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**GENDER-SENSITIVE HARM REDUCTION INTERVENTIONS IN UKRAINE:
CLIENTS' PERSPECTIVE**

**ГЕНДЕРНО-ЧУТЛИВІ ІНТЕРВЕНЦІЇ ЗМЕНШЕННЯ ШКОДИ В УКРАЇНІ:
ПОГЛЯД КЛІЄНТІВ**

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Abstract

The paper presents finding of the research that was conducted in 2016 in two waves (base-line and follow-up) and aimed at evaluation of the ProfiGender project outcomes. This project has being implemented by five NGOs in different regions of Ukraine with support from linternational Charitable Fund «Alliance for Public Health». The focal targeted group of the project consisted of women who inject drugs, as they face different risks, including higher HIV transmission risks. In addition to general prevention services (distribution of syringes/condoms/lubricants and counseling by social workers), each organization offered a number of additional services demanded by clients, commonly through other projects and using additional NGO-based resources.

When responding to the survey question about services provided as part of the ProfiGender project, the most frequently mentioned service was access to syringes and condoms.

Counseling by social workers or other staff members on a range of topics of interest to clients is one of the key services within the framework of the ProfiGender project. The baseline survey findings reveal that three quarters of all respondents (74%) expressed a desire to receive information on safer drug use, and nearly half of them (49%) – on safe sexual behavior. In the final survey, during the month preceding the survey, social workers reported discussing at least one topic related to safer drug use with 80% of all respondents surveyed and at least one topic related to safe sexual behavior – with 72% of all those surveyed.

Clients reported positive experiences with service delivery, specifically in regards to the atmosphere in the organization and the staff's communication skills.

The research findings indicate that the project has a primarily positive impact on NGO clients involved. For example, during the baseline survey, two thirds of respondents reported never getting tested for HIV (21%) or doing that more than a year ago (44%). After participation in the project, 2% of all respondents remained untested with another 10% reporting getting tested more than a year ago.

Recommendations on how to expand the range of services with regard to the research findings are provided.

Анотація

У статті представлено результати дослідження, проведеного у 2016 р. двома хвилями та спрямованого на оцінку результатів проекту ProfiGender. Цей проект реалізується в Україні п'ятьма неурядовими організаціями за підтримки Міжнародного благодійного фонду «Альянс громадського здоров'я». Цільова група проекту складалася з жінок, які вживають ін'єкційні наркотики.

Окрім загальних профілактичних послуг (надання шприців /презервативів / лубрикантів та консультування) кожна організація пропонувала низку додаткових сервісів. Дослідження виявило, що найзатребуванішою послугою був доступ до шприців та презервативів.

Результати базового дослідження показали, що три чверті всіх респондентів висловили бажання отримувати інформацію про безпеку вживання наркотиків, а майже половина з них – про безпечну сексуальну поведінку.

Проект мав переважно позитивний вплив на клієнтів. Наприклад, під час базового опитування дві третини респондентів повідомили, що ніколи не проходили тестування на ВІЛ або робили це більше, ніж рік тому. Після участі у проекті 2% респондентів залишилися неперевіреними, ще 10% респондентів отримали тестування більше, ніж рік тому.

Key words:

narm reduction, gender-sensitive services, women who inject drugs, project evaluation.

Ключові слова:

зменшення шкоди, гендерно-чутливі послуги, жінки, які вживають ін'єкційні наркотики, оцінка проектів.

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Introduction

Ukraine is one of the most HIV-affected countries in Europe with more than one percent of adult population currently living with human immunodeficiency virus (HIV) infection. Injecting drug use remains the driving force behind the epidemic with drug injectors traditionally being largely male. However, currently, there has been an increase in new HIV infections among women who inject drugs (hereafter – female IDUs), now accounting for nearly half of all HIV infections within this group and rising (Ministry of Health of Ukraine, 2016).

The exact number of female IDUs living with HIV/AIDS is unknown, partially because many of them remain reluctant to report their drug use to healthcare providers. They might have been infected either due to parenteral transmission of the virus in drug use settings, or due to transmission through sexual contact with a man who injects drugs.

Studies conducted in Ukraine (Burruano & Kruglov, 2009; Corsi, Dvoryak, Garver-Appar et al., 2014) and world-wide (El-Bassel, Terlikbaeva & Pinkham, 2010; Loeliger, Marcus, Wickersham, Pillai, Kamarulzaman, Altice, 2015) show that men and women who inject drugs are likely to face different risks, as female IDUs' behavior is associated with more HIV transmission risks compared to that of their male counterparts. Women are more likely to have drug-using sex partners. In addition, from a biological perspective, women tend to show greater vulnerability to HIV transmission than men. Women are more likely to need help injecting, to use drugs in the context of a sexual relationship, and to rely on a man to obtain or cook drugs. All these factors increase women's vulnerability to HIV. The gaps in the gender-based services within harm reduction projects act as barriers to halting the epidemic.

Researchers pointed out that the development and/or implementation of interventions that facilitate women and girls engaging harm reduction treatments that address their roles within society, work, and family/relationships, as well as outcome evaluation of these interventions is crucial (Springer, Larney, Alam-mehrjerdi, Altice, Metzger & Shoptaw, 2015). Based on the findings of the formative research in Ukraine with a focus on gender-oriented projects and services conducted in 2015, compared to men, female IDUs reported the need for: 1) obtaining counseling from psychologists and physicians; 2) developing communication skills to effectively deal with family members, doctors; 3) having a safe space; 4) activities that increase their self-confidence and enhance their sense of usefulness (Shulga, Varban, Yaremenko & Demchenko, 2015).

In 2016, the International Charitable Fund 'Alliance for Public Health' (hereafter – Alliance Ukraine)¹ started the implementation of the *Capacity Development for Quality-Assured Gender-Sensitive Harm Reduction Interventions in Ukraine (or ProfiGender project)* aimed at ensuring that women, men, and other epidemiologically significant segments of populations comprising people who inject drugs and their sexual partners have equal access to gender-sensitive and quality-assured HIV prevention and care in Ukraine.

This paper presents selected findings of monitoring and evaluation of the *ProfiGender* project implementation in 2016 by HIV-service NGOs in five regions of Ukraine where the project was implemented. The main focus of the paper is on women's views regarding services they are receiving and their expectation from social workers. The behavior patterns of the female IDUs who were surveyed are also described. The full report on the monitoring research was disseminated in 2017 (Demchenko, Varban, Bulyga & Holtsas, 2017).

Background information on the project

The key objectives and tasks of the project funded by «Expertise France 5% Initiative» were as follows: 1) to develop and introduce gender policy, procedures and gender-sensitive services in NGOs to achieve technical excellence in implementing a gender-sensitive approach to harm reduction programs; 2) to inform and train the NGOs' staff to apply gender policy and procedures in delivering gender-sensitive services; 3) to scale up the coverage of women who inject drugs and their sexual partners with basic harm reduction services.

¹ The International Charitable Foundation «Alliance for Public Health» (formerly known as the International Charitable Foundation «International HIV/AIDS Alliance in Ukraine» until November 2015) is a leading non-governmental professional organization making a significant impact on the epidemics of HIV/AIDS, tuberculosis, viral hepatitis and other socially dangerous diseases in Ukraine.

The *ProfiGender* project built up its activities in order to: a) engage with women who inject drugs and their sexual partners within the project for in-depth interviewing and prevention service delivery; b) train women who inject drugs and their sexual partners in safer drug use and safer sexual behavior, as well as in developing skills for disseminating preventive information within their social networks and involving their peer IDUs and their sexual partners into the project; c) deliver NGO-client follow-up services associated with rapid testing for HIV and hepatitis via a social worker and access to prevention materials; d) refer project-supported women clients to other social and medical services and projects that service female drug injectors in the inner city; e) facilitate skills development toward the adoption of safe sexual and drug use practices and safe social behaviors in female IDUs.

The project had two components – the mandatory for all implementing organizations and the selective. The mandatory component consisted of:

- enrolling clients using the modified peer-driven intervention method, including: surveying, peer-to-peer training, knowledge testing, motivation for counseling and assisted testing employing rapid HIV tests, enrolling into a harm reduction program, etc.;

- individual training of clients including, among others, the topics least covered during the previous activities (Alliance-prepared training module is used);

- practicing the skills of safe behaviors, forming clients' strong adherence to the harm reduction program using group, individual consultations, mini trainings, peer support groups, innovative methods (such as the MeNew game);

- training clients using structured group sessions specifically adapted for this project (Alliance-developed training module is used);

- counseling couples (Alliance-developed training module is used);

- assistance in HIV and hepatitis-testing; provision of services and referring clients to other services of harm reduction projects;

- case management – follow up of specific cases of clients to resolve the individual needs of clients who have been tested HIV positive (such as confirmation of the test result, registration with a dispensary, prescription of antiretroviral treatment, promoting adherence to antiretroviral treatment, etc.).

The non-compulsory interventions (up to 15% within the project) might include: organization of a station for provision of specific services for female IDUs; individual and group counseling by specialists (doctor, lawyer, psychologist) according to clients' needs; organization of a women development club; organization of a daycare room for children; assistance in receiving humanitarian aid; assistance in receiving household help, etc. (Alliance for Public Health, 2017).

Research methodology

The research was based on before-after design (the research activities were conducted in two stages: prior to the project in February- May 2016 and during the final stage of project implementation in June- September 2016).

This study was carried out using both quantitative and qualitative research methods.

1. Structured face-to-face interviews with NGO clients participating in the *ProfiGender* project. The study was conducted in two waves of interviews: at the start of the *ProfiGender* project (baseline client survey) and three months after the first wave (final client survey). The final survey was conducted to interview clients who had participated in the baseline survey. Both waves of surveys were conducted using research instruments based on similar blocks of questions. The *ProfiGender* project clients were surveyed by NGO staff.

Sampling was purposive, based on sex (gender) and having/not having a sexual partner. The total number of respondents for the baseline survey was 2,751 (roughly, 500 women and 50 men in each implementing NGO), while number of respondents for the final survey was 2,312 (drop-out losses varied across different NGOs and were 2-16%, while this figure at *Convictus Ukraine* was at 47%). Information on study respondents is presented in table 1.

2. Focus groups with NGO women clients were conducted after completion of the first stage of the *ProfiGender* project in 2016. A total of five focus group discussions (FGD) were held for the study's purposes (one group by each organization). Women clients were recruited through the efforts of NGO staff. Only women were invited to participate in the focus group discussions. In total, 40 women clients took part in the focus group sessions.

Table 1. Sampling Distribution

City	Name of NGO	Total Clients Participating in the <u>Baseline</u> Survey, Respondents	Total Clients Participating in the <u>Final</u> Survey		NGO Clients <u>NOT</u> Participating in the Final Survey	
			Resp.	%	Resp.	%
Kyiv	CF <i>Public Health</i>	548	463	84	85	16
Khmelnytskyi	NGO <i>Viktoriia</i> (Resocialization Center for Drug-Addicted Youth)	551	542	98	9	2
Odesa	CF <i>The Way Home</i>	551	496	90	55	10
Kyiv	<i>Convictus Ukraine</i> (All-Ukrainian Charitable Organization)	549	292	53	257	47
Kropyvnytskyi	CF <i>Return to Life</i>	552	519	94	33	6
TOTAL		2,751	2,312	84	439	16

Ethical research guidelines were aligned with the Professional Code of Ethics adopted by the Sociological Association of Ukraine and the Declaration of Helsinki as a statement of principles for research ethics. To protect the rights of human research participants, empirical research data were collected, stored, and analyzed in accordance with the ethical standards and principles of informed consent, anonymity, and confidentiality. Before the interview, each respondent provided verbal informed consent and received a reward for participating in the research project.

Prior to the discussion, verbal informed consent for audio-recording was obtained from each FGD participant. All interviewers and facilitators involved in the study had to sign a nondisclosure agreement to safeguard the confidentiality of the information obtained in the course of the research.

Key findings

The research findings indicate that the project has a primarily positive impact on NGO clients served by this project.

Project Services

By and large, the clients' needs are outside the scope of the basic package of HIV services. Thus, the following services are found to be in highest demand among the NGO clients surveyed:

- Distribution of consumable supplies: syringes (39% of all respondents report using this service (being provided with free syringes) and are willing to access it in the future, while 9% report not using this service but being willing to access it in the future). Similar figures for those wishing to obtain condoms were 34% and 9%, respectively, lubricants - 26% and 11%, respectively, and pregnancy test kits - 1% and 31%, respectively;
- HIV testing (22% of all respondents report being willing to access this service and using it, while 26% report not using this service but being willing to access it in the future). As far as tests for other infections were concerned, the figures were 8% and 44%, respectively;

- Consultations from physicians: gynecologists (1% respondents report using this service and are willing to access it in the future, while 32% have not accessed this service but would like to in the future). Similar figures for infectious disease specialists were 3% and 17%, respectively; substance abuse specialists - 1% and 18%, respectively; TB and lung disease specialists - 2% and 15%, respectively; surgeons, dental care specialists, etc. - 0% and 4%, respectively;

- Counseling by social workers (29% of all respondents report using this service and are willing to access it in the future, whereas 11% have not accessed this service but would like to). Similar figures for those wishing to access counseling by psychologists were 10% and 19%, respectively;

- Training and workshop events on health education topics (those who have attended such events and are willing to attend them in the future accounted for 2% of all respondents, whereas those who have not attended them but would like to accounted for 26%). Similar figures for those wishing to access couples counseling were 1% and 9%, respectively; mutual help groups - 1% and 15%, respectively; viewing videos on health education topics - 0% and 17%, respectively;

- Assistance and support related to substance addiction treatment and linkage to SMT (those who have received this service and are willing to access it in the future - 0%, whereas those who have not received it but would like to accounted for 8%); linkage to other health care providers (1% and 5%, respectively).

However, some clients' needs for services still remain unmet. Most commonly, this is due to clients' somewhat high expectations. Many of them think that, similar to a magic wand, a community-based organization is there to address a wide spectrum of their needs, starting with providing consumable supplies and doctor consultations and finishing with providing legal assistance and social support.

Counseling by social workers or other staff members on a range of topics of interest to clients is one of the key services within the framework of the *ProfiGender* project. In the course of the baseline survey, respondents were asked to identify their areas of interest in terms of their information needs, while during the final survey they were asked to identify the information they had obtained from NGO employees.

The baseline survey findings reveal that three quarters of all respondents (74%) expressed a desire to receive information on safer drug use, and nearly half of them (49%) - on safe sexual behavior. Furthermore, essentially all specific issues aroused interest in a certain percentage of respondents (13-36%). Another 43% of all those surveyed expressed a willingness to find out about the risks of contracting HIV or sexually transmitted infections, which might cover topics relating to both safer injecting and sexual practices (Table 2). By selecting «other» answer options, respondents indicated they were willing to receive information on how to treat drug addiction and disclose their HIV status to their social contacts. There were also some respondents who claimed to be fully informed about everything and not in need of any further information.

In the final survey, nearly a quarter of respondents reported not visiting the NGO or not accessing free syringes and condoms in the last 30 days (24% and 28%, respectively). The rest of the respondents advised they had been provided with a fair amount of prevention information as they were picking up free syringes/condoms. Specifically, during the month preceding the survey, social workers reported discussing at least one topic related to safer drug use with 80% of all respondents surveyed and at least one topic related to safe sexual behavior – with 72% of all those surveyed (Table 2).

The topics also quite often discussed with respondents included those, which are not directly associated with HIV/STI prevention, but still are important and meaningful to clients, being conducive to establishing relationships of trust. For example, topics related to how things have been with clients were discussed at least on one occasion in the last month with 76% of all respondents surveyed, those related to general health and well-being – with 74%, relationships with partners were discussed with 38%, and topics related to children – with 29%. Overall, at least on one occasion such topics were discussed with 83% of all respondents surveyed and visiting NGOs.

Among «other» topics discussed with respondents as they were picking up free syringes / condoms the clients mentioned the following: testing for different infections including HIV / STIs / viral hepatitis, etc., the importance of visiting AIDS centers and taking antiretroviral therapy (for HIV-positive respondents), desisting from drug use, guidance on reproductive health matters, etc.

The research findings reveal that no topics were discussed with 3% of all respondents as they were accessing free syringes, and with 6% of all respondents picking up free condoms in the process of accessing the service.

Table 2. *Information Sought by Clients and Provided by Social Worker, by Survey Wave, %*

	Information Sought (Baseline Survey) (n=2751)	Information Provided (Final Survey) *** (n=2312)
On the risks of transmission of HIV/STIs	43	62
Topics Related to Drug Use:	74	80
On the <i>effects drugs have on the body</i> , on health hazards and consequences associated with specific illicit drugs	36	47
How to control the quality of drugs (what to do if the solution is unclear)	33	19
How to disinfect (sterilize) a syringe for reuse, if a new syringe is not available	33	24
How to avoid overdose and what to do in an overdose situation	32	33
How to safely divide a dose	29	13
About the need to boil drug solutions bought elsewhere	27	22
On the importance of using only new syringes and needles, potential consequences associated with reuse of non-sterile syringes (even after one's partner)	25	39
Drug injection speed (slower for women than for men)	25	11
How to properly dispose of a used syringe	24	25
How to discuss safer drug-use practices with your partner	19	12
How to safely inject a drug (injection site options, post-injection site care)	19	17
Use of tourniquets for injecting drugs	13	5
Topics Related to Sexual Behavior	49	72
Condom use as effective protection against HIV/STIs	27	56
How to discuss sex-related topics with your partner	24	19
On contraception and birth control	22	36
How to persuade your partner to use condoms	21	21
How to use condoms correctly	16	26
Other Topics	5	4

* The total exceeds 100% due to respondents being able to select more than one response

** The differences between survey waves are deemed significant if they exceed 2%

*** For those who visited NGOs

When interpreting this indicator, note should be taken of the fact that these data are applicable only to the one month prior to the survey, but not to all of the information received by clients for the entire period they were visiting the NGO.

Significant differences were recorded among clients across different NGOs, both during the baseline survey process (in terms of their interest in obtaining prevention information), and during the final survey (in terms of percentages of respondents who visited NGOs / picked up free consumable supplies, thus simultaneously gaining access to counseling on safer drug use and sexual practices). Presumably, these differences are due to inherent variations associated with each specific NGO' client categories or particular organizational procedures at the organization level, but this issue requires further study.

The results of FGDs with female clients, on the one hand, confirm the trends identified based on quantitative data analysis, while, on the other hand, they complement and add further detail to the same. Most FGD participants from among NGOs' female clients reported starting to visit the organization from six to twelve months ago. Put otherwise, the group under review included both female clients recruited at the start of the project and those who joined in closer to the end of the recruitment period. Most of the women clients reported visiting only one organization and having no experience visiting NGOs prior to the *ProfiGender* project, even though the situation varies from one NGO to another.

However, in the process of visiting the NGO, substantially all women clients (both old and new, who joined the project while *ProfiGender* was already underway) reported concurrently accessing services from multiple projects supported by the organization. As the *ProfiGender* project was integrated into a harm reduction project, women clients were not under the impression of being involved in a different project. When there was a need for a client to access some specialist service, social workers provided the referral as appropriate. Such referral was made to facilitate service delivery for NGOs' female clients.

When responding to the survey question about services provided as part of the *ProfiGender* project, the most frequently mentioned service was access to syringes and condoms.

As part of the project, some SEPs for women were established by a number of NGOs, thus enabling female clients to pick up supplies from one location.

«Syringes, wipes, financial assistance. It's a pleasure talking with the girls, asking them some questions about things you'd like to know more about» (NGO's female client).

«Over here, they help you with everything across the board. Moral support included, too: you can share your news, ask for advice or just talk with other women. Plus, they provide you with things: you can pick up syringes, condoms. A psychologist and a legal advisor come by to see us, even a hair stylist» (NGO's female client).

In addition to distribution of syringes and condoms, the following services were fairly often mentioned by women clients.

1) Testing for HIV and/or viral hepatitis (for self and/or one's partner, child). The project provides assisted testing for HIV. It is worth pointing out that female clients, who were the NGO's first-time test takers as part of the *ProfiGender* project, expressed admiration at the excellent privacy protection arrangements in place as well as the social workers' ability to reassure clients and help them in coping with their fears and anxiety.

«Everything was conducted in a calm, quiet environment. We walked in one by one. I, for one, was entirely alone in the building at the moment. Nobody can peek in and see you. The test results are not disclosed to any third party, it's all for your eyes only» (NGO's female client).

«The social worker talked to me both before and after the test, especially after. She offered to get me a psychologist's help but I was mentally prepared [for a positive test result]. Still though, I was surrounded with care and attention. They suggested I have a venous blood sample taken for a complete blood count, offered to help me throughout the process until I'm enrolled in antiretroviral therapy» (NGO's female client).

2) In addition to individual (couples) counseling, group-based informational classes were held as part of the project on a range of topics related to prevention of HIV and viral hepatitis, as well as safer drug-use practices.

«We had some lecture-like sessions on correct injecting drug use practices. They told us a whole lot of things about HIV, AIDS, routes of transmission and prevention, female reproductive health» (NGO's female client).

«I learned a lot of things there: all the hows, whats, and whys. I'm 49 years old, but it's only this year that I've learned to how to correctly put on a condom! It's funny, of course. They taught and showed us how to do all that» (NGO's female client).

3) Assistance/case management throughout the process of linkage to health care services, including linkage to antiretroviral therapy and substitution (maintenance) therapy.

«My husband got tested here (in the organization) and found out he was HIV-positive. Then we went down to the AIDS center and they offered to get him enrolled in an antiretroviral program. Over there, the social workers were a big help in the process, too» (NGO's female client).

«I found out I was HIV-positive and they provided case management services for me. The social worker helped me through the process of getting enrolled in ART» (NGO's female client).

4) A wide range of services not directly related to the prevention agenda was used to engage and retain women clients in the project. These services significantly varied from NGO to NGO, depending on their organizational capabilities and capacities, employees' imagination, and female clients' needs and requests. The consolidated list includes as follows:

- classes on cooking, makeup, decoupage techniques, budget planning, employment and money-making topics, dealing with violence, developing English language skills, etc.;
- personal and domestic services (e.g., hair cutting and styling services or accessing opportunities related to use of washing machines);
- some NGOs provided a humanitarian aid to women clients and their children, as well as psychological counseling services (volunteer-based), a Children's Waiting Room was set up.

However, these services, even though originally designed as complementary to provide additional motivation, essentially appeared to hold greater appeal for female clients than the rest of the services, as witnessed by their enthusiastic feedback.

«They taught us about things we might do in our leisure time (hand embroidery). The girls shared tips on how to go about looking for a job, what compensation is offered by which site, how to balance your family's budget, or how to wisely manage your money» (NGO's female client).

«I liked it here a lot, because when you do drugs you often forget about how you look, but over here, they showed you that wearing makeup can make a difference, in decoupage class they showed me I can do things with my own hands, and in cooking class they reminded us that we can cook and be useful around the house, too» (NGO's female client).

Essentially all the services, including those related to both prevention and motivation, were provided both separately for IDU women and for their sexual partners.

5) The NewMe game² was also well liked by female clients involved, even though, due to one circumstance or another, not everyone was able to join this activity. Upon hearing positive feedback from game participants, women clients who did not participate in the game also expressed a willingness to join in and participate, if this game should be conducted again.

«We shared our thoughts and feelings, our desires, talking about things we miss in life, and things we'd like to get. There was no psychologist among us, but we found a kind of psychological support in communicating with one another... Words can't describe how impressed I was with this game» (NGO's female client).

6) Psychological, legal, and social assistance provided to help a woman client facing a life-crisis emergency. Noteworthy here is the fact that in many cases NGO employees are the go-to choice for clients seeking help in dealing with any problem whatsoever, be that regarding a complicated life situation (e.g., a female client's or her close person's illness, legal problems, etc.), or what the female clients themselves describe as «minor stuff.»

«I lost my apartment and was in a desperate situation. Believe it or not but the social workers helped me in fighting this battle and getting back my apartment without any fees or charges» (NGO's female client).

«The girls supported me a lot when I had a domestic violence situation. They pulled all the strings and got everyone on board right away including the psychologist and the legal advisor» (NGO's female client).

7) Noteworthy here is the fact that individual counseling on a range of prevention topics related to HIV/STIs/viral hepatitis infections, safer drug use and other similar issues are not perceived by female clients as separate services. They tend to describe this process by saying, «we talked about ... with the girls (social workers),» i.e., NGO employees adopt a sufficiently subtle and discreet approach when providing individual counseling in the context of clients' needs. This way, they deliver the necessary information without focusing too much of the clients' attention on the preventive nature of issues looked into and without causing their annoyance.

² A social-psychological prevention-oriented training game designed to build a confident and assertive behavior style in female participants as part of a set of safety-focused behaviors seeking to satisfy the safety-related needs and maintain overall health (including prevention of HIV/STIs/viral hepatitis infections and negative effects linked to the use of psychoactive substances).

«We regularly talked with Anya (the social worker) about family life, spouse relationships, drugs, and a lot of other things» (NGO's female client).

«When I came over here, I often just talked with the girls (social workers) about different things in my life: how to handle this or that situation, how to stay off drugs, how to plan it all out right if you do drugs, or how to become a productive member of society» (NGO's female client).

Service Delivery Environment

Clients reported positive experiences with service delivery, specifically in regards to the atmosphere in the organization and the staff's communication skills. Thus, according to the final survey results, 46% of all respondents described NGO employees' behavior when communicating with clients as that of a friend, 35% - as that of a professional, and 14% - as that of a mentor, a teacher. None of those interviewed reported encountering unfriendly or indifferent social workers. A majority of all respondents (92%) reported never experiencing any discomfort or awkwardness communicating with social workers when visiting the organization in the past three months. 5% of all respondents reported isolated cases mentioned above, commonly arising due to inadequate privacy arrangements during counseling sessions, as well as the situations when the social worker raised an issue the client was not prepared to discuss at the moment (28%).

Project employees pointed out that the project was successfully integrated into the existing harm reduction projects being financially supported by the Global Fund: services were not duplicated, and clients were effectively referred to these projects. This indicates that *ProfiGender* has assisted in overcoming a variety of barriers that might impede HR clients' access to service delivery. According to NGO staff, the project's key distinction was in the more comfortable conditions of service delivery - a gender-sensitive approach and tailor-made services geared to IDU women's needs as much as practical.

In the course of the FGDs, all female participants from among clients, without exception, were highly appreciative of the atmosphere of the organization and its staff's communication skills. None of the women participants reported any situation (provoked by either the organization's employees or other NGO clients), when they would experience any discomfort when visiting the organization.

«The atmosphere here is good. You drop by for five minutes to pick up the syringes, and they go, «Would you like some tea or coffee with cookies?» It always feels very good, you never want to go away. Every time you stop by, you stick around to hang out and talk» (NGO's female client).

«It's almost like a second home. It's always warm and cozy in here, and I'm talking not about the material conditions but about the human dimension and relationships. You always get a warm welcome here and are treated like someone important» (NGO's female client).

Among the most pleasant experiences associated with communicating with NGO employees and reported by clients are those relating to the following: NGO staff members know all clients by sight and name, ask clients about how things have been with them, and remember things the clients had told them before, treat clients with respect and never turn them away in a crisis situation whenever the help is needed, even though NGO employees are well aware of their clients' lifestyles.

«The girls asked, «How do you all prefer to be addressed? Formally, using the first name and father's name, as we are younger, or informally, on a first-name basis?» (NGO's female client).

«Once I was in a foul mood. I made the phone call and Masha said, «Come on over, we'll play The Snail game.» I came in to see I was the only client there. So the three of us, Anya, Masha (social workers) and I, laid out this snail and spent about three hours or so just sitting there and playing. Neither of them was in any hurry to go home, nobody said, 'Enough is enough, go home already!'"» (NGO's female client).

Project Outcomes for NGO Clients and Their Social Contacts

The project outcomes were evaluated both in regard to NGO clients (change in the knowledge and awareness of HIV/AIDS/STIs/viral hepatitis infections, a shift to less risky behavior, getting tested and accessing medical care if needed, improving relationships with partners), and NGO employees (an increase in knowledge, upgrading professional skills, psychological changes), as well as in the context of changes in overall organizational activity.

Knowledge Scores. The increase in female clients' knowledge scores based on some indicators varies from 8-12% (questions on potential risks of STI self-treatment and sexual health protection) up to 68-74% (questions on correct condom use and HIV transmission routes) (the margin of error = +/-3%). Based on this circumstance, in the course of further project work, particular attention should be paid to the comprehensiveness of counseling services provided to clients in order to bridge the knowledge gap evident in some areas of prevention education on HIV/viral hepatitis infections/STIs/reduction of risks linked to drug use.

Drug Use. In the course of the baseline survey, 98% of all respondents reported using some drugs in the past 30 days, specifically 97% of all those interviewed reported taking drugs intravenously. In the final survey, such respondents accounted for 92% and 93%, respectively, i.e., based on respondents' answers, roughly 5% of them stopped taking drugs (or minimized their drug intake) after participating in the project. However, the credibility of these data is slightly questionable, giving cause for some doubt, since drug use testing is outside the scope of this study.

According to the final survey results, in the past 30 days, respondents were most likely to use opiates (61%), stimulants being significantly less favored within this group (33%), followed by methadone/methadol (24%) and hallucinogenic substances used only by 5%. Based on the survey data, multiple drug addictions appear to be sufficiently common among the respondent pool. Specifically, almost every other respondent (47%) who reported taking methadone/methadol in the past 30 days used other types of drugs in the same timeframe as well. However, it is impossible to definitively establish whether the drugs implied here refer to SMT or street methadone.

The situation on the ground differs from one NGO to another obviously due to local drug-scene variances in different cities. Specifically, clients of *CF Return to Life* and *CF Public Health* reported using only opiates and stimulants, while clients of the three other NGOs, in addition to the drugs mentioned above, reported using methadone/methadol (28-45%), and hallucinogenic substances as well (21%) (*CF The Way Home*). When undertaking further efforts to improve the educational module as part of the *ProfiGender* project, these considerations must be duly taken into account, while paying attention to the type-specific and interactive properties and effects of drugs involved, specifically the potential risks associated with their intake and ways to minimize them.

The follow-up survey being conducted only three months after the launch of the project, no significant changes in clients' behavior are likely to be observable at the current point in time. Most of the clients continued to engage in risky drug-use practices even after becoming involved in the project, i.e., failing to sterilize drug solutions bought elsewhere (74% of all respondents reported not always doing that in the baseline survey against 70% giving the same response while interviewed during the final survey), 50% and 48%, respectively, reported buying the drug in a pre-filled syringe, or drawing drugs from a common container (37% and 32%), using the seller's container/vial/large-sized syringe (35% and 31%) or another drug user's syringe (21% and 13%), having other people inject them with the drug (45% and 51%). Based on the survey data, using other IDUs' needles or syringes was found to be the least common practice (13% and 7%, respectively) among the respondents interviewed.

It should be pointed out, though, that the survey reveals no positive trends across most indicators (performance metrics), showing no improvement, or the same is within 3-4% taking into account the margin of error for the survey. The integrated performance indicator used to measure risky injecting behaviors (calculated as a percentage of respondents who reported engaging in at least one of the risky drug-injecting practices mentioned here) remained essentially unchanged and stood at 95%, based on the baseline survey results, and 92% - based on the final survey results. This being the case, further work with clients should be informed by the need to focus their attention on the fact that it is not enough to follow only some guidelines for guaranteed HIV prevention (e.g., using a sterile syringe in and of itself does not provide assured safety and protection, if the drug solution is contaminated, etc.)

Sexual Behavior. In both waves of the survey, most of respondents (79% in the baseline survey and 78% in the final survey) reported having sexual contact in the three months prior to the survey. Most commonly, respondents engaged in sexual activity with their regular sex partners (62% based on the baseline survey results vs. 56%, based on the final survey results), even though sex with casual partners (21% in either survey) or commercial sex partners (11% and 9%, respectively) was also found to be a fairly common practice.

The final survey findings showed a significant increase in the proportion of respondents who reported always using condoms with all sexual partners. This figure was 71% against 61% for women, and 48% against 39% for men.

In further project activities, due account should be taken of the fact that men are much more likely to practice unprotected sex than women, so a special focus in counseling men should be on motivating them toward safe sexual behaviors, while in counseling women – on training them in how to convince their partner to use condoms.

HIV Testing. During the baseline survey, two thirds of respondents reported never getting tested for HIV (21%) or doing that more than a year ago (44%). After participation in the project, 2% of all respondents remained untested with another 10% reporting getting tested more than a year ago. In the latter group, a majority of respondents (76%) were those registered with the AIDS center (i.e., those who are already aware of their HIV-positive status and do not need a test). Thus, upon completion of the project, a vast majority of all respondents in need of an HIV test were duly tested.

Relationships with Partners. During the baseline survey, 59% of all respondents, and 54% during the final survey reported having a regular partner (including a husband / wife or another person with whom they were currently in a relationship lasting longer than three months). In most cases, the relationship referred to was a fairly long-term relationship (88% and 92% of all those interviewed reported being in a relationship for more than six months).

The findings of both survey waves among IDU clients showed an imbalance in terms of gender roles within the family. From a third to half of all those interviewed reported sharing some household duties and responsibilities (including those related to housekeeping and home management, earning a living, children's upbringing). In other cases, these roles were assigned to a male or female partner, specifically, the role of breadwinner and provider for the needs of the household would be embraced by the man, and the role of mother and housekeeper would be filled by the woman. More than half of respondents indicated that all decisions on condom use within the couple were joint decisions. In other cases, women were more likely to insist on condom use.

The research findings indicate a certain decrease in the frequency of conflicts within clients' couples, even though with due allowance for the survey's margin of error, these changes are generally insignificant, or even negligible in many instances. The share of those who reported having no conflicts over one issue or another in their couple's relationship declined by 4-10%, the margin of error being at +/-4%.

Discussions

The researchers were not commissioned to evaluate the long-term effectiveness and impact of the *ProfiGender* project. The follow-up survey was conducted three months after the launch of the project, which made it essentially impossible to identify certain trends or changes in NGO clients' behavior.

The most significant limitation of the research was the small proportion of male respondents in the samples: in both waves of the surveys, men recruited by each organization accounted for nearly 8-9% (i.e., not more than 50 persons), thus leading to their statistical underrepresentation within the group. Based on this consideration, the survey results for male respondents can be evaluated either as part of an overall analysis, without data breakdown by NGO, or by adding them to the survey results collected for the group of female respondents.

Another limitation is the fact that for the final survey the staff members of *Convictus Ukraine* were able to recruit only 53% of all respondents participating in the baseline survey, whereas this figure for the other NGOs was at 84-98%. Due to poor statistical representation of *Convictus Ukraine's* client population, when analyzing final survey data with break-down by NGO, the survey had a margin of error of 6 percentage points.

Yet another challenge was the fact that the clients were surveyed by NGO staff members themselves. In addition, in some cases, while performing the survey, the latter were concurrently counseling the clients and showing a fair amount of leniency when recording respondent answers. Due to this circumstance, in some areas of the survey relating to certain indicators, e.g., clients' levels of knowledge about HIV/AIDS/STIs and viral hepatitis, the data collected are ambivalent and open to wide interpretation. For example, lower knowledge scores recorded

during the final survey compared to the baseline survey findings can be explained by the fact that in the course of the baseline survey the interviewers coded a respondent's answer as correct even if his or her response contained, e.g., two or three components out of the four correct answer components. At the same time, during the final survey, when respondents' answers were coded as correct or incorrect at the time of data analysis, a response was counted as correct only if it contained all four necessary components. The baseline survey was marked by some breaches of procedure. Specifically, some NGO employees failed to include attachments containing HIV knowledge tests when submitting completed survey questionnaires.

That notwithstanding, the results obtained in this research effort provide a sufficient basis for evaluating the project's progress and its short-term outcomes. These findings can be used as a ground for further development of gender-sensitive services for women who use drugs or/and live with HIV/AIDS, experiencing conflict situation at the family at the same time. As other studies conducted in Ukraine (Bongiovanni, Sergeev & Semigina, 2013; Semigina, & Tymoshenko, 2016) demonstrate the need in such approaches.

Concluding remarks

The research findings show that the clients served by the *ProfiGender* project were provided with a wider range of services than expected within standard harm reduction projects operating in Ukraine through financial assistance from The Global Fund to Fight AIDS, Tuberculosis & Malaria. In addition to general prevention services (distribution of syringes/condoms/lubricants and counseling by social workers), each organization offered a number of additional services demanded by clients, commonly through other projects and using additional NGO-based resources. These services could include a psychologist's assistance (being quite often provided by NGO *Viktoriia* and CF *The Way Home*, consultations from physicians (CF *Public Health* and *Viktoriia*), dispensing food and humanitarian aid (NGO *Viktoriia* and CF *Public Health*) etc., depending on the focus area as well as the capabilities and capacities of each specific organization.

According to NGOs' clients, during the further course of the *ProfiGender* project, it is advisable that all its key components should remain, including the services provided. In addition, it would be reasonable to expand the range of services provided by adding the following:

- direct prevention services: testing for viral hepatitis infections and STIs, consultations with physicians and psychologists, training events, workshops and viewing videos on health education topics, couples counseling, mutual help groups, case management for people with substance addiction issues or those seeking linkage to care for SMT and healthcare services;
- services that help with clients' social adaptation problems: services for children, family relationship counseling, services for accessing employment opportunities, legal advice and consulting;
- motivational services: provision of food and humanitarian aid, social welfare facilities, leisure time management.

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