



EU HEALTH PROGRAMME

Call for Proposals 20xx

FINAL REPORT

for Joint Actions & Projects



SECTION I

Declaration by the scientific representative of the project coordinator

I, as scientific representative of the coordinator of this project and in line with the obligations stated in the Grant Agreement declare that:

X The attached periodic report represents an accurate description of the work carried out in this project for this reporting period;

The project (tick as appropriate) :

X has fully achieved its objectives and technical goals for the period;

has achieved most of its objectives and technical goals for the period with relatively minor deviations.

has failed to achieve critical objectives and/or is not at all on schedule.

The public website, if applicable,

X is up to date

is not up to date

X To my best knowledge, the financial statements that are being submitted as part of this report are in line with the actual work carried out and are consistent with the report on the resources used for the project and, if applicable, with the certificate of the financial statement.

X All beneficiaries, in particular non-profit public bodies, have declared to have verified their legal status. Any changes have been reported under section wp1 Coordination and project management, in accordance with the requirements of the Grant Agreement.

Name of the scientific representative of the project Coordinator:

Aleksandra Skonieczna

Date: 04/ 03/ 2013

SECTION II

Checklist

Dear Coordinator!

This checklist is intended to help and guide you through the final reporting or your project as well as the request for balance payment. It has been created based on the most common mistakes that EAHC has encountered in the past with final reports and payments. Therefore, going through this checklist may help you to prevent common mistakes.

Please fill the red cells. After finalising, please print, date and sign this checklist and send together with your final report to EAHC.

Thank you for your co-operation!
EAHC, HEALTH Unit team

General

Have you read and understood the "Guidelines for Request of Balance Payment"?
http://ec.europa.eu/eahc/documents/management/EAHC_Guidelines_for_request_of_balance_payment_25_09_2008.pdf

Did you attach electronic copies of technical report, financial report and all deliverables on CD-ROM or USBSTICK to EAHC?

Technical Report

Did you draft the final technical report using the EAHC template?

Does your technical and financial report cover the whole duration of the project?

Did you fill the Executive Summary?

Did you summarise the main outcomes and main recommendations of the project in 1-3 paragraphs?

Did you describe the dissemination activities done as well as the feedback received?

Did you describe why you think you reach the specific objectives of your project?

Did you describe if and how you reached your target group(s)?

Did you enclose decision-oriented minutes of the main meetings and Steering Committee meetings of your project?

Remark: "Decision-oriented" minutes meaning "What has been decided to be done by whom by which time? Which corrective measure need to be done?" - Negative examples are plain narratives that describe "Who said what and who answered with what..."

WP3 on Evaluation

Did you provide data for the indicators that are outlined in the Grant Agreement?

Remark: The Grant Agreement does contain indicators in its technical annex, which refer to process, output and outcomes. Please copy them into the final technical report and provide data and discussion for them.

Deliverables

Have you attached to the final report 2 hardcopies of each deliverable?

Do all published/printed deliverables contain the reference on EU funding?

Remark: The Grant Agreement states that all electronic or printed publications shall state the following sentence in conjunction with the EU logo: "This publication arises from the project "[Project Title]" which has received funding from the European Union in the framework of the Health Programme." (Please also refer to article I.11.3 of the grant agreement.) The EU logo can be found at the following page:

http://europa.eu/abc/symbols/emblem/download_en.htm

- | | |
|---|--|
| X | Have you attached electronic copies of all deliverables on CD-ROM or USB-STICK? |
| X | Did you indicate on the front page the number of the deliverable corresponding to the grant agreement? |

Financial Report

- | | |
|---|--|
| X | Did you fill the final cost statement using the EAHC template?
<i>The template can be found at:</i> |
|---|--|

[Grants since 2006 - Balance Payment Financial Report Template.xls](#)

Detailed cost statement (Template 4)

- | | |
|---|---|
| X | Did you fill Template No. 4 with all details for each cost item? |
| X | Did you check the sums and calculations for correctness?
<i>Remark: The template itself does not contain formulas for calculation yet. You need to add them yourself.</i> |
| X | If one or more partners are using currencies other than EURO, did the conversion of actual costs into Euros was made at the monthly accounting rate as stated in the grant agreement Article I.10.1 using the exchange rate established by the Commission for the first day of the month following the end of the reporting period shall be used?
<i>Remark: Please refer to Article I.10.1 of the grant agreement: for the complete reporting period, the exchange rate established by the Commission for the first day of the month following the end of the reporting period shall be used.</i> |

The rates can be found here:

<http://ec.europa.eu/budget/inforeuro/index.cfm?Language=en>

Detailed cost statement (Template 4) - Staff

- | | |
|---|---|
| X | Did you report under E1 only the costs of the personnel which was employed by your institution under standard legal basis (standard employment contract)? |
| X | Did you declared the real daily rates? |
| X | Is the declared number of working days justified by the timesheets? |

Detailed cost statement (Template 4) - Travel

- | | |
|---|---|
| X | If you have travel outside EU Member States, please attach EAHC's prior approval (eg. copy of an email, letter) |
| X | Did you report under E2 travel and subsistence only of Staff that is mentioned under E1.
<i>Remark: Travel and subsistence of non-staff shall be reported under E6-Other Costs. Travel and Subsistence of Subcontractors shall be included in the Subcontract.</i> |

Detailed cost statement (Template 4) - Equipment

- | | |
|---|--|
| X | Did you attach a copy of invoice(s) for each cost item under E3 (Equipment) |
| X | Did you number these copies and link to the respective cost item? (See column M) |

Detailed cost statement (Template 4) - Subcontracting

X	Did you attach a copy of invoice(s) for each cost item under E5 (Subcontracting)
X	Did you number these copies and link to the respective cost item? (See column M)
X	Did you attach evidence for the procurement procedure carried out, if the subcontract is over a certain limit?

Summary cost statement by partner (Template 3)

X	Did you fill the income section?
X	Is Total Income and Total Expenditure equal?
X	Did you check the sums and calculations for correctness?
X	Did you attach copies from bank statements for the amounts reported under I4. Income generated by the project?
X	Did you attach copies from bank statements for the amounts reported under I5. Other external resources?
X	Did you copy the amount of expenditure reported under E1a (Staff pertaining to national officials) under Income I2 (Contribution pertaining to public officials)?
X	Did you sign the cost statement by partner?

Main Partner – Społeczny Komitet ds. AIDS SKA

MP: *Please fill the organisations acronym and name*

X	Did this partner fill and sign the Individual Certificate of costs? <i>The template can be found at:</i> Balance payment - Individual certificate of costs template - 23 09 2009.doc
X	Did this partner choose one option under point 4 of the template (regards VAT exclusion)?
X	If not able to recover VAT, did this partner attach a attestation issued by their national VAT administration stating that they are not able to recover VAT?
X	Did this partner fill point 5 of this template (regards Income generated by the project)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?
X	Did this partner fill point 6 of this template (regards Other external resources)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?
X	Did this partner fill point 7 of this template (regards Other current funding applications)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?

X	Did you fill and sign the letter "Request of balance payment"? <i>The template can be found at:</i> Balance payment - Payment request template - 23 09 2009.doc
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Associated Partners *

AP 1: *Please Global Initiative on Psychiatry - NL*

X	Did this partner fill and sign the Individual Certificate of costs? <i>The template can be found at:</i> Balance payment - Individual certificate of costs template - 23 09 2009.doc
X	Did this partner choose one option under point 4 of the template (regards VAT exclusion)?

X	If not able to recover VAT, did this partner attach a attestation issued by their national VAT administration stating that they are not able to recover VAT?
X	Did this partner fill point 5 of this template (regards Income generated by the project)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?
X	Did this partner fill point 6 of this template (regards Other external resources)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?
X	Did this partner fill point 7 of this template (regards Other current funding applications)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?

Associated Partners *

AP 2:

Global Initiative on Psychiatry – Sofia (Bulgaria)

X	Did this partner fill and sign the Individual Certificate of costs? <i>The template can be found at:</i> Balance payment - Individual certificate of costs template - 23 09 2009.doc
X	Did this partner choose one option under point 4 of the template (regards VAT exclusion)?
X	If not able to recover VAT, did this partner attach a attestation issued by their national VAT administration stating that they are not able to recover VAT?
X	Did this partner fill point 5 of this template (regards Income generated by the project)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?
X	Did this partner fill point 6 of this template (regards Other external resources)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?
X	Did this partner fill point 7 of this template (regards Other current funding applications)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?

Associated Partners *

AP 3:

NGO LIGO-EE

X	Did this partner fill and sign the Individual Certificate of costs? <i>The template can be found at:</i> Balance payment - Individual certificate of costs template - 23 09 2009.doc
X	Did this partner choose one option under point 4 of the template (regards VAT exclusion)?
X	If not able to recover VAT, did this partner attach a attestation issued by their national VAT administration stating that they are not able to recover VAT?
X	Did this partner fill point 5 of this template (regards Income generated by the project)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?
X	Did this partner fill point 6 of this template (regards Other external resources)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?

X	Did this partner fill point 7 of this template (regards Other current funding applications)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?

Associated Partners *

AP 4: *Global Initiative on Psychiatry – Vilnius (Lithuania)*

X	Did this partner fill and sign the Individual Certificate of costs? <i>The template can be found at:</i> Balance payment - Individual certificate of costs template - 23 09 2009.doc
X	Did this partner choose one option under point 4 of the template (regards VAT exclusion)?
X	If not able to recover VAT, did this partner attach a attestation issued by their national VAT administration stating that they are not able to recover VAT?
X	Did this partner fill point 5 of this template (regards Income generated by the project)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?
X	Did this partner fill point 6 of this template (regards Other external resources)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?
X	Did this partner fill point 7 of this template (regards Other current funding applications)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?

Associated Partners *

AP 5: *ARAS - Romania*

X	Did this partner fill and sign the Individual Certificate of costs? <i>The template can be found at:</i> Balance payment - Individual certificate of costs template - 23 09 2009.doc
X	Did this partner choose one option under point 4 of the template (regards VAT exclusion)?
X	If not able to recover VAT, did this partner attach a attestation issued by their national VAT administration stating that they are not able to recover VAT?
X	Did this partner fill point 5 of this template (regards Income generated by the project)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?
X	Did this partner fill point 6 of this template (regards Other external resources)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?
X	Did this partner fill point 7 of this template (regards Other current funding applications)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?

Associated Partners *

AP 6: *Hungarian Civil Liberties Union - HCLU*

X	Did this partner fill and sign the Individual Certificate of costs?
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The template can be found at:

[Balance payment - Individual certificate of costs template - 23 09 2009.doc](#)

X	Did this partner choose one option under point 4 of the template (regards VAT exclusion)?
X	If not able to recover VAT, did this partner attach a attestation issued by their national VAT administration stating that they are not able to recover VAT?
X	Did this partner fill point 5 of this template (regards Income generated by the project)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?
X	Did this partner fill point 6 of this template (regards Other external resources)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?
X	Did this partner fill point 7 of this template (regards Other current funding applications)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?

Associated Partners *

AP 7:

SKUC - Slovenia

X	Did this partner fill and sign the Individual Certificate of costs? <i>The template can be found at:</i> Balance payment - Individual certificate of costs template - 23 09 2009.doc
X	Did this partner choose one option under point 4 of the template (regards VAT exclusion)?
X	If not able to recover VAT, did this partner attach a attestation issued by their national VAT administration stating that they are not able to recover VAT?
X	Did this partner fill point 5 of this template (regards Income generated by the project)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?
X	Did this partner fill point 6 of this template (regards Other external resources)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?
X	Did this partner fill point 7 of this template (regards Other current funding applications)?
X	If more than 0, did this partner attach copies of bank statements illustrating this amount?

SECTION III

Specification of the project

Proposal title:

Developing HIV/AIDS & Mental Health Programs in new EU countries (Poland, Estonia, Latvia, Lithuania, Bulgaria)

Acronym: MAIDS

Starting date: 1st September 2009

Duration (in months): 36 months

EC co-funding: 350 000 Euro

Priority area: 2. PROMOTE HEALTH (HP-2008)

Sub-action: 2.2 Reduction of health inequalities between EU regions

Action:

Main partner information and contact person:

Społeczny Komitet ds. AIDS (SKA) - Social AIDS Committee

ul. Wspólna 65 A oficyna III piętro

00-687 Warszawa, POLAND

+ 48 22 629 15 89

www.skaid.org <http://mentalhealthhiv.eu> <http://edu.mentalhealthhiv.eu>

office_maids@skaid.org

Aleksandra Skonieczna – MAIDS project coordinator, SKA vice-chairperson

Skype: [aleksandra.skonieczna](https://www.skype.com/people/aleksandra.skonieczna)

aleksandra.skonieczna@skaid.org

+ 48 501 088 177

Associated partner information and contact person:

Global Initiative on Psychiatry, The Netherlands, Katja Assoian – project coordinator; kassoian@gip-global.org

Global Initiative on psychiatry – Vilnius, Lithuania, Karile Levickaite – project manager; klevickaite@gip-global.org

Global Initiative on Psychiatry-Sofia Foundation – Bulgaria, Tania Markova – project coordinator; tmarkova@gip-global.org

Hungarian Civil Liberties Union (HCLU) – Hungary, Ferenc Bagyinszky – project coordinator; bagyi.feri@tasz.hu

ŠKUC – Slovenia Miran Šolinc – project coordinator ; miran.solinc@amis.net

ARAS – Romanian Association Against AIDS, Nicoleta Dascalu, project coordinator; nicoleta.dascalu@arasnet.ro

LIGO-NGO Estonia, Irina Moroz, project coordinator; irina.moroz@ligo.org.ee;

Tatiana Dodatko project assistant tanja@ligo.org.ee

List of collaborating partners:

Association HIV.LV Latvia

Czech AIDS Help Society

Odyseus, Slovakia

National AIDS Center of Poland (agency of the Minister of Health)
RHRN - Romanian Harm Reduction Network
Population Services International in Romania (PSI Romania)
NGO AIDSi Tugikeskus
TAI (National Institute for Health Development), Estonia
OÜ Hospital, Estonia
NGO Narva Rehabilitation Center
NGO EHPL (ENPLWH-estonian society people living with HIV)
NGO ESPO
Polish Psychiatric Society (PTP), Mazowia branch
Voivodship Infectious Disease Hospital in Warsaw, Poland
Institute of Psychiatry and Neurology, Poland
Nowowiejska Psychiatric Hospital, Warsaw, Poland
Warsaw City Administration, Bureau for Social Communication, Poland
Voivodship Office of Wielkopolska Region, Poland
Marshalls' office of Wielkopolska Region, Poland
Nordic Council of Ministers – NGO Program

FOREWORD

Please describe in this section the following:

- What this report is about**
- Why the project is important**
- What the key findings are**
- who might benefit from the outputs/outcomes**
- what the target group (s) should do differently as a result**

Social AIDS Committee – SKA (Poland) is pleased to present the final report for the project MAIDS “Developing HIV/AIDS and Mental Health Programs in new EU countries (Poland, Lithuania, Latvia, Estonia, Bulgaria, Slovakia, Romania, Czech Republic, Hungary, Slovenia)”. This report provides a summary of the activities carried out by project countries for the period between September 1, 2009 and August 31, 2012. It also provides background for future actions aimed at improving the quality of mental health services for people living with HIV/AIDS (PLHA) in new EU countries. Project MAIDS included research component, trainings for experts working with PLHA, establishment of expert centers in Poland, Lithuania and Estonia, various advocacy and dissemination activities. The project revealed the limitations of the existing medical care system, underlined the importance of multidisciplinary approach to mental health and HIV and attracted attention to close connection between HIV and mental health problems. Unresolved mental health problems correlate with risky behavior which may have serious consequences both individuals and society. Project results prove the need for systematic training for medical staff dealing with HIV+ patients and PLHA themselves in order to improve knowledge and skills related to mental health and HIV, overcome external and internal stigmatization etc.

As a result of the project more than 1200 change agents (medical staff, psychologists, social workers, etc.) have been trained, expert network established in project countries and research results can be used as a background for future advocacy actions connected with mental health/HIV topic. Project activities contributed to decreasing stigmatization of PLHA by medical staff and raised the awareness of PLHA about their health and the ways of improving it. Though, in order to improve significantly the quality of PLHA lives changes in national health strategies are still required, first of all, changes in financing of mental health services for HIV patients by health insurers.

ACKNOWLEDGEMENTS

The authors would like to acknowledge the invaluable contribution of Annemiek Schade, MD, PhD, GGZ Buitenamstel/VU Medical Centre, the Netherlands and Bogusław Habrat, MD, PhD, Institute of Psychiatry and Neurology, Poland to the development and implementation of the training curriculum on mental health and HIV as well as of Jacek Moskalewicz, PhD, and his research team, affiliated with the Institute of Psychiatry and Neurology, Poland, to the innovative research program implemented during the project.

List of tables and figures (if applicable).

Keywords (using Mesh terms)

- 1. HIV Infections [C02.800.801.400]**
- 2. Mental Disorders [F03]**
- 3. _____**
- 4. _____**
- 5. _____**

SECTION IV

Final Publishable Executive Summary.

This is a comprehensive summary of your project. It should be formatted to be printed as a stand alone paper document - extending to a maximum of three pages- to reach a wide audience, including the general public. Kindly ensure that it is of suitable quality to enable direct publication by the EAHC.

Please structure your executive summary as follows:

- A summary description of the project scope and objectives (general and specific).**
- A description of the work achieved including methods and means.**
- The final results in terms of outputs and outcomes, and their potential impact and use by the target group (including benefits).**
- The strategic relevance and contribution to the Health Programme.**
- Conclusions and recommendations.**

Please include available diagrams or photos illustrating the work of the project.

The main objective of the MAIDS project was to improve the quality of life of people living with HIV/AIDS (PLHA) with dual/triple diagnosis in new members of European Union due to improved access to and quality of mental health services for PLHA and key populations at risk of HIV-infection with higher rates of mental illness. The project was coordinated by the Social AIDS Committee (SKA-PL), associated project partners were NGO-s from Estonia, Bulgaria, Czech Republic, Hungary, Latvia, Lithuania, Romania, Slovakia and Slovenia.

The project was aimed at increasing awareness of the relation between HIV/AIDS and mental health problems among professionals in relevant sectors. Another important objective was disseminating best practices existing in old EU member countries in the area of integrated approach towards mental health and HIV/AIDS (e.g. Dutch multidisciplinary treatment team model) in order to build the capacity of health care professionals in new EU member countries.

The project is in high relevance to EAHC Health Programme 2008-2013 as it contributed to building capacity for development and implementation of effective public health policies particularly in areas of high need such as:

- prevention of new HIV/AIDS infections;
- education of healthcare personnel on both mental health issues related to HIV and HIV in the context of mental health;
- developing advocacy efforts aimed at the promotion of mental health and HIV integrated approach;
- conducting research activities on mental health and HIV, identifying possible solutions;
- building partnerships with all interested stakeholders;
- fostering cooperation between civil society and public organizations.

Main activities conducted within MAIDS project included research, dissemination, advocacy, establishment of expert centres and training for trainers and change agents from target groups (all kind of care-providers for PLHA).

The purpose of the research was to identify present structures, legislation, financing structures and barriers to access to mental health care for PLHA, and also to identify

their needs in this area. The methods included: epidemiological assessment, Delphi survey among experts, focus group discussions with staff and PLHA, research on institutional framework and a survey among existing services for PLHA.

The findings of the research showed that although there is a need for mental health support for PLHA, services for them are hardly developed. According to the research results the main problems in the MH/HIV area are:

- High level of stigmatization and marginalization from the side of medical staff, high level of self-stigmatization among PLHA;
- Lack of systematic approach in provision of help for people living with HIV and AIDS;
- Lack of or insufficient monitoring system and statistics on MH of PLHA;
- Lack of funding for the development of specialized services for mental health, insufficient regional distribution of mental health care services and the insufficient number of qualified staff (too few psychologists and psychiatrists specialized in HIV/AIDS);
- The fact that HIV-positive patients are rarely examined mentally in the medical centers as mental problems seem to be of secondary importance against life-threatening HIV infection;
- Such forms of treatment as group therapy and support groups are often neglected despite their efficiency and cost-effectiveness.

Recommended solutions:

- Provision of integrated complex health care for PLHIV;
- Considering mental health aspect in the course of treatment and easy access to mental health support;
- Improving system of education and training for health and social care specialists and personnel, providing supervision for the staff engaged in care;
- Information and education programmes on HIV related issues and mental health problems;
- Providing social care, integration programmes and self-support groups for PLHA and other key-populations at risk of HIV-infection.

In experts' opinion, improving access to mental health care and support for PLHIV needs system solutions related to development and improvement of mental health care, addiction treatment and system of integrated care for PLHIV with access to psychological care and support. System solutions should also include developing of national policies in relation to HIV/AIDS and drug related problems. Focus groups with participation of experts and PLHA became an important element of the research as the improvement of mental health care for people living with HIV not possible without taking into account the voice of PLHA, because their opinion, knowledge and experience can't stay underestimated.

The monographic book which summarizes all project countries research reports was written by Polish experts from the Institute of Psychiatry and Neurology (Warsaw), it is highly recommended as a background publication for future advocacy and dissemination activities.

The results of the research have already been widely disseminated via various channels: internet (numerous web-sites and newsletters), 5 articles, 44 conferences, over 15 meetings with stakeholders, etc.

According to the project plan 3 Expert Centers have been established in Poland, Lithuania and Estonia, Bulgarian Expert Center has been strengthened. Expert Centers proved to be effective at collaborate with local government, local state health structures and relevant NGO for all over the countries and abroad. The project contributed to the building of expert network in EU countries where the issue of mental health and HIV is neglected and common efforts are necessary in order to attract the attention of policy-makers and medical staff working with PLHA.

One of the key elements of the project was training program which was developed by Global Initiative on Psychiatry Netherlands and Social AIDS Committee Poland and adapted for partner countries. Training modules are devoted to the issues of HIV in mental health context for different target groups (psychiatrists, psychologists, social workers). Training modules were translated into national languages, 22 trainers from 9 countries participated in four trainings of trainers (TOT) provided within the project. Training curriculum was highly evaluated by the participants.

Afterwards local trainings were held in project countries under supervision of trainers from Netherlands and Poland. As a result of the training activities over 1250 change agents (health care and mental health care providers, medical students, patients, health care and local administration managers etc.) were trained on the issues of HIV/AIDS and mental health, their knowledge had substantially improved on the subject and would be used during providing or developing services for PLHA.

Although mental health services for PLHA and key populations are not well developed in new EU countries, the MAIDS project raised awareness to the issue and brought in professional expertise into the countries. The authors and coordinators of the project believe that through providing further trainings and continuing advocacy programs there will be substantial improvements in the future in the quality of life for PLHA and other key populations in new EU countries.

Background and project scope

Mental illness is inextricably linked to HIV/AIDS, as a casual factor and as a consequence, while treatment of mental disorders and support for people living with HIV/AIDS is key to both improving their quality of life and preventing the further spread of the infection.

The issue is of particular concern to new EU member countries: Poland, Estonia, Bulgaria, Czech Republic, Hungary, Latvia, Lithuania, Romania, Slovakia, Slovenia, where the AIDS epidemic is growing while rates of mental illness are also rising, and the limited resources and facilities available to treat both conditions in an integrated way pose major challenges. The severity of AIDS, in spite of the recent innovations in treatment, often leads to serious mental health problems for those infected as well as for their "significant others" (cares, relatives). In addition, persons with mental illness or a mental handicap run additional risks of becoming infected with HIV. However, the relation between HIV/AIDS and mental health problems are often overlooked or ignored.

The main goal of the project was to improve the quality of life of people with double/triple diagnosis (HIV/addiction/mental illness) in new EU member countries (Poland, Estonia, Bulgaria, Czech Republic, Hungary, Latvia, Lithuania, Romania, Slovakia, Slovenia) by increasing awareness of the relation between HIV/AIDS and mental health problems among professionals in relevant sectors and disseminating best practices existing in old EU member countries in the area of integrated approach towards mental health and HIV/AIDS (e.g. Dutch multidisciplinary treatment team model).

The project lasted three years. It comprised research, training, dissemination activities, as well as the establishment of expert/resource centres on mental health and HIV/AIDS due to which its sustainability after three years will be ensured. The project also contributed to the inclusion of various issues related to mental health and HIV into some national (PL, LT) strategies as well as made an attempt to introduce the topic on the European level.

General objective of the project

- To improve the quality of life of people with double/triple diagnosis (HIV/addiction/mental illness) in new EU member countries (Poland, Estonia, Bulgaria, Czech Republic, Hungary, Latvia, Lithuania, Romania, Slovakia, Slovenia) due to improved access to and quality of mental health and psychological support services for people with dual/triple diagnosis and for populations at risk of HIV-infection with higher rates of mental illness

- To increase awareness of the relation between HIV/AIDS and mental health problems among professionals in relevant sectors (health care, social welfare etc) and authorities in new EU countries (Poland, Estonia, Bulgaria, Czech Republic, Hungary, Latvia, Lithuania, Slovakia, Slovenia, Romania)

- To build the capacity of health care professionals in new EU member countries by disseminating best practices existing in old EU member countries in the area of integrated approach towards mental health and HIV/AIDS (e.g. Dutch multidisciplinary treatment team model)

Specific objective(s) of the project – level of achievement

	Title and Description	Link to the WPs (table xxx)	Link to the deliverables (table xxx)	Level of achievement (measured by the indicators specified in WP3)
1	Needs assessment in order to identify existing gaps in the field of mental health and HIV/AIDS by the middle of project year 1	WP5	D3, D4, D5	Country research reports on identified needs done as part of the 1st research phase: 9 national reports used as a basis for project dissemination and training activities
2	Implementing research activities on mental health and HIV/AIDS as a basis for training and advocacy throughout the project	WP5	D6, D7	<ul style="list-style-type: none"> • Country & comparative reports on research phase 1 & 2 results - published in a form of brochure (ENG) • Monographic book (over 360 pages) summarizing research results (ENG) • Articles on research results: 4 (PL), 1 (ENG), • # of references on research results – 5 (PL), 6 (LT), 4 (SI), 1 (BU), 1 (SK), 2 (LV), 3 (RO), 1 (EE) • Research related recommendations were included in National AIDS Program 2012-2017 (PL) • The MAIDS research results were presented for the Committee on Mental Health of the Lithuanian Psychologists Association on 2012 and agreement was achieved to advocate for the issue in the future • HU, CZ, SL began to build an expert network, in BU developed the existing network in the field
3	Setting up sustainable expert centres on mental health and HIV/AIDS in 3 EU countries (PL, EE, LT) and strengthening existing center in BU within project year 1	WP4	D1	<ul style="list-style-type: none"> • Establishment of 3 expert centers in PL, EE, LT on time, based on parent organizations (in EE established on time, but later limited functioning) • Number of referrals to ECs: over 30 (PL), over 20 (LT), over 10 (EE). • Support to EC's activities by professional associations of

				<p>infectiologists, psychiatrists etc.: PL - Polish Psychiatric Society, Mazowsze branch, BU – signed partnership with the National AIDS program, with the University of Blagoevgrad,</p> <ul style="list-style-type: none"> • Increased number of places where PLHA may receive good quality psychological and/or psychiatric support: in PL (3) • Appearance of multidisciplinary teams treating HIV patients for mental health problems: PL (1) • Psychological and psychiatric support available at the same locations where PLHA are treated for HIV: PL (3)
4	Creating a sustainable training structure aimed at enabling relevant care givers to improve the services rendered to patients (throughout the project years 1&2 and by 2nd quarter of project year 3)	WP6	D1, D9, D11, D12	<ul style="list-style-type: none"> • Number of training for trainers (TOT) – 4; 22 participants (2-3 per each country) • Number of national trainings delivered in project countries: 76 • Number of change agents trained within the project: PL (510), EE (313), LT (202), LV (143), HU (22), BU (58) • % of training participants that improved their knowledge level on HIV, IDU, mental health and related issues – 92,8 % • Evaluation questionnaires, evaluation questionnaire summaries, Pre & posts tests developed by project coordinator and disseminated among project partners with training budget – uniformity of training evaluation • Positive evaluation of training modules by trainees (both TOT and national ones) – almost 100% • Number of supervision held in project countries – 16
5	Incorporating training modules and manuals in mainstream professional training of doctors, nurses, social workers and other relevant groups in PL, EE, BU, LT by the end of project year 3	WP6	D13	<ul style="list-style-type: none"> • Number of overall attempts made to incorporate training modules and manuals in mainstream professional training in PL-3, EE - 7, BU - 2, LT-2, SI - 1 • Adaptation of 7 existing training modules • Translation of training modules into national languages: 1-7 PL, 1, 2, 5 - LT, 1-7 LV, 1-6 EE, 1-2 -HU

				<ul style="list-style-type: none"> • Educational training programs based on training curriculum (LV) • University Erasmus programme based on training curriculum (LT) • Training curriculum introduced into academic training program for psychiatrists at WMU, and some other medical universities (PL) • Development of e-learning course based on the training curriculum (ENG, PL, RUS)
6	Disseminating information among policy-makers and opinion-formers on integrated mental health/HIV approach and its importance for PLHA in improving their quality of life and HIV-prevention among populations with higher risk of HIV-infection due to impaired understanding	WP2	D2, D7, D8	<ul style="list-style-type: none"> • Creation of web-page on MH&HIV in ENG, PL and RUS versions: mentalhealthhiv.eu, edu.mentalhealthhiv.eu • Publication and distribution of informational materials on stigma and de-stigmatization - 1 brochure (ENG, RUS) • Number of stakeholder meetings on stigma and discrimination, number of participating stakeholders – 3 (PL), 1 (RO), 1 (LT) • Number of attempts to include mental health issue into HIV policies – 2 (PL), 2 (LT), 2 (BU), 1 (HU), 1 (SI) • Creation of web page on MH&HIV (# of visitors) – over 2000, 2nd place in Google search • Number of meetings and conferences (national, international) where MAIDS was presented – over 20 • Development of informational materials on the MAIDS project and mental health and HIV: Posters (ENG, PL, BU, RO, SI), leaflets (ENG, PL) • Distribution of informational materials on the MAIDS project and mental health and HIV-AIDS: CD-disks – 70 (LV), flyers – 20 (SI), leaflets – 20 (SI), 400 (PL); 100 (EE), PR materials – 20 (EE), posters – 2(EE), 10 (PL); MAIDS recommendations (ENG) – 200 (at the EU conference); CD-disks – 250 (PL)

Overview of the work packages and deliverables:

	WP Title	Deliverables	Description	Confidentiality	Expected month of delivery	Actual delivery month	Justification for the delay (if applicable)
1	Coordination of the project	D14 1st Interim technical and financial reports D14-00_IAR-1EN	Report	Public and confidential	M9+2	M11	<p>Delay caused by the late provision of deliverables (research report)</p> <p>Delay caused by the fact that Estonian partner provided required reports in January 2013, while last financial documents were sent in March 2013.</p>
		D15 2nd Interim technical and financial reports D15-00_IAR-1EN	Report	Public and confidential	M18+2	M21	
		D16 3rd Interim technical and financial report D16-00_IAR-1EN	Report	Public and confidential	M27+2	M29	
		Final technical and financial report D18-00_FFR-1EN	Report	Public and confidential	M36+2	M41	
2	Dissemination of the results	D2 Project web-page: mentalhealthhiv.eu D02-00_OTH-1EN D02-00_OTH-2PL D02-00_OTH-3RU	Web-site	Public	M4	M4	<p>Articles were submitted for publication at M8, 12, 18, 34 while actual publication took place in M22, 25, 27, 40, 41</p>
		D7 3-4 articles published in professional (medical, psychological etc.) literature, other publications on HIV/AIDS: D07-01_OTH-1PL D07-02_OTH-1PL D07-03_OTH-1PL D07-04_OTH-1PL D07-05_OTH-1EN	Articles	Public	M8, M12, M18, M34	M22, M25, M27, M40, M41	
		D8 Informational materials on stigma and destigmatisation of people with double/triple diagnosis (HIV/DA/mental disorder): Patient brochure D08-01_LAY-1EN	Brochures	Public	M18	M9 M32	

		D08-01_LAY-2PL D08-01_LAY-3RU Antistigma brochure D08-02_LAY-1EN D08-02_LAY-2PL D08-02_LAY-3RUS MAIDS leaflet D08-03_LFT-1EN D08-03_LFT-2PL MAIDS poster D08-04_POS-1EN D08-04_POS-1PL D08-04_POS-1RO D08-04_POS-1BU D13Accreditation of the training modules	and booklets National certificates	Public Public		M8 M8 M8 M32		Lack of national certificates but training curriculum introduced into academic training (LT, LV, PL)
3	Evaluation of the project	D17 Midterm review evaluation report D17-00_IAR-1EN D19 Final evaluation report D19-00_FFR-1EN	Report Report	Confidential Confidential and public	M18 M36	M20 M36		Prepared in M36 but submitted as the attachment of Final report in March, 2013
4	A network of expert centers on mental health and HIV/AIDS	D1 Expert centers on mental health and HIV/AIDS D01-01_OTH-1PL D01-01_OTH-2LT D01-01_OTH-3EE D01-01_OTH-4BU	Register	Public	M3	M3		
5	Research on mental health problems and needs of those infected and affected by HIV/AIDS	D3& D4 Needs assessment & situational analysis (RAP) in order to identify existing gaps in the field of mental health and HIV/AIDS in PL, EE, BU, CZ, HU, LT, LV, RO, SI, SK Research reports on various issues of mental health and	Report	Public	M6, M9+2	M10, M18		Actual implementation took longer time then planned due to

		<p>HIV in PL, EE, BU, CZ, HU, LT, LV, RO, SI, SK D03/04-01_OTH-1PL D03/04-02_OTH-1EE D03/04-03_OTH-1LT D03/04-04_OTH-1LV D03/04-05_OTH-1CZ D03/04-06_OTH-1RO D03/04-07_OTH-1SI D03/04-08_OTH-1SK D03/04-09_OTH-1BU</p> <p>D5 research report on selected issues of mental health and HIV in PL, EE, CZ, HU, LT, LV, RO, SI, SK</p> <p>D6 Comprehensive report on mental health and HIV/AIDS in new EU member countries D06-00_OTH-1EN</p> <p>D7 (instead of D5) 3-4 articles published in professional (medical, psychological etc.) literature, other publications on HIV/AIDS: D07-01_OTH-1PL D07-02_OTH-1PL D07-03_OTH-1PL D07-04_OTH-1PL D07-05_OTH-1EN</p>	<p>Report</p> <p>Monographic book</p> <p>Articles</p>	<p>Public</p> <p>Public</p> <p>Public</p>	<p>M14</p> <p>M30</p> <p>M8, M12, M18, M34</p>	<p>M22</p> <p>M40</p> <p>M22, M25, M27, M40, M41</p>	<p>very comprehensive nature of the needs analysis</p> <p>Delay caused by the work overload of the main author of the research</p>
6	Training of change agents	<p>D9 TOT training for trainers from PL, EE, BU, CZ, HU, LT, LV, RO, SI, SK</p> <p>D11 Training curriculum (7 modules) on mental health & HIV/AIDS</p> <p>D09-01_LAY-1EN D09-02_LAY-1EN D09-03_LAY-1EN D09-04_LAY-1EN D09-05_LAY-1EN</p>	<p>Training</p> <p>7 brochures, each containing the description of one training module</p>	<p>Confidential (close training)</p> <p>Confidential and public</p>	<p>M7, M11, M14, M17, M20, M23, M26</p> <p>M 27</p>	<p>M3, M8, M15, M25</p> <p>M27</p>	

		<p>D09-06_LAY-1EN D09-07_LAY-1EN</p> <p>D09-01_LAY-1PL D09-02_LAY-1PL D09-03_LAY-1PL D09-04_LAY-1PL D09-05_LAY-1PL D09-06_LAY-1PL D09-07_LAY-1PL</p> <p>D09-01_LAY-1RU D09-02_LAY-1RU D09-03_LAY-1RU D09-04_LAY-1RU D09-05_LAY-1RU D09-06_LAY-1RU D09-07_LAY-1RU</p> <p>Module for patient - PDF brochure</p> <p>LAY-1PL LAY-2ENG LAY-3RU</p> <p>D12 E-learning versions of modules 5,6,7 edu.mentalhealthhiv .eu D12-01_OTH-1EN D12-01_OTH-2PL D12-01_OTH-3RU</p>						<p>34</p> <p>M29</p>	<p>Additional training module developed with financial support of Polish Ministry of Foreign Arrairs</p>
			E-learning versions of modules 5-7	Public	M23, M26, M29				

Main activities carried out including methods and means

Research activities

Multiple research methods were applied to investigate the link between HIV/AIDS and mental health in the participating countries. Due to extremely limited funding, the project had to be restricted to qualitative approaches, as any random survey to assess the prevalence of mental health problems among PLHIV and their needs was well beyond its scope. Current study comprised four studies completed within the project:

- epidemiological assessment,
- infrastructures for care and support
- Delphi study,
- focus group study.

Epidemiological assessment

Instead of implementing a huge survey, the project elaborated a relatively simple methodology to estimate the proportion of persons with mental disorders among PLHIV

registered in existing public health structures that address specific needs of PLHIV.

A random sample of patient files on people treated for HIV/AIDS was selected from one or more specialized centers. Then a set of basic data - introduced in a special form - was extracted, including gender, age, year of HIV infection testing and mental health status.

Infrastructures for care and support

The objective of this part was to analyse the current system of health and mental health care for people living with HIV/AIDS and to identify services available for this group. In the first phase of the study, partners in all countries identified legislation and policies related to this issue and provided lists of health care facilities and other organisations offering care and mental help support for PLHIV. Three types of care-giving institutions and organisations were considered:

- Centres providing antiretroviral therapy (ARV) and/or other treatment after HIV exposure;
- Diagnostic and consultation services providing HIV testing;
- Organizations, institutions and other services providing mental health care and support for people living with HIV/AIDS.

In the second phase of the research, a questionnaire study was carried out. The MAIDS Questionnaire for Services was distributed to all facilities identified in the first phase. The questionnaire was focused on issues related to scope of services provided with special attention paid at mental health care services, accessibility of services, human resources and co-operation with other facilities. Most questionnaires were filled-in by the representatives of institutions and sent back by e-mail, some of them were also completed as a face-to-face or phone interview. One more country, Bulgaria, participated in this part of the research in addition to other countries participated in the study.

Delphi survey

The objective of the Delphi survey was to collect expert opinions on needs, barriers and relevant solutions in the area of mental health care for people living with HIV/AIDS, while taking into consideration major transmission routes in participating countries. A crucial element was to reach a consensus on these issues among the group of experts in a country.

The Delphi method is a problem-solving method used to identify and reconcile the knowledge, judgments and opinions of several experts. Consensus is reached through several cycles of revision, based on feedback surveys by specifically selected experts. Experts work on their answers individually and give their opinion/feedback anonymously.

In the context of the Delphi process, experts on somatic and mental health care for people living with HIV/AIDS expressed and exchanged their opinions on the research questions. Consecutive rounds of the Delphi process are based on the experts' e-mail feedback in response to special forms prepared by a research team for every round of the process. In Round 1, experts express their opinions by answering open questions, including questions on the needs of PLHIV, barriers to access to appropriate care and recommendations on possible solutions. The form for Round 2 is prepared by a research team on the basis of the input in Round 1. All answers are grouped into wider categories (summary categories) and then listed in the form for Round 2. On these forms, experts rate which answers are particularly important in terms of the study questions (using a simple scale, e.g. from 1 - not important, to 5 -very important). A consensus on which summary categories are of importance is to be reached in Round 3. On the forms for Round 3 - which are prepared individually for each expert - his/her original ratings for each summary category are compared with average ratings of all experts. In that way

every expert has a chance to think over their rates for each question, taking into consideration other experts' opinions. Eventually, an order of summary categories which have similar ratings emerges, and may serve to establish priorities regarding particular issues investigated in the Delphi process.

The most important criteria for selection of experts in this study were their expertise in the area of health care and mental health care for people living with HIV/AIDS and their expertise in working with the main transmission groups. Experts were to have knowledge of the subject and represent different fields of professional experience. In each participating country the final expert list was to consist of about 12 persons (this number differed depending on country-specific considerations), with among them representatives from health care, mental health care and addiction therapy centres, NGOs, academic centres, public institutions (local and national administrations, public administration agencies).

Focus groups - staff and client perspective

The focus group approach was applied to identify needs, barriers and good practices in mental health care for people living with HIV/AIDS. Focus group discussions belong to the category of qualitative research approaches. They do not assess prevalence of phenomena, of opinions or attitudes, but present variations and study mechanisms of their action. Focus groups were to consist of 6 to 10 persons, who in the course of a discussion attempt to find responses to several research questions. The focus group discussions were to be no longer than two hours and to be moderated by an experienced person. This moderator ensures that all research questions are discussed and that all participants contribute without domination of the discussions by one or two influential individuals. In addition, the moderator creates a friendly and civilized atmosphere and prevents that two or more participants speak simultaneously and. Most importantly, the moderator facilitates proper recording. Discussion should be recorded (tape recorder, camera) and it is recommended that written notes are taken by another person assisting the moderator. Recording should not take place without the consent of all participants. If they do not agree, the written notes have to be very detailed, including precise quotations.

In each country, a number of focus group discussions were carried out with medical staff and persons with HIV/AIDS. In order to secure a level of homogeneity, several focus groups were considered in each research site, including at least one made up of medical staff and one made up of people living with HIV/AIDS. Topics covered needs, barriers and good practices, including (non-existent) practices recommended by participants. Gathering the opinions of different professional groups and clients provided an opportunity for more thorough assessment of needs, and identification of ways in which those needs can be met. Identifying potential discrepancies in the perspective of service providers and clients may have crucial significance for social dialogue and improvement of the existing care system.

Establishment of expert centers on mental health and HIV/AIDS

In order to bring together all available knowledge on issues of HIV/AIDS and mental health, and to streamline activities in this area, expert centers on mental health and AIDS were established in Poland, Estonia, and Lithuania based on existing structures of a main partner and associated partners, while in Bulgaria cooperation with the existing GIP-Sofia and its Informational Center on mental health and HIV center took place.

Expert Centers did not provide medical services themselves as part of the current project. Their role was to promote inclusion of integrated mental health and HIV services into existing services for PLHA and mental patients (public and non-public in-patient and out-patient treatment and care centers for PLHA, OST programs, community psychiatry multidisciplinary teams providing care and treatment to mental patients, multidisciplinary teams providing care and treatment to HIV patients, VCT centers, HIV counseling services, mental health counseling services, support groups, NGOs providing services to PLHA and mental patients etc.) and into curricular for education and advanced professional training of various professionals working with PLHA and mental

patients (medical doctors, nurses, clinical psychologists, social workers, etc.). Expert centers advocated among health planners and managers, mental health and HIV services, professional associations of infectiologists, psychiatrists, psychologists etc for integrated approach towards HIV and mental health and inclusion of mental health issues into HIV policies and strategies.

Expert centers were created on the basis of existing organizations (SKA, LIGO, GIP-Bulgaria, GIP-Lithuania), their sustainability was ensured by parent organizations, within the framework of which they are able to function as separate programs actively promoting integrated approach to mental health and HIV. Fundraising efforts aimed at ensuring Expert Centers sustainability were undertaken and some of them were successful e.g. MAIDS-related project financed by Nordic Council of Ministers (2011-2013) targeting also Russia & Belarus, 2 projects financed by Polish Ministry of Foreign Affairs (2012, 2013-2014) targeting Belarus.

Training activities

Development of the educational program for change agents was run by each expert center:

The program in total consisted of 7 training modules.

Each of the modules is described in a Course Manual, comprised of the following elements:

- The expected outcomes of the training – what specific changes in knowledge, attitudes, competence are expected from the program as a whole, and from this module
- The topics to be covered
- The methods to be used for each topic
- Topics for prior study by participants
- The curriculum – session plans, handouts and presentations for each unit in the module
- References and background materials

The development and delivery of the program was led by the project manager, project consultants and trainers from the Netherlands and Poland.

Translation and adaptation of previously developed training modules into national languages

At the moment all previously developed modules exist in English, Polish, Russian, Latvian and Estonian language. Collaborating partners provided translations in their national languages depending on their internal resources:

Lithuanian partner managed to translate modules 1,2, 5 and there is Hungarian version of modules 1-2.

The previously developed training program consisted of 4 existing modules, developed by SKA & GIP-NL. The materials developed during GIP's mental health and AIDS project in Central Asia, Caucasus and SEE were adapted to the context of EU member countries. Adaptation of training modules to reality of project countries took place in two phases:

- Before training modules were delivered based on RAR and other research result and expertise and knowledge of trainers in the area of mental health and HIV
- During the training based on participatory approach, when trainees were provided space for questioning the content and discussing its applicability to the local context

Development of three new training modules describing treatment model of multidisciplinary treatment teams

Three additional training modules were developed by GIP experts from the Netherlands that work at HIV/AIDS Mental Health Expert Centre and Multidisciplinary Treatment Team GGZ Buitenamstel) and by Polish expert from the Institute of Psychiatry and Neurology. They describe treatment model of multidisciplinary treatment teams, comprising psychiatrist, psychiatric nurses, social workers working with HIV patients and their close ones, etc.

Module 5. HIV/Aids and mental health problems: a practical guideline for psychiatrists; diagnosis and treatment. A multi-disciplinary approach.

Module 6. HIV/Aids and mental health problems: a practical guideline for psychiatric nurses/psychologists etc.; supportive therapy. A multi-disciplinary approach.

Module 7. HIV/Aids and mental health problems; a practical guideline for social workers; practical aid and supporting self-help. A multi-disciplinary approach.

Bulgarian EC worked only with 3 new modules as they have already trained trainers and delivered training to 60 change agents.

Selection of trainers took place in PL, EE, CZ, HU, LT, LV, RO, SI. In Bulgaria there were three training teams (each consisting of 3 trainers) in Sofia, in Burgas and in Blagoevgrad. Bulgarian trainers are most experienced and have passed all the training for trainers (modules 1-4) as part of the previous MAIDS project and later trained other training teams in Bulgaria. During the current project similar approach was used: two trainers were trained on modules 5-7 that later trained other trainers.

Recruitment was done based on profiles of competencies developed for that purpose to ensure relevant expertise and knowledge; training coordinator should approve all candidates for trainers.

Centers in PL, EE, BU, LT cooperated with one of the trainers on an ongoing basis, while one or two other trainers were hired in case of specific modules. Such arrangement provides for certain flexibility, when, e.g. it is necessary for certain modules to hire trainers with specific background (e.g. a psychiatrist, a clinical psychologist with experience of work with PLHA etc.). Polish EC employs TOT trainer and supervisor, who together with Dutch trainer trained trainers in project countries and later supervised their work. 1-3 trainees were invited from each of the following countries: RO, HU, SI, LT, LV, CZ, SK.

Training of trainers including ongoing supervision and technical support when needed provided by SKA and GZZ BA trainers and experts:

TOT elements were included into regular training modules, i.e. SKA and GZZ BA trainers discussed with future trainers alternative activities for achieving the same objectives, various ways of conducting certain activities etc. During supervision, among others, trainer's style and methods of work were evaluated and discussed.

In general, the TOT program used the 'blended learning' approach to maximize learning opportunities. Each of the modules was delivered as follows:

- Prior study of selected materials made available via Internet, e-mail, CD-rom or print (optional).
- Face-to face training
- Supervision and coaching available throughout by e-mail, Internet or phone, and face-to-face
- E-learning course on flash or via internet (optional)

Expert Center in Poland coordinated training program for trainers from all project countries.

After that trainers trained change agents in PL, EE, BU, LT. Regular supervision by experienced trainers was provided.

Due to such approach training course may be replicated and transferred to all new EU member countries.

Trainers from all project countries are able to join an e-learning program on HIV/AIDS and mental health, based on four developed training modules available at edu.mentalhealthhiv.eu. The course is available in English, Polish and Russian. E-learning version of modules 5-7 was developed with financial support of Polish Ministry of Foreign Affairs in 2012. Such e-learning program is a very useful tool for ensuring training replication and transferability towards other EU member states.

Selection, training and follow up of change agents was done by expert centers

in PL, EE, BU, LT

During the project implementation 76 national trainings were provided and over 1250 (3 times more than expected) change agents have been trained, among them health care professionals (infectiologists, addiction treatment specialists, nurses, VCT centre counsellors), mental health care professionals (psychiatrists, psychologists), social workers, PLHA, pedagogues, NGO-activists, students, etc.

Change Agents were selected based on several of the following criteria:

1. Current or planned work related to provision of various types of services to PLHA and/or to mental patients at risk of HIV
2. Experience of providing support in crisis situation
3. Relevant knowledge either on mental health or HIV/AIDS or both
4. Personal experience of living with HIV or mental disorder or experience of caring for PLHA or person with mental illness
5. Awareness of the importance of integrated approach to HIV and mental health
6. Open mindness and willingness to pursue new opportunities

Accreditation of the training modules and their inclusion into regular professional education.

According to the plan each country searched for the opportunities for accreditation establishing contacts with relevant institutions. Special efforts were made at attracting to participation in the training course (especially modules 5-7) of academicians lecturing at medical universities on such topics as HIV, mental health and related subjects.

In Poland Institute of Psychiatry and Neurology has started introducing mental health/HIV topic to medical universities in Poland (initial meeting of medical universities representatives took place in IPIN on June 29, 2012, and information was further distributed at the MUs and via articles (*Psychiatria Polska*)).

In Lithuania MAIDS training programs were introduced to Erasmus program (spring semester 2013).

In Latvia Association HIV.LV has developed short programme "HIV and mental health", 10 acad. h (8 astr. h) and will provide trainings in collaboration with NGO "Social Service Agency". There are plans to provide trainings under brand "interest related educational program" in 2013, and after some time under brand "professional development courses".

Dissemination of information and advocacy activities

Development of informational materials on stigma and de-stigmatisation and dissemination of existing materials.

Anti-stigma brochure for health care workers developed by GIP-NL, adapted and translated in Polish and Russian by SKA-PL

Patient brochure on mental health and HIV developed by GIP-NL, adapted and translated in Polish and Russian by SKA-PL

MAIDS poster (ENG, PL)

MAIDS leaflets (ENG, PL)

E-learning module for patients (ENG, PL, RUS) developed by SKA-PL

Pilot study in Poland – report and presentation (PL)

Special focus was put on reducing stigma among medical professionals as they played an important role in treatment, referral process of the PLHA and recognizing their health care needs. An anti-stigma brochure for health care workers was developed during the project implementation centrally. During training seminars the problem of stigma was extensively addressed as well.

Based on the research results, publications in medical and peer-review journals were made (5), please see the WP 2 Dissemination.

Advocacy attempts were made to get HIV/AIDS and mental health on the agenda of the ministries of health and of education; in order to draw the attention of donor agencies.

MAIDS project was presented at more than 20 conferences and meetings, referring to WHO statements on the importance of the interaction between HIV and mental health. Project partners closely collaborated with local associations of PLHA and involve PLHA in the project activities such as training and research. There were over 15 attempts to lobby for inclusion of mental health and HIV/AIDS subject in relevant academic training etc.

Narrative description of the implementation time schedule

The first three months of the project were devoted to the expert centers establishment in PL, EE, LT. The project started with staff selection for the expert centers. The staff (consisting of expert center director, TOT trainer & supervisor (PL), 2 trainers (sometimes 3) were selected. The management guidelines for the expert centers were provided by the main coordinator. Physical establishment in the existing training centers was completed. Directly from the first months of the project implementation sustainability strategies for the expert centers were discussed and elaborated.

Parallel to that (in months 2,3) research topics and methodology were discussed by all project partners according to the local needs. Preliminary research action plan was developed. The work on research guidelines started.

Already at the beginning of the project, the curriculum for the training adapted to the regional circumstances was developed.

In month 3 all the project partners came together for the kick-off meeting in Luxembourg. The kick-off meeting was aimed at getting to know each other better, introduce the context of the project with all its components and its connections, and deciding who was responsible for what. All participants elaborated on their role in the project:

Social AIDS Committee (SKA) - the main partner holding final responsibility, under supervision of the SC, responsible for overall coordination of the project, final selection of international project staff and experts, for the contacts with and timely reporting to the awarding authority. SKA was approving the planning by associated partners, provided expert support to the activities of partners, organized supervision visits, trainings, internships and evaluation of the project progress.

SKA was supervising the implementation of research and recruitment of training participants in CZ, HU, SI, RO, while LIGO - in LV; GIP-Vilnius was responsible for its research and training activities.

Associated partners were responsible for the local coordination and communication, final team formation, development of necessary documentation in local languages, development of a training scheme for local change agents, involvement of local authorities and mass media and regular reporting to SKA. GIP NL provided consultations to SKA that was responsible for research coordination.

SKA was also responsible for financial management of the project.

In months 3-5 the special website mentalhealthhiv.eu on the project topic was created. The website introduced the issue on how HIV/AIDS and mental health were interconnected and contains information about the main project activities, research findings, publications developed by the expert centers, training modules etc.

SKA and the SC coordinated the creation of the website, its updating and maintenance during the whole period of project implementation.

The implementation of research started in Year 1. First was to be produced in Year 1, two reports in Year 2 and 1 report in Year 3 but due to comprehensive nature of the research longer time was required for research implementation. Due to the substantial extending of research of phase 1 which consisted of three research undertakings instead of one as envisaged in the project proposal and a need of substantial revisions of research reports from individual countries during project implementation phase 2, the works on the Overall Report summarizing the results of research phase 1 could start only after all updated research phase 1 reports were submitted by research partners, i.e. February 2011. As it was clear that the Overall Report won't be ready by the end of the project implementation phase II, it was initially requested during one of the conference call with the participation of EAHC supervising officer to prolong the time required for

research coordinator to write the Overall Research report 1. The Overall phase 1 report was delivered by Dr Moskalewicz in June 2011. Research phase 2 was implemented by all partners within planned deadlines and submitted in January – February 2011.

The final research report was delivered as a monographic book written by Polish experts and is ready to be published and distributed among main stakeholders. In PL, EE at the end of each year research stakeholder meeting with relevant authorities, medical institutions, other NGO's etc were organised to discuss research findings and to come up with recommendations on how to improve access to medical care of people with double/triple diagnosis. So, all together there were over 15 meetings with stakeholder meetings organised which took place in Poland, Estonia, Lithuania, Romania, etc. Research findings were also used as advocacy tool to increase political commitment and inter- disciplinary and departmental collaboration.

All training modules were delivered according to the following format: The training coordinators from GGZBA and SKA first trained the trainers in the countries in 4 modules according to the TOT-concept. Year 1 – Modules 1 and 2, 3; Year 2 – Module 4. Regular supervision by the Dutch and Polish training coordinators was provided. In case of three new modules (treatment team model), the same pattern was followed (Modules 5, 6, 7 - year 3).

Attempts to accredit the program started from Year 1 of the program (in case of modules 1-4), in case of modules 5-7 in the year 3.

Target groups

Summarizing, the project was aimed at the following target groups:

- local and central authorities, representatives of self-governing bodies
- funders, health care providers
- psychiatrists, psychologists and social workers working with PLHA
- professional associations of psychiatrists, psychologists, psychiatric nurses, HIV/AIDS specialists, internal medicine specialists, virologist, epidemiologist, etc.
- NGOs working with PLHA and groups vulnerable to HIV, and their networks
- Patient NGOs and their networks
- Mental Health Centers
- university professors
- parents, school pedagogues, psychologists
- psychologists of crises centres
- epidemiological nurses
- key HIV/AIDS and drug policy makers and implementers
- student organizations etc.

Direct beneficiaries of the project are people living with HIV/AIDS, their relatives and careers. They have directly benefit from the activities initiated by the expert centers. On the other hand they were actively involved in all the project activities. Their involvement was crucial to the success of the project.

Besides, groups at risk of HIV-infection due to risky behavior and/or impaired understanding (mental health patients, MSM, active drug users, sex workers, prisoners etc.) have had directly benefited from the activities initiated during the project.

Evaluation of the degree of achievement of the objectives and discussion based on the project's indicators as outlined in your evaluation plan/ WP3.

The Project activities and its results were sure to contribute to the achievement of the objectives.

As regards research, innovative tools and research methodology on integrated approach to mental health and HIV was developed. Despite the initial trouble with access to medical data (due to confidentiality issues), and/or experts (there were not so many experts in the field of mental health /HIV in project countries at the beginning of the project, especially, particularly notable is the deficit of mental health personnel with knowledge of HIV issues) – every country succeeded in finalizing the "Needs Assessments & Situational Analysis". The results of the research conducted in project countries is a good reliable basis which can and should be used in the advocacy in future. Monographic book (over 360 pages) written by Polish experts from the Institute of Psychiatry and Neurology comprises research reports from all project countries and gives the insight into the issues of HIV in mental health context showing the perspective of new EU countries, revealing barriers in access to mental health care for PLHA and suggesting strategies for improving the state of affairs.

In accordance to the Project plan, the Expert Centers have been established in Poland and Lithuania, operating within the partner organizations. They possess administrative staff, an extensive pull of experts - MDs (psychiatrists, infectious disease specialists etc.), psychologists, medical universities professors etc. that further disseminate information on MAIDS among their colleagues and students, good working relationship with professional associations of medical professionals, HIV-patient organizations, central and local authorities, Global Fund CCM (in Lithuania). The ECs are sustainable and continue mental health /HIV activities at both national and regional levels, including the FSU region (e.g. SKA & GIP-LT experts in 2011-2012 implemented MAIDS activities in St. Petersburg (Russia) and Belarus and will continue those activities in 2013 in Belarus). The Partner in Estonia have not created own EC, but assisted in its creation. The services of the Expert Centre were performed mostly through the webpage functionalities and through email. Although it was not planned to establish ECs in LV, HU, RO, SI, EC, CZ partner organizations from those organizations acquired expertise and knowledge on integrated approach to mental health and HIV and started propagating the topic within their countries as part of their local training, research, dissemination activities not funded by the MAIDS project.

The Bulgarian center is located in the city of Blagoevgrad and is part of Information center for mental health, which is part of GIP-Sofia. It was established in 2006 as part of the project "HIV/AIDS and Mental Health" (2005-2008). The sustainability of the Bulgarian expert`s center is ensured by the Ministry of health which selected the ICMH to be the executive body of component 7 for Blagoevgrad of National program for HIV/AIDS prevention.

During the project 4 Training of Trainers (TOT) sessions were held covering training modules 1-7 as well as supervision sessions, that were completed by 22 persons in total (1-3 per project country).

7 training modules plus additional module for patients were adapted/ developed in English and some national languages (PL, RUS, LT, LV, EE) (downloadable from <http://mentalhealthhiv.eu>).

E-learning program was developed based on the above mentioned training modules available both for self-study and work with a course moderator (depending on available funding): please see <http://edu.mentalhelathhiv.eu> (login skaidis, password *Alaska44).

Trainings were provided mainly in Poland, Lithuania, Latvia and Estonia. Those courses gathered over 1250 participants which represented broad range of professionals working in the mental health and HIV fields, i.e. medical doctors,

psychologists, psychotherapists, as well as academic teachers, students, NGO employees, social workers, etc.

Trainings were highly evaluated by the participants (based both on over-phone interviews and evaluation questionnaires results), the topic of mental health and HIV turned out to be fashionable and popular (e.g. Poland, Latvia, Estonia) and participants claimed the need for deepening their knowledge in this field. As the topic is new for the region, well over 90% of training participants increased their knowledge (the data is based both on their empirical perception (evaluation questionnaires) as well as results of pre&post-tests. Analysis of selected pre&post-tests (30% of overall number) demonstrated average increase of knowledge about 70%.

Dissemination activities provided within the project can be characterised by wide range of impact and active usage of numerous dissemination means like web-sites, newsletters, e-mails, conference presentations (over 40), articles in professional media (5), meetings with stakeholders and policy-makers (over 20), distribution of posters and leaflets (400 leaflets, 70 CD-disks, 20 flyers, over 200 leaflets, 20 PR materials –(EE), 10 posters etc.)

Incorporation of mental health issues into mainstream education turned out to be quite a difficult task because of the lack of interest from the side of policy-makers. However, accreditation efforts were taken in order to promote trainings programmes developed within the project and resulted in several achievements in this area e.g. Lithuania managed to introduce the course for the Erasmus programme so it will be available for exchange students. In Poland there was a successful attempt of organising training for mental health professionals all over the country thanks to collaboration with the experts for Institute of Psychiatry and neurology in Warsaw. And Latvian partner in collaboration with another NGO developed short educational programme on mental health and HIV issues and is planning to deliver trainings. Financial support for advocacy and dissemination activities is necessary in order to create favourable conditions for incorporating mental health and HIV issues into mainstream education.

As a result of described above activities project objectives # 2 & 3 were achieved as due to educational and dissemination activities awareness of the relation between HIV/AIDS and mental health problems among professionals in relevant sectors (health care, social welfare etc) and authorities as well as the capacity of health care professionals in new EU countries increased. As regards objective # 1, improvement of the quality of life of people with double/triple diagnosis (HIV/addiction/mental illness) cannot be measured directly, although undoubtedly the increase in number of specialists educated on integrated approach to mental health and HIV improves the quality of mental health and psychological support provided to people with HIV and for populations at risk of HIV-infection and improves the access to those services due to increase number of specialists to whom such patients may be referred. Nevertheless, the actual access to those services will be improved when sustainable national funding is provided for specific medical services (e.g. by medical insurers in project countries). In order to achieve this, additional advocacy and educational efforts are required.

Results and key findings

Please discuss the results achieved in terms of outputs and (actual or expected) outcomes and their potential impact and use by the target group (including the socio-economic impact, the wider societal implications of the project and contribution to the policy development at all levels of governance (EU, MS, Regional and local).

The project emphasised the mental health component in care for people living with HIV/AIDS. It underlined several aspects of this problem, including prevalence of mental disorders among people living with HIV/AIDS, legal regulations of their access to health care and mental health care, problems related to the infrastructure and financing of health care for such patients. The project concentrated on identifying specific needs of people living with HIV/AIDS in relation to mental health, and on barriers in their access to mental health care and support. The most important aspect of the project was its multi-perspective approach, as the idea of the project to examine the problem from several different angles: the point of view of people living with HIV/AIDS, that of staff working with such patients and of experts engaged in the area of health care, mental health care and support for people living with HIV/AIDS. The strong point of the project was the integration of these perspectives and the search for solutions by considering different aspects and perspectives.

Mental health and HIV research implemented within MAIDS project confirmed that PLHA face numerous mental health problems that may be attributed to both the disease and social response. At the same time, psychological and mental health care and support is very limited. There are very few specialists in mental health area aware of mental health issues specific for HIV-infected people and professionals and general lack knowledge on mental health and HIV. Implemented research also helped to identify currently existing barriers and find possible solutions that would improve the quality of mental health services for PLHA. The results of the research have been disseminated among target groups, were presented at numerous meetings, conferences, trainings.

Educational training program implemented within the project contributed to the increase of awareness towards mental health issues both among PLHA and experts working with PLHA and other key populations. According to the training evaluation significant knowledge increase has been recorded and the topic raised met appreciation and interest from the patients as well as from the experts working with them.

The long neglected topic of mental health and HIV/AIDS has appeared both in professional and public discussion. Nevertheless, further efforts aimed at disseminating research results and advocating for changes are needed.

Actual and expected outcomes:

- 1. Improved quality of life for PLHA with better access to good quality psychological and/or psychiatric support*

The project contributed to the quality of life in different ways. The most important effect is that PLHA trained during the project identified and became aware of their needs for mental health care and support. Thanks to MAIDS project PLHA saw the possibilities not only to treat HIV, but also to improve their mental state. Better access to good quality psychological/psychiatric help implies high level of awareness of one's problems in that field and strong desire for the improvement. As a result of increased awareness patients & service NGOs started providing psychological consultations and group therapy sessions financed by local administration, filling in thus the gap in public financing. Although in order for the access to services to be sustainable, change in the financing policy is required, so that mental health support for HIV patients is financed by health insurers on a regular basis.

- 2. Improved knowledge, skills and attitudes of HIV care providers on mental health and improved knowledge, skills and attitudes of mental health care providers on HIV prevention and treatment as a critical element of successful*

integration of mental health and HIV services;

- 3. Increased awareness of mental health professionals trained during the project about risk of HIV and other STIs in case of mental patients; improved skills of mental health professionals in shaping less risky behaviours of mental patients.*

Training modules were developed by GIP experts from the Netherlands that work at HIV/AIDS Mental Health Expert Centre and Multidisciplinary Treatment Team GGZ Buitendamstel who have long-term experience in the field of Mental Health and HIV as well as by experts of the Social AIDS Committee from Poland, that have extensive background in psychological assistance to HIV patients and population at risk of HIV. The content of training modules introduced within the project was highly evaluated by the professionals from various fields (psychiatrists, infectiologists, addiction specialists, psychologists, pedagogues, social workers, etc.) which took part in the training program. Participants often claimed the training content as innovative and useful and described numerous opportunities for applying received knowledge in their professional and private life. Moreover, according to the pre/post tests results more 92,8 % of participants improved their knowledge on the subject, what can be recognized as huge success (it was expected that on the average 70% of training participants would improve their knowledge level). Nevertheless, further efforts should be made to attract much more participants from the psychiatric community, whose participation is crucial from the point of view of improved quality of mental health services and support provided to PLHA.

- 4. Various multidisciplinary teams (community psychiatry, OTS programs, social welfare system etc.) address physical, psychological, psychiatric and social needs of PLHA in their care.*

Please, find below the facts which prove that the project has contributed to formation of future multidisciplinary teams in the field of MH and HIV/AIDS. Change agents that took part in the training program not only changed their attitudes and deepened their knowledge but also began to implement the things they have learned in practice.

LV: Thanks to the project in Latvia counseling consultations at the hospitals were held for 5 months, this opportunity wasn't available before the project. Also in Latvia psychodrama therapy is provided at infectious hospitals.

LT: Association "Positive Life" has developed a project where multidisciplinary team was introduced, it is not financed yet, but still MAIDS principles and materials were used.

EE: Connection between mental health and HIV became a very fashionable topic in Estonia, there are various centers that opened during the project realization period.

PL: In Poland multidisciplinary approach to treatment of PLHA is possible at Centers treating HIV/AIDS but only in case of patients on ARVs (the specificity of contracts and services financed by Polish National Health Fund (public medical insurer). So far several Centers introduced such approach (e.g. Warsaw Voivodship Hospital of infectious diseases). Nevertheless, in order to provide access to such services to patients not receiving ARVs, further advocacy efforts aimed at decision makers at the Polish National Health Fund and the Ministry of Health are required.

- 5. Accreditation of the training modules and inclusion of the training modules into regular professional education in PL, EE, BU, LT and, possibly, other countries involved*

Taking into the account the fact that link between mental health and HIV was never obvious and only now there begin to appear interest towards this topic it was not easy to get accreditation for training modules, but still there are several achievements in this area:

LT: MAIDS training programs are being currently introduced to Erasmus program, this might be not only a good way to get students interested in the topic on both international and national levels, but also a good example for universities that could use MAIDS modules in their educational programs.

EE: Central General Hospital took the materials from the project and made the presentation for 120 professionals (presenting though the information as their own materials).

PL: Institute of Psychiatry and Neurology has started introducing mental health/HIV topic to medical universities in Poland (initial meeting of medical universities representatives took place in IPIN on June 29, 2012, and information was further distributed at the MUs and via articles).

BG: Mental health issues and HIV were included in municipality policy in Blagoevgrad region.

LV: Association HIV.LV has good relationships with NGO "Social Service Agency" (hereinafter "SPA") because their Foundation "Family Crisis Center" is a part the Society Association HIV.LV (<http://apvienibahiv.lv/organizacijas-apraksts/spa-gimenes-krizes-centrs>). "SPA" has established its Education center and agreed to take the short program "HIV and mental health", 10 acad. h (8 astr. h) developed by Association HIV.LV into its sales portfolio. Since January, 2012 there is no need to register programs for adults ("interest related educational programs") officially, if these contain less than 100 academic hours. It is enough in such case, if NGO register officially the Education Center. Association HIV.LV (Latvia) will try to establish its own Education Center in the year 2013 – it's planned to apply for the EEA Grants program "NGO fund" in February, 2013 in common proposal with the Society AGIHAS (Support Group for People Living with HIV/AIDS). There are plans to provide trainings under brand "interest related educational program" in 2013, and after some time under brand "professional development courses". Generally MAIDS training programs trigger interest among social workers, caregivers, nurses etc.

- 6. Changed attitude of mental health and HIV services, professional associations of infectiologists, psychiatrists, psychologists etc. towards integrated approach towards HIV and mental health.*

From the results of training evaluation we can definitely conclude that integrated approach towards HIV and mental health met great interest and enthusiasm among professionals (infectiologists, psychiatrists, psychologists, etc.).

- 7. Existence of network of expert centers on mental health and HIV/AIDS in 4 EU countries (PL, LT, EE, BU) that plays a key role in awareness raising, promotion of intersectoral collaboration and fighting stigma & discrimination.*

According to the project plan the expert centers in PL, LT, EE have been created and together with the existing one in BU they became a network. The aim of expert centers is to collaborate with local government, local state health structures and relevant NGO for all over the countries and abroad.

- 8. Established network of NGOs working in the area of mental health and HIV in CZ, LT, LV, RO, SI, HU advocating for inclusion of mental health in national HIV policies and providing education in the area of HIV/AIDS and mental health*
- 9. Increased number of NGOs on the national level working in the area of HIV/AIDS and mental health and advocating for integrated approach to HIV/AIDS and mental health.*
- 10. Increased number of NGOs on the national level working in the area of HIV/AIDS and mental health and advocating for integrated approach to HIV/AIDS and mental health.*

The activities held within the project (trainings, research, meetings, conferences)

allowed the activists from NGO working in the area of MH and HIV to get to know each other, to cooperate both at national and international level. MH was introduced to NGO which specialised in HIV for a long time as a new direction to work on and this initiative was recognised as innovative and valuable. The experience gained within the project can be used as a background for the development of advocacy strategies in partnership with organisations working in the same field.

11. Increased number of patient NGOs, PLHA trained during the project improve their knowledge on promotion and maintenance of mental health as well as recognizing signs of mental illness.

According to training evaluation the level of knowledge increase was very high, in order to ensure sustainable effects of the trainings it is recommended to stay in touch with training participants, to organise meetings and exchange experience in order to promote health and maintain mental health.

12. Inclusion of mental health issues in some National HIV policies, strategies.

PL: Some recommendations and tasks from MAIDS were included in the National AIDS program for years 2012-2016.

LT: Expert Center prepared and afforded national mental health action plan, which included MAIDS training parts, but unfortunately it was rejected.

13. Comprehensive report on mental health and HIV/AIDS in new EU member countries based on the research and documentation of the MH problems and needs of those infected and affected by HIV/AIDS, of existing services, links between relevant sectors and relationships with NGOs etc.

Comprehensive report (monographic book) on mental health and HIV/AIDS in nine new EU member countries was prepared in English, it contains and is ready to use for advocacy and dissemination activities in future.

14. Decreased stigmatizing and discriminating attitude and behaviour of HIV, mental health service, social welfare providers towards PLHA, including PLHA with double/triple diagnosis (HIV, drug abuse, mental illness).

Stigmatization and discrimination towards PLHA from the side of medical staff and social workers is expected to decrease proportionally to the number of advocacy activities and educational programs in this field. Project MAIDS broke the ice in this topic but it's strongly recommended to continue similar initiatives in order to spread the knowledge about HIV and mental health and make it common. Thanks to the project professionals working with PLHA and PLHA themselves became aware of their psychological and psychiatric needs and this is the first step towards decrease of both stigmatization and self-stigmatization of PLHA.

Coordination with other projects or activities at European, National and International level

The project contributes to other HIV-related projects supported by the European Commission:

- in cooperation with CORRELATIONS project MAIDS recommendations were presented to EU parliamentarians

- MAIDS materials were used and disseminated during the implementation of the H-CUBE project vice versa

- MAIDS project aimed at the same beneficiaries as projects EVERYWHERE (MSM)⁵, Network of migrant sex workers (sex workers), CONNECTIONS (drug users and prisoners), Sunflower (youth). MAIDS project contributed to the decrease of

stigmatization of those groups due to changing attitude of health care workers and other professionals, and provided them with knowledge and skills required in order to work with those groups, each of which has specific needs.

- Activities that were initiated as a part of MAIDS project were geographically expanded within the project "Improving the quality of life of people living with HIV/AIDS through developing the system for psychological and psychiatric care for PLHA in the North-West region and Belarus" financed by Nordic Council of Ministers in 2012-2013. Thanks to this initiative Russian Federation and Belarus could also implement the research in the field of mental health and HIV field, organize trainings and take part in the study visit for professionals in the field of MH and HIV to Finland.

- Another project which was based on MAIDS methodology and tools was the project "Respecting the right of access to specialized services, playing key role in the improvement of the quality of life of people living with HIV in Belarus" financed by Polish Ministry of Internal Affairs and implemented by SKA and NGO Positive Movement in 2012. In the frame of the project e-learning courses in PL, RUS and ENG have been developed which are based on MAIDS training modules. The topic turned out to be very innovative and unique for Belarus, there were a lot of aspects which need further exploration,, hence the project was prolonged for two more years, i.e. 2013-2014 under the title "Improvement of the quality of life, social and professional activation of PLHIV and other vulnerable groups at risk of HIV-infection through capacity building in Belarusian NGO working in the field of prevention of new infections".

Strategic relevance, contribution to the Health Programme, EU added value and level of innovation.

The project was in line with EU HIV/AIDS Action plan for 2005-2009 as it has contributed to:

- Education of healthcare personnel (ID specialists, psychiatrist, internal medicine specialists etc.) on both mental health issues related to HIV and HIV in the context of mental health

- Prevention of new HIV infections:

o By both improving access to treatment of mental illnesses in case of patients with HIV, reducing thus their risky behavior in case the condition is untreated (i.e. risky sexual activities and drug use) and improving their adherence to ARV treatment as a result of improved mental health

o Increase of knowledge on HIV prevention in case of medical personnel, careers working with mental health patients at risk of HIV and mental health patients themselves

- Reducing negative impact of HIV epidemics:

o By improving available treatment, care and support for PLHA with mental health disorders (both provided by health care institutions and NGOs, self-support groups, and other service providers);

- Developing advocacy efforts aimed at the promotion of mental health and HIV integrated approach

- Conducting research activities on mental health and HIV, identifying possible solutions

- Building partnerships with all interested stakeholders

- And fostering cooperation between civil society and public organizations

The project contributed as well to the EU policy in the area of mental health implementation by:

- improving information and knowledge on mental health in the EU, both in case of medical professionals (infectious disease specialists, treating HIV patients; internal medicines doctors, family doctors etc.) and other stakeholders, such as HIV patients with mental disorders, social workers, psychologists, NGO activists, family members, etc.
- addressing mental ill health through preventive action:
 - o increasing awareness of existing stigma & discrimination and its negative impact on mental health, counteracting stigma & discrimination through training and advocacy activities
 - o deepening patients, social workers, psychologists, NGO activists' knowledge on HIV and mental health so that they would be able to identify symptoms at an early stage, turn or refer for help to relevant centres, provide adequate good-quality support etc.
- creating a framework for exchange and cooperation between project partners from various EU members states and involving patients and civil society organisations into building solutions.

Effectiveness of the dissemination

The most effective channels of reaching the chosen groups with the information:

- E-mails, website, newsletters
- Meetings and trainings
- Presentations at conferences
- Joint declaration document brought in front of the national AIDS committee
- The campaign designed by the local club of students- volunteers: posters, leaflets, red ribbons, press conference; disco party open to everyone, etc.
- Meetings and discussions in small groups
- Network of professionals working in the field of HIV/AIDS

One of the easiest and most cost-effective way of dissemination of the findings of the research and the issues on mental health and HIV/AIDS was online media. Through social media, online articles can reach a much wider and different audience than paper based publications or articles published in professional magazines. By raising awareness towards issues of mental health and HIV/AIDS, stigma and discrimination towards PLHA and other key populations can also be reduced effectively.

During the realization period MAIDS project was presented at 44 conferences, 4 articles were written on the research results, over 15 meeting were held.

Conclusions and recommendations, sustainability of the project (after EC co-funding) and lessons learned.

The MAIDS project has been innovative and helpful to raise the awareness towards the issues of mental health and HIV/AIDS in project countries and to start advocacy aiming at improving the quality of life of PLHA.

The core elements of the project were research, training and dissemination activities. There is expectancy for planned and effective dissemination of research reports, which are to contribute not only to systematization of the current knowledge base, but also contribute to improving general perception of problems that people living

with HIV/AIDS and suffering from mental disorders might face.

Having in mind the scope of problem area and ambitious expectations on changing the policies and influencing decision makers and professionals in the field, more significant resources should be planned and budgeted for dissemination the results of the research and activities of the Project.

Major steps that need to be taken in addressing mental health issues in HIV/AIDS in order to ensure sustainability of the project, include:

Health Care

- Improving the monitoring and data collection system in order to obtain a more profound detailed analysis of the epidemiology of mental health and HIV/AIDS
- Improving and expanding the opportunities for receiving psychological first aid when a person is first diagnosed as HIV-positive.
- Improve the access to the complex HIV/AIDS treatment, HIV testing/counselling and mental health care for people living in rural areas and regions
- Developing general mental health services, crisis aid etc.
- Developing coordination between professional psychiatric care providers and agencies that provide support services (such as support groups for HIV-positives).
- Emphasizing the need for interdisciplinary treatment and diagnostic measures
- Establishing a system of training for health care specialists and other professional staff involved in care for people living with HIV/AIDS

Financial support

There is lack of financing and human resources in the field of MH/HIV. The number of PLHA is increasing and it is not followed by the adequate changes in health policy.

- Enabling organizations that provide services to HIV-positive people, long-term contracts and agreements by the state.

Policy

- Cost effectiveness can be a good argument useful in order to convince the policy-makers to invest in the topic of Mental Health and HIV
- Improve the state policy related to HIV by broader involvement of multisectorial approach, system of education of health and other helping professionals, financing and support of NGOs providing care for people living with HIV
- Involving people living with HIV/AIDS and mental health service users in planning and implementation of services, to ensure a humane, client-centred approach
- Re-establishing a consistent HIV prevention policy programme and support for research on psychosocial and behavioral aspects of HIV and related mental health problems.
- Improving counseling services for the PLHIV in prisons.
- Strengthening capacity of NGOs working in the HIV/AIDS area in terms of development and implementation of government allocated grants to activities, which would lead to reaching those in need for support;
- Establishing a consistent prevention policy programme, including education, information for various social groups and harm reduction measures
- Stimulating collaboration between different health care institutions and promoting case managing approach to mental health and HIV/AIDS issues.

Education

- Improve the education about mental health for HIV specialists and about HIV infection for mental health professionals. This education system should not omit the voice of PLHIV.
- Improve the psychological knowledge and supervision among mental health professionals and physicians
- Giving staff who are dealing with HIV patients, additional information about the places where patients have the opportunity to receive psychological help.
- Establishing a system of training medical staff and other personnel working with PLHIV, focusing on improving competence generally as well as the overall change of attitudes.
- Initiating accredited training schemes in psychiatry/psychology for health care providers and professionals
- Including HIV-specific training in the curriculum for medical students and students of psychology

Research

- Getting an overview of the spread of mental disorders among people living with HIV/AIDS.
- Regular analysis/identification (research) of the needs of people living with HIV/AIDS.
- Establishing a system of systematic evaluation of access to services for people living with HIV/AIDS.
- Improve current data collection system on mental health among people living with HIV/AIDS is of one the highest priorities to 1) get a better understanding of the scope of the problem, 2) to plan necessary services and 3) develop needs-based further training programs for psychiatrists, specialists working with persons with substance use disorders, and infectious diseases specialists;

Discrimination/Stigmatization

- PLHIVs face the risk of stigma and this may limit their participation in discussions on the HIV/AIDS related stigmatization. This risk needs to be taken into account when mental health services for them are recommended.
- Raising awareness of the subject of HIV and AIDS among population in order to reduce stigmatization and marginalization of people living with HIV/AIDS in all areas.
- Implement education and information campaigns aimed at society at large, specialists working in the field, those working in the primary health care, and targeted information campaigns for PLHIV towards decreasing levels of stigmatization and discrimination;
- Implementing anti-discrimination and anti-sigma campaigns aimed at people living with HIV/AIDS and having mental health problems, society in general, and staff working in health and mental health system especially.

SECTION VI

Horizontal Work packages

Coordination of the project

Work package title : Coordination of the project

Work package Number : 1

Work package Leader : SKA

Number of associated partners involved : 5

Number of person/ days of this work package: 525

Total budget of this work package: 97640 €

Starting Date. Ending date : M1 : M36

Project management

Management Plan

yes/no

Sustainability plan available, describing the measures taken to ensure the continuation of the action after the end of the EC funding

yes/no

Partnership Internal Agreement

yes/no

Description of the work package:

Activities undertaken to ensure the coordination and management of the project and the partnership and to ensure that the activities are implemented as planned.

This section could include the following:

- Partnership management of tasks and achievements
- Management structure description, summary of the steering committee, advisory - board
- Description of the internal communication channels
- Monitoring and supervision
- Problems that have occurred and how they were solved or envisaged solutions
- Impact of possible deviations from the planned milestones and deliverables, if any
- List of project meetings, dates, venues, annotated agenda, action oriented minutes
- Amendments incurred or requested during the reporting period
- Changes in the partnership, if any
- Any changes to the legal status of any of the beneficiaries
- Financial management
- Subcontracting rules applied and description of the process for implementing the public procurement (E5 subcontracting cost), if applicable
- Conclusions

PLEASE DO NOT FORGET TO ATTACH THE ANNEXES AS PER SECTION VII

All associated partners were involved in management process: SKA, GIP-NL, GIP-BU, GIP-LT, LIGO, ARAS, SKUC, HCLU.

Social AISD Committee (SKA) was the main partner and held final responsibility, under supervision of the SC. SKA was responsible for overall coordination of the project, final selection of international project staff and experts, for the contacts with and timely reporting to the awarding authority; was approving the planning by associated partners, provided expert support to the activities of partners, organized supervision visits, trainings, internships and evaluation of the project progress.

SKA was supervising the implementation of research and recruitment of training participants in CZ, HU, SI, RO, while LIGO - in LV; GIP-Vilnius was responsible for its research and training activities.

Associated partners were responsible for the local coordination and communication, final team formation, development of necessary documentation in local languages, development of a training scheme for local change agents, involvement of local authorities and mass media and regular reporting to SKA. GIP NL provided

consultations to SKA that was responsible for research coordination.

SKA was responsible for financial management of the project. A financial manager was hired to supervise the implementation of the project (Anna Kwiecien). Financial manager's work was supervised by a Chartered Accountant (Joanna Zdrojewska from ABAKA S.C.). In 2011 the financial management structure was changed, Dorota Dębniak became chief accountant at SKA and took over the responsibilities of financial manager at within MAIDS project.

SKA's financial manager was supervising financial expenses of associated partners that have been presented financial reports every 9 months. The pre-financing payments were transferred to the partners within 45 days after the reception from EAHC. LIGO did not receive the last installment, as it has not spent 70% of previous installment.

In addition, financial manager's performance and project coordinator's performance was supervised by the Chairperson of SKA's Board, Grazyna Budka-Konieczny . In 2011 new board was elected and Cezary Fiodor as one of the board members continued supervising the process of project management.

The Project Manager employed by SKA was supervised by the Steering Committee.

Project managers' responsibilities included:

- Organizing SC and other meetings;
- Monitoring the progress of deliverables;
- Organizing the project reviews, setting up and coordinating the supervision over the Financial Management of the Project;
- Maintaining the Project Website including library of project documents;
- Providing training in project management tools and skills to members of the project, as necessary;
- By default, any other management responsibilities that arose, and were not covered by, or assigned to, anyone else, were the responsibility of the Project Manager.

The Advisory Board was established comprised of 3 international experts on mental health and HIV: Lucas Wiessing, epidemiologist, EMCDDA; expert in mental health and HIV issues; Prof. Rita Thom, psychiatrist, (recommended by WHO consultant Prof. Melvyn Freeman) from WITS (University of the Witwatersrand, Johannesburg), a leading expert in integrated mental health and HIV approach; WHO expert Mr Vladimir Poznyak, M.D., Ph.D., Department of Mental Health and Substance Abuse (MSD) The AB members provided its guidance and advice to the project Steering Committee and project partners, e.g. they received the research template and Lucas Wiessing introduced his comments, suggesting to attract more attention to some specific populations, such as IDUs etc. Unfortunately, there have been some communication problems due to intense schedules of AV members. To solve the problem project coordinator was regularly sending project updates, unfortunately this solution didn't achieve expected results and during the second & third implementation phase the international AB was not active. To compensate for that project partners established advisory boards on the national level with participation of the national experts: Bulgaria (3 experts), Slovenia (3 experts), Poland (3 experts); Lithuania (3 experts). National model of ABs turned out to be very successful.

In addition, WHO Europe (based in Copenhagen) expressed its interest in Mental Health and HIV study tour organized to Copenhagen (May 21-26, 2011) as part of MAIDS program co-financed by the Nordic Council of Ministers, as a result Brenda José Van den Bergh from DNP-ADU took part in the site visits.

The project Steering Committee (SC) was established comprised of 1 representative

of main partner and each of associated partners. SC members were the following: Aleksandra Skonieczna (SKA), Katja Assoian (GIP-NL), Karile Levickaite (GIP-LT)¹, Tania Markova (GIP-BU), Irina Moroz (LIGO), Nicoleta Dascalu (ARAS), Miran Solinc (SKUC), Ferenc Bagyinszki (HCLU). Aleksandrs Molokovskis (Association HIV.LV) and Ivo Prohazka (Czech AIDs Help Society) participated as observers.

During the project implementation there were 4 S.C. meetings: Luxemburg (as part of the kick-off meeting) October 8-9,2009; Warsaw, November 18-19, 2010; Sofia September 16-17, 2011 and Amsterdam April 13-14, 2012.

The progress was monitored and reported based on midterm as well as final narrative and financial reports from main and associated partners. SKA and the Steering Committee was providing continuous support per e-mail, telephone, but also through regular meetings in person with the expert center teams. Some site visits were held to each expert center.

The evaluation assessing the working methods and activities carried out by the SC revealed that there were positive changes in management operations.

Kick off meeting & Steering Committee meeting lists:

The kick off meeting was held in Luxembourg, October 8-9, 2009. All project partners were represented (13 people all together). Please, see the WP 1 for kick off meeting program, meeting minutes & tasks, and participants list. The EAHC was represented by Cinthia Menel-Lemos, scientific project officer, and Marta Ponichtera, accountant.

The 1 st SC met in Luxembourg at the time of the kick off meeting (Oct. 8-9, 2009). GIP-BU (Tania Markova) could not participate due to some last minute issues, but later Tania Markova received copies of all presentations and documents, as well as a phone conversation was held to fill her in on details.

The 2nd SC meeting took place on November 18-19, 2010 in Warsaw (Poland) with the participation of project partners and Mrs. Cinthia Menel-Lemos on behalf of EAHC.

The SC meeting was attended by 12 participants. Implementation period 1 was discussed, plans for implementation period 2 were made. Evaluation session with Alina Szkaruk took place. Please see details for SC meeting program and attendance list in the WP 1.

The 3rd SC meeting took place on September 16-17, 2011 in Sofia (Bulgaria) with the participation of 11 representatives from project countries. Implementation period 2 was discussed, plans for implementation period 3 were made. Please see SC program and the attendance list in the WP1.

The 4th SC meeting took place on April 13-14, 2012 in Amsterdam (Netherlands) with the participation of project partners.

At the last SC meeting there was a discussion on the project main activities, the process of implementation and achievements as well as the strategies of overcoming problems were presented. The evaluation workshop was provided by the external evaluator in order to summarize the results of the project, analyze the effectiveness and to think of the leads and ideas for next projects on MH and HIV issues (WP3 – final evaluation report, SC program, the attendance list and minutes – WP1).

Problems occurred

¹ ₂ At the time of the 1st SC GIP-LT was represented by Egle Sumskiene, who was that time on the maternity leave

One of the main problems during the project implementation were repetitive delays in providing the reports after each phase of the implementation period. In order to improve the situation during the 2nd implementation period the main project coordinator applied regular monthly reminders, individual contacts via e-mail and phone. These measures were quite resultful and the majority of partners were much more effective at planning their activities during further phases of the project. Unfortunately, in spite various measures undertaken by the main project coordinator Estonian partner was late due to work overload and the necessity to prepare reports simultaneously for many donors as they explained.

National Advisory Boards in some project countries with the participation of some members of collaborating organizations existed on an informal basis, as lack of appropriate finances did not allow for formalization of National ABs. In Poland SKA managed to attract some outstanding experts in the field (e.g. Dr Boguslaw Habrat, psychiatrist, Dr. Jacek Moskalewicz, researcher; Dr Regina Podlasin, infectious disease doctor; Małgorzata Abramowska, Warsaw Medical University) that provided valuable guidance and advice. On the other hand, partner organizations have established numerous contacts with experts during the research (Delphi process – please, see below), and those contacts enhanced the networking during the project.

Strategy communication:

Regular communication took place via emails between the main project coordinator and associated/collaborative coordinators who in turn informed their trainers, researchers etc. Besides emails there were Skype conference calls during each implementation period.

Skype conference calls

During the 1st implementation phase there were two Skype conference calls with the participation of the SC meetings were held on Dec. 15, 2009 and on May 14/17. (Please, see Deliverables WP1 for Skype conference calls participation, minutes, agenda. Participants received the agenda about 10 days in advance and could comment on it and make their changes.

First Skype conference call was divided into two groups: English speaking one and Russian speaking in order not to exceed the number of 5 participants in each Skype call. Such arrangement requires a lot of time on the side of each participants. It was decided, that during the next Skype conference call individual talks will take place.

Three conference calls took place during the 2nd implementation period.

Research and coordination Conference Call on January 24, 2011 lasted for almost 2 hours when detailed questions on research 1 & 2 were answered. (Please, see minutes and attendance list in the WP1).

Research and coordination conference call took place on February 18, 2011 with participation of researchers and partner representatives. Overview of reports already sent was done with explanations provided by research coordinator's team. (Please see the attendance list and minutes in the WP1)

Research conference call took place on March 24, 2011 with participation of Mrs. Cinthia Menel-Lemos, consultants Jutta Lindert, Cinzia Brentari, research coordinator Dr Jacek Moskalewicz, researcher Marta Welbel, MAIDS coordinator Aleksandra Skonieczna. The conference call was dedicated to the discussion on the consultants' reports as well as further research plans were discussed. (Please see the attendance list and minutes in the WP 1).

In addition to Skype conference calls, project coordinator was in constant email, phone and Skype contact with project coordinators.

Regular reminders of deadlines were sent to project coordinators. Summary of deadlines for specific months were sent a month ahead.

Communication evaluation in the 2nd phase of the project by project partners revealed that they find communication with project coordinator/ with other project partners was very smooth, project coordinator was very supportive. Also, communication has improved comparing to phase 1, there were more attempts done to bring all of partners together and to share issues. Also it was suggested to make more frequent, but shorter conference calls.

During the 3rd & 4th implementation period individual Skype conference calls turned to be more effective, so this kind of communication prevailed. Besides, the main project coordinator was in constant email and phone contact with project coordinators from LT, EE, LV, BU, i.e. the countries where training program was implemented.

During the project implementation there were 3 S.C. meetings evaluated: Warsaw, November 18-19, 2010, Sofia September 13-17, 2011 and Amsterdam April 13-14, 2012. The evaluation of the working methods and activities carried out by the SC, showed that there were positive changes in management operations (WP3- Final evaluation report).

As for subcontracting rules applied the description of the process for implementing the public procurement is irrelevant because the amounts for subcontracting costs didn't exceed the amount 2500 euro. The exception was made for the external evaluator Alina Szklaruk who was chosen because of the most attractive offer (CV and term reference – WP3)

List of deliverable(s) linked to this work package

Deliverable

	Title
1	D14, D15, D16, Interim narrative and financial reports
2	D18 Final narrative and financial reports

Milestones reached by this WP

	Milestone title	Month of achievement
1	Kick off meeting in Luxembourg	M3
2	Steering Committee meetings	Four times during the project, one combined with the kick off meeting M3, M15, M25, M32
3	Interim technical and financial report	M18
4	Final technical and financial reports	M41

Horizontal Work packages

Work package title : **Dissemination of the project**

Work package Number : **2**

Work package Leader: **SKA**

Number of associated partners involved :

Number of person/ days of this work package: **272**

Total budget of this work package: **45600**

Starting Date. Ending date : **M1 : M36**

Dissemination plan available yes/no

Project leaflet/brochure/newsletters submitted to EAHC yes/no

Project website: <http://mentalhealthhiv.eu> <http://edu.mentalhealthhiv.eu>

The EU funding disclaimer and EU logo are visible in the project website and public presentations yes/no

Description of the work package

This section could include the following:

- **Description of the key messages.**

- **Visual project identity, including project logo, etc**

Activities undertaken to ensure that the results and deliverables have reached the target groups: stakeholder matrix - analysis / target group identification, dissemination content, dissemination means, timing (...)

Problems encountered

How were problems resolved /limitations

Conclusions and recommendations for the future

PLEASE DO NOT FORGET TO ATTACH THE ANNEXES AS PER SECTION VII

Key message of the project:

"Mental illness is inextricably linked to HIV/AIDS, as a casual factor and as a consequence, while treatment of mental disorders and support for people living with HIV/AIDS is key to both improving their quality of life and preventing the further spread of the infection.

The severity of AIDS, in spite of the recent innovations in treatment, often leads to serious mental health problems for those infected as well as for their "significant others" (carers, relatives). In addition, persons with mental illness or mental handicap run additional risk of becoming infected with HIV. However, the relation between HIV/AIDS and mental health problems are overlooked or ignored."

One of the most significant elements for dissemination of the results of the project was prepared by GIP – Sofia a *General Strategy for Sustainability of the Results of the Project and Bulgarian MAIDS Dissemination Plan* for all partners, which was suggested to the Project coordinator. It was sent in February 2011. Then it was adapted to the country`s context, available resources and the identified needs.

As the outcome of the discussion with coordinators, the questionnaires were designed to indicate all dissemination activities, its target groups, most effective outreach strategies and cooperating partners. Relatively complex groups of actors were pointed out – the direct beneficiaries of the Project, as well as national and transnational implementations.

Another strategically important element of sustainability plan was the cooperation with institutions and organizations outside the Project.

As a result of dissemination activities information about MAIDS project and MH/HIV issues was presented at 44 conferences and 16 meetings, 5 article were written on research results of the project. For more detailed information please see the WP 2.

Dissemination activities by project countries

POLAND

1. The official MAIDS website www.mentalhealthHIV.eu is available in three languages EN, PL, RU and is constantly updated. The internet users are given a password and login to the website, so they can have unlimited access to all publications and information on mental health and HIV/AIDS.
2. The e-learning course based on 1-7 modules is available at edu.mentalhealthhi.eu in ENG, PL and RUS, skaid, password: *Alaska44.
3. Poster and leaflets (Polish, English): <http://www.mentalhealthhiv.eu/publikacje.html>; <http://www.mentalhealthhiv.eu/en/publications.html>
4. Training modules 1 – 7 in Polish, English, Russian available on project MAIDS PL website. Information on various articles and interesting publications related to HIV/AIDS and mental health on MAIDS PL website. Press-release materials and research article are available in Polish on MAIDS website.
5. In the framework of the partnership agreement signed with the National Centre for AIDS information on Program "Mental Health and HIV/AIDS were regularly sent out by e-newsletter KONTRA.
6. Two articles describing the results of research in Europe, Poland and Warsaw in 2011, were published in the monthly journal of National Centre for AIDS KONTRA (No. 2 (48) 2011, No. 4 (50) 2011) – texts of the articles are attached in WP2 , the article in Termedia Publishing Company about new medicine trends available at <http://www.termedia.pl/HIV-atakuj-psychike-wyzwania-i-mozliwe-rozwiazania,7709.html>. In 2012 there were submitted two articles: one in professional health care magazine "Menadżer Zdrowia" (WP2) and the article at monthly journal of National Centre for AIDS KONTRA nr 2 2013 which summarized the results of MAIDS project (WP2).
7. Interview for Medical TV Station "OpenMedica" with the participation of psychiatrist Bogusław Habrat, MD, PhD, Institute of Psychiatry and Neurology (Warsaw, Poland), infectious disease specialist Regina Podlasińska, MD, PhD, Regional Hospital of Infectious Diseases, Warsaw, Poland, as well as Aleksandra Skonieczna, vice-chairperson of the Social AIDS Committee, MAIDS Project coordinator.
Recording available at http://videohost.openmedica.pl/121122_246_openmedica_studio_hiv_podlasińska_habrat_skonieczna/wmv/wmv/121122_246_openmedica_studio_hiv_podlasińska_habrat_skonieczna.wmv.
8. Information about the MAIDS project was disseminated at:
 - Seminar on HIV/AIDS and mental health at Warsaw Medical University – regular weekly activity by Małgorzata Abramowska, member of MAIDS advisory board in Poland.
 - Discussion with National AIDS Center of Poland (Ministry of Health) and signing of cooperation agreement
 - Stakeholder meeting with participation of 9 representatives of departments of psychiatry of various Polish Medical Universities and of the National AIDS Center of Poland, that took place on June 29, 2012 at the Institute of Psychiatry and Neurology, Warsaw, Poland. The meeting was evaluated very positively, an article in the 'Psychiatria Polska' describing the meeting and integrated approach to HIV/AIDS and mental health to be published in April 2013 issue of the magazine.
9. The mailing list of addresses of trainees was completed, through which the SKA regularly disseminates information on mental health and HIV among the participants of the lectures and trainings. The information about SKA training program is also sent to people from the mailing list. As a result those people who are interested can participate in upcoming training courses on mental health and HIV/AIDS organized by the SKA.

10. In order to disseminate information about the project and promote an integrated approach to HIV/AIDS and mental health there were contacts established with:

- the Polish Psychiatric Association, department Mazowsze, led by Dr Maciej Myszk,
- Prophylactic and Therapeutic Outpatient Clinic in Warsaw under the leadership of Dr. Ewa Firląg Burkacka,
- The Institute of Psychiatry and Neurology, Department of Addictions, under the leadership of Dr. Bogusław Habrat, the team research led by Dr. Jack Moskalewicz,
- the faculty of the Medical University of Warsaw.

11. Information on MAIDS were presented at various conferences:

- 1) Session at a conference "People living with HIV in the family and society ", November 30 – 1 December, 2010 Warsaw, Aleksandra Skonieczna, Dr Bogusław Habrat, Dr Jacek Moskalewicz – three presentations, and Q& A session; Poster presentation – Monika Martoń
- 2) SKA advocacy officer (Agata Kwiatkowska) discussed the project with representatives of various organizations (e.g. EATG etc.) at the Annual Congress on HIV/AIDS, Moscow, October 2009
- 3) Participation and presentation of the MAIDS Project at AIDS 2010 Conference in Vienna, July 18-23, 2010 (poster)
- 4) Presentation of MAIDS project at XXLII Congress of Polish Psychiatrists, June 24, 2010 in Poznan (workshop, leaflets)
- 5) Poster session at the II Polish Women Congress, 18-19 June 2010
- 6) Information about the project was presented at the XVI Conference "A person living with HIV in the family and society", on 1st -2nd December 2011 (Hotel Marriott, Warszawa).
- 7) Tomasz Malkuszeński from SKA (Poland) presented the MAIDS project at the poster session at HIV in Europe Conference in Copenhagen on March 19 -20, 2012.

12. SKA contacted Eberhard Schatz from CORRELATIONS project, what was followed by GIP-NL meeting with CORRELATION European Network Social Inclusion & Health, aimed at promoting MAIDS-issues on the European level. As a result GIP-NL and SKA were invited by EATG to write a document on policy recommendations with regards to mental health and HIV/AIDS, which have disseminated in the printed form at the conference in the European Parliament (Brussels, June 27-28, 2011). Tomasz Malkuszeński from SKA presented the concept note and MAIDS both at the Civil Society Forum on June 25-26, 2011, Brussels and at the above mentioned conference.

13. The project "Mental Health and HIV/AIDS" has been selected by the Ministry of Health as an example of one of the best initiatives, introducing an innovative solution in the country (as a result the article on mental health and HIV was placed in a special EAHC publication (European Agency for Health and Consumers - European Commission) published in autumn 2011 (WP2).

14. The specific legal issues were addressed and changes in legal documentation were achieved, National Programme on AIDS was redefined to include some recommendations related to mental health of people living with HIV/AIDS. Although the final text of the Programme does not contain the proposed article specifically mentioning the importance of the integrated approach towards mental health and HIV/AIDS.

SLOVENIA

1. Information about the MAIDS project: <http://www.ljudmila.org/siqrd/?spb=1>

2. Placement of MAIDS poster at:
http://www.ljudmila.org/siqrd/slike/poster_majds_slovenia.pdf
Poster in Slovenian at www.aidsactioneurope.org

3. Project MAIDS presentation at various conferences:

- Project MAIDS presentation at the Meeting at center of mental health, April, 2010, Peter

- Zajc. Center authorities and staff are interested in the project output.
- Project MAIDS presentation at the Meeting at Ministry of Health, May, 2010 Ljubljana, Miran Solinc. Ministry of Health is interested in the project.
 - Participation and presentation of the MAIDS Project in GLOBAL VILLAGE at AIDS2010 Conference in Vienna, July 18-23, 2010 (leaflets)
 - Participation and presentation of the MAIDS Project at international meeting in Berlin organised by Deutsche AIDS Hilfe- DAH in October 2010, MSM HIV prevention experts from 12 countries (leaflets)
 - Participation and presentation of the MAIDS Project annual national AIDS conference 2010 in national parliament (30.11.2010)
 - National NGO HIV conference organized by NGO (5.10 2011, hotel LEV)
 - National AIDS day conference organized by Ministry of Health on 28.11.2011, Slovenska kinoteka, Ljubljana.
4. MAIDS was presented by ŠKUC at three related meetings:
- meeting with training for PLWH at ŠKUC
 - meeting with health staff at Centre for Mental Health
 - meeting with NGO staff.
5. As for MAIDS related materials ŠKUC has disseminated 20 flyers and 20 leaflets on mental health policy.
6. There was also one attempt to include mental health issue into HIV policies at meeting of National AIDS Committee.

LATIVA

1. Information about MAIDS project at: <http://www.apvienibahiv.lv/index.php?langs=1225>
2. All important materials as programs, documentation of the EC project "Developing HIV/AIDS and mental health programs in new EU countries – MAIDS" are published at web-site www.apvienibahiv.lv (section <http://apvienibahiv.lv/projekti>).
3. All participants and trainers/lecturers received a CD/DVD-disk with MAIDS modules in both Latvian and Russian languages: module 1 – 17 CD-s; modules 1, 2 – 12 CD-s; modules 1,2,3,4 – 44 DVD-s. There were distributed 70 disks in total.
4. MAIDS modules 1, 2, 3, 4 have been translated into Latvian and distributed between participants of local trainings; these translations are published at www.apvienibahiv.lv web-site. Also MAIDS modules 5, 6, 7. were completely translated into Latvian and these translations put into organization's web-site www.apvienibahiv.lv (sections <http://apvienibahiv.lv/noderiga-informacija> and <http://apvienibahiv.lv/projekti>), see them at link http://apvienibahiv.lv/docs/729/Projekti_2012/MAIDS_moduli_5_6_7_saitam.zip
5. 8. Training programs "HIV and mental health" developed in 3 variants: a full program 32 acad. h (24 astr. h), please see full program with annexes at link http://apvienibahiv.lv/docs/729/Projekti_programmas/Progr_MAIDS_LV_32_ak_st.zip, shortest version without annexes in Latvian http://apvienibahiv.lv/docs/729/Projekti_programmas/HIV_ment_ves_progr_32h_S.doc informative version in Russian http://apvienibahiv.lv/docs/729/Projekti_programmas/HIV_ment_ves_progr_32h_RUS.doc
6. Based on the full program there are developed shortest versions for 21 acad. h (16 astr. h) and 10 acad. h (8 astr. h) (see them both at links http://apvienibahiv.lv/docs/729/Projekti_programmas/HIV_ment_ves_progr_21h.doc, http://apvienibahiv.lv/docs/729/Projekti_programmas/HIV_ment_ves_progr_10h.doc)
7. The NGO "Social Service Agency" (www.krize.lv) which has its own Education Center took

the short program "HIV and mental health", 10 acad. h (8 astr. h) into its sales portfolio.

8. MAIDS was presented at the HIV Conference in May 2011 in Tallinn. LIGO NGO prepared the oral presentation about the project and research, spread the leaflets among the participants and presented two big posters.
9. Some important materials on mental health issues are published at organization's web-site www.apvienibahiv.lv :
Latvian Medical Association's Conference resolution on mental health (in Latvian) at link http://apvienibahiv.lv/docs/729/Projekti_2012/PsVes_Rezolucija.pdf
"Standards for psychological support for adults living with HIV" (in English) at link http://apvienibahiv.lv/docs/729/Projekti_2012/Standards_psychol_support_adults_PLWHA.zip
V. Shtengelov "Mental health and HIV/AIDS" (in Russian) at link http://apvienibahiv.lv/docs/729/2013_dazadi/Stengelov_PsihZdor_HIV_AIDS.pdf
George E. Woody, Delinda Mercer, Lester Luborsky "Individual psychotherapy in the treatment of drug dependence" (in Russian) at link <http://www.apvienibahiv.lv/docs/729/Obucenije-2008/psihoterapija.doc>
"Features of counseling patients with dependency on HIV issues" (in Russian) at link http://www.apvienibahiv.lv/docs/729/konsulteshanas_ipatnibas.doc
Program of psychological rehabilitation relatives of drug addicts "Tough Love" (in Russian and Latvian) at links http://www.apvienibahiv.lv/docs/729/Zhostkaja_ljubovj.doc , <http://www.apvienibahiv.lv/rehabilitacija-atkarigajiem/12-soli-lidzatkarijajiem-vecakiem>

LITHUANIA

1. The special column on MAIDS project was established on the GIP-Vilnius official website www.gip-vilnius.lt. The website was constantly updated with materials e.g. MAIDS Poster - http://www.gip-vilnius.lt/download/ULOTKA_MAIDS_ENG_8_07_2010.pdf and news on MAIDS activities during the reporting period.
2. Invitation letters on trainings including comprehensive information about the project were disseminated among various stakeholders, health care organizations and NGOs (to about 30 various health care organizations, NGOs, mental health care institutions, hospitals, etc., throughout January, 2011 and 32 organizations throughout February, 2011.
3. Open letter for key stakeholders (Lithuanian HIV/AIDS and drug policy makers and implementers, NGOs) disseminated on 1/12/2010 via fax and e-mail.
4. Project MAIDS presentation at various conferences:
 - Discussion with stakeholders at National conference "HIV prevention among IDUs and prisoners: lesson learned and new challenges and possibilities", December 1, 2009, Vilnius, Karile Levickaite. Interest and importance was expressed, further conversations with Signe Rotberga (UNODC officer) on the issue were following regarding implementation of trainings.
 - Discussion at the Meeting with Emilis Subata director of Vilnius Centre, March 1, 2010, Vilnius, Karile Levickaite. The project was introduced and agreement for participation was met.
 - Participation and short presentation of the MAIDS Project on July 8, 2010 in a round table discussion 'HIV/AIDS and Human Rights in Lithuania' which was organized in Vilnius in the run-up to the Vienna AIDS2010 Conference.
 - Meeting with Director of Administration of Coalition of non-governmental organizations and experts "Galibi venting" Jurgita Poskeviciute on 10 /01/2011
 - Meeting with representatives of Lithuanian Gay League Vladimir Simonko, Eduardas Platonovas and Ieva Tureviciute on 01/11/2011
 - Meeting with representatives of Association of HIV affected women and their families DEMETRA Sveta Kulsis and Ruta Jarasuniene on 02/02/2011
5. The students from Lithuanian Medical Student's Association and Lithuanian Psychology Students Association were involved in volunteer MAIDS activities by multiple-mails and meetings. Both students organizations were involved into the HIV prevention event organized in the main square of Vilnius organized by GIP-Vilnius and their partners "Demetra" on the 9th of September, 2011. Members of Association were also involved into activities of GIP, participated actively during GIP organized Mental Health Day on the 7th of

October, 2011. Therefore students were comprehensively acquainted both with mental health and HIV/AIDS topics. Also students were informed about the project and invited to participate in the module 5 of the trainings in January, 2012.

6. Based on the cooperation with Eurasian Harm Reduction Network GIP-Vilnius has initiated the official statement of Global Initiative on Psychiatry regarding the substitution treatment in Russia in relation with the practice of psychiatrists. Reaction of the Global Initiative on Psychiatry to the letter "Response to inquiry from Russian Federation Ombudsman about substitution therapy" addressed to Mr. Vladimir Lukin, Russian Federation Ombudsmen, signed by the President of the Independent Psychiatric Association of Russia Y.S. Savenko, was signed by the Chief Executive Dr. Robert van Voren.
7. GIP-Vilnius together with the "I can live" Coalition, UNODC and NGO "Demetra" initiated the public debate on the Global Fund to Fight AIDS, Tuberculosis and Malaria. The possibility to submit the project by NGO coalition as well as to mainstream MAIDS topic was also advocated to be included into the overall agenda. 8 meetings were held where MAIDS topics were discussed.
8. The press release was disseminated by GIP-Vilnius among various stakeholders on the initiatives related to the Global Fund application as well as AIDS prevention and MAIDS needs in Lithuania on July 27, 2011
9. The research report was disseminated widely among various stakeholders via e-mails, Facebook, printed versions in the summer 2012. It was also placed in the website www.gip-vilnius.lt among other GIP publications http://www.gip-vilnius.lt/?page_id=32
10. The digital library of the sources on MAIDS was created in the GIP-Vilnius website/knowledge hub which includes 16 publications in English and 6 in Russian.
11. Link to the flyer and poster "MAIDS Mental health and HIV/AIDS" was placed in the website www.gip-vilnius.lt
13. Publication on LBT rights to health was prepared together with LGBT organisation "Lithuanian Gay League" and disseminated among target LBT group.

BULGARIA

1. Informational about MAIDS project placed at:

<http://www.gip-global.org/p/27/352/developing-hiv-aids-%26-mental-health-programs-in-new-eu-countries->

http://mh-community.org//?page_id=8&record_id=104

<http://mh-center.info/mentalhealth/news/99/>

<http://www.gip-global.org/p/38/141/links>

The website contains inter alia MAIDS Poster (Bulgarian, English)

<http://www.gip-global.org/p/27/352>

http://mh-community.org//?page_id=5

2. Project MAIDS presentation at various conferences:

- Short lecture and discussion at Outreach work dissemination of condoms and information materials on HIV/AIDS, October 13, 20, 2009, Blagoevgrad, Milena Simova. Connection between mental health and HIV/AIDS. Target group were young people – teenagers.
- Presentation on the project at Press conference – World AIDS Day, November 30, 2009, Blagoevgrad, Stefan Novoselsky. Proving the existing interrelation between mental health and HIV/AIDS. Participants in the conference were municipal authorities and health professionals.
- Presentation materials on the project were disseminated, National campaign on HIV/AIDS prevention: parade and Bacardi party, December 1, 2009, Blagoevgrad, Elisa Petrova. General information about the project. Target group were young people.
- Discussion during the Training of volunteer leaders, December 15, 2009, Blagoevgrad, Milena Simova. Connection between mental health and HIV/AIDS.
- Discussion during "Round table – Regional advocacy campaign on ensuring access to sexual education for all", January 15, 2010, Blagoevgrad, Elisa Petrova. Mental health and HIV/AIDS in the framework of the health education at school. Participants in the round table were university students and volunteer leaders.
- Presentation on mental health and HIV/AIDS issues at the Press conference on announcing HIV/AIDS statistics and problems, February 12, 2010, Blagoevgrad, Stefan Novoselsky.

Highlighting the relation between mental health and HIV/AIDS.

- Discussion at the Safe celebrating of St. Valentine's Day – National campaign on HIV/AIDS prevention, February 13, 2010, Blagoevgrad, Elitsa Petrova.
 - Participation in Conference on introducing development education in Bulgarian formal education, April 13, 2010, Sofia, Tania Markova. Presenting the project in relation to HIV/AIDS issues – Millennium development goal No:6. The audience (The audience (representatives of educational and foreign ministry, teachers and university professors, NGOs) found the cross-cutting section between mental health and HIV/AIDS very interesting and worthwhile.
 - Participation in The International AIDS Candlelight Memorial – May 16, 2010, Blagoevgrad, Elitsa Petrova. Discussion and quiz. Participants are university and high school students. Prevention and Control of HIV / AIDS, sexually transmitted infections and tuberculosis - 2012.
 - The work directions in the regional strategy for 2012 was increasing the number and scope of services for supporting people living with HIV and their careers on regional level through activities such as: 1. Dissemination of informational materials (issued within the National program for HIV/AIDS prevention, MAIDS project, etc). 2. Providing methodological assistance and training of the MAIDS subject to the members of the Local Steering committee and other local stakeholders – health care workers, social care workers.
3. Providing psycho-social support to PLHA on regional level.

Thanks to the representatives of GIP-Sofia, these activities were set out in the following sections of the Municipal Strategy: A. Health promotion C. Health and social services
Municipal program for prevention and control of HIV / AIDS, sexually transmitted infections and tuberculosis in 2012 elaborated Action plan for implementing this strategy.

THE NETHERLANDS

1. Information about MAIDS project at: <http://www.gip-global.org/p/27/352/-/c17/mo100-cg%7C19=Mental%20Health%20and%20AIDS/developing-hiv-aids-%26-mental-health-programs-in-new-eu-countries>

and at <http://www.mhcommunity.net/> and via <http://www.mentalhealth-hiv aids.org>.

The website contains inter alia MAIDS poster placed at: <http://www.gip-global.org/p/27/352>

2. GIP provided the relevant literature and publications to the project-partners (WHO-publications in different languages, relevant articles and other materials)

3. GIP is sharing MAIDS-related issues via the mental health community website: <http://www.mhcommunity.net/> and via <http://www.mentalhealth-hiv aids.org>

4. GIP is constantly lobbying and advocating MAIDS-related issues on international level using assistance of GIP board members and experts, such as Melvyn Freeman, Benedetto Saraceno, etc.

5. Project MAIDS presentation at various conferences:

- GIP participated at the AIDS-Congress in The Netherlands on the 1st of December in 2009 with the presentation of the MAIDS-project.
- GIP-representatives participated at the Third Meeting on HIV Infection and the Central Nervous system, which took place at Stressa, Lago Maggiore, in October 22-24 2009, where the project was presented as well. GIP representatives participated in formal and more informal discussions on how research could be expanded in relation to the existing projects and situation in the countries where the project is active. They elaborated on funding options and made use of the opportunity to expand the GIP network and raise awareness and advocate on both the projects and theme mental health and HIV/AIDS.
- GIP-representatives announced the project at Global Summit of the Movement for Global Mental Health in Athens in September 2009.
- GIP participated at the AIDS-Congress in The Netherlands on the 1st of December in 2010 with the presentation of the MAIDS-project.
- GIP presented the project at the Symposium "HIV and Mental Health" in The

Netherlands on June 11, 2010.

- GIP presented the project during the International Conference in Transcultural Psychiatry in the Netherlands on 14-16 June 2010
 - GIP is constantly lobbying and advocating MAIDS-related issues on international level using assistance of GIP board members, and experts such as Melvyn Freeman, Benedetto Saraceno etc.
 - GIP was invited to participate in the Correlation – conference in Ljubljana from 12 to 14 December 2011. GIP together with SKA wrote an abstract on the current project. The abstract was selected and a space for a 90-minutes seminar on Mental Health and HIV/AIDS was provided by the organizers of the conference. On behalf of GIP Annemiek Schade and Katja Assoian presented the project during the conference.
6. GIP was in regular contact with SKA (by phone and via e-mail). GIP provided advice and assistance on current project activities, shared experience acquired within other MAIDS-related projects, helped to disseminate information about the project and lobbied the MAIDS-subject on the international level.

ESTONIA

1. Project MAIDS presentation at various conferences:

- Successful presentation of the project at the National Institute for Health Development - agreement for possible cooperation achieved
- Regular dissemination of information among collaborating partners in Estonia
- Presentation program at OSI Estonia with the purpose of collaboration.
- Regular dissemination of information among medical professional in Estonia in Tallinn, Narva, Tartu
- Participation and presentation of the MAIDS Project at NGOs Conference in St. Petersburg, September 08-10, 2010 – oral presentation, leaflets
- Participation at seminar Mental Health and Media in Moscow, June 28-29, 2010 - oral presentation.
- MAIDS was presented at the HIV Conference in May 2011 in Tallinn. LIGO NGO prepared the oral presentation about the project and research, spread the leaflets among the participants and presented two big posters.
- LIGO NGO prepared the presentation for HIV Non-Governmental Organizations Cafe and took part in round table for discussion.

2. MAIDS modules 1, 2, 3, 4 have been distributed among participants of local trainings

3. The information about MAIDS project, research and upcoming trainings is sent via e-mail health professionals and NGO-representatives (Puru Hospital - Department of Infection Diseases, Merimetsa AS Centre of Infection Diseases, Wismari Hospital, AIDS Support and Information Centre, Tartu Clinic of Infection Diseases, Institut of Health Development, NGO ESPO Society, NGO Convictus Eesti, NGO EHPV).

ROMANIA

1. ARAS has mentioned MAIDS project and its results in all the events it organized (press conferences, information/education campaigns) and also in all the written materials produced about ARAS activity (reports, press releases, website, e.g. ARAS Report 2010, etc.).

2. Miss Verdes submitted an abstract about Mental Health and AIDS project to the International Francophone AIDS Conference, Geneva 2012: <http://www.vihgeneve2012.com/>

3. MAIDS was presented by ARAS at three events:

- International Day Against Drug Abuse and Illicit Trafficking – press conference, June 2011, Bucharest, Constanta and Timisoara, Romania
- Civil Society Forum, June 2011, Bruxelles, Belgium
- Women and HIV/AIDS press conference, September 2011, Bucharest, Romania

HUNGARY

There were 2 occasions where MAIDS project and the results of the research were used in Hungary:

1. Based on the results of the research HCLU with PLUSS (the Hungarian Self-Support Organization of PLWHA) wrote a letter to the hospital responsible for HIV/AIDS care emphasizing the need of a permanent psychologist (negotiation is still on-going).
2. For December 1 WAD HCLU published an online article on the mental health needs of PLWHA with reference to the research and MAIDS project.
http://ataszjelenti.blog.hu/2011/12/01/magukra_hagyjak_a_hiv_vel_eloket

Target group

The following groups have been identified by project partners as the dissemination target groups:

- Ministries of Health, National AIDS centers other public authorities (e.g. NA Centers in PL, Slovenian Ministry of Health; National AIDS committee of Slovenia; National Centre on Public Health Protection in Bulgaria; State Coordination Commission on HIV issues and to the Ministry of Health in Latvia; National Mental Health Centre of Lithuania; Ministry of Mental Health in Lithuania);
- Local municipal authorities (Warsaw City administration; Pomerania Region Administration; Gdansk City Administration; Bialystok City Administration in PL; Blagoevgrad, Svilengrad, Sofia municipal authorities in BU)
- Academicians working at medical universities and departments where psychologists, social workers, other specialists working with PLHA/MH patients are trained (e.g. Institute of psychiatry and neurology, PL Medical University in Warsaw, TAI - National Institute for Health Development in Tallinn, Bulgaria's South-West University in Blagoevgrad; Center for mental health at University clinic in Ljubljana)
- Professional associations of psychiatrists, psychologists, psychiatric nurses, HIV/AIDS specialists, internal medicine specialists, virologist, epidemiologist, etc. (e.g. Polish Psychiatric Society, Polish Psychological Society)
- Patient NGOs (e.g. NGO ESPO, NGO EHPL - ENPLWH-Estonian society of people living with HIV, UNOPA - National Union of Organizations of Persons Affected by HIV/AIDS in Bucharest; NGO "Bądź z nami", PL; Association of methadone patients JUMP, PL; "Positive life" LT; "Association of HIV affected women and their families DEMETRA, LT; Budapest, Háttér (LGBT organization); HIV-helpline, HU);
- Medical professionals, psychologists, social workers working with PLHA/MH patients etc. (e.g.; Specialist Hospital, Department of Diagnostics & AIDS Treatment in Chorzów; Regional Infectious disease hospital in Warsaw, Out-patient clinic for HIV-patients in Warsaw, Medical University of Wrocław, Clinics for Infectious Diseases; OÜ Hospital in Tallinn; Psychiatric Hospital at Nowowiejska str., Warsaw)
- NGOs, foundations working with PLHA and groups vulnerable to HIV, and their networks (e.g. NGO Narva Rehabilitation Center; NGO Pomoc socjalna; Population Services International in Romania (PSI Romania); NGO Wspólnota in Chorzów, NGO AIDSi Tugikeskus in Tallin, RHRN - Romanian Harm Reduction Network, EATG, OSI Estonia)

Dissemination means

1. In order to disseminate information MAIDS project website have been created as well as e-learning site (see above)
2. MAIDS website have been promoted through the websites of partners as well as via the mental health community website: <http://www.mhcommunity.net/> and via <http://www.mentalhealth-hiv aids.org>.
3. In addition, partners promoted MAIDS website via posters, flyers, by mentioning the project in their materials and presentations (SKUC, ARAS, GIP-LT, GIP-BU, GIP-NL etc.).
4. Information has also been distributed by each of the partners via national networks and a list of the stakeholders, with their emailing addresses.
5. MAIDS was presented at numerous national and international conferences and numerous meetings, over 59 in total.
6. GIP-NL disseminated information about the project among the GIP-partners in

Caucasus, Central Asia, South-eastern Europe and Africa, where GIP has other MAIDS-related projects. GIP-NL has lobbied the MAIDS-issues both in the Netherlands (as a result GIP received a subsidy from the AIDS-Foundation to produce a folder for patients with HIV in the Netherlands about HIV and Mental Health) and abroad (meetings with WHO, OSI, EU and other potential donors in USA and Europe).

Problems

It's difficult to estimate the effectiveness of dissemination at this stage of the project because the project will have impact in a long term perspective. In general the project very well accepted by PLHA and NGO's although its acceptance was limited by some expert's lack of motivation and low priority of MH/HIV topic for policy makers.

RO: The dissemination of the summary of National Report on Mental Health and HIV/AIDS which has been developed by ARAS opened a discussion among professionals providing services for PLWHA, including the ones who work within NGOs and foundations

PL The Ministry of Health was not interested, as well as in other countries, it is always about the budget available. Government make plans for the period of 5-10 years (depends on the election rules in the country) and don't have long-term perspective

BU: The study on "Mental health services in Bulgaria for people living with HIV/AIDS" was conducted between December 2010 and March 2011 and comprises 34 organizations working in the field of HIV/ AIDS and mental health. The study was published on ICMH`s web page and has been presented to the National program for prevention of HIV/AIDS and to the steering committee group for HIV/AIDS prevention in Blagoevgrad. Strategic plan of sustainability of the results of the project were distributed among Local and national government structure in Bulgaria

LT : Attempt to mainstream MAIDS into national policy was made. Director of GIP-Vilnius was included into the working group on the draft National Mental Health Strategy Implementation Plan for 2011-2013. National trainings on MAIDS were agreed included into the plan initially. But the final plan for 2011-2014 was adopted without the MAIDS trainings according to the decision of the Ministry of Health. 4 press releases were issued by GIP-Vilnius during the implementation of the project and all of them are still available at http://www.gip-vilnius.lt/?page_id=829#top Moreover, to increase awareness of the relation between HIV/AIDS and mental health problems among professionals in relevant sectors, served meetings with the stakeholders.

Conclusion, recommendation

Based on questionnaires , interviews, and other information, it turned out that the most effective channels of reaching the chosen groups with the information are placed on the list below:

- E-mails, distribution of written materials
- Trainings
- Website on internet
- Presentations at conferences; KONTRA newsletter
- Joint declaration document brought in front of the national AIDS committee
- The campaign designed by the local club of students-volunteers: posters, leaflets, red ribbons, press conference; disco party open to everyone, etc.
- Meetings and discussions in small groups with specific professional groups such as policemen, orphans' court's workers, professionals working in the field of HIV/AIDS,

psychiatrists, NGO activists, PLHA, psychologists, school pedagogues, psychologists of crises centers, etc.

Overview table showing the distribution and target for all project deliverables

	Title	Distribution Channel	Target audience
1.	Website – Mental Health and HIV/AIDS (PL, EN, RU)	via national networks (e.g. via the mailing list of the National AIDS Center in Poland, which reaches practically all organizations and majority of professionals involved in HIV issues in PL etc.) via links to MAIDS site placed at partner`s websites	Students, doctors, psychologists, academia, NGOs, representatives of governmental organisations, PLHIV, people with mental conditions, their families, general public
2.	Information on the project and its activities were both oral and written disseminated: <i>MAIDS Poster</i> (ENG, POL, SI, RO, BU) <i>MAIDS Leaflets</i> (EN, PL) <i>Training Modules 1-7</i> (EN, PL, RU) 1, 2, 5 LT MAIDS has been registered to the Online Mental Health Community	Via MAIDS website Via national networks, invitation letters Placement at organization`s website and other websites related to the MAIDS subject Presented during trainings http://www.mhcommunity.net/ Presentation at conferences, seminars, events, stakeholders meetings, round tables, national debates, discussions; CD-disks – 70 (LV), flyers – 20 (SI), leaflets – 20 (SI), 400 (PL); 100 (EE), PR materials – 20 (EE), posters – 2(EE), 10 (PL); MAIDS recommendations (ENG) – 200 (at the EU conference); CD-disks – 250 (PL)	Professionals working in the field, doctors , students, psychologists, academia, NGOs, representatives of governmental organizations, PLHIV
3.	<i>Dissemination and publications of informational materials:</i> <i>-Patient brochure on mental health and HIV</i> <i>-Antistigma brochure for health care workers</i>	Via MAIDS website Via national networks Placement at organization`s website and other websites related to the MAIDS subject Presented during trainings	Students, doctors, psychologists, academia, NGOs, representatives of governmental organizations, PLHIV, people with mental conditions, their families, general public
4	Dissemination of information on important documents related to HIV/AIDS and	Via MAIDS website Presented during trainings	Students, doctors, psychologists, academia, NGOs, representatives of governmental organizations, PLHIV,

	mental health – text of the <i>WHO Report by the Secretariat :HIV/AIDS and mental health</i>		people with mental conditions, their families, general public
5	Dissemination of information on useful publications related to mental health/HIV (available in ENG)– <i>Mental health & HIV/AIDS Therapy Series</i> published by WHO -Module 1 -5 -Text of the <i>WHO Report by the Secretariat :HIV/AIDS and mental health</i>	Via MAIDS website Presented during trainings, stakeholders meeting, round tables	Students, doctors, psychologists, academia, NGOs, representatives of governmental organizations, PLHIV, people with mental conditions
6	Fact sheets on Mental Health and HIV/AIDS (EN, PL, RU, LT)	Placement on MAIDS website Disseminated for the audience during the cinema	Students, general public, NGOs, representatives of governmental organizations
	Research reports have been placed on MAIDS website.	Placement on MAIDS website	Students, doctors, psychologists, academia, NGOs, representatives of governmental organisations, PLHIV, people with mental conditions, general public
	Digital library LT	Website www.gip-vilnius.lt	Students, doctors, psychologists, academia, NGOs, representatives of governmental organizations.
	Publication on LBT rights to Health LT	Disseminated during LBT non formal and formal meetings	Lesbian, Bisexual and Transgender people
	Research report LT	E-mails and website www.gip-vilnius.lt Facebook	Students, doctors, psychologists, academia, NGOs, representatives of governmental organisations, PLHIV, people with mental conditions

List of deliverable(s) linked to this work package

Deliverable

	Title
1	D2 Project web-page
2	D7 5 articles published in professional (medical, psychological etc.) literature, other publications on HIV/AIDS

3	D8 Informational materials on stigma and destigmatisation of people with double/triple diagnosis (HIV/DA/mental disorder)
4	D13 Accreditation of the training modules

Milestones reached by this WP

	Milestone title	Month of achievement
1	Project web-page	M4
2	Poster, brochure, leaflet	M9

Horizontal Work packages

Work package title : Evaluation of the project

Work package Number : 3

Work package Leader: SKA

Number of associated partners involved : 7

Number of person/ days of this work package:

Total budget of this work package: 15650

Starting Date. Ending date : M1 : M36

Evaluation plan available: yes

External evaluation: yes

Description of the work package

This section could include the following:

- Description of process and outcome evaluation.
- Evaluation methodology: Evaluation questions, design, method, measurement instruments, task, responsibilities and timing.
- Monitoring Tools developed for data collection.
- Problems encountered and suggestions for improvement

Performance indicators and their definitions:

- Baseline data
- Performance targets
- Data Source
- Method of data collection
- Frequency and Schedule of data collection
- Responsibilities for acquiring data

Plans for data analysis, reporting and use of information:

- Data analysis plans
- Identified needs for complementary evaluation
- Plans for communicating and the use of monitored information

- Terms of reference of the external evaluation

Name of the external evaluator, attachment of the CV

External evaluation plan

Evaluation final Report

Problems encountered

How were problems resolved / limitations

Conclusions and recommendations for the future

PLEASE DO NOT FORGET TO ATTACH THE ANNEXES AS PER SECTION VII

The evaluation of the MAIDS project was both internal and external, performed by project coordinator and external evaluator accordingly (for evaluator CV and term of reference please see WP3). Output monitoring was considered as the responsibility of the overall project coordinator, with supervision of the SC. The external evaluator was evaluating the project implementation process, the project management and the outcome of the project in terms of the degree to which the project has reached its specific goals and objectives. First process indicators (their timeliness, numbers etc. based on the analysis of project documentation, deliverables etc.) and outcome indicators (based on qualitative methods, i.e. phone interviews, results of distributed questionnaires etc.) have been assessed by external evaluator. SC evaluated the project at its interim and final meetings.

Firstly, Chairperson of the SKA Board Grazyna Budka-Konieczny and later SKA Board member Cezary Fidor undertook on-going evaluation of the project supervising the activities of project coordinator.

A Midterm Review (MTR) was executed app. in month 15 in close collaboration with the project key staff. External evaluator contacted staff of all expert centers and collaborating organizations by email, asked them to fill in surveys and made

interviews and conference calls with them via Skype (WP3). Final evaluation was prepared during last few months of the project. External evaluator was analyzing project documentation, project deliverables, contacted staff of all expert centers and collaborating organizations by email, asked them to fill in surveys and made interviews and conference calls with them via Skype (WP3).

Evaluation methodology consisted of variety of tools like (for the details please see WP3):

- background documentation analysis;
- questionnaires for national coordinators, participants of the study tour and training participants;
- quality check interviews with trainers and training participants;
- data analysis: ex-ante and ex-post tests’;
- interview with overall project coordinator and national coordinators;
- participation in teleconference summarizing research activities in the project
- comparison between the expectations and current state of the project's outcomes achievement among the participants of the Steering Committee.
- evaluation workshop during S.C. meeting in Amsterdam, 14-15th May 2012 (attachments 5, 6, 7 of the final evaluation report).

Evaluation surveys via email and telephone were conducted in February, April, October 2011 and August 2012. The questionnaires were distributed among all national coordinators and participants of the trainings.

Monitoring tools developed for data collection were the following:

- Review of the expected results, objectives and indicators (MTR and final evaluation)
- Stakeholder analysis (at the beginning of the project, by project coordinators with SC/Advisory Board assistance, and in MTR, both by project staff and external evaluator). The stakeholder analysis contributed to the involvement of the different groups which had significant interest in the project (identification of those groups, their respective roles and interests etc., the extent of cooperation or conflict between stakeholders; interpretation of the findings & their incorporation into relevant project design)
- SWOT analysis of expert centers was primarily used in MTR in order to analyze the internal strengths and weaknesses of the expert center and the external opportunities and threats that it faces.
- Surveys and interviews with beneficiaries of the project (professionals, PLHA and NGOs) were distributed by emails and via Skype, conference calls (implemented both by project staff and external evaluator).

For more detailed results of evaluation please see WP3 -Final Evaluation Report.

Objective 1			
Needs assessment in order to identify existing gaps in the field of mental health and HIV/AIDS by the middle of project year 1			
	Process indicators	Output Indicators	Outcome indicators
1	Timely implementation of needs assessment by researches in PL, EE, CZ, HU, LT, LV, RO, SI, SK – done as part of research 2&3, timely in PL, CZ, HU, LT, RO, SI; delay in SK, LV, EE	Country research reports on identified needs done as part of the 1st research phase (9 national reports).	Research reports on identified needs as a basis for project dissemination & training activities

Objective 2			
Implementing research activities on mental health and HIV/AIDS as a basis for training and advocacy throughout the project			
	Process indicators	Output Indicators	Outcome indicators
1	Implementation of research projects (phase 1 & 2) as well as development of a monographic book – timely, 2 months delay with monographic book	Country & comparative reports on research phase 1 & 2 results - published in a form of brochure, over 360 pages monographic book summarising research results, research articles (PL - 4, ENG-1)	<ol style="list-style-type: none"> 1. Research related recommendations were included in National AIDS Program 2012-2017 (PL) 2. The MAIDS research results were presented for the Committee on Mental Health of the Lithuanian Psychologists Association on 2012 and agreement was achieved to advocate for the issue in the future 3. HU, CZ, SL began to build an expert network, in BU developed the existing network in the field
Objective 3			
Setting up sustainable expert centre on mental health and HIV/AIDS in 2 EU countries (PL/ EE/ LT) and strengthening existing center in BU within project year 1			
	Process indicators	Output Indicators	Outcome indicators
1	Establishment of 3 expert centers in PL, EE, LT on time, based on parent organizations (in EE established on time, but later limited functioning)	Expert Center's status and visibility among professionals working in MH & HIV/AIDS areas (number of referrals to ECs) – over 30 referrals to EC in PL from local administration from Mazowiecki and Wielkopolski regions, central and local sanitary epidemiological bodies, central prison administration requesting MAIDS related training programs; in LT due to visibility of EC GIP-LT was invited to join Global Fund CCM, in which it actively	Increased access to MH/HIV experts which improves the quality of life of PLHA with mental health problems

		<p>participated; over 20 referrals to LT EC by patient organizations, professional medical associations requesting training programs; in EE over 10 requests to LIGO from outpatient & inpatient program in Tallinn, Narva requesting training programs; introduced MAIDS at HIV creation of web page on MH&HIV (http://mentalhealthhiv.eu) and educational e-learning portal http://edu.mentalhealthhiv.eu (several thousand visitors during 3 years)</p>	
2		<p>Support to EC's activities by professional associations of infectiologists, psychiatrists etc., involvement of those professional associations in project activities – PL: regular contacts with Polish Psychiatric Society Mazowsze branch; Prophylactic and Therapeutic Outpatient Clinic, the Institute of Psychiatry and Neurology, information on training program distributed via professional associations of obstetrician nurses, medical nurses,</p>	<p>Increased number of places where PLHA may receive good quality psychological and/or psychiatric support –in PL : at least 3 NGOs started providing psychological support for HIV patients on a regular basis (financed by local authorities), possibility of psychological support and psychiatric care at some centers treating HIV patients (but only for those on ARV treatment) – not directly related to the project implementation</p>
3			<p>Appearance of multidisciplinary teams treating HIV patients for mental health problems (at least one location in PL, EE, BU, LT) in PL, at Regional Voivodoship hospital of infectious diseases, but only for patients on ARV treatment – not directly related to the project</p>
4			<p>Psychological and psychiatric support available at the same locations</p>

			where PLHA are treated for HIV (PL: 3)
5			<p>Changed attitude of mental health and HIV services towards integrated approach:</p> <ul style="list-style-type: none"> - opinions expressed when importance of such approach is recognized; - cases when shared commitment by HIV and mental health services to provide comprehensive care, prevention, and early intervention is expressed;
Objective 4			
Creating a sustainable training structure aimed at enabling relevant care givers to improve the services rendered to patients (throughout the project years 1&2 and by 2nd quarter of project year 3)			
	Process indicators	Output Indicators	Outcome indicators
1	4 Training for trainers (TOT), 22 participants (2-3 per each country) capable of educating on HIV and mental health various target groups (medical professionals, social workers, PLHA, NGO's, etc) based on developed training course	4 of trainings that were performed by experts that took part in TOT programme within MAIDS project, 80 % participants were very satisfied with the professionalism of the trainers	Each project country has experienced trainers and all necessary materials to educate on HIV and Mental health
2	Number of trainees - by professions (medical professionals, social workers, PLHA, HIV counsellors and educators, NGO's etc. - "change agents") - trained within the project in PL (510), EE (313), BU (58), LT (202), LV (143), HU (22)	On the average 92.8% of training participants improved their knowledge level on HIV, IDU, mental health and related issues Sources of verification: - Questionnaire at the beginning and at the end of each training module	Change of attitude, interest in the topic, understanding of the importance of multidisciplinary approach to M/H and HIV (based on evaluation questionnaires)
Objective 5			
Incorporating training modules and manuals in mainstream professional training of doctors, nurses, social workers and other relevant groups in PL, EE, BU, LT by			

the end of project year 3			
	Process indicators	Output Indicators	Outcome indicators
1	Adaptation of 4 existing training modules to reality of project countries; - done in PL; EE, LT, LV	Positive evaluation of training modules by trainees (based on the results of evaluation forms)	Inclusion of training modules and manuals in mainstream professional training of doctors, nurses, social workers and other relevant groups in PL, BU, LT (LT – Erasmus, LV – educational center, professional trainings; PL – MAIDS topic introduced to representatives of Psychiatry faculties of Medical Universities in cooperation with Institute of Psychiatry and Neurology)
2	Timely adaptation of existing training modules		
3	Development of 3 new training modules on multidisciplinary HIV/mental health treatment teams intended for medical professionals	Positive evaluation of training modules by trainees (based on the results of evaluation forms)	Number of trainings on topics (5-7) – trainings in 2012 - 23
4	Timely development of 3 new training modules		
Objective 6 Disseminating information among policy-makers and opinion-formers on integrated mental health/HIV approach and its importance for PLHA in improving their quality of life and HIV-prevention among populations with higher risk of HIV-infection due to impaired understanding			
	Process indicators	Output Indicators	Outcome indicators
1	Creation of web page on MH&HIV in ENG, PL and RUS versions –	(# of visitors – over 3000 visitors) Regular updates, number of	Sustainable source of information on HIV, 2 nd place in

	http://mentalhealthhiv.eu http://edu.mentalhealthhiv.eu	materials placed on the website -over 20	Google search
2	Publication and distribution of informational materials on stigma and de-stigmatization: in PDF format in ENG, in PDF format in each other national language	Published titles on mental health, AIDS and IDU positively evaluated by readers: based on expressed opinions, references made and results of evaluation forms randomly distributed between recipients	
3	Number of stakeholder meetings on stigma and discrimination -over 15	Informational materials on stigma and de-stigmatization positively evaluated by readers: based on expressed opinions, references made and results of evaluation forms randomly distributed between recipients	Changed attitude of mental health and HIV services towards integrated approach: - number of initiatives aimed at joint planning, resource, and information sharing etc.
4	Number of overall attempts made to incorporate training modules and manuals in mainstream professional training of doctors, nurses, social workers and other relevant groups in PL-3, EE - 7, BU -2, LT-2, SI - 1	Stakeholder meetings on research positively evaluated by their participants - over 90% evaluated very positively	
5	Number of attempts to include mental health issue into HIV policies PL-2, LT-2, BU-2, HU-1, SI-1		

List of deliverable(s) linked to this work package
Deliverable

	Title
1	D17 Midterm review evaluation report
2	D19 Final evaluation report

Milestones reached by this WP

	Milestone title	Month of achievement
1	D17 Midterm review evaluation report	M20
2	D19 Final evaluation report	M36

Specific Work packages

Work package title : A network of expert centres on mental health and HIV/AIDS

Work package Number : 4

Work package Leader : SKA

Number of associated partners involved : 4

Number of person/ days of this work package:

Total budget of this work package: 140400

Starting Date. Ending date : M1 : M36

Description of the work package

Work progress and achievements: Please provide a concise overview of the progress of the work in line with the structure of Annex I of the grant agreement and its amendments including details for each task. Highlight clearly significant results

If applicable, the reasons for deviations from Annex I and their impact on other tasks as well as on resource execution.

If applicable explain the reasons for failing to achieve critical objectives and/or not being on schedule and explain the impact on other tasks as well as on the execution resources available.

A statement on the use of resources, in particular highlighting and explaining deviations between actual and planned person months per work package and available resources.

PLEASE DO NOT FORGET TO ATTACH THE ANNEXES AS PER SECTION VII

In accordance to the project plan, the Expert Centres have been established in Poland and Lithuania, existing center in Bulgaria was strengthened. The Expert Centre was established in Estonia, but during the last stage of the project was not active.

In Poland

The Expert Centre was established in September 2009. The Expert Center became a part of the Social AIDS Committee. It's called "Warszawskie Centrum Zdrowia Psychicznego i HIV". It employs coordinator, assistant coordinator and accountant. The work is supervised by SKA board. The EC also attracts numerous experts that have cooperated with SKA since 1993 (psychiatrists, trainers, psychologists, counselors, etc.).

For almost 3 years Warsaw MAIDS Center was located on Chmielna street 26 apt. 19. The office was shared with another organization which was not a part of the project. The office had big training hall, used for local training programs. In February 2012 the Expert Center moved to SKA main office which is located at another address -Wspolna str. 65 a, 3rd floor.

The EC in PL has been involved in:

Education: Training programs on HIV/AIDS and Mental health and provided regularly in Warsaw, Poznan, etc. 3 new MAIDS training modules (5-7) have been fully translated into Polish and now are available at MAIDS website.

Research: Monographic book on the research results was written (please see WP4) Besides, SKA implemented a study on mental health and HIV related needs and the satisfaction level of clients of a VCT Center run in Warsaw by SKA. Please see the results in WP4.

Dissemination and advocacy activities: SKA made several presentations of mental health and HIV topic at conferences, meetings with decision makers, inclusion into National HIV/AIDS prevention program for 2012-2016, the EC cooperates with experts from the Polish Psychiatric Society, Polish Scientific AIDS Society, Institute of Psychiatry and Neurology, State Institute of Hygiene, etc.

In order to ensure sustainability of PL EC center SKA raised additional funding (received co-funding from the Nordic Council of Ministers (NCM) for 2011-2012; 3 year co-funding from the City of Warsaw, financial support to mental health and HIV programs from the City Administration of Poznan, from the Regional Administration of Wielkopolskie region, etc.).

In 2012 the EC as a part of SKA received financial support from Polish Ministry of Foreign Affairs for the project proposal aimed at improving the quality of life of PLHA in Belarus "Respecting the right of access to specialized services, playing key role in the improvement of the quality of life of people living with HIV in Belarus. Within the project a number of activities were held: two study visits to Warsaw, 5 trainings on MAIDS in Belarus, 3 on-line training courses, research, dissemination and advocacy activities both in Poland and Belarus. The work of the experts from PL EC was highly evaluated by the participants of the project.

In future the experts from PL Centre plan to focus on marginalized groups which are vulnerable to HIV and mental health problems in order to elaborate special approach and train professionals to be more precise and individually oriented, project proposal was submitted and approved by Polish Ministry of Foreign Affairs .

In Lithuania

The Expert Centre is the part of the organization "Globali iniciatyva psichiatrijoje" and is ready to provide trainings on MH/HIV/AIDS, as well as to consult on the topic all the interested professionals. Activities of the expert center implemented in 2010-2011 related to above mentioned research and trainings.

Since 2011 the expert center is presented on the GIP-Vilnius website: http://www.gip-vilnius.lt/wp/?page_id=93

GIP-Vilnius expert center has a strong managerial capacities developed through 11 years of the project development and management. Projects addressing issues of MAIDS are developed, non-formal partnerships with other organizations are established: Coalition "I Can Live", "Positive life", "DEMETRA", Lithuanian Gay League, "Red Cross", "Stop TB Lithuania", etc.

MAIDS as the newly emerged topic in GIP-Vilnius will be applied for upcoming calls for proposals in Lithuania and in the countries were GIP-Vilnius acts (Russia, Belarus, Ukraine, Georgia, Azerbaijan, Tajikistan, Kyrgyzstan, etc.)

Some teams are considering virtual space as one of possibilities as well.

Expert center in LT is not a state own institution, what is a weakness as there are no sufficient funds available, but it is also a strength because the center doesn't need the official approval.

Expert Center prepared and funded national mental health action plan, which included MAIDS training, but unfortunately was rejected. More details on the EC in LT please find in WP4.

Estonia

All activities of Estonia EC were implemented by the Estonian partner NGO LIGO.

Education: Training programs on HIV/AIDS and Mental health are provided regularly in Tallinn and Kohtla-Jarve.

Research: First & second phases of the research were implemented.

Advocacy & dissemination:

Mental health and HIV topic presented at meetings with decision makers, NGOs, health care professionals. In order to ensure sustainability of EE resource center additional funding was received from the Nordic Council of Ministers (NCM) for 2010-2011.

Strengths of EE expert center:

Good working relationship with various hospitals, National Institute of Public health, Centre of Infection Diseases , Estonian Research Center LLC, NGOs in Estonia that provide good basis for attracting experts in various fields as well as disseminating information on mental health and HIV.

Weakness that occurred during activities of EE expert center were that trainers prepared during MAIDS TOT training modules 1-3 were on maternity leave during 2nd implementation phase. Therefore new trainer was hired (professional with big expertise) that was participating in Sofia TOT training in autumn 2011. Information related to mental health and HIV in Estonian and Russian will be disseminated on Estonian websites and MAIDS website.

In Bulgaria

The Expert Centre was established in 2007 within the framework of another project in the same field. The Expert Center has support from national agency for AIDS (two years ago) –funded from national budget. The Centers providing it's services through web page and email, and organizes training sessions.

EC employs 4 people who work both at the center and organize activities outside the center.

EC collaborates with local government, local state health structures and relevant NGO for all over the country. Connection and cooperation with national authorities – activities were known at the local level, it was not easy but possible.

To ensure sustainability and durability of the Center, Bulgaria developed "Strategy plan for sustainability of the results of the project".

Specific objectives of this WP

	Title
1	To encourage health and social services, community-based services and other interested groups to expand and strengthen their capacity to provide culturally appropriate and competent mental health services for people with HIV/AIDS and their cares and families.
2	To encourage service providers to develop, provide and promote high quality HIV/AIDS-related mental health services, including prevention, treatment, care and counseling.
3	To increase knowledge and understanding of mental health and HIV/AIDS.
4	To enhance collaboration between people providing professional care for people living with HIV/AIDS, people providing professional mental health care, and NGOs/self-help groups.
5	To tackle the double stigmatization of people with HIV/AIDS and mental health problems through advocacy and education.

List of deliverable(s) linked to this work package

Deliverable

	Title
1	Expert centers on mental health and HIV/AIDS established

Milestones reached by this WP

	Milestone title	Month of achievement
1	Expert center established in PL	M3
2	Expert center established in LT	M3
3	Expert center established in ET	M3

Specific Work packages

Work package title : Research on mental health problems and needs of those infected and affected by HIV/AIDS

Work package Number : 5

Work package Leader : GIP-NL

Number of associated partners involved : 8

Number of person/ days of this work package:

Total budget of this work package: 92000

Starting Date. Ending date : M2 : M36

Description of the work package

Work progress and achievements: Please provide a concise overview of the progress of the work in line with the structure of Annex I of the grant agreement and its amendments including details for each task. Highlight clearly significant results

If applicable, the reasons for deviations from Annex I and their impact on other tasks as well as on resource execution.

If applicable explain the reasons for failing to achieve critical objectives and/or not being on schedule and explain the impact on other tasks as well as on the execution resources available.

A statement on the use of resources, in particular highlighting and explaining deviations between actual and planned person months per work package and available resources.

PLEASE DO NOT FORGET TO ATTACH THE ANNEXES AS PER SECTION VII

Both Objectives 1 "Needs identification in order to identify existing gaps in the field of mental health and HIV/AIDS" & Objective 2 "Implementing research activities on mental health and HIV/AIDS as a basis for training and advocacy throughout the project" were implemented through research activities.

Due to the extended nature of the needs analysis it turned into extensive research phase 1 consisted of three separate studies for all project countries (not just short rapid assessment as originally planned). Needs identification undertaken in all participating countries consisted in the extensive qualitative research to identify needs of people living with HIV/AIDS, with and without psychiatric diagnosis. These methods included focus groups with people living with HIV/AIDS and Delphi process on needs of people living with HIV/AIDS with mental health experts. In addition, analyses of files on psychiatric diagnosis of patients living with HIV was carried out in few countries to get basic quantitative conservative description on the prevalence of mental disorders among PLHIV/AIDS.

Research phase 1 was a complex task, consisted of 3 studies done on the basis of different methods: 1. Epidemiological estimates 2. Delphi survey with mental health and HIV/AIDS treatment experts, to identify needs of people living with HIV/AIDS, 3. Focus groups with people living with HIV/AIDS on their mental health needs , focus groups with medical personnel of HIV/AIDS treatment centres on PLHA mental health needs. Therefore, within a scope of the research phase1 protocol, 3 actual studies were completed in all project countries aimed at needs identification. Additionally, Research phase 2 identifying institutional frame and survey on mental health services for PLHA was performed in all countries participating in the project. To summarize, 4 research planned in the project frame have already been carried out in all project countries, being as follows:

1. Country context, epidemiological situation,
2. Delphi survey among experts on mental health needs of people living with HIV/AIDS
3. Focus groups with medical personnel of HIV/AIDS treatment services and with PLHA on their mental health needs
4. Institutional frame and survey on mental health care services for PLHA in participating countries (demonstrating existing services, their cooperation,

Please, see (WP5) for more detailed research implementation results and evaluation by countries.

There was a phase lag in the 1st part of the project. Firstly, template was developed with a monthly delay; secondly, actual implementation took longer time than planned due to very comprehensive nature of the needs analysis (even more thorough than planned originally). Due to the substantial extending of research of phase 1 which consisted of three research undertakings instead of one as envisaged in the project proposal and a need of substantial revisions of research reports from individual countries during project implementation phase 2, the works on the Overall Report summarizing the results of research phase 1 could start only after all updated research phase 1 reports were submitted by research partners, i.e. February 2011. As it was clear that the Overall Report won't be ready by the end of the project implementation phase II, it was initially requested during one of the conference calls with the participation of EAHC supervising officer to prolong the time required for research coordinator to write the Overall Research report 1. The Overall phase 1 report was delivered by Dr Moskalewicz in June 2011.

Remaining phases were implemented by all partners within planned deadlines. The tools and research methodology were developed. Despite the trouble with data access, and/or experts – every country succeeded in finalizing the "Needs Assessments & Situational Analysis". As a result the following publications were prepared:

- "Developing HIV/AIDS Mental Health Programs in new EU countries (Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia)", published in the form of the brochure (WP5)

- PL: Monographic book was prepared and now can be used by other participants of the project (WP5). 2 research articles were published in National AIDS Center publication KONTRA.

- SL: Published report in English on one of the websites and printed 300 copies of it for dissemination on different events, int. conferences, workshops etc. SL plans to translate it to Slovenian in near future. Publication of thematic brochures gathering the results achieved in other countries. (WP5)

- RO: Published the summary of National Report on Mental Health and HIV/AIDS which opened a discussion among professionals providing services for PLWHA, including the ones who work within NGOs and foundations. (WP5)

- LT: Published "Tyrimo Ataskaita" in an e-form and disseminated widely among various groups of professionals and stakeholders (WP5)

- In Czech Republic and Slovakia, the budget planned initially for publication was transferred to research activities.

- HU: research and the whole report hasn't been translated yet into Hungarian due to financial issues, but there was an article written about the situation of mental health of PLHA in Hungary the results of the study were used as a reference. The article is available online: http://ataszjelenti.blog.hu/2011/12/01/magukra_hagyjak_a_hiv_vel_eloket. This article was published for World AIDS Day in 2011 and has been frequently quoted.

Above mentioned publications were and will be widely used in order to disseminate the results of the research in the form of the letters to the stakeholders, web-sites, trainings, more information please find in WP2 Dissemination.

The research in some countries was initiated with considerable difficulty, resulting from restricted access to databases, general lack of experts in the field and complexity of research area, limited resources, as well as the non-cooperative attitude of persons contacted.

Researchers had difficulties of securing proper participation of the experts (EE, LV), in PL also not all of the experts responded to the invitation to take part in the research, but SKA has extensive network of experts which agreed to participate. Some people sent their responses with a delay but eventually did it. On the other hand, SKA had to quit second Delphi which required participation of mental health experts asking them to express their opinion on HIV/AIDS issues. It turned out that basically there are no mental health experts with such

knowledge in Poland (only 1-3 people at maximum)". There was several difficulties in accumulating the sufficient data because of lacking accessible data in the problem area (LV, EE) and legal/institutional problems of access to data (Estonia). The research was significantly delayed in EE because the research team which initially agreed to make the research changed their decision and resigned, so Estonian partner had to find another group of researches in a very limited time. But despite all difficulties all project countries managed to complete the research phase and submit country reports in order to make the compilation in the form of monographic book.

To summarize the research within the frame of MAIDS project has increased knowledge on the extent of the mental health problems associated with HIV infection and contributed to better understanding of existing barriers and problems. The methodology used while the research helped to determine the needs of the affected populations including the assessment of the mental health services available from not only experts point of view, but also PLHIV themselves what makes this research objective and authentic.

The monographic book presenting research results is one of the first sources for new EU countries and will definitely contribute to the evidence base for implementing effective interventions.

Specific objectives of this WP

	Title
1	To increase knowledge on the extent of the mental health problems associated with HIV infection and to understand the relationships;
2	To determine the needs of the affected populations including the assessment of the mental health services available;
3	To contribute to the evidence base for implementing effective interventions.

List of deliverable(s) linked to this work package

Deliverable

	Title
1	D3 & D4 Needs assessment & situational analysis (RAP) in order to identify existing gaps in the field of mental health and HIV/AIDS in PL, EE, BU, CZ, HU, LT, LV, RO, SI, SK D3
4	D5 & D6 research report on selected issues of mental health and HIV in PL, EE, CZ, HU, LT, LV, RO, SI, SK Comprehensive report on mental health and HIV/AIDS in new EU member countries – monographic book
5	Publications on mental health and HIV based on research results (5 articles)

Milestones reached by this WP

	Milestone title	Month of achievement
1	Drafting research design and implementation of research by research teams in 8 project countries	M 10
2	Comprehensive report on mental health and HIV/AIDS. Research findings will be used to feed the training modules (from Activity 3.1) with case studies, examples, life stories etc. and as advocacy tool.	M 40

Specific Work packages

Work package title : Training of change agents
Work package Number : 6
Work package Leader : SKA
Number of associated partners involved : 8
Number of person/ days of this work package:
Total budget of this work package: 203925
Starting Date. Ending date : M1 : M36

Description of the work package

Work progress and achievements: Please provide a concise overview of the progress of the work in line with the structure of Annex I of the grant agreement and its amendments including details for each task. Highlight clearly significant results

If applicable, the reasons for deviations from Annex I and their impact on other tasks as well as on resource execution.

If applicable explain the reasons for failing to achieve critical objectives and/or not being on schedule and explain the impact on other tasks as well as on the execution resources available.

A statement on the use of resources, in particular highlighting and explaining deviations between actual and planned person months per work package and available resources. PLEASE DO NOT FORGET TO ATTACH THE ANNEXES AS PER SECTION VII

Overall goals of the WP 6 were to provide contemporary knowledge on culturally appropriate/competent mental health treatment services targeted to people living with HIV/AIDS and their environment, meaning close relatives (bridging population) or extensive relations. And to improve the ability of mental health providers to make referrals to both mental health and HIV/AIDS services by supporting a number of care givers working in key positions to put such new knowledge and skills into practice. As a result of the efforts of expert group from Netherlands sustainable training structure has been created.

According to the plan there were 4 "Trainings for Trainers"(TOT) sessions completed by 22 persons in total (2-3 representing every respective country). Trainings were based on 7 modules. As the questionnaires reflected, the most popular among participants were first two training modules. Please see the WP 6 for TOT training list.

Above mentioned training modules are also available through website of the Project (mentalhealthhiv.eu, login skaidis, password skaidis). The access was being granted to persons with special interest in the subject. To provide more effective dissemination of its contents, the training modules were translated into national languages of participating countries (PL, RUS, LT, EE, LV).

All together 76 national trainings for change agents were conducted in project countries involving 1253 participants: in Poland - 510 specialists; Estonia - 313 specialists, Lithuania - 202 specialists, Bulgaria - 61 specialists. The additional trainings on the subject were conducted in Latvia involving 143 participants, but financed within the framework of NORDIC program.

Every training session was followed by evaluation survey. As an addition, the ex-ante and ex-post tests were developed and used to measure the amount of professional knowledge acquired by its participants, the analysis of selected pre & post-tests (30% of overall number) demonstrated average increase of knowledge about 70% (WP3).

To evaluate usefulness of the trainings for professional application (as well as the necessity of supplementary courses, or development of new working tools in every day practice) the questionnaires in English, Polish and Russian were prepared and

sent by the end of February 2011, August 2012, to 146 training participants. Please find the results of evaluation in final evaluation report WP3.

English and Russian version of the training Module 1 (Introduction to Mental Health and HIV/AIDS), Module 2 (Mental health of people with HIV/AIDS with special needs), Module 3 (Support groups for people living with HIV/AIDS) and Module 4 (HIV, adherence and Mental Health) were adapted and adjusted to the EU-region.

Three new training modules were developed. They describe treatment model of multidisciplinary treatment teams, comprising psychiatrist, psychiatric nurses, social workers working with HIV patients and their close ones, etc. These modules are:

Module 5. HIV/AIDS and mental health problems: a practical guideline for psychiatrists; diagnosis and treatment. A multi-disciplinary approach.

Module 6. HIV/AIDS and mental health problems: a practical guideline for psychologists; supportive therapy. A multi-disciplinary approach.

Module 7. HIV/AIDS and mental health problems; a practical guideline for social workers; practical aid and supporting self-help. A multi-disciplinary approach.

Trainers from the project countries were trained in these modules and various supervisions were provided, please see the WP6 for details on supervisions held during the project.

The study-visit to Amsterdam for the representatives of the project partners, combined with the training and supervision, was organized in April 2012. Please, see WP6 for Study Visit Program and Evaluation form.

Local trainings in project countries

Poland

All together there were 30 educational programs were held and attended by 510 participants (medical staff: psychiatrists, infectiologists, addiction specialists, nurses; psychologists, teachers, social workers, students, NGO-activists, etc.). The trainings met great interest and enthusiasm of participants who often claimed the need for further education on this topic. Training curriculum and trainers professionalism were highly evaluated, more than 90% of participants increased their knowledge level. More detailed description of the training programs in Poland please find in WP 6.

Training modules 1-7 have been successfully translated into Polish and Russian language (financed within the framework of NORDIC programme), they are available for download from MAID official web-site: mentalhealthhiv.eu. Also in 2012 e-learning course based on maids training modules was developed within project financed by Polish Ministry of Foreign Affairs. E-learning course is available in 3 languages ENG, PL, RUS at edu.mentalhealthhiv.eu, login: skaid, password: *Alaska44.

In Poland training programs were delivered in cooperation with the City of Warsaw and the Voivodship office of the Wielkopolska region (Poznan), which among others, included recruitment of participants, preliminary needs analysis, provision of conference hall, catering etc..

Polish Expert Center focused on training programs for the members of student scientific societies (psychiatry, infectious diseases at the Warsaw Medical University; clinical psychology – at the University of Cardinal Wyszyński in Warsaw); psychiatrists teaching at leading medical Universities of Poland (in cooperation with the Institute of Psychiatry and Neurology); medical staff of some psychiatric hospitals in Warsaw.

Lithuania

MAIDS trainings are the core of the Expert centre within GIP-Vilnius and ensure the sustainability of the expert centre.

The most popular modules of the MAIDS trainings, Module 1 and Module 2, both presentations and trainers materials, were professionally translated into Lithuanian language, while other modules are translated partially by GIP-Vilnius staff. Trainings on Module 1, Module 2 and Module 5 are available in Lithuanian language, adjusted for Lithuanian context for further use in Lithuania.

15 local trainings were provided for 207 participants, in trainings following professional groups were represented: psychologists, psychiatrists, social workers, volunteers, medical students, PLHIV, activists.

Trainees were recruited from their workplaces mainly. This was the best way explored by GIP-Vilnius in trainings provision. After not such successful experience in open provision of trainings (when the program and date were disseminated among various stakeholders) the way via institutions was chosen.

Trainings were appreciated by participants and they were enthusiastic about them. Some improvements were made for specific groups: e.g. inviting doctor for HIV/AIDS for staff from mental health services or volunteers, while PLHIV activists were invited during trainings for medical staff and medical students. Modules were usually adapted in such way they could respond to specific needs of the participants. Participants were asked to fill in pre and post tests forms as well as evaluations. Despite different number among different professional groups, there was 100% of those, who has improved knowledge level on issues covered by the training (based on the pre and post-test forms) – 100%. Also positive evaluation of training modules by trainees was indicated by 100%.

The programme “Mental Health and HIV/AIDS” was promoted to the Erasmus Socrates program at Vilnius university as an optional subject. It should be led by 2 experts of MH and AIDS knowledge centre at GIP Karile Levickaite and Andrius Losakevicius, also non-formally agreed, that Lithuanian students of social work and psychology are welcome to attend the English course and further decisions will be made for inclusion of the course into regular curriculum of psychology and social work students.

In the framework of cooperation with Clinic of Psychiatry of Vilnius University at Medical Faculty at Vilnius University, the Module 5 is being promoted to include into the curriculum after the trainings provided in late spring – early summer, 2012.

Estonia

In Estonia 22 trainings were delivered by trainers from LIGO NGO, 313 participants were trained, the majority of them were medical doctors and nurses, there were also psychologists, social workers and students. Participants evaluated educational programmes positively and claimed the increase of their knowledge level. For more details please see the WP 6.

The recruitment in Estonia was made via e-mails and telephone. As for medical personnel there were some difficulties with participating in the trainings because nurses from Mental Hospital could not leave work to participate in a 2-days seminar. That's why sometimes seminars were delivered right in the hospital and only a few people took part in them. During the 2nd implementation period Estonian partner experienced some difficulties with providing trainings due to the fact that trainers recruited for the project went on maternity leave, hence LIGO had to find a new trainer. After finding and training new expert there was no difficulties with training

delivery during the next implementation periods.

Latvia

In Latvia 7 training programs for 143 participants were delivered by Society Association HIV.LV, which has a status of collaborative partner in this project.

All training programs were financed by the Nordic Council of Ministers. Also within the framework of Nordic project all 7 training modules on MAIDS have been translated into Latvian language and can be found at organization's web-site www.apvienibahiv.lv (sections <http://apvienibahiv.lv/noderiga-informacija> and <http://apvienibahiv.lv/projekti>).

Association HIV.LV has good relationships with NGO "Social Service Agency" (hereinafter "SPA") because their Foundation "Family Crisis Center" is a part the Society Association HIV.LV (<http://apvienibahiv.lv/organizacijas-apraksts/spa-gimenes-krizes-centrs>). "SPA" has established its Education center and agreed to take the short program "HIV and mental health", 10 acad. h (8 astr. h) developed by Association HIV.LV into its sales portfolio. Since January, 2012 there is no need to register programs for adults ("interest related educational programs") officially, if these contain less than 100 academic hours. It is enough in such case, if NGO register officially the Education Center. Association HIV.LV (Latvia) will try to establish its own Education Center in the year 2013 – it's planned to apply for the EEA Grants program "NGO fund" in February, 2013 in common proposal with the Society AGIHAS (Support Group for People Living with HIV/AIDS). There are plans to provide trainings under brand "interest related educational program" in 2013, and after some time under brand "professional development courses". Generally MAIDS training programs trigger interest among social workers, caregivers, nurses etc.

Bulgaria

Bulgarian Expert Center was established in 2007 as part of the project "HIV/AIDS and Mental Health" (2005-2008), funded by OSI New York and Ministry of Foreign Affairs of the Netherlands, TMF Program. During the project training of trainers for modules 1-4 was conducted, as result 60 change agents were trained. As part of the current project trainings based on modules 5-7 were foreseen for Bulgaria for the 2 last implementation periods after the training for trainers was conducted in Sofia in September 2011.

As a result 61 change agents attended 4 trainings on modules 5-7 in Bulgaria, among the participants there were mainly psychologists and social workers. Training were positively evaluated by the participants, for more detailed information please see the WP6.

Hungary

Within the current project there was no financial support for providing training programs in Hungary except for the TOT trainings for trainers. Two trainers were identified and sent to the four trainings provided within the project. The two trainers gave 3 national trainings for 22 people in Hungary, adjusting the training materials to the local realities and, after needs assessment, to the needs of the trainees. One set of trainings was provided for the volunteers of an HIV help-line service, run by an LGBTI organization, another similar set of trainings was provided for the volunteers of a harm reduction service organization. The third series of trainings were provided for students of psychology as part of their curriculum where they had to attend classes and write an essay on issues of HIV/AIDS and mental health to receive credits for the term.

Specific objectives of this WP

	Title
1	To train trainers that would be able to teach on mental health and HIV/AIDS related issues
2	To train change agents that would promote integrated approach to mental health and HIV/AIDS and/or provide higher quality services to patients with double/triple diagnosis
3	To develop training curriculum on Mental health and HIV/AIDS
4	To incorporate the training curriculum into national health care educational system

List of deliverable(s) linked to this work package

Deliverable

	Title
1	Development of training curriculum (7 modules) on mental health & HIV/AIDS; in training modules also research data will be used (WP5); it's also one of the ways to disseminate the information on project and project results (WP2)
2	D9 TOT training for trainers from PL, EE, BU, CZ, HU, LT, LV, RO, SI, SK
3	D1 National trainings by Expert Center trainers in PL, EE, BU, LT
4	D11 Training curriculum (7 modules) on mental health & HIV/AIDS
5	D12 E-learning versions of modules 5,6,7
6	D15 Accreditation of the training modules (concerns with dissemination of information – WP2).

Milestones reached by this WP

	Milestone title	Month of achievement
1	TOT 1, 2, 3, 4	M3, M8, M15, M25
2	Training curriculum (7 modules)	M2, M7, M14, M21, M25-27
3	E-learning modules	M 32-36

SECTION VII

ANNEXES

WP1

- 1 SC meeting Luxembourg (program, minutes and tasks, participants list)
- 2 SC meeting Warsaw (program, minutes, evaluation expectations, notes)
- 3 SC meeting Sofia (program, participants list)
- 4 SC meeting Amsterdam (program, participants list, minutes, evaluation form)

MAIDS conference calls

WP2

Dissemination strategy

Articles published in professional (medical, psychological etc.) literature, other publications on HIV/AIDS:

D07-01_OTH-1PL
D07-02_OTH-1PL
D07-03_OTH-1PL
D07-04_OTH-1PL
D07-05_OTH-1EN

Brochures

D08-01_LAY-1EN
D08-01_LAY-2PL
D08-01_LAY-3RU

D08-02_LAY-1EN
D08-02_LAY-2RUS

Leaflets

D08-03_LFT-1EN
D08-03_LFT-2PL

MAIDS poster

D08-04_POS-1EN
D08-04_POS-1PL
D08-04_POS-1RO
D08-04_POS-1BU
D08-04_POS-1SI

WP3

CV of external evaluator

Terms of reference

Midterm evaluation report with attachments

D17-00_IAR-1EN

Final evaluational report with attachments
D19-00_FFR-1EN

WP5

Research reports phase 1
Research reports phase 2

D03/04-01_OTH-1PL
D03/04-02_OTH-1EE
D03/04-03_OTH-1LT
D03/04-04_OTH-1LV
D03/04-05_OTH-1CZ
D03/04-06_OTH-1RO
D03/04-07_OTH-1SI
D03/04-08_OTH-1SK
D03/04-09_OTH-1BU

Articles published in professional (medical, psychological etc.) literature, other publications on HIV/AIDS:

D07-01_OTH-1PL
D07-02_OTH-1PL
D07-03_OTH-1PL
D07-04_OTH-1PL
D07-05_OTH-1EN

Monographic book
D06-00_OTH-1EN

WP6

TOT manual

TOT trainings list

Training curriculum ENG

D09-01_LAY-1EN
D09-02_LAY-1EN
D09-03_LAY-1EN
D09-04_LAY-1EN
D09-05_LAY-1EN
D09-06_LAY-1EN
D09-07_LAY-1EN

Training curriculum PL

D09-01_LAY-1PL
D09-02_LAY-1PL
D09-03_LAY-1PL
D09-04_LAY-1PL
D09-05_LAY-1PL
D09-06_LAY-1PL
D09-07_LAY-1PL

Training curriculum RUS

D09-01_LAY-1RU
D09-02_LAY-1RU
D09-03_LAY-1RU
D09-04_LAY-1RU

D09-05_LAY-1RU
D09-06_LAY-1RU
D09-07_LAY-1RU

Training descriptions per period I-IV

Module for patient - PDF brochure
LAY-1PL
LAY-2ENG
LAY-3RU

Project Acronym: MAIDS

Agreement number: 2008 2006

TEMPLATE no. 3

Expenditures	
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Direct eligible costs	TOTAL
E1. Staff	274 650,41
<i>a. Costs pertaining to national officials</i>	0,00
<i>b. Costs not pertaining to national officials</i>	274 650,41
E2. Travel costs and subsistence allowances	10 617,93
E3. Equipment	0,00
E4. Consumables & supplies directly linked to the project	0,00
E5. Subcontracting costs	119 464,38
E6. Other costs	53 907,52
Total direct eligible costs	458 640,24

E7. Overheads	32083,54
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Total - Expenditure	490723,79
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% of Overheads	7,00%
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Incomes	
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I1. Commission funding	290577,92
I2. Contribution pertaining to public officials	0,00
I3. Applicant's financial contribution	200145,86
I4. Income generated by the project	0,00
I5. Other external resources	0,00
I6. Other current funding applications	0,00

Total - Income	490723,78
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% of Commission funding	60,00%
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FINAL CONSOLIDATED FINANCIAL STATEMENT

EAHC - Guidelines for request of balance payment

Grant for Action - 25 09 2008

Final - Parts A&B - Per partner

Main Beneficiary	Associated beneficiary	Associated beneficiary	Associated beneficiary
Social AIDS Committee (SKA)	Global Initiative on Psychiatry - NL	GIP-BG	LIGO-EE

89 778,54	78 000,00	15 400,00	23321
0,00	0,00	0,00	0,00
89 778,54	78 000,00	15 400,00	23321
1471,14	1 253,94	723,94	2772,1
0,00	0,00	0,00	0,00
0,00	0,00	0,00	0,00
61367,25	34 571,24	8 061,02	10113,39
14999,18	6 560,70	8 298,03	5731,9
167 616,11	120 385,88	32 482,99	41937,95

11733,13	8427,01	2 273,81	2935,66
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179349,24	128 812,89	34 756,80	44873,61
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7,00%	7,00%	7,00%	7,00%
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102549,24	76 128,42	20 854,08	30334,56
0,00	0,00	0,00	0,00
76800,00	52684,47	13 902,72	14539,05
0,00	0,00	0,00	0,00
0,00	0,00	0,00	0,00
0,00	0,00	0,00	0,00

179349,24	128 812,89	34 756,80	44873,61
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57%	59,10%	60,00%	67,60%
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I, the undersigned, being the coordinator of the above mentioned project, declare that the information provided in this statement is true.

Name of signatory: Aleksandra Skonieczna

Date: 22.07.2013

Function of signatory: SKA Vice-Chairperson

Signature (+ Stamp):

Associated beneficiary

GIP-LT	ARAS	HCLU-HU	SKUC-SI
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36 399,85	10601,00	10470,46	10680,00
0,00	0	0,00	0
36 399,85	10601	10470,46	10680
2 632,31	415,44	463,44	885,62
0,00	0,00	0,00	0,00
0,00	0,00	0,00	0,00
5 351,48	0,00	0,00	0,00
8 082,19	4178,76	2475,38	3 581
52 465,83	15195,20	13409,28	15 147

3 651,62	1063,66	938,65	1 060
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56 117,45	16258,87	14 347,93	16 207,00
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6,96%	7,00%	7,00%	7,00%
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33 077,00	9558,87	8608,76	9467,00
0,00	0,00	0,00	0,00
23 040,45	6700	5739,17	6740,00
0,00	0,00	0,00	0,00
0,00	0,00	0,00	0,00
0,00	0,00	0,00	0,00

56 117,45	16258,87	14347,93	16207,00
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58,94%

58,79%

60,00%

58,41%

Name of signatory: Aleksandra Skonieczna

Date: 22.07.2013

Function of signatory: SKA Vice-Chairperson

Signature (+ Stamp):

Project Acronym:MAIDS

FINAL CONSOLIDATED FINANCIAL STATEMENT

EAHC - Guidelines for request of balance payment - Grant for Action - 25 09 2008

Agreement number: 2008 226

Final - PartC - Detailed

Hungarian Civil Liberties Union - HCLU

TEMPLATE no. 4

E1. Staff

b. Costs not pertaining to public officials

Acronym of beneficiary	Country Code	Name of person	Function / Category	Number of days worked for the	Daily rate (€)	Cost (€)
HCLU	HU		PROJECT COORDINATOR - 2009	9	73,96	665,64
HCLU	HU		FINANCIAL OFFICER - 2009	1,7	85,86	145,962
HCLU	HU		RESEARCHER - 2010	25	96,81	2420,25
HCLU	HU		PROJECT COORDINATOR - 2010	25	73,42	1835,5
HCLU	HU		FINANCIAL OFFICER - 2010	7,3	83,73	611,229
HCLU	HU		PROJECT COORDINATOR - 2011	17	77,32	1314,44
HCLU	HU		RESEARCHER - 2011	25	96,01	2400,25
HCLU	HU		FINANCIAL OFFICER - 2011	6	83,68	502,08
HCLU	HU		PROJECT COORDINATOR - 2012	2	76,28	152,56
HCLU	HU		FINANCIAL OFFICER - 2012	5	84,51	422,55
TOTAL						10470,46

No. of Supporting

Reserved to EAHC

a. Costs pertaining to public officials

Acronym of beneficiary	Country Code	Name of person	Function / Category	Number of days worked for the	Daily rate (€)	Cost (€)
						0
TOTAL						0

E2. Travels Costs and subsistence Allowances

a. Travel Costs

Acronym of beneficiary organisation	Country Code	Name of the person travelling	Purpose and data of the travel	Means of transports	Place at departure (City, Country)	Destination (City, Country)	Cost (€)
HCLU	HU		KICK OFF MEETING	FLIGHT	BUDAPEST	LUXEMBOURG	226,44
TOTAL							226,44

b. Subsistence Allowances

Acronym of beneficiary organisation	Country Code	Name of the person travelling	Purpose and data of the travel	Destination (City, Country)	Number of days	Costs of the daily allowance	Cost (€)
HCLU	HU	██████████	KICK-OFF MEETING	LUXEMBOURG	1	237	237
							0
TOTAL							237

E3. Equipment

Acronym of beneficiary organisation	Country Code	Name of supplier	Description of the equipment	Purchase price (€)	Date of purchase	Depreciation rule 36 or 60 monts	Number of months of depreciation	% allocation to the project (if not 100%)	Amount of depreciation (€)
TOTAL									0

Invoice no. XX

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E4. Consumables and supplies

Acronym of beneficiary organisation	Country Code	Name of supplier	Description of the items	Purchase price (€)
TOTAL				0

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E5. Subcontracting

Acronym of beneficiary organisation	Country Code	Name of subcontractor	Description of the tasks	Amount of invoices (€)
TOTAL				0

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E6. Other costs

Acronym of beneficiary organisation	Country Code	Name of supplier	Description of the items				Purchase price (€)
HCLU	HU	██████████	TRAINING 1 15/11/2009	FLIGHT	BUDAPEST	VILNIUS	243,96
HCLU	HU	██████████	TRAINING 1 15/11/2009	FLIGHT	BUDAPEST	VILNIUS	243,96

