



**“Evaluating an Impact from Group Forms of Work under Projects on HIV Prevention among MSM”
Operational Survey
Brief Results**

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List of Abbreviations

AC – an analytic center

ART – antiretroviral therapy

HIV – human immunodeficiency virus

WHO – World Health Organization

VCT – voluntary counseling and testing

HR – harm reduction

STI – sexually transmitted infections

CP – a control population or comparison population

ICF – an international charitable foundation

LGBT – lesbian, gays, bisexuals and transgenders

NGO – a non-governmental organization

BP – a basic population

AIDS – acquired immunodeficiency syndrome

MSM – men having sex with men

Survey Methodology

Organizations implementing in Ukraine projects on HIV prevention among MSM have rather vast experience in the respective activity and widely apply versatile forms of group work under MSM service projects. A considerable part of projects provides for the implementation of the following arrangements:

- group counseling (lectures) on safe sexual behavior, HIV/AIDS and STIs;
- trainings aimed at forming safe sexual behavior, including incentivizing the use of condoms and lubricants, incentivizing getting tested for HIV, incentivizing getting tested for STIs and treatment of them;
- groups of self- and mutual help;
- group counseling of clients on coming-out, sexual practices in terms of exposure to HIV/STIs, homophobia, violence in gay couples, use of alcohol, narcotic substances, sexual stimulants, sex toys, etc., that are carried out by psychologists and social workers;
- creating a prevention-oriented environment, i.e. parties, debate clubs, movie clubs, etc.

As of now, in Ukraine there are no studies scrutinizing a direct or indirect impact of these forms of work on a change of MSM's behaviors with a higher risk of exposure to HIV/STIs for safer ones. Other countries also lack detailed surveys on this subject, while findings of available surveys can hardly be used to evaluate the effectuality of group forms of work with MSM which are carried out in Ukraine, considering social differences between the countries.

In 2011 upon request of the International Charitable Foundation "International HIV/AIDS Alliance in Ukraine" the Analytic Center "Socioconsulting" held the operational survey "Evaluating an Impact from Group Forms of Work under Projects on HIV Prevention among MSM" within the framework of the "Support of HIV and AIDS, Treatment and Care for Most Vulnerable Populations in Ukraine" Program with the assistance of the Global Fund to Fight AIDS, TB and Malaria.

The goal of the survey is to analyze and evaluate the direct and indirect results, and effectuality of group forms of work, as well as their impact on prevention of the spread of HIV among MSM.

In order to achieve the said purpose the following **objectives** were tackled:

1. Analyzing the notion "effectuality of group forms of work with MSM", particularly drawing up an exhaustive list of such forms of work, defining such its characteristics as effectiveness, efficacy, efficiency, as well as the well-grounded formulation of qualitative and quantitative criteria of these characteristics.
2. Determining and describing all forms of group work with MSM which are carried out by MSM service organizations.
3. Analyzing effectuality (effectiveness, efficacy, efficiency) of particular forms of group work with the use of qualitative and quantitative criteria.

4. Studying particularities and mechanisms of an impact from certain forms of group work on various aspects of life of HR project clients, on recruiting and retaining them in prevention projects, as well as on preventing the spread of HIV among MSM, including the analysis of a direct and indirect impact.
5. Developing recommendations as to expediency/inexpediency of introducing particular forms of group work into the activity of MSM service organizations, increasing the effectuality of MSM service projects (effectiveness, efficacy, efficiency) in terms of preventing transmission of HIV and STIs among MSM, as well as regarding necessary changes in project management, the system of control, monitoring and evaluation.

Survey type: operational, using qualitative and quantitative sociological methods.

Territorial coverage: the survey was performed on the basis of 5 MSM service NGOs that represent various regions of Ukraine and have large experience in the implementation of HIV service projects:

- NGO “Gay-Alliance” (Kyiv);
- NGO “Health of the Nation” (Donetsk);
- NGO “Avante” (Lviv);
- NGO “Partner” (Odesa);
- NGO “LiGA” (Mykolayiv).

Survey Methods

In order to obtain complete and objective information in the survey, a comprehensive approach was employed, which envisioned combining qualitative and quantitative sociological methods. The following survey methods were applied:

- 1) **Desk research.** Main sources used for desk research were NGOs’ project applications supported by the Alliance, running documents (NGOs’ quarterly reports), reports subsequent to monitoring visits by Alliance programmatic specialists, etc.
- 2) **Structured interviews with clients.** In each NGO clients receiving group and individual counseling services (*basic population*) and those receiving individual prevention services only (*control population or comparison population*) were polled. All in all, 300 respondents were polled, including 200 basic population representatives and 100 comparison group representatives (60 respondents from each NGO).
- 3) The self-assessment diagnostic *psychological technique* by T. Dembo – S. Rubinstein was included as a separate block into structured interviews. 4 scales characterizing individual particularities of respondents’ self-assessment were chosen for the survey, i.e. health, happiness, self-satisfaction and optimism.
- 4) **Flexible interviews with clients.** Only clients who visited group prevention events held at the organization (no fewer than 3 attendances of such events during the NGO’s project activity) are included into the polling. In total, 22 flexible interviews were held.

- 5) ***Flexible interviews with experts.*** In this survey experts were staff members of NGOs or invited specialists who directly implement group forms of work with MSM or are engaged in the planning and coordination of the mentioned activity (project managers or MSM area coordinators, trainers, consultants, facilitators who hold group events). In total, 8 in-depth interviews and a focus-group at NGO “Health of the Nation” (Donetsk) were held.
- 6) ***Monitoring visits by staff members of AC “Socioconsulting”.*** 1 visit was paid to each NGO participating in the survey (5 in total) with a view of familiarizing with project documents and attending at least 1 group event in the capacity of a visitor. In course of visits staff members of AC ‘Socioconsulting’ attended an informational lesson (“Health of the Nation”), the meetings of a movie club (“LiGA”, “Partner”) and a psychological club (“Gay-Alliance”), a personal advancement group (“Avante”).

Research Approaches to the Investigation of an Impact from Group Events and Their Effectuality:

- The effectiveness of group events was analyzed on the basis of the content-analysis of flexible interviews, reports subsequent to monitoring visits, one- and two-dimensional distribution of answers of clients who participated in group events to questionnaire questions.
- Conclusions as to efficiency were made on the ground of the comparative analysis by key indicators (first of all, by the spread of risky behavioral practices) between the basic and control populations.
- The analysis of efficacy was aimed at calculating additional costs (“costings”) of the refusal of risky behavior by one “average” client who attended group prevention events. An attempt was also made to analyze the efficacy of particular types of group work.

Survey Data Analysis Methods:

- The systematization and primary content-analysis of verbatim records of flexible interviews with clients and experts.
- The systematization of data from reports subsequent to monitoring visits.
- The comparative analysis of polling data depending on such characteristics of those polled as belonging to the basic or control population, a level of education of the respondents and their belonging to a certain NGO using methods of descriptive statistics – one- and two-dimensional distributions of respondents’ answers.
- The calculation of integral indicators that characterize a level of knowledge, behavioral attitudes and a level of the prevalence of risky sexual behavior among the respondents, by particular groups, and the analysis of their reliability.
- The calculation of correlation coefficients to study interrelations between various factors that can bear an impact on a level of knowledge, behavioral attitudes and a level of prevalence of risky sexual behavior among the respondents.
- The calculation of coefficients of significance of discrepancies between indicators of representatives of the basic and control

populations.

Ethical Fundamentals of the Survey

The program and tools of the survey obtained a positive opinion from the Commission on Sociologist's Professional Ethics under the Sociological Association of Ukraine.

The collection, storage and analysis of empirical data of the survey were based on compliance with ethical standards and protection of survey participants' rights for voluntariness, anonymity and confidentiality. Prior to being interviewed each respondent gave an oral informed consent for participation in the survey.

Restrictions of the Survey

The analysis of discrepancies between the basic and control population turned out to be complicated, while its findings – rather ambiguous, since the control population appeared not to be “clean”. On account of non-compliance with the client recruitment procedure by several NGOs, persons who could be participants of group events apparently became members of the control population of these organizations.

Whilst at NGOs “Health of the Nation” (Donetsk) and “Gay-Alliance” (Kyiv) the respondents from the control population were polled directly in cruising areas (“*pleshkas*”), staff members from other three organizations, under various excuses, refused to use such form of polling. At that, in their reports interviewers had rather much criticism with regard to the appropriateness of the NGO staff members' selection of clients for the study.

Main Findings of the Survey

International Background

Papers dedicated to the analysis of foreign, American in particular, experience of the implementation of group methods of prevention work with MSM which are publicly available on the web where reviewed. The review tackled the following objectives:

- It described the experience of holding and effectuality evaluation of group programs on HIV prevention, as exemplified by specialized recreation facilities in the U.S. State of Montana, as well as group trainings for Afro-American MSM;
- It analyzed key results of group forms of HIV prevention among MSM abroad and problems associated with their evaluation.

Subsequent to the review, the study by Berg¹, Sondag & Dybdal (2007)² shows that off-site hands-on workshops as a group form of prevention of HIV/STIs among MSM grants an opportunity to effectually, from the economic point of view, cover a large number of people and greatly reduce a number of HIV transmission cases in future. In their turn, the findings of the report by Wilton et al. (2009)³ vividly show that the effectiveness of group prevention targeted at reducing exposure to HIV/STIs within particular subpopulations of MSM directly depends on how much it endorses cushioning structural factors that underlie risky behavior of members of this subpopulation.

The majority of systemic reviews analyzed under this operational survey pointed at reducing target population's risky behavior over a short-term perspective in the follow-up of group prevention interventions held. However, cases of long-term and sustainable harm reduction are insufficiently document supported (Berg, 2009). Moreover, these researches hardly present any data on the effectuality of group prevention of HIV/STIs among MSM based on biological data. The analysis of their effectuality was built primarily on participants' self-reports as to the quality of changes in sexual behavior and the more active use of condoms subsequent to the interventions (Herbst et al., 2007, April)⁴.

Social networks enable successful application of group forms of work for the purpose of HIV prevention within the community of MSM. For instance, Amirkhani et al. (2005)⁵ confirmed the effectuality of group counseling and trainings on HIV prevention skills among leaders who enjoy popularity among members of social networks of MSM. In their study held in Saint-Petersburg (Russia) and Sofia (Bulgaria) covered leaders of 25 experimental networks of young MSM. The participants heard nine training lessons where they were trained on a safe sexual life, as well as on how to transfer skills and knowledge received to their contemporaries, friends and beloved ones. Behavioral changes were measured through questioning and polling participants from the experimental and control populations. The polling of the participants was repeated in 3 and 12 months after the training. In the experimental group, according to participants' self-reports, the level of unprotected anal sex reduced from 71.8% to 48.8% in 3 months (P=0.00001), while the share of cases of unprotected anal sex with several partners reduced from 31.5% to 12.9% (P=0.02). The findings of the follow-up questioning in 12 months depicted the trend of a reducing number of reports on unprotected anal sex in the experimental group, excluding participants who had several partners

¹ Berg, R. (2009). The Effectiveness of Behavioral and Psychosocial HIV/STI Prevention Interventions for MSM in Europe: a systematic review. *Eurosurveillance*, 14, (48), 19-30.

² Berg, C., Sondag, A. & Dybdal, L. (2007). Health Retreats AS Group-Level HIV Prevention Intervention: An Evaluation. *American Journal of Health Studies*, 22 (3), 160-169.

³ Wilton, L. et al (2009). Efficacy of an HIV/STI prevention intervention for black men who have sex with men: findings from the Many Men, Many Voices (3MV) project. *AIDS and Behavior*, 13 (3), 532-544.

⁴ Herbst, J. et al (2007, April). The Effectiveness of Individual-, Group-, and Community-Level HIV Behavioral Risk-Reduction Interventions for Adult Men Who Have Sex with Men: A Systematic Review. *American Journal of Preventive Medicine*, 32; Supplement, 8-67.

⁵ Amirkhani, Y. et al (2005). A randomized social network HIV prevention trial with young men who have sex with men in Russia and Bulgaria. *AIDS*, 19 (16), 1897-905.

before the polling – in which case the indicators remained at the very same level. Still, in the control population the frequency of cases of unprotected anal sex over the whole control period remained almost unchanged.

The integrated approach to sexual health relying on short, yet multi-level and well-grounded, workshops also showed its effectuality in terms of reducing a number of cases of unprotected anal sex among MSM and proved that one-time strategies may be successfully used in this population (Rosser et al., 2002)⁶. Group interventions held by facilitators and moderators from the community of MSM prove their effectiveness, in particular if an intervention is aimed at reducing risky behavior in the community of MSM living with HIV (Wolitski, Gómez & Parsons, 2005)⁷. Several group prevention interventions were developed especially for particular subgroups and subpopulations of MSM, including ethnical/racial minorities, as, for example, the program “Many Men, Many Voices” for Afro-American MSM (Wilton et al, 2009).

Cognitive-behavioral interventions are cost-effective instruments of HIV prevention among MSM. For example, the cost of a few-day American practical workshop for MSM when participants are trained on self-control skills, coming-out, safe behavior, get lectures on HIV/AIDS and helped to form a network of social support, according to Holtgrave & Kelly (1997)⁸, amounted USD 24,000 which is 1.75 cheaper than the estimated cost of HIV treatment (USD 42,000). The researchers calculated that this initiative helped to save 5.5 discordant “person-years” of quality adjusted life years (QALYs).

Today it is possible to summarize that there has been an insufficient number of researches dedicated to the evaluation of outcomes of group interventions aimed at reducing risky behavior among MSM. The development of behavioral HIV/STIs prevention strategies and the evaluation of such programs for MSM are an important component of the comprehensive strategy of response to the HIV epidemics.

Based on international review data, the survey was carried out in Ukraine. Its findings showed that a possibility to attend group events of Ukrainian HIV service NGOs working with MSM is an important incentive to involve new clients and retain them in future, as well as a weighty factor with regard to getting HIV/AIDS prevention services (VCT, information papers, condoms/lubricants) by representatives of the target population on a regular basis.

⁶ Rosser, B. et al. (2002). A randomized controlled intervention trial of a sexual health approach to long-term HIV risk reduction for men who have sex with men: Effects of the intervention on unsafe sexual behavior. *AIDS Education and Prevention*, Suppl. A, 14, 59-71.

⁷ Wolitski, R., Gómez, C. & Parsons, J. (2005). Effects of a peer-led behavioral intervention to reduce HIV transmission and promote serostatus disclosure among HIV-seropositive gay and bisexual men. *AIDS*, 19 (Suppl 1), S99-109.

⁸ Holtgrave, D. & Kelly, J. (1997). Cost-effectiveness of an HIV/AIDS prevention intervention for gay men. *AIDS and Behavior*, 1, 173-80.

Description of Group Events Held by NGOs

In general one can single out the following three areas of group prevention services held on the basis of MSM service NGOs:

- Awareness-raising events on HIV/AIDS/STIs/hepatites;
- Social and psychological events;
- Leisure arrangements.

However, such breakdown is rather provisional, since staff members of NGOs try to touch upon HIV/AIDS prevention issues during all the group events (events with a psychologist, mutual and self-help groups, outings, movie clubs, discos, etc.), as confirmed by their clients' replies.

Awareness-raising Events on HIV/AIDS/STIs

Awareness-raising prevention-oriented events are held for clients of NGOs usually in the format of trainings, mini-trainings, workshops, group information lessons (mini-information lectures, training sessions), and group counseling with specialists (physicians, lawyers). Particular NGOs arrange trainings for volunteers/activists from among clients of NGOs for the purpose of training them on further peer-driven awareness-raising work.

Subjects of such events are rather versatile: HIV/AIDS/STIs/hepatites and ways of their transmission, biological particularities of HIV, ART, opportunistic diseases, safe sexual behavior, use of contraception means (male and female condoms), lubricants, alternative sexual practices and the risk of exposure to HIV, as well as a row of topics that aren't directly related to HIV/AIDS prevention, in particular tolerant attitude of the society to LGBT, prevention of alcoholism, drug dependence, and smoking, betrayals among MSM, relations with police (NGO "Partner", Odesa), legal protection (NGO "LiGA", Mykolayiv), outreach work (for volunteers), etc.

The goal and objectives of such events are to inform/ increase the level of MSM-clients' awareness on HIV/AIDS/STIs/hepatites, prevention of these diseases, establishment of safe sexual behavior skills.

According to the information provided by NGOs during such events, in addition to presentations (passive informing), methods of interactive work with participants are applied, e.g. brain-storming, work in small groups, training games, debates and discussions. These events are held by project/area managers, social workers, leaders of the MSM community, MSM living with HIV, psychologists, invited specialists (psychologists, physicians, lawyers, etc.). The length of the trainings depends on a particular NGO and varies from 6-12 hours (at NGO "Partner") to 2-3 days (at NGO "LiGA"), Mini-trainings (information lessons with training elements – at NGO "Health of the Nation") are shorter and last from 2 to 6 hours (NGOs "Gay-Alliance", "Avante", "Partner"). Respectively, there are variations in the frequency of such events: from 9 times per month to twice a year.

Both staff members and clients of NGOs note that group events dedicated exclusively to the subject of HIV/AIDS aren't interesting for the vast majority of clients. This has a respective impact on a number of attendants of such events. Information on prevention is better apprehended and learnt, when it is incorporated as small blocks into other subjects that are more favorable for the target populations (interaction with partners, significant others, relatives, etc.). At that, combining such subjects as STIs and safe sexual behavior largely enhances clients' interest in HIV-related topics.

According to experts' evaluations, awareness-raising events dealing with the subject of HIV/AIDS only have the best effect, when they are held with new clients. Those attending NGOs for a longer time need only periodical refreshers, added up with new vital information on HIV/AIDS. "Ten-minute meetings" (at NGO "Gay-Alliance"), "naughts-and-crosses" games (at NGO "LiGA"), and "Dominoes" (at NGO "Partner") are aimed at achieving this goal. Gaming and a competitive nature of such events enable reminding clients, in an unobtrusive way, about important moments of HIV/AIDS/STIs prevention, discovering gaps in their knowledge, misconceptions, prejudices, etc., and correcting them in a due manner.

Social and Psychological Events

NGOs hold the following social and psychological events: groups of mutual and self-help, support, psychological support, personal advancement, etc.

According to the information provided by NGOs, in each of them psychological events are held once per one-two weeks, and their duration varies from 1 to 4 hours.

The information provided by NGOs didn't always correspond to what both clients and experts told in flexible interviews. Particularly, the respondents named several other forms of psychological work remained unspecified by NGOs:

- a psychological club led by a psychologist which is aimed at solving various psychosocial problems of clients (overcoming complexes, accepting one's own identity, aligning relations with parents) using special psychological techniques (NGO "Gay-Alliance");
- psychological trainings (group lessons with a psychologist) where a wide spectrum of psychological problems is considered ("Partner");
- group information lessons with a psychologist (at NGO "Health of the Nation").

In general the analysis of flexible interviews confirms the assumption that despite various names, a totality of psychological work forms claimed by various NGOs is rather similar and comes down to two main models.

The first is mostly focused on the communication of the very MSM and experience sharing among them (groups of self- and mutual help, psychological support); at that, a facilitator should guide the communication process in the required direction and back up the established communication rules, remaining almost "invisible".

The second also includes elements of clients' communication, yet they perform a supplementary role. The key content of such events (i.e. personal advancement groups) is to apply special techniques in work with a group which is focused on tackling clients' psychosocial problems. Such events are held by a specialist (as a rule, this is a psychologist) who plays the role of a trainer or facilitator.

The subjects of psychological events largely deal with such aspects as realizing one's own homosexual identity, coming-out, aligning relations with parents and solving conflicts at work, in a family, with a partner, personal advancement, overcoming internal barriers and phobia, beer alcoholism, an attitude of the society to MSM and tolerance, establishing life objectives and motivation to self-realization, etc. Also, subjects directly associated with HIV/AIDS prevention, e.g. safe sexual practices, are discussed at psychological events from time to time.

Leisure events

Leisure organization events, according to the information provided by NGOs, appeared to be the most wide-spread and, at the same time, diverse in terms of genre, forms and methods of work: a movie club, a debate club, prevention-focused leisure time, master classes, subject-focused tee-drinking, etc. In addition to the said, rather typical, events each NGO has its own, special leisure organization forms:

- an international club: English lessons held voluntarily by one of the clients (at NGO "Gay-Alliance");
- public events and flesh mobs (at NGOs "Partner" and "Health of the Nation");
- master classes on massage and English (at NGO "Partner");
- concerts and travesty shows (at NGO "Partner").

In flexible interviews clients and staff members of NGOs recalled some entertaining events left unmentioned in the questionnaires filled in by NGOs: parties, discos, outings, public events dedicated to memorable dates, e.g. a flesh-mob on the Anti-homophobia Day, etc.

Still, these events are mostly held following clients' initiative, and this is the very reason why they take place irregularly, depending on a season, availability of resources required and other situational factors.

Among all the types of leisure events the most popular ones among clients are movie clubs arranged by each NGO.

As to entertainment events held for clients of NGOs, experts point out that the very possibility to spend leisure time in a friendly environment and participation in social and psychological events are one of the main incentives that foster clients' attending NGOs. All the more, according to experts, they try to include certain elements of prevention work into leisure events.

It can be stated that in various NGOs one and the same form of work may be named differently, although events with different contents may have one and the same name. The largest number of variations is attributable to understanding such work forms as groups of self-help, mutual help and support. In other words, each NGO interprets different forms of group work in its own way and demonstrates its own particularities in the process of their organization and holding. This is related to the fact that organizations try to take into account, as

much as possible, specific features of their clients, their needs and interests through modifying generally accepted forms of group work. At that, a sizable factor is represented by personal characteristics of project staff members (including their educational background and expertise), and available resources of NGOs.

The Notion of Group Work Effectuality and Its Criteria

In order to evaluate an impact on the target population from group forms of NGOs' work, the notion of effectiveness was introduced in this survey. At that, the effectiveness of group forms of work is considered as a combination of three components: *effectiveness, efficacy, efficiency*.

1. *Effectiveness* was considered as a totality of all possible consequences (including adverse) of an impact on the target population from group events, regardless the scope of resources spent. Effectiveness indicators weren't only direct consequences which achievement is directly tackled by the activity of NGOs, but also a row of changes in various spheres of clients' lives indirectly associated with their participation of the latter in the organization's activity.

The following were accepted as effectiveness indicators:

- changes in MSM's sexual behavior that took place after participating in group events (a smaller share of participants of the events who practice risky sexual behavior, a shorter list of types of risky practices), as well as a larger number of persons who got tested for HIV/STIs/hepatites;
- other participants' achievements that can become important pre-requisites for behavioral changes, in particular dynamics of behavioral orientations (e.g., a higher readiness to discuss means of protection against HIV/STIs, previous risky practices of partners, intentions as to getting tested for HIV/STIs/hepatites, etc., with a partner), a change of the attitude to one's own health, better understanding of the risk of exposure to HIV and a possibility to prevent it, dynamics of the level of the target population's awareness about HIV/AIDS/STIs, etc.

In addition to the said direct effectiveness indicators, they included several indirect consequences of group events having an impact on psychological welfare and social status of both particular participants and the group in general. Such indirect indicators included the following: reduction of an anxiety level, solution of internal personal conflicts, accepting one's own identity, overcoming complexes and increasing participants' self-evaluation, improving their relations with a family, a partner, widening their circle of contacts, getting new friends, creating a network of social support.

Given the built-up indicators, the main focus of the effectiveness research was not so much on measuring it using quantitative criteria, as on considering the qualitative indicators of changes. Information sources employed to analyze effectiveness were observations of experts (trainers, facilitators of events, as well as independent observers from among staff members of AC "Socioconsulting" who attended these events) and participants' self-assessment.

2. *Efficacy* is focused on the consideration of only those changes that are directly targeted at getting the scheduled outcome (which is reduced exposure to HIV among target population representatives) and a degree of influence of the factor being studied (group forms of work) in achieving the said outcome. In other words, efficacy indicators are, first and foremost, indicators associated with participants' conformity to behavioral models that are safe in terms of exposure to HIV, regular testing, as well as dynamics of the level of knowledge on HIV/AIDS and behavioral attitudes towards safe behavior.

In the survey of efficacy it was most important and, simultaneously, most complicated to single out an impact from the factor being studied, since all the events implemented under HR projects (starting with distribution of printed materials, consumables, individual informing, VCT, to all the forms of group work) are, to a certain extent, aimed at achieving changes in the behavior of target population representatives. And, respectively, changes in the behavior of MSM or their absence result from the integrated impact from intervention under HR projects, mass-media, significant others, etc.

This is the very reason why the efficacy of group forms of work with MSM was measured using the procedure of comparative analysis of safe behavior dynamics among clients of HR projects who participated in group forms of work and clients covered with individual forms of work only.

Another objective posed in course of the survey was to evacuate an impact from particular forms of group work. At the survey planning phase it was planned to tackle the said objective by forming, within the sample, subpopulations of clients who attended at NGOs group events of one type only (e.g., psychological trainings or debate clubs only). However, in course of the polling it turned out that the absolute majority of clients attend a large number of events of various types: among 200 representatives of the basic population polled there were only few persons who attended awareness-raising, psychological or leisure events only. Experts were unable to distinguish impacts from particular events.

3. *Efficiency* in its content is close to costings per client and provides the analysis of (financial and time) resources that were spent to carry out group events and ensured changes in client's behavior.

Efficiency was computed as a ratio, where:

numerator is equal to expenses on the organization and holding of group prevention events (based on NGOs' budgets), and

denominator is a number of attendants of group events, multiplied by a share of attendants who currently practice HIV safe behavior.

Effectiveness of Group Prevention Events

The survey findings revealed that various group events are rather effective in terms of positive changes in behavioral orientations of clients who were members of the basic population.

According to the answers of the majority of the respondents, they practically apply information received during group events. The participants of the events gave 4.3 points to the usefulness of awareness-raising and leisure events and 4.5 points to psychological events. At that, the maximum score (5) under this criteria was noted by 49% of those participating in psychological events, 57% and 60% of those who attended leisure and awareness-raising events, respectively,

The comparative analysis of clients replies as to each of the possible consequences depicts that getting positive emotions, self-assessment enhancement, familiarizing with new friends, aligning relations with parents/relatives, increasing a level of knowledge on HIV/AIDS and an opportunity to get tested for HIV appeared to be the most important ones for the clients, given the minimum difference between the shares of the respondents who noted the said options without cards and with them is minimum (see Table 1). In general this correlates with experts' opinions pointing out that MSM come to NGOs mostly to widen their circle of contacts and spend time well with other representatives of the MSM community, as well as to get tested.

It can be stated that the absolute majority of the consequences turned out to be rather significant: a share of the respondents who took one or another answer option varies from 20 to 50 percent and almost never falls to less than 10%. In other words, the respondents equally highly evaluate both the NGOs' activity associated with HIV/AIDS prevention (awareness-raising, testing, creation of safe sexual practice skills) and events aimed at improving their psycho-emotional condition and widening a network of social support. At that, the latter are an important component of the HIV prevention activity. Since client's comfortable condition, the absence of internal personal problems and conflicts with the social environment are important a pre-requisite for adherence to safe sexual behavior rules. These data agree completely with the results received using qualitative methods. In course of flexible interviews higher awareness about HIV/AIDS/STIs arising from attending group events was specially highlighted by clients.

“For me the most important thing was information on what manifestations can help to understand if there is any infection in the body. The second useful subject was where to refer to, should a person suddenly appear to have such manifestations, and, thirdly, what treatment is and where it can be received, how much it costs” (a client from NGO “LiGA”, Mykolayiv).

At that, a significant point is that clients not only accumulate a certain volume of knowledge in a mechanic way, but also form a more understanding position on issues associated with HIV/AIDS/STIs: in their own words, they *“start thinking over these issues”*.

Having attended group events, sometimes clients start counseling their partners or friends on their own. So, in fact it is about volunteer conscious or unconscious awareness-raising work.

“I can calmly and unobtrusively explain to a person all outs and abouts in a company I communicate with, where there are straits, where there is sex with both men and women, where drugs are used. When needed, I can share condoms I have, so that a person could avoid getting infected” (a client from NGO “Gay-Alliance”, Kyiv).

“I have a permanent partner. We live together. I tell him, it is interesting for him, too... He learns about certain things from me for the first time ever” (a client from NGO “Health of the Nation”, Donetsk).

Table 1

Consequences of Attending NGOs (According the Clients’ Self-determination), %

	Total		Control population		Basic population	
	On one’s own ⁹	With card ¹⁰	On one’s own	With card	On one’s own	With card
1) No impact	3	2	5	3	3	2
PREVENTION CONSEQUENCES						
2) I’ve learnt how to use condoms/lubricants in a proper way	12	27	10	24	13	29
3) I’ve started using condoms more frequently	22	40	24	38	22	41
4) I’ve reduced alcohol consumption (drug use)	4	15	0	5	7	20
5) I’ve learnt how to discuss issues of safe sex with a partner	8	43	5	33	9	47
6) I’ve taken a decision to get tested for / treated from HIV/STIs	33	37	33	35	34	38
7) I’ve received information on health and how to preserve	34	50	28	36	38	57
8) I’ve become better oriented in the subject of HIV/STIs prevention	46	44	43	41	47	45
9) I’ve started using services of NGOs more frequently	23	43	22	40	23	45
Total indicator**	81	92	77	92	84	93
SOCIAL CONSEQUENCES						
10) I’ve found new friends	41	49	36	36	43	55
11) There is more people I can refer to for support	26	38	17	35	30	40
12) I’ve managed to align relations with friends	13	34	12	29	14	36
13) I’ve managed to align relations with a permanent partner	14	21	12	11	16	26
14) I’ve managed to align relations with parents/relatives	19	23	20	17	18	26
15) Now it is easier for me to communicate with people	23	35	15	30	28	37
Total indicator **	75	81	66	69	80	88

⁹ In reply to a question clients named on their own the consequences of various events.

¹⁰ In order to answer a question, clients were given a special multiple-choice card.

<i>Table 1 (continued)</i>	Total		Control population		Basic population	
	On one's own ¹¹	With card ¹²	On one's own	With card	On one's own	With card
PSYCHOLOGICAL CONSEQUENCES						
16) I've received positive emotions and my mood has improved	36	36	24	31	42	39
17) I've become less anxious	13	33	12	18	14	41
18) I've become more confident in myself, my self-esteem has improved	29	34	19	30	35	37
19) I've started accepting myself the way I am	27	37	27	27	27	42
Total indicator **	63	71	50	58	70	77
20) <i>Difficult to answer</i>	0	-	0	0	1	0
21) <i>Other</i>	2	-	1	-	3	-

* The row total exceeds 100%, as the respondents were allowed to select several answers.

**The totals were computed as shares of the respondents who replied in an affirmative manner to at least one of the questions no. 2-9, 10-14, 16-19.

Unfortunately, in some cases clients get new stereotypes together with new knowledge. Such inexpedencies were recorded in course of interviews with clients of NGOs "Partner" and "Avante".

"Condoms are said to have microcracks through which spermatozoids can penetrate, and a woman can become pregnant. But it is impossible that she gets infected with HIV". If a spermatozoid penetrates, then it penetrates being non-infected" (a client from NGO "Partner", Odesa).

"I hadn't known about such way of HIV transmission as blood transfusion. For me it is very important, because at times I come to a [blood transfusion] station and donate my blood. And now I am afraid a bit" (a client from NGO "Partner", Odesa).

"It was interesting for me to learn that we have a polyclinic where one can refer to for immunization, if you, for example, have slept with a HIV-positive person" (a client from NGO "Health of the Nation", Donetsk).

¹¹ In reply to a question clients named on their own the consequences of various events.

¹² In order to answer a question, clients were given a special multiple-choice card.

Apparently, such “hyper-results” of awareness-raising work depict the need in a more careful preparation of some NGOs’ staff members to awareness-raising events and in the concurrent control of knowledge at the end of them. The more especially as some clients who belonged to the most aware ones of respective topics pointed at social workers’ / event facilitator’s insufficient competence in certain issues.

However, high clients’ appraisal of group events, in particular in terms of practical importance of information received at them, may not be as an unambiguous proof of their effectiveness and efficacy. More accurate evaluation of the latter can be provided by the comparison of a level of knowledge on HIV/AIDS, established attitudes towards safe behavior, and directly the prevalence of risky behavioral practices among representatives of the basic and control populations.

Efficacy of Prevention Events

The qualitative data received in course of the survey prove that the participation of NGOs’ clients in group prevention events has an impact on their level of knowledge and sexual behavior. Thus, it can be stated that there is high effectuality of NGOs’ prevention work both as individual services and group work with clients.

For instance, representatives of both groups (BP and CP) have rather a high level of knowledge on HIV. In particular, a share of correct answers to the majority of questions, including those on stereotypes about possible exposure to HIV in everyday life, is next to 90% or even exceeds this indicator. The exception from this rule is represented by questions on possible HIV transmission during oral sexual contacts without a condom and on higher risk of HIV transmission incurred by people already having other STIs, where a share of correct answers among representatives of the basic population equals 74% and 73%, while in the CP it is 73% and 79%, correspondingly.

Although differences between the basic and control populations are insignificant by the majority of knowledge level variables, being comprised of 11 questions on HIV transmission ways and means of transmission risk mitigation, the integral indicator was calculated for CP (60%) which is 12% higher than the similar indicator for BP (48%). However, the said deviation isn’t statistically significant¹³; so, there is no difference between the two groups.

As for behavioral attitudes, in particular regarding regular testing for HIV and condom use during sexual contacts with any sex partners, no significant differences between the basic and control populations were found by the majority of indicators (see Table 2).

¹³ Pearson's correlation coefficient $r=0.12$ ($p=0.05$).

Table 2

Behavioral Attitudes of Representatives of the Basic and Control populations, %

	Yes		No		Don't know	
	CP	BP	CP	BP	CP	BP
A person who has sexual contacts should know how to protect oneself against various venereal diseases and HIV	97	95	1	4	2	1
A person who has sexual contacts should get tested for venereal diseases and hepatitis B at least once a year	95	93	3	6	2	1
A person who has sexual contacts should get tested for HIV <u>at least</u> once a year	94	90	4	8	2	2
I will be able to purchase condoms without any shy	94	93	4	6	2	1
I will offer using condoms, even if I don't know what my partner's attitude to them	90	89	6	5	4	6
I will be able to discuss using condoms with any of my would-be partners without any problem	80	87	10	5	10	8
A condom should be used <u>only</u> with occasional and/or commercial partners	22	23	75	75	3	2
I am ashamed / feel ill at ease, when I have to put on a condom or put it onto my partner	16	18	82	79	2	3
The problem of HIV is exaggerated, it is on the agenda of drug users only	6	14	88	82	6	4

According to the findings of the reliability analysis using the Cronbach's alpha coefficient, The differences in the integral indicator comprised of all the questions regarding respondents' behavioral attitudes between the representatives of BP (52%) and CP (45%) turned out to be insignificant, since the computed confidence intervals almost coincide (see Figure 2). In other words, the representatives of BP don't differ from representatives of CP in terms their behavioral attitudes.

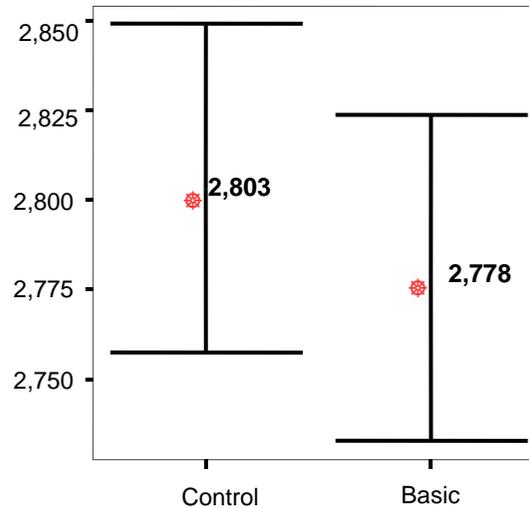


Figure 2. Level of Significance of the Differences of the Behavioral Attitudes Integral Indicator between Respondents from the Basic and Control Populations

One of the most important objectives of prevention is make clients abandon risky practices. Thus, one of the indicators of effectiveness of group events was determined to be a share of the respondents who adhere to safe sexual contracts.

According to the survey findings, the respondents have rather active sexual lives, irrespective of intervention forms they participated in during the past three month. For instance, 93% of the clients from the control population and 89% of the respondents from the basic population noted that over this period they had sexual contacts with various partners, including male and female partners, permanent or commercial partners.

Among the sexually active respondents a half of MSM polled always used condoms both in the basic (53%) and control (52%) populations. The remaining respondents most frequently selected socially acceptable answer “I use it in most cases”. Only an insignificant share of MSM polled informed about mostly risky sexual practices: 3% never and 3% sometimes use condoms.

Occasional or commercial sexual contacts are abundant among the respondents from both surveyed groups. This was confirmed by every second polled client among those who had sexual contacts over the past three months. Still, the availability of a permanent partner doesn’t exclude occasional/commercial sexual contacts. For instance, among those who reported having sex with a permanent partner over

the past three months one third also reported occasional contacts. At that, a share of such clients in the basic population (34%) is insignificantly lower compared to the control one (39%).

Representatives of the basic population have relatively lower risk of exposure to HIV during sexual contacts with occasional or commercial partners compared to the control population (the differences with the basic population are insignificant). Over the previous three months 51% of clients polled from CP and 44% of the respondents who visited group prevention events had them. The respondents practice both anal (BP – 95%, CP – 98%) and oral (BP – 91%, CP – 95%) sex.

Still, the trend of condom use in course of oral sex with occasional/commercial partners is better traced among the respondents from BP rather than among the respondents from CP. This was noted by 65% of those polled in BP as against 53% in CP, while in case of permanent partners a condom is used by 38% of the basic population representatives and by 53% of the clients from the control population.

A share of those who had sex with occasional/commercial partners in the condition of alcohol/drug intoxication is lower among the clients who had experience of participation in group prevention events, as compared to the control population (see Figure 3).

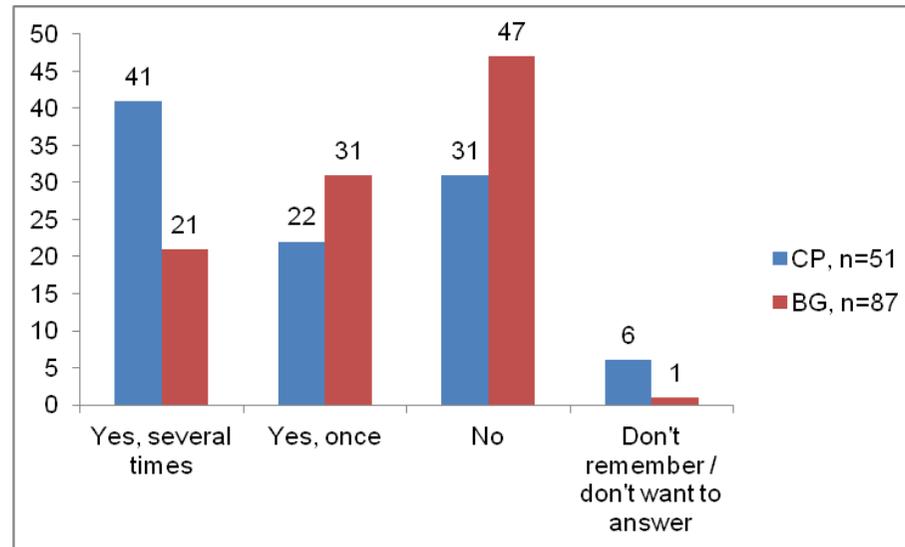


Figure 3. The Distribution of Answers to the Question: “Have You Had Sexual Contacts with Occasional or Commercial Partners in the Condition of Alcohol/Drug Intoxication over the Past Three Months?”, % of Those who Had Sexual Contacts with Occasional or Commercial Partners over the Past Three Months

It is known that the risk of HIV transmission can be minimized, if:

- a person has one permanent partner only;
- a person uses a condom in any sexual contacts.

The polling questions enabled singling out such respondents from the overall body of data by building respective integral indicators. So, among clients of NGOs a third of all those polled had one sexual partner over the past three months (BP – 29% and CP – 33%). By far more often respondents reported using condoms in all contacts with any (permanent/ commercial/ occasional) partner (during anal or oral sex): 70% both in the basic and control populations. The absence of differences between the basic and control population in terms of these indicators points at the similarity of behavioral attitudes as to sexual contacts of the populations being scrutinized.

Another clients' behavior component which adjustment is targeted by prevention events by NGOs is periodic testing for HIV/STIs and hepatitis.

The overwhelming majority of the respondents got tested for HIV over the past 3 months. There are a bit more such people in BP (80%) compared to CP (72%). This indicator varies depending on a particular client's NGO. For instance, the lowest number of those who got tested is among clients of NGO "Avante", while the highest one is attributable to NGO "Partner" (see Figure 4).

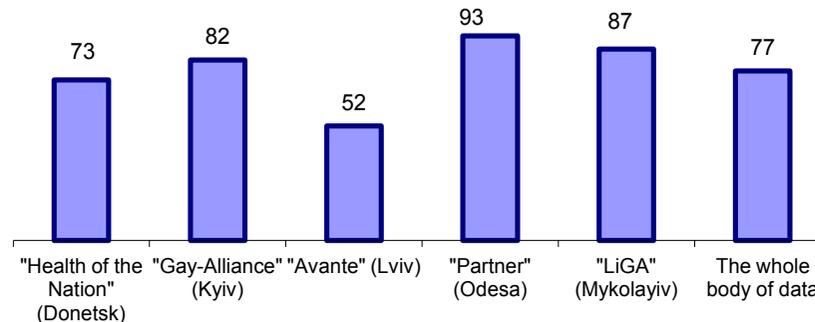


Figure 4. A Number of the Respondents who Got Tested for HIV over the Past 3 Months, %

The respondents who didn't get tested for HIV in most cases plan to do so in the forthcoming 3 months. At that, a bit greater readiness is reported by clients of BP (88%) rather than CP (79%).

NGOs' staff members suggested clients to get tested for STIs and hepatitis, irrespective of forms of the event they participated in. On the whole, the clients of NGO "Health of the Nation" (Donetsk) noted that they were offered to get tested for these diseases somewhat less frequently: 72-78%, while for other NGOs this indicator varied from 93% to 100%.

Not all the clients who were offered by NGOs' staff members to get tested for STIs and hepatitis made avail of this opportunity. 41-70% of the respondents from the basic population and 59-73% of the respondents from the control population got tested for HIV over the past 3 months. There are no differences between the groups being scrutinized in terms of testing for syphilis and hepatitis B and C. On the contrast, a share of those who got tested for gonorrhea and chlamydia is higher in the control population (58% and 57%, respectively) compared to the control population (43% and 41%, respectively) (see Table 2).

Table 2

Number of Clients who Got Tested for STIs and Hepatitis,
% of Those who Were Offered to Do So by Staff Members of NGOs

	CP		BP	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Syphilis	93	59	188	63
Gonorrhea	71	58	147	43
Chlamydia	72	57	148	41
Hepatitis B	93	74	191	71
Hepatitis C	82	73	164	70

Among the polled MSM who didn't get tested more than 50% of the respondents are ready to do so over the forthcoming 3 months: 51%–82% in CP and 61%–87% in BP. In terms of particular types of infections, there are more those willing to get tested in the control population rather than in the basic one. Still, the overall indicator of readiness is similar in both groups being scrutinized (BP – 53%, CP – 55%) (see Table 3).

Table 3

**Number of Clients who Plan to Get Tested for STIs and Hepatitis, in particular with Rapid Tests,
Over the Forthcoming 3 Months**

<i>% of those who didn't get tested</i>	CP		BP	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Syphilis	43	82	75	87
Gonorrhea	57	51	123	61
Chlamydiosis	57	54	125	62
Hepatitis B	29	73	61	82
Hepatitis C	38	60	83	67
<i>Overall indicator of readiness to get tested</i>	-	55	-	53

Cost-effectiveness of Group Prevention Events

Projects on HIV prevention among MSM are mainly financed by the ICF “International HIV/AIDS Alliance in Ukraine”, sometimes funding is provided by other international organizations; also they are implemented thanks to such personal contributions as partly free-of-charge/volunteer work, certain material resources owned by NGOs (their office premises, office machines, appliances, and equipment, video and audio systems, other preferential terms and conditions of the leasing of premises where prevention events are held, etc.) Grant agreements are usually made for one year and incorporate a clear budget with clearly-defined cost items:

- remuneration of labor of basic project staff;
- technical support (payment of invited specialists, e.g. counseling physicians, psychologists, lawyers, trainers);
- trainings, including expenses on the leasing of premises, equipment, foodstuffs, accommodation and trip costs for participants of various group events;
- expenses on movie clubs and subject-oriented discos;
- medical supplies and medical devices needed to provide VCT services;
- assistance with life necessities of clients/target populations (at some NGOs);
- indirect costs needed for the project activity of NGOs, in particular infrastructure and other equipment, publishing (e.g., the publishing of leaflet cards), planning and administration, office maintenance costs.

Since prevention services of NGOs are provided free of charge, being mostly funded by the grant, the category of **cost effectiveness** in its essence actually come down to costings per client whose behavior was safe. Studying cost effectiveness is ensured by the analysis of financial resources that were spent to carry out prevention interventions and were to ensure clients' safe behavior. At that, safe behavior is considered by us as regular use of condoms in any sexual contacts with any sexual partners (irrespective of gender and their number) or refusal from such contacts throughout a certain period (e.g., one quarter or project year).

Since all the MSM projects supported by the Alliance-Ukraine start working with providing a minimum set of services to each client individually, given that the levels of coverage with VCT services appear to be rather high in the basic (80%) and control (72%) populations, while differences between them are statistically insignificant, it is reasonable to consider the cost effectiveness of group prevention events as supplementary (in addition to individual services) costs on prevention of HIV among clients who participated in these events. With such approach cost effectiveness will be measured as costs on group events per client who attended these events and reported his/her safe sexual behavior.

The computation of cost effectiveness of particular types of group work implemented by NGOs enables respective comparative financial analysis:

- for various group events held by particular NGOs;
- for similar group events held by various NGOs;

Cost effectiveness is computed as a ratio, where:

numerator is equal to organizations' costs per group prevention event (based on NGOs' budgets), and

denominator is equal to (a number of event attendants event over a certain period) * % of attendants who practice safe behavior in terms of exposure to HIV over the same period of time.

The Algorithm to Compute Cost Effectiveness Indicators:

1. They are applicable for particular group prevention events implemented by each NGO in Quarter 1, 2011 (or, respectively, Quarter II of the project year for all the polled NGOs);
2. They are computed on the basis of several papers: a project application, budgets approved by a donor, questionnaires filled in by a project area manager (basic document).
3. Numerators:
 - a. One should determine direct costs on particular group events (e.g., a movie club meeting, a training, self- / mutual help groups, etc.) by means of re-grouping of particular budget sub-items: "technical support", "trainings". For example, we include into direct costs on a movie club (when such budget cost items are available): the leasing of premises for an event beyond an office, the

leasing of equipment, the procurement of DVDs; direct costs on self-/mutual help groups – a coffee break for participants, stationary sets, etc.

b. Then one adds (a part of) labor remuneration (including top-ups) of social workers and/or psychologists who spent a portion of their time on the organization, training and holding of group events.

4. Denominators:

a. One should determine a number of clients who participate in particular group events (based on quarterly reports, managers' questionnaires) over the past 3 months.

b. One should determine a percentage of clients who always adhere to safe sexual behavior over the past 3 months among them. This indicator is computed as a share of the respondents who in reply to the questionnaire question "How often do you use condoms during any sexual contacts with any partners?" replied "always"; they are added up with the respondents who didn't have any partner over the three months before the polling.

c. One should determine a share of clients who usually adhere to safe sexual behavior throughout the past 3 months among them. This indicator is computed as a share of the respondents who in reply to the questionnaire question "How often do you use condoms during any sexual contacts with any partners?" replied "always" or "in most cases"; they are added with the respondents who didn't have any partner over the three months before the polling.

The computed cost effectiveness indicators are presented in Table 4. The analysis by particular types of events proves that cost effectiveness is determined predominantly by such factors as:

a) a number of their participants;

b) a share of clients who always adhere to safe behavior.

Thus, the more clients participate in the event and, most importantly, the more of them always adhere to safe practices, the lower costs per client adhering to safe behavior are.

Table 4

Cost Effectiveness of Particular Group Prevention Events in Quarter 1, 2011

Event	Mykolayiv		Lviv		Kyiv		Odesa		Donetsk	
	Number of clients, persons	Unit costs per client, conv. unit (US\$)	Number of clients, persons	Unit costs per client, conv. unit (US\$)	Number of clients, persons	Unit costs per client, conv. unit (US\$)	Number of clients, persons	Unit costs per client, conv. unit (US\$)	Number of clients, persons	Unit costs per client, conv. unit (US\$)
1. Mutual/self-help groups	63	2.05	37	2.24	59	4.73	200	2.04	50	2.5
<i>Clients who always adhered to safe behavior (ASB)</i>	88%	2.33	68%	3.3	28%	16.7	40%	5.09	70%	3.58
<i>Clients who usually adhere to safe behavior (ASB)</i>	98%	2.09	100%	2.24	83%	5.7	88%	2.31	85%	2.94
2. Training/mini-training for clients	13	14.00	45	2.99	X	X	150	3.46	20	15.09
<i>Clients who always ASB</i>	88%	15.91	68%	4.4	X	X	40%	8.64	70%	21.56
<i>Clients who usually ASB</i>	98%	14.91	100%	2.99	X	X	88%	3.93	85%	17.75
3. Awareness-raising lessons/outreach groups	X	X	10	2.78	X	X	X	X	150	1.67
<i>Clients who always ASB</i>	X	X	68%	4.1	X	X	X	X	70%	2.38
<i>Clients who usually ASB</i>	X	X	100%	2.78	X	X	X	X	85%	1.96
4. Debate clubs	X	X	X	X	78	3.38	X	X	X	X
<i>Clients who always ASB</i>	X	X	X	X	28%	11.7	X	X	X	X
<i>Clients who usually ASB</i>	X	X	X	X	83%	3.95	X	X	X	X
5. Movie club	67	10.72	X	X	X	X	90	2.00	100	*
<i>Clients who always ASB</i>	88%	12.61	X	X	X	X	40%	4.99	70%	*
<i>Clients who usually ASB</i>	98%	10.94	X	X	X	X	88%	2.27	85%	*

Thus, a key factor determining the cost effectiveness of group events is a number of clients covered who adhere to safe behavior. Considering effectiveness as additional costings on HIV prevention among MSM, its quantitative indicators vary from \$2.33 to \$21.56 per client adhering to safe behavior per quarter. As for the mitigated criteria of safe behavior, indicators of costings are somewhat lower in the said period and fall within the range of \$2.09 - \$17.75.

The mentioned indicators can be considered as acceptable and final, should one client take part only in one kind of prevention work throughout the reporting period. The received sociological data contradict this statement, since some of the respondents confirmed visiting several events in this period. For example, 38% of the participants of trainings took part in at least one of other forms of work, e.g. self-help groups, group counseling by various specialists and/or awareness-raising lessons, etc. The similar indicator characterizing the visitors of awareness-raising lessons is 31%, for mutual help groups it equals 35%. However, it is inappropriate to extrapolate sociological data to the overall array of clients, since there are particularities of their recruitment for the polling, and we lack respective statistical data. Still, it should be kept in mind that costings per one “average” group event client are most likely to be higher, as some of them could attend several kinds of events.

The analysis of cost items proved there are some reserves to streamline these indicators by means of either reducing cost items that have no direct relation to the organization of prevention work or abandoning the most costly group events.

Certain reserves for increasing the cost-effectiveness of group prevention forms can be derived from volunteer work, sponsor’s inputs and charitable contributions by members of NGOs. Thus, clients’ readiness to support the project activity was also evaluated as a matter of tackling the study objectives.

Psychological Particularities of Clients

The study also provisioned scrutinizing certain personal psychological characteristics of the respondents, in particular their self-assessment which was diagnosed with the modified technique by T. Dembo – S. Rubinstein.

The technique findings depicted that an average indicator of respondent’s actual self-assessment by all the scales (“health”, “optimism”, “self-satisfaction”, “happiness” at the moment) falls within the realistic (adequate) self-assessment, i.e. from 5 to 7.5 points (see Table 5). At that, respondents from the control and basic populations have almost no differences (see Table 6). Furthermore, this difference (standard deviation) between the values of various respondents’ actual self-assessment by particular scales is small.

Table 5

Average Value of Actual Self-assessment, *N=300 persons*

Actual self-esteem	Average, points	Standard deviation
Happiness at the moment	6.51	2.337
Self-satisfaction at the moment	6.55	2.473
Health at the moment	6.59	2.269
Optimism at the moment	6.79	2.566

Table 6

Average Value of Actual Self-assessment of the Representatives of the Control and Basic Populations, *N=300 persons*

Actual self-esteem	Average, points		Standard deviation	
	C*	B**	C*	B**
Happiness at the moment	6.76	6.38	2.466	2.265
Self-satisfaction at the moment	7.08	6.29	2.517	2.414
Health at the moment	6.76	6.5	2.362	2.221
Optimism at the moment	6.94	6.72	2.719	2.491

* “C” – control population, N=100 persons; **“O” – basic population, N=200 persons.

174 persons amongst polled MSM (58%) have a realistic level of actual self-assessment by all four indicators, i.e. “health”, “optimism”, “self-satisfaction”, “happiness” at the moment (6 to 7 points). 69 respondents (23%) have a heightened level of actual self-

assessment (8 to 10 points) also by all the four indicators, including 39 persons who are representatives of the basic population. Every fifth polled MSM (57 persons, 19%) have low self-esteem (5 to 0 points) by all scales.

It should be noted that low actual self-assessment by all four scales can be a reason of an exaggerated level of self-exactingness, subdued mood, lower optimism, etc.

However, the Pearson correlation coefficient computations proved a tight direct correlation between all the four scales of self-assessment (see Table 7). This underlies a conclusion that a level of self-assessment by any of the given scales has an impact on the formation of the same level of self-assessment by another scale. This implies that if a level of self-satisfaction has adequate self-assessment, then all other self-assessments (of one’s health, happiness and optimism) will be realistic, too. In course of individual counseling of, and group work with, MSM whose level of actual self-assessment stands out because of inadequacy psychologists and social workers should take into account the fact that increasing/reducing any self-assessment amongst the four mentioned will bring about increasing/reducing all others self-assessments.

Table 7

Correlation between Various Self-assessment Scales

Actual self-esteem	Happiness at the moment	Self-satisfaction at the moment	Health at the moment	Optimism at the moment
Happiness at the moment	-	0.723	0.678	0.763
Self-satisfaction at the moment	0.723	-	0.687	0.790
Health at the moment	0.678	0.687	-	0.698
Optimism at the moment	0.763	0.790	0.698	-

The findings of the self-assessment analysis of an actual health level among all the respondents showed that poorly-educated MSM aged 30-35 are least satisfied with their health condition at the moment.

Among MSM who are representatives of the basic population and felt an impact from events held by NGOs the majority has misconceive themselves. In particular, 22% are fully unsatisfied with themselves (have low self-esteem), while 46% exaggerate their self-

assessment. This may lead to problems in communication and behavior, disposition to the risk or “victim’s” behavior, etc. And, in turn, this may have an impact on the risk of exposure to HIV and STIs.

However, it should be noted that these very respondents attend group events and feel their impact on personal emotional and psychological condition. This is the reason why during individual counseling and group events one has to pay heed to these very MSM and devote attention to forming their adequate self-esteem.

So, among those who felt an impact from group events and are unsatisfied with themselves:

- 35 persons (47%) received positive emotions and improved their mood after attending various group events;
- 9 persons (12%) became less anxious;
- 22 persons (29%) became more confident in themselves, improved their self-esteem;
- 17 persons (23%) accepted themselves the way they are;
- 31 persons (41%) found new friends;
- 24 persons (32%) widened a circle of people whom they can support;
- 15 persons (20%) managed aligning relations with friends, 13 (17%) – with parents and relatives, 15 MSM (20%) – with a sexual partner;
- 15 persons (20%) reported that it became easier for them to communicate with other people;
- 25 MSM (33%) received information on preserving their health;
- 16 persons (21%) started using services of NGOs more frequently;
- 35 persons (47%) started better understanding the issues of HIV/STIs;
- 23 persons (31%) took a decision to get tested for HIV/STIs;
- 10 persons (13%) reduced alcohol consumption, 10 persons (13%) learnt how to use a condom and lubricant, 16 MSM (21%) started using a condom more frequently, 6 persons (8%) learnt how to discuss safe sex issues with a sexual partner.

CONCLUSIONS

The survey findings enable making the following conclusions:

- Forms of group work which are implemented by various NGOs are rather versatile: trainings and mini-trainings, awareness-raising lessons, information lessons with elements of the training, self- and mutual help groups, Support groups, personal advancement groups, movie clubs, debate clubs, “evening tea-drinking”, outings, organization of public events, etc. At that, quite often behind different names there is one and the same form of work in terms of its content. And, vice versa, events that are different in terms of their content have the same name. In general, each NGO has certain specifics in the organization of group work, which is explained by particularities of the target population of this organization, personal characteristics of staff members, available resources.
- MSM like leisure events somewhat more than psychological and awareness-raising ones. Furthermore, as a rule, clients are hardly interested in events that are fully dedicated to HIV/STIs. MSM respond much better to separate prevention elements that are included into psychological and leisure forms of work.
- The absolute majority of the respondents positively evaluated attending NGOs and noted that their psychological and social self-well-being had improved. Still, in some cases consequences of clients’ attending NGOs were not only positive. In particular, sometimes together with new knowledge clients acquire new myths and stereotypes, too: such “outcomes” of awareness-raising were recorded in interviews with clients of NGOs “Partner” and “Avante”.
- In general, both clients and experts insufficiently distinguish consequences of group and individual work, let alone consequences by particular kinds of group events. In particular, staff members of NGOs note that all types of events have a common goal, i.e. to make clients shift to a less risky behavior, which cannot be achieved, if a client has psychological problems or complicated conflict relations with people from his/her own social environment. Furthermore, the very wide spectrum of psychological and social services ensures that new clients come to NGOs and “experient” clients are retained with it, in particular those who have a higher risk of exposure to HIV, given a poor psychological condition, and provides for regular and systemic prevention.
- In order to evaluate the effectiveness and efficacy of group events, the comparison of knowledge on HIV/AIDS, formation of attitudes towards safe behavior, and prevalence of risky behavioral practices as such among the representatives of the basic and control population was held. The findings of the analysis performed prove that, first of all, the level of respondents’ knowledge and formation of attitudes towards safe behavior is rather high. The integral indicator of knowledge which includes persons who correctly replied to 11 questions on HIV transmission ways and means of transmission risk mitigation is 52% (BP – 48%, CP – 60%), while the integral indicator of behavioral attitudes computed as a share of the respondents who have attitudes towards safe sexual behavior and regular testing equals 49% (BP – 52%, CP – 45%).

A share of respondents who adhere to safe sexual behavior is rather high: over the past 3 months one third of all those polled had one permanent partner only (BP – 29% and CP – 33%), while 70% both in the basic and control populations reported always using condoms (in course of anal or oral sex) with any partner (i.e. permanent/ commercial/ occasional partners). Thus, one can state that NGOs' prevention work effectuality is rather high both in the form of individual services and group work with clients. This is confirmed, inter alia, by the computation of the national knowledge indicator (a share of respondents who correctly define ways of sexual transmission of HIV and know how it is not transmitted): in this survey it was 80% as against 71% subsequent to the national survey held in 2009¹⁴.

Secondly, no significant differences were found between BP and CP in terms of any of the effectiveness indicators. However, in our opinion, this conclusion isn't sufficiently objective to reflect the effectiveness of group events, since it arises from drawbacks made in recruiting respondents of the control population by several NGOs. In particular, at NGOs "Gay-Alliance" and "Health of the Nation" where representatives of CP were polled directly in "cruising areas" ("*pleshkas*") the level of knowledge in the basic population appeared to be by far higher in the basic population compared to the control one. However, at the level of the whole array of respondents these differences are brought to naught by the fact that at NGOs "Partner" and "LiGA" the control population turned out to be, on the contrary, more aware than the basic one. Similar trends were traced in terms of the indicator of formation of attitudes towards safe behavior, too. Still, the indicators of knowledge, attitudes and safe behavior computed for NGO "Avante" are next to 100%, which seems to be hardly realistic. Furthermore, it is worthwhile to consider the fact that in most cases group event are attended by clients having certain psychological problems, in particular an inadequate level of self-esteem.

A key factor to determine the cost-effectiveness of group events is a number of clients covered who adhere to safe behavior. Considering effectiveness as additional costings on HIV prevention among clients, its quantitative indicators vary from \$2.33 to \$21.56 per client adhering to safe behavior per quarter. As for the mitigated criteria of safe behavior, indicators of costings are somewhat lower in the said period and fall within the range of \$2.09 - \$17.75. Still, it should be kept in mind that costings per one "average" group event client are most likely to be higher, as some of them could attend several kinds of events.

¹⁴ Monitoring Behavior and Prevalence of HIV among Men Having Sex with Men as a Component of the Second Generation Epidemiological Surveillance. The analytic report subsequent to the 2009 related survey.

RECOMMENDATIONS

Developing a unified approach to understanding the content of particular group events, and harmonizing their techniques should become one of the main areas of improvement of prevention work among MSM. This work could be launched with a task meeting where leaders of MSM projects should agree on what “training”, “self-help group”, “group counseling”, etc. are, and how they differ from all other forms of work. Furthermore, there is a need to develop the guidelines/instruction with all forms and methods of group work with clients, means of accounting them, etc., described. This will allow harmonizing definitions of NGOs’ budget cost items, as per scheduled events and external control procedures.

A great reduction in the scope of psychological and leisure-time group forms of work seems to be inadvisable, since it will immediately lead to a sharp decrease in the attendance of purely prevention-focused events. Instead, one should wend the way of modifying psychological and leisure events financed by the Global Fund, so that all of them include elements to provide information on HIV/STIs and incentivize safe behavior. To that end, one should describe and further elaborate the existing techniques of traditional group events, taking into account experience of reputed Ukrainian NGOs. Quite possibly, with a view of supporting new NGOs and generating new ideas, it is reasonable to announce a contest for a description of interactive arrangements (approaches), competitions and games aimed at forming MSM’s skills of safe sexual behavior in terms of exposure to HIV/STIs which could be used in course of leisure arrangements held by NGOs

Also the project staff members should pass training, since, at the moment, by no means all of them touch upon prevention in course of group arrangements, even when the subject being considered facilitates it, as the survey findings (in particular monitoring visits of group events by staff members of AC “Socioconsulting”) suggest. Such training should include elaborating goal and objectives formulation skills, using various interactive methods for prevention awareness-raising and training (e.g., various contests (panel games, brain relay race, etc.), games and so on). Furthermore, an area manager or senior social worker has to permanently supervise social and outreach workers in terms of accuracy of individual counseling of clients, as well as facilitators and trainers in terms of accuracy of information being provided at group events.

Considering that 25% of NGOs’ clients polled don’t know that availability of STIs may foster getting infected with HIV, awareness-raising arrangements should focus on this issue.

In order to get a more accurate evaluation of NGOs’ prevention work in future one should carry out a survey to compare indicators of knowledge, attitudes and behaviors of clients “at the input” and “at the output” (before and after group events), i.e. the comparison of data of the polling of new and regular/irregular clients with a record of more than 3 months. It seems to be advisable to increase, as compared with this survey, the size of the sampling population.

Since a large number of NGOs' clients have an inadequate level of self-assessment which aggravates their vulnerability to getting infected with HIV and STIs (such clients may have risks in sexual relations with occasional partners, consume spirits before sexual contacts), psychologists and social workers in work with MSM should draw special attention to diagnostics and formation of adequate clients' self-assessment. In particular, in individual and group counseling additional prevention work one should be carried out with MSM who have an unrealistic level of actual self-assessment. Furthermore, attention should be paid to particularities of incentivizing clients of various ages. In order to determine such clients and work with them in a proper manner, one has to introduce supervising social workers and psychologists, as well as special trainings on diagnostics of self-assessment of clients, methods and forms of work targeted at bringing it to an adequate level.

While retaining financial support of group prevention events, one should more clearly write out expenses on the work of social workers involved in the organization and holding of such events in NGOs' budgets, just the way it is done at NGO "Gay-Alliance" (Kyiv).

The ways to streamline expenses on group events can be:

- using own equipment in movie-watching;
- pro-active sharing of video materials among various NGOs (creating a common library);
- abandoning the most expensive events (in terms of the comparison of nominal expenses per conventional client), primarily those being only indirectly prevention ones or, when they are popular, introducing clients' cost-sharing.

Peculiar reserves allowing narrowing donor financing of group events could be the financial support of NGOs' activities by clients, but it is difficult to talk about a significant volume of such support now. Gradual mitigation of consumption-oriented attitude which is typical for the majority of clients could be started with developing volunteer work, in particular by means of more active engagement of clients into preparing and holding leisure events which are the most attractive for them. Perhaps, it will be advisable to introduce a small entry fee for NGOs' clients with a view of increasing their responsibility for the services received.