

Rapid Assessment and Response (RAR) for HIV/AIDS in South Eastern Europe

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Rapid Assessment and Response (RAR) is designed to assess quickly a current vulnerable situation (the Rapid Assessment) and then use this information to make informed decisions about the development of interventions needed to reduce the adverse health consequences of the vulnerable situation (the Response). The RAR methodology was developed with certain expectations: a rapid, multimethod survey tool with sufficient validity, linked to interventions.

In South East Europe, some data on HIV and AIDS prevalence does exist. However, the quality of this data is limited for the purposes of policy and program development. There is also a lack of quantitative and qualitative data on risk behaviour and practices, which seriously limits the capacity of governments and AIDS service organizations to formulate effective responses and strategies to the HIV situation.

Five countries participated in the RAR Project: Albania, Croatia, Bosnia & Herzegovina (Federation of BiH and Republika Srpska), the Federal Republic of Yugoslavia (Serbia and Montenegro), and Former Yugoslav Republic of Macedonia. Twenty-six cities from these five countries participated in the RAR Project. In other words, there were 26 RARs being implemented simultaneously.

The Rapid Assessment

At UNICEF's request, CPHA identified with the assistance of Health Canada's Centre for Infectious Disease Control and Prevention (CIDPC) a qualified Canadian with RAR experience to act as the RAR Regional Coordinator in the Balkans. Elsie Wong, a Health Canada Field Surveillance Officer for British Columbia and the Yukon, accepted this challenging assignment, and took a leave of absence from Health Canada to spend six months coordinating the design and supervising the implementation of the RAR project. Her placement and activities were supported through the contribution made by CIDA to the UNICEF HIV/AIDS Program for the Balkans region.

Based at UNICEF's Area Office for the Balkans in Sarajevo (Bosnia & Herzegovina), Elsie supervised the training of RAR country coordinators and country-based RAR teams, assisted in the formulation of RAR survey methods and tools, monitored the implementation of the surveys in each country, and supervised the analysis and interpretation of the data.

An RAR Coordinator was identified in each country. Their responsibility was to oversee the training of survey teams and to supervise the implementation of the surveys and the analysis of data. RAR survey teams were assembled in each city where the survey took place. Each team was headed by a person experienced in survey implementation (usually a medical professional), and RAR team members were volunteers responsible for actually implementing the survey. Many of the RAR teams were members of AIDS service organizations and university students involved in HIV prevention activities in their respective cities.

Six different methods were used to collect data on the target vulnerable groups (e.g. drug users, sex workers, young people, mobile population, etc.): existing information, interviews, focus groups, mapping, observations, and surveys. Quantitative data was analyzed by frequency tables, while qualitative data was analyzed by themes using activity grids. Triangulation (wherein the same data is collected using different methods) was used to validate the data.

Prior to data collection, each of the 26 cities established a Community Advisory Board in their city. The purpose of the CAB is to provide support to the RAR and to also assist with the establishment of a climate conducive for the development of interventions.



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More detailed information about the activities and progress of the RAR exercise in the Balkans was published on a regular basis by the RAR Regional Coordinator in the RAR Newsletter (*see NewslettRAR1-5.pdf*). Data collection in the 26 survey sites took 5 to 7 weeks.

The reports for some of the locations where the RAR was carried out are contained on this CD (*see RAR_location.pdf*)

The Response

A three-day Action Plan Workshop, hosted by UNICEF, was held in Sarajevo between February 10 - 13, 2002. Representatives from the five countries attended this Workshop. The purpose of the Action Plan Workshop was to provide participants with the skills and knowledge to develop an action plan for interventions related to the RAR findings (*see RAR_Action_Plan.pdf*).

CPHA supported the participation at the RAR Action Workshop of Dr. Donald Sutherland, Senior Public Health Advisor at Health Canada. Dr. Sutherland, who has considerable experience both in Canada and internationally with RAR for HIV and AIDS, acted as a resource person to the country teams, to assist them in formulating Response plans.

Following the workshop, each RAR site was to develop its interventions package. The RAR teams were to meet with their Community Advisory Board to review and refine the proposed interventions. Once the interventions were developed, the cities would then develop project proposals to seek funding from national and international agencies to implement these interventions.

CPHA is pleased to support the participation at the Canadian Conference on International Health (Ottawa: October 27 - 30) of representatives from 5 South East Europe countries (Bosnia & Herzegovina, Yugoslavia, Macedonia, the UN-administered province of Kosovo, and Romania) who will share with us the results of the RAR exercise in their respective locations and the utilization of the results for HIV prevention and AIDS care and support policy and programming.

The final version of the UNICEF Area RAR Report (*see RAR_UNICEF_Report.pdf*) provides a complete description of the RAR exercise and a summary of country results for the Balkans region.