the study.
STUDY DESIGN		
AIMS AND OBJECTIVES	Goal and objectives. Rationale for selection of these aims and objectives.	Describe why these goal and objectives were selected (the 'rationale').
TEAM	Core and Field Team. National Workshop.	Describe the individuals, agencies and organizations involved in the study. Include information on training provided as part of the study.
METHODS	Methodology: methods used in the study, groups under study and sample sizes. Rationale for selection of these methods.	Describe which population groups each method was used with and the number of people involved .
TIMETABLE + PROCESS	Timetable. Description of process. Problems and successes.	Provide: (a) timetable of the events and activities involved in the study; (b) a short written description of these events; (c) indication of the problems encountered and the successes achieved.
FINDINGS		
CONTEXT ASSESSMENT	Description of study sites; migration; demographics, health and living conditions; education.	For example, the cultural context can have an impact. This includes, for example, community or group beliefs.

HEALTH and SOCIAL CONSEQUENCES	Description of scale and nature of health issue in the study location. Description of social consequences.	Outline social factors associated with particular population groups and settings, health problems and health and risk behaviors.
HEALTH AND RISK BEHAVIOUR	Profile of health and risk behaviours. Factors that protect individuals and communities.	Describe health and risk behaviors, and links to health problems.
INTERVENTIONS	Existing provision. Unmet need. Reference to data that support the recommended actions.	Describe (a) existing provision; (b) whether existing interventions need to be improved and how; and (c) whether new interventions are needed, and if so, which type?

INTERVENTIONS, RECOMMENDATIONS FOR FURTHER DEVELOPMENT OF PREVENTIVE PROGRAMS

RECOMMENDATIONS	Recommendations. Structural, community and individual levels. Possible obstacles and assistance.	Indicate what activities are needed in your study area. Include recommendations for further development.
APPENDICES	Key documents. Research instruments.	

Guide for focus group with family members

Topics:

- 1. Presentation of the Focus Group participants**
- 2. Family**
- 3. Communications**
- 4. Existing standards**
- 5. Healthy/risky sexual behavior**
- 6. Needs**

Detailed review of the topics:

1. Presentation of the Focus Group participants:

- How old are you?
- What kind of work do you do?
- Where do you live and with whom?

2. Family interrelations:

- What are the relations within the family like? (how much time do you spend with your family?)
- Can you talk about your feelings? With whom?
- Do you discuss with your husband the problems of health protection, sexual relations, including condom use?
- Do you discuss the HIV-related issues with your children?

3. Communications:

- How would you like to spend your spare time and with whom?
- Who do you address for help if you have a problem and why?
- Who has the greatest influence on you?
- From what sources do you usually receive information?
- Do you have access to information on HIV/AIDS?
- From what sources do you usually receive information on HIV/AIDS?
- What source of information and what information carriers/channels would be the most preferable for you?
- Do your children have access to information on HIV/AIDS (at school or from any other sources)? Do your children initiate discussion on HIV?
- Do you consider that your husband has sufficient knowledge about HIV?
- Can you be the source of information on HIV for your husband or you would prefer that source be the others? Who can be the source of information on HIV for your husband?

4. Existing standards

- In your opinion, what traditional rules, practices and stereotypes, formed at individual and community levels, promote effective response to HIV?
- In your opinion, what traditional rules, practices and stereotypes, formed at individual and community levels, impede effective response to HIV?
- Is there a difference between the sexual life of men and women?

5. Healthy/risky sexual behavior

- How can you get HIV? What do you know about it?
- Do you know what risky sexual behavior is?
- What are the factors that are conducive to this kind of behavior?
- Do the institutions provide information and education on prevention of risky sexual behavior?
- Do you know how to protect yourself from HIV?
- Are you afraid that you may get infected, and what measures do you take in order to protect yourself?
- Do you use condoms, and what who procures condoms in your family? If not, why?
- Does not your husband/partner mind using condoms?
- Do you feel forced to do things that you do not want to do (sex without condom)?
- Are there any impediments for you to receive health services?
- What other conditions are favorable for forming and maintaining of risky behavior?

6. Needs

- Do you need additional reliable information on HIV?
- Do you have a place (clinic, NGO, friend, etc.) where you can go and find information about the issues you are interested in (HIV, sexually transmitted diseases, protection, testing, drugs) anonymously?
- In which of the areas that we mentioned so far you would change something, and what?
- If you need to change something, who would you confide in?

Guide for focus group with the policy makers/service providers

Participators of Focus group:

1. Region and city administration representatives
2. Regional health care department representative
3. STI and narcological Centers representatives
4. Representatives of social services and education department

Structure of questions for Focus group discussion:

- Labor migration is common phenomenon in your region. What kind of problems does labor migration bring in your region?
- A number of HIV preventive activities are carried out among the migrant workers in Armenia. Can you bring any examples of such activities in your region? Do you consider them to be effective and consistent with the migrant worker's needs?
- What organizations work in the field of HIV prevention among the migrant workers in your region? Do you know the results of implementation of such activities?
- Did you discuss the issues of HIV prevention among the migrant workers on the meetings of the Council on HIV, TB and Malaria issues under Regional Administration?
- In what way the departments you manage are involved in the implementation of the activities of the National Programme on the Response to HIV Epidemic in the Republic of Armenia, 2007-2011?
- What on-going HIV preventive activities do you think have to be scaled up and what new types of activities have to be introduced?
- Is anything undergoing in the departments you manage related to risk behaviour of the migrant workers?
- What examples of collaboration with governmental and non-governmental organizations, implementing activities among the migrant workers, can you bring?
- What kind of communication channels, including local channels, do you think can be used with the greatest efficiency?
- In what way do you think can these channels be used, in particular at rural level?
- Who do you think should initiate the intervention, and how to realize it?
- Is anything planned for the future?
- Do you know any governmental and non-governmental organizations having free or partially free capacity for work with the mobile population?
- In your opinion, what opportunities (at individual, community, regional, national and out-of-the country levels) exist increasing effectiveness of implemented activities?
- In your opinion, what obstacles (at individual, community, regional, national and out-of-the country levels) exist reducing effectiveness of implemented activities or putting to risk implementation of planned activities?

- In your opinion, is injecting drug use a common phenomenon for the migrant workers? If yes, so would you, according to your institution's data, assess drug addiction in your region? What measures are undertaken by authorities and service providers to solve this problem?
- In your opinion, what are the conditions favorable for forming and maintaining of risky behaviour?
- In your opinion, what are the obstacles for receiving proper medical care in your marz?
- What measures do you consider could be undertaken to prevent HIV epidemic spread among the migrant workers most effectively?
- In your opinion, in what way the HIV preventive activities implemented at schools could be used to raise HIV awareness in families?
- Is social work performed in households in your marz, what are the resources of this work and how this social work can be used for HIV prevention?
- What HIV preventive activities would you propose in addition to those discussed?
- Anything to add (in addition to the above-mentioned)?

Guide for focus group with sexual partners/CSWs

Topics:

- 1. Presentation of the Focus Group participants**
- 2. Communications**
- 3. Existing standards**
- 4. Healthy/risky sexual behavior**
- 5. Needs**

Detailed review of the topics:

1. Presentation of the Focus Group participants:

- How old are you?
- What kind of work do you do?
- Where do you live, and with whom?

2. Communications:

- Do you know about social, professional and family status of your sexual partners/clients?
- Do you always know that your client is a migrant worker?
- Do you have opportunity to discuss freely the problems of health protection, sexual relations, including condom use with your sexual partners/clients?
- Are there any differences in level of knowledge and risky behavior between your clients-migrant workers and other clients?
- Do you have access to information on HIV/AIDS?
- From what sources do you usually receive information on HIV/AIDS?
- Whom do you consider be more important source of information – you for your sexual partners/clients or they are for you?
- Who has the greatest influence on you?
- What source of information and what information carriers/channels would be the most preferable for you?
- Can you be the source of information on HIV for your sexual partners/clients?
- Who else can be the source of information on HIV for your sexual partners/clients?
- From whom do you seek help if you have a problem and why?

3. Existing standards

- In your opinion, what traditional rules, practices and stereotypes, formed at individual and community levels, promote effective response to HIV?
- In your opinion, what traditional rules, practices and stereotypes formed at individual and community levels impede effective response to HIV?

- Is there a difference between the sexual life of men and women?

4. Healthy/risky sexual behavior

- How can you get HIV? What do you know about it?
- Do you know what risky sexual behavior is?
- What are the factors that are conducive to this kind of behavior?
- Do the institutions provide information and education on prevention of risky sexual behavior?
- Do you know how to protect yourself from HIV?
- Do your clients-migrant workers know how to protect oneself from HIV?
- Are there any conflicts arise between you and your clients based on the different attitude to the issues of safer sex?
- Are you afraid that you may get infected, and what measures do you take in order to protect yourself?
- Do you always use condoms? Do you have any reasons for not using condoms? Please give those reasons.
- Do you feel forced to do things that you do not want to do (sex without condom)?
- Are there any impediments for you to receive health services?
- What other conditions are favorable for forming and maintaining of risky behavior?

5. Needs

- Do you need additional reliable information on HIV?
- Do you have a place (clinic, NGO, friend, etc.) where you can go and find information about the issues you are interested in (HIV, sexually transmitted diseases, protection, testing, drugs) anonymously?
- In which of the areas that we mentioned so far you would change something, and what?
- If you need to change something, who would you confide in?

Guide for interview with community leaders

Interview is conducted among community leaders/ heads of rural administrations

Structure of questions:

- Labor migration is common phenomenon in your community. What kind of problems does labor migration bring in your community?
- A number of HIV preventive activities are carried out among the migrant workers in Armenia. Can you bring any examples of such activities in your community? Do you consider them to be effective and consistent with the migrant worker's needs?
- What organizations work in the field of HIV prevention among the migrant workers in your community? Do you know the results of implementation of such activities?
- Have you ever dealt with the problems related to HIV?
- Have you ever dealt with the problems related to HIV and migrant workers?
- What examples of collaboration with governmental and non-governmental organizations have been implemented activities among the migrant workers can you bring?
- What on-going HIV preventive activities do you think have to be scaled up and what new types of activities have to be introduced?
- What kind of communication channels, including local channels, do you think can be used with the most efficiency?
- In what way do you think can these channels be used, in particular at rural level?
- Who do you think should initiate the intervention, and how to realize it?
- Is anything planned for the future?
- Do you know any governmental and non-governmental organizations having free or partially free capacity for work with the mobile population?
- In your opinion, what opportunities (at individual, community, regional, national and out-of-the country levels) exist increasing effectiveness of implemented activities?
- In your opinion, what obstacles (at individual, community, regional, national and out-of-the country levels) exist reducing effectiveness of implemented activities or putting to risk implementation of planned activities?
- In your opinion, is injecting drug use a common phenomenon for the migrant workers? If yes, so would you, according to your institution's data, assess drug usage in your region? What measures are undertaken by authorities and service providers to solve this problem?
- In your opinion, what are favorable conditions for forming and maintaining of risky behaviour?
- In your opinion, what are the obstacles for the migrant workers of your community for receiving proper medical care?
- What measures do you consider could be undertaken to prevent HIV epidemic spread among the migrant workers most effectively?
- Is social work performed in households in your community, what are the resources of this work and how this social work can be used for HIV prevention?

- What HIV preventive activities would you propose for attaining more effective results?
- Anything to add (in addition to the above-mentioned)?

Guide for interview family members

Questions for interview:

1. Family interrelations:

- What are the relations within your family like? (how much time do you spend with your family?)
- Can you talk about your feelings? With whom?
- Do you discuss with your husband the issues of health protection, sexual relations, including condom use?
- Do you discuss the HIV-related issues with your children?

2. Communications:

- How would you like to spend your spare time and with whom?
- From whom do you seek help if you have a problem and why?
- Who has the greatest influence on you?
- From what sources do you usually receive information?
- Do you have access to information on HIV/AIDS?
- From what sources do you usually receive information on HIV/AIDS?
- What source of information and what information carriers/channels would be the most preferable for you?
- Do your children have access to information on HIV/AIDS (at school or from any other sources)? Do your children initiate discussion on HIV?
- Do you consider that your husband has sufficient knowledge about HIV?
- Can you be the source of information on HIV for your husband or you would prefer that source be the others? Who can be the source of information on HIV for your husband?

3. Existing standards

- In your opinion, what traditional rules, practices and stereotypes, formed at individual and community levels, promote effective response to HIV?
- In your opinion, what traditional rules, practices and stereotypes formed at individual and community levels impede effective response to HIV?
- Is there a difference between the sexual life of men and women?

4. Healthy/risky sexual behavior

- How can you get HIV? What do you know about it?
- Do you know what risky sexual behavior is?
- What are the factors that are conducive to this kind of behavior?
- Do the institutions provide information and education on prevention of risky sexual behavior?

- Do you know how to protect yourself from HIV?
- Are you afraid that you may get infected, and what measures do you take in order to protect yourself?
- Do you use condoms, and what who procures condoms in your family? If not, why?
- Does not your husband/partner mind using condoms?
- Do you feel forced to do things that you do not want to do (sex without condom)?
- Are there any impediments for you to receive health services?
- What other conditions are favorable for forming and maintaining of risky behavior?

5. Needs

- Do you need additional reliable information on HIV?
- Do you have a place (clinic, NGO, friend, etc.) where you can go and find information about the issues you are interested in (HIV, sexually transmitted diseases, protection, testing, drugs) anonymously?
- In which of the areas that we mentioned so far you would change something, and what?
- If you need to change something, who would you confide in?

Guide for interview with international organizations representatives

Questions for interview:

Title of the organization _____

1. Is your organization carrying out or supporting activities (programme) targeting migrant workers?
2. If YES, please describe the activities in the following way:

Name of activities/programme _____

- Programme started _____ ended _____ still on-going
- The target groups (the programme beneficiaries) _____
- What is the estimated number of migrant workers – beneficiaries of your project?
- What is the planned scope _____
- Basic activities contents _____

Activities carriers _____

- What is the mechanism of the activities implementation? _____
- Do you have any assessment/evaluation of those activities?
- What difficulties have you or implementing organization faced while carrying out those activities?
- If it is possible, please give examples of collaboration with local authorities (at the national, regional and local administrations levels).
- In your opinion, what factors contribute to effective implementation of projects for migrants workers?
- In your opinion, what factors hinder effective implementation of projects for migrant workers?
- In your opinion, based on the current situation, are there any obstacles which are impossible to overcome?
- Do you have information about HIV activities, which are being implemented or planned to be implemented at the regional/transnational/ international levels?
- In your opinion, how can be migrant workers' condition, including relevant legal condition, be improved both in Armenia and in the country they go to work?
- In your opinion, in what way can the collaboration be established between HIV services organizations in Armenia and in the countries receiving the migrant workers?
- What HIV preventive activities would you recommend?
- What would you propose for effective implementation of the recommended activities?

Interview was carried out with:

Name and surname _____

Interview was carried out by:

Name and surname _____

Guide for interview with migrants

Questions for interview:

1. Sex

- a. Male
- b. Female

2. Age _____

3. What country do you regularly go to work?

- a. Russia
- b. Ukraine
- c. Other countries

4. Do you consider the HIV epidemic to be a serious challenge?

- a. Yes, that is a serious challenge
- b. No, that is not a challenge
- c. I have never thought about it

5. Do you consider that you are exposed to the risk of HIV transmission?

- a. Yes
- b. No
- c. I have never thought about it

6. What in your opinion makes you more vulnerable to HIV transmission?

- a. Lack of information
- b. Lack of access to health care services
- c. Specific conditions at temporary work places
- d. Lack of access to condoms and other prevention means
- e. Other (please specify)

7. Please evaluate your level of knowledge about HIV and AIDS.

- a. Sufficient
- b. Insufficient
- c. Low
- d. Can not evaluate

8. Is information about HIV/AIDS accessible for you in Armenia?

- a. Yes
- b. No

9. Is information about HIV/AIDS accessible for you in the country where you regularly go to work?

- a. Yes
- b. No

10. What way of provision of objective information about HIV/AIDS do you consider would be the most effective?

- a. Provision of printed materials at the places of residence
- b. Giving lectures
- c. Through the mass media
- d. Through the Internet
- e. Provision of relevant information at the airport entry/exit gates, as well at land border passes
- f. Provision of individual counseling
- g. Providing relevant information at temporary work places abroad
- h. Other (please specify)

11. Are condoms affordable/accessible for you in Armenia?

- a. Yes
- b. No

12. Are condoms affordable/accessible for you in the country where you regularly go to work?

- a. Yes
- b. No

13. Do you have an opportunity to receive medical care promptly and without difficulties in the country where you regularly go to work, should you have any problems related to your sexual health?

- a. Yes
- b. No
- c. Have never had such kind of problems
- d. I have had the problems, but never seek for medical care

14. Do you have an opportunity to receive medical care promptly and without difficulties in the Armenia, should you have any problems related to your sexual health?

- a. Yes
- b. No
- c. Have never had such kind of problems
- d. I have had the problems, but never seek for medical care

15. If no, please specify the reasons _____

16. Do you know about any organizations providing HIV services?

- a. Yes
- b. No

17. What activities do they carry out to respond to HIV? _____

18. Do you have access to those organizations?

- a. Yes
- b. No
- c. If, no, please specify why?

19. What measures do you think should be taken to stop HIV spread among the migrant workers? _____

Guide for interview with the Migration Agency representatives

Participators of interview:

1. Deputy Head of the Migration Agency by the Ministry of Territorial Administration
2. Regional representatives of the Migration Agency.

National Coordinator takes this interview with Deputy Head of the Migration Agency by the Ministry of Territorial Administration.

Assistant to the National Coordinator takes this interview with Regional representatives of the Migration Agency.

Interview structure:

- A number of HIV preventive activities are carried out among the migrant workers in Armenia. What examples of such activities can you bring? Do you consider them to be effective and consistent with the mobile population's needs?
- What organizations work in the field of HIV prevention among the migrant workers? Do you know the organizational structure and mechanisms of implementation of such activities?
- Do you know any governmental and non-governmental organizations having free or partially free capacity for work with the migrant workers?
- What kind of communication channels, including those existing in the Ministry of Territorial Administration, do you think can be used with the greatest efficiency?
- In what way do you think can these channels be used, in particular at rural level?
- Is anything undergoing in the department you manage related to risk behaviour of the migrant workers?
- What on-going HIV preventive activities do you think have to be scaled up and what new types of activities have to be introduced?
- Who do you think should initiate the intervention, and how to realize it?
- Is anything planned for the future?
- In your opinion, what opportunities (at individual, community, regional, national and out-of-the country levels) exist increasing effectiveness of implemented activities?
- In your opinion, what obstacles (at individual, community, regional, national and out-of-the country levels) exist reducing effectiveness of implemented activities or putting to risk implementation of planned activities?
- Anything to add (in addition to the above-mentioned)?

Guide for interview with NCAP representative

Structure of questions:

- What kind of problems does labor migration bring in Armenia?
- What is the number of HIV cases registered among the migrant workers?
- Do you carry out biological and behavioral surveillance among the migrant workers on systematic basis? What are the results of the recent biological and behavioral surveillance?
- How do you evaluate HIV-related changes occurred among the migrant workers in recent years?
- What HIV preventive activities does your organization carry out among the migrant workers? What kind of collaboration exists between your organization and the other ones delivering HIV services in this area?
- What organizations work in the field of HIV prevention among the migrant workers in your region? Do you know the results of implementation of such activities?
- In your opinion, are these activities effective and consistent with the migrant worker's needs?
- What on-going HIV preventive activities do you think have to be scaled up and what new types of activities have to be introduced?
- What kind of communication channels, including local channels, do you think can be used with the greatest efficiency?
- In what way do you think can these channels be used, in particular at rural level?
- Who do you think should initiate the intervention, and how to realize it?
- Do you know any governmental and non-governmental organizations having free or partially free capacity for work with the mobile population?
- In your opinion, what opportunities (at individual, community, regional, national and out-of-the country levels) exist increasing effectiveness of implemented activities?
- In your opinion, what obstacles (at individual, community, regional, national and out-of-the country levels) exist reducing effectiveness of implemented activities or putting to risk implementation of planned activities?
- In your opinion, what are the conditions favorable for forming and maintaining of risky behaviour?
- What measures do you consider could be undertaken to prevent HIV epidemic spread among the migrant workers most effectively?
- What HIV preventive activities would you propose in addition to those discussed?
- Anything to add (in addition to the above-mentioned)?

Guide for interview with representatives of NGOs implementing projects among migrants

Questions for interview:

Title of NGO _____

1. Is your organization carrying out activities (programme) targeting migrant workers?

a. Yes

b. No

2. If YES, please describe the activities in the following way:

2.1 Name of activities/programme _____

2.2 Programme started _____ ended _____ still on-going

2.3 The target groups (the programme beneficiaries) _____

2.4 What is the estimated number of migrant workers – beneficiaries of your project?

2.5 What is the planned scope _____

2.6 Basic activities contents _____

2.7 Activities implementers _____

2.8 What is the mechanism of the activities implementation? _____

2.9 Was any assessment made before these activities started?

No

Yes – how was it made _____

2.10 Was an evaluation made at the end?

No

Yes – how was it made _____

2.11 What difficulties have you faced while implementing your project?

2.12 How do you solve the problems related to access to the migrant workers?

2.13 What information channels used for the migrant workers do you consider to be the most effective?

2.14 Do you receive support from the official authorities at marz and local levels, including community?

2.15 If it is possible, please give examples of collaboration with local authorities (regional and local administrations).

2.16 In your opinion, what factors contribute to effective implementation of projects for migrants workers?

2.17 In your opinion, what factors hinder effective implementation of projects for migrant workers?

2.18 In your opinion, based on the current situation, are there any obstacles which are impossible to overcome?

2.19 Is there collaboration/interrelations with the organizations working with migrant workers in the countries where they regularly go to work?

3. Do you know of any programme for migrant workers being implemented by any other organization?

a. Yes

b. No

If YES, please specify:

a. Name of institution _____

b. Name of activities _____

c. Any other data _____

Interview was carried out with:

Name and surname _____

Interview was carried out by:

Name and surname _____

Guide for interview with migrants with HIV

Questions for interview:

1. Sex

- a. Male
- b. Female

2. Age _____

3. What country did you regularly go to work?

- a. Russia
- b. Ukraine
- c. Other countries

4. Do you consider the HIV epidemic to be a serious challenge?

- a. Yes, that is a serious challenge
- b. No, that is not a challenge
- c. I have never thought about it

5. Do you think the risk of HIV transmission for migrant workers have been reduced or increased in recent years?

- a. Reduced
- b. Increased
- c. Has not changed
- d. Do not know

6. If the risk of HIV transmission for migrant workers have been reduced or increased, what are in your opinion the reasons for this?

7. What factors in your opinion have exposed you to HIV transmission?

- a. Lack of information
- b. Lack of access to health care services
- c. Specific conditions at temporary work places
- d. Lack of access to condoms and other prevention means
- e. Other (please specify)

8. Please evaluate your level of knowledge about HIV/AIDS before you were diagnosed HIV positive.

- a. Sufficient
- b. Insufficient
- c. Low
- d. Can not evaluate

9. Please evaluate your level of knowledge about HIV/AIDS after you were diagnosed HIV positive.

- a. Sufficient
- b. Insufficient
- c. Low
- d. Can not evaluate

10. Do you consider the level of information about HIV/AIDS to be sufficient for migrant workers in Armenia?

- a. Yes
- b. No

11. Do you consider the level of information about HIV/AIDS to be sufficient for migrant workers in the country where you regularly go to work?

- a. Yes
- b. No

12. What way of provision of objective information about HIV and AIDS do you consider would be the most effective?

- a. Provision of printed materials at the places of residence
- b. Giving lectures
- c. Through the mass media
- d. Through the Internet
- e. Provision of relevant information at the airport entry/exit gates, as well at land border passes
- f. Provision of individual counseling
- g. Provision of relevant information at temporary work places abroad
- h. Other (please specify)

13. Are condoms affordable/accessible for you in Armenia?

- a. Yes
- b. No

14. Were condoms affordable/accessible for you in the country where you regularly went to work?

- a. Yes
- b. No

15. Did you have an opportunity to receive medical care promptly and without difficulties in the country where you regularly went to work, if you had any problems related to your sexual health?

- a. Yes
- b. No
- c. Have never had such kind of problems
- d. I have had the problems, but never seek for medical care

16. Do you have an opportunity to receive medical care promptly and without difficulties in the Armenia, should you have any health problems?

- a. Yes
- b. No
- d. I have had the problems, but never seek for medical care

17. If no, please specify the reasons

18. Please name the governmental and non-governmental organizations, which you know, providing HIV services? _____

19. Do you have access to those organizations?

- a. Yes
- b. No
- c. If, no, please specify why?

20. What measures do you think should be taken to stop HIV spread among the migrant workers? _____

21. Anything to add (in addition to the above-mentioned)

Questionnaire for interview with migrants

Questionnaire Identification Number:

City/Village: _____

Place of interview: _____

Date Questionnaire Completed: (dd / mm / yyyy)

Field Team Member ___ Completed by: (initials only) _____

Checked by: (initials only) _____

“Dear Friends,

A research study focused on the issues that affect migrant workers and their health in the Republic of Armenia and in the countries where they regularly go to work, was initiated by UNDP. The objective of the study is to find out the health issues the migrant workers face today and to develop responses to deal with those issues. As part of this study, we are interviewing a large number of people across the country regions. We would like to ask you a few questions, so that you assist us with this study. It will take a few minutes. We are not putting down any names or addresses and all information is completely confidential.

Please answer all questions as honestly as possible.”

1. Sex

- a. Male
- b. Female

2. Age _____

3. What country do you regularly go to work?

- a. Russia
- b. Ukraine
- c. Other countries

4. Do you consider the HIV epidemic to be a serious challenge?

- a. Yes, that is a serious challenge
- b. No, that is not a challenge
- c. I have never thought about it

5. Do you consider that you are exposed to the risk of HIV transmission?

- a. Yes
- b. No
- c. I have never thought about it

6. What in your opinion makes you more vulnerable to HIV infection?

- a. Lack of information
- b. Lack of access to health care services
- c. Specific conditions at temporary work places
- d. Lack of access to condoms and other prevention means
- e. Other (please specify)

7. Please evaluate your level of knowledge about HIV/AIDS.

- a. Sufficient
- b. Insufficient
- c. Low
- d. Can not evaluate

8. Is information about HIV/AIDS accessible for you in Armenia?

- a. Yes
- b. No

9. Is information about HIV/AIDS accessible for you in the country where you regularly go to work?

- a. Yes
- b. No

10. What way of provision of objective information about HIV/AIDS do you consider would be the most effective?

- a. Provision of printed materials at the places of residence
- b. Giving lectures
- c. Through the mass media
- d. Through the Internet
- e. Provision of relevant information at the airport entry/exit gates, as well at land border passes
- f. Provision of individual counseling
- g. Provision of relevant information at temporary work places abroad
- h. Other (please specify)

11. Are condoms affordable/accessible for you in Armenia?

- a. Yes
- b. No

12. Are condoms affordable/accessible for you in the country where you regularly go to work?

- a. Yes
- b. No

13. Do you have an opportunity to receive medical care promptly and without difficulties in the country where you regularly go to work, should you have any problems related to your sexual health ?

- a. Yes
- b. No
- c. Have never had such kind of problems
- d. I have had the problems, but never applied for medical care

14. Do you have an opportunity to receive medical care promptly and without difficulties in the Armenia, should you have any health problems?

- a. Yes
- b. No
- c. Have never had such kind of problems
- d. I have had the problems, but never applied for medical care

15. If no, please specify the reasons _____

16. Do you know about any organizations providing HIV services?

a. Yes

b. No

17. What activities do you need to respond to HIV? _____

18. Do you have access to those organizations?

a. Yes

b. No

c. If, no, please specify why?

19. What measures do you think should be taken to stop HIV spread? _____
