Alliance for Public Health

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(Based on 2016 Data)

Analysis Report Summary

Evaluation of ProfiGender Project Implementation

Kyiv–2017

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS — Acquired Immunodeficiency Syndrome, Stage IV of HIV Disease

AIDS Center — Center for AIDS Prevention and Control

(The) Alliance — ICF "Alliance for Public Health"

ARV Treatment (ART) — Antiretroviral Therapy

FGD — Focus Group Discussion

FSW — Female Sex Worker

HCT — HIV Counseling and Testing

HIV — Human Immunodeficiency Virus

IDU — Injection Drug User

NGO — Non-Governmental Organization

PLHA — People Living With HIV/AIDS

SEP — Syringe Exchange Point

(ST) SMT — Substitution (Maintenance) Therapy

STI — Sexually Transmitted Infections

FOREWORD

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 (female IDUs), now accounting for nearly half of all HIV infections within this group and rising.

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 inject drugs.

Studies conducted in Ukraine and world-wide 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. Based on the findings of the formative research with a focus on gender-oriented projects and services conducted by Alliance Ukraine in 2015, compared to men, female IDUs reported the need for:

- obtaining counseling from psychologists and physicians,
- developing communication skills to effectively deal with family members, doctors,
- having a safe space,
- activities that increase their self-confidence and enhance their sense of usefulness.

During the pilot stage of the project for *Capacity Development for Quality-Assured Gender-Sensitive Harm Reduction Interventions in Ukraine*, efforts are focused on developing, testing, and implementing gender-sensitive approaches and quality services, expanding service coverage for women and their sexual partners within harm reduction projects.

The overall goal of the *ProfiGender* project is to ensure 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. The key objectives and tasks of the project are listed below:

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:

3.1. To engage with women who inject drugs and their sexual partners within the project for in-depth interviewing and prevention service delivery.

3.2. To 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.

3.3. To deliver NGO-client follow-up services associated with rapid testing for HIV and hepatitis via a social worker and access to prevention materials.

3.4. To refer project-supported women clients to other social and medical services and projects that service female drug injectors in the inner city.

3.5. To facilitate skills development toward the adoption of safe sexual and drug use practices and safe social behaviors in female IDUs.

This being a pilot project, its implementation should be consistent with evidence-based recommendations. This necessitates the need for monitoring efforts.

Purpose of the Study: Monitoring and evaluation of the *ProfiGender* project implementation in 2016 by HIV-service NGOs in the designated regions of Ukraine with support from ICF "Alliance for Public Health."

Research Objectives:

1. To study the process of project implementation from the perspectives of both NGO staff and clients while focusing on its positive aspects and possible problems.

2. To analyze short-term project outcomes while focusing on the changes in terms of:

a. Levels of client knowledge about HIV/AIDS/STIs and hepatitis;

b. Clients' risky behavioral practices;

c. Clients' practices linked to access to testing and health care;

d. Relationships between clients and their sexual partners;

e. NGO employees' knowledge levels and professional skills;

f. Overall NGO activity.

3. To investigate project development prospects for *ProfiGender* by:

a. Clarifying clients' needs for NGO-provided services;

b. Assessing needs for working with new client groups;

c. Designing ways to further improve other components of the project (e.g., ways to ensure client enrollment and retention, etc.)

RESEARCH METHODOLOGY

Type of research — a social monitoring study with a before-after design, based on the conduct of research activities in two stages: prior to the project and during the final stage of project implementation.

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

1. **Structured** face-to-face **interviews with NGO clients** participating in the *ProfiGender* project:

The study was planned to be 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 — purposive, quota sampling based on sex (gender) and having/not having a sexual partner.

It should be pointed out, though, that the term "sampling" is used here as a fairly relative concept, as all *ProfiGender* participants were involved in the research process.

The Size of the Sampling Frame (Table 1):

- In the course of the baseline survey (Wave 1), each participating NGO interviewed between 548 and 551 respondents, i.e., a total of 2,751 (roughly, 500 women and 50 men in each case).
- In the course of the final survey (Wave 2), each participating NGO interviewed between 292 and 542 respondents, i.e., a total of 2,312 (drop-out losses varied across different NGOs and were 2–16%, while this figure at *Convictus Ukraine* was at 47%).

Table 1

Sampling Distribution at the Time of the Survey of NGO Clients

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

Psychological Methodologies

The use of psychological techniques was incorporated as one component of the survey questionnaire for NGO staff ("Who am I?" and the unfinished-sentence technique). They were used to keep track of changes in NGO employees' self-awareness and self-perception, as well as in order to assist them in gaining insights into their work with clients as the *ProfiGender* project with their participation progressed.

2. **Semi-Structured** face-to-face **interviews with NGO staff**

The survey of NGO employees was also conducted in two stages: at the start of the project and a couple months before its completion.

The sampling frame (population) comprised both NGO employees participating in the *ProfiGender* project and NGO employees who, even though not involved in this project, had experience communicating with NGO clients from among people who inject drugs.

The following categories of employees were brought in to participate in the survey:

- Social Workers. This group included employees who held the following positions within the *ProfiGender* project: *Social Worker, Outreach Worker, Self-Testing Assistant, Case Manager, Counselor, etc.;*
- Project Supervisors / Coordinators;
- Accountants / Financial Managers;

Each NGO held 9–12 interviews in the course of each wave of the survey.

Size of the Sampling Frame:

- Baseline survey: 52 interviews.
- Final survey: 50 interviews.

3. **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 were held for the study's purposes (one FGD by each organization). Women clients were recruited through the efforts of NGO staff. Only women were invited to participate in the FGD. In total, 40 women clients took part in the focus group sessions.

4. **Focus groups with NGO staff** were conducted concurrently with FGDs for employees, i.e., after completion of the project in 2016.

A total of five focus group discussions were held for the study's purposes (one FGD by each NGO). FGD participants were recruited from among NGO employees involved in the *ProfiGender* project. In total, 27 NGO employees took part in the focus group discussions.

Geographic Coverage Area:

The surveys were conducted by all five NGOs participating in the *ProfiGender* project, notably:

- *Viktoriia R*esocialization Center (Khmelnytskyi);
- *CF Return to Life* (Kropyvnytskyi);
- *CF The Way Home* (Odesa);

- *Convictus Ukraine* (Kyiv);
- *CF Public Health* (Kryvyi Rih).

Time Frame of the Field Stage of the Project:

- Baseline Survey: February — May 2016.
- Final Survey: June — September 2016.

Data Input and Analysis

After checking the completeness of the questionnaires as part of the quality control process, they were input into a pre-designed chart template in SPSS format. Four pools of research data were prepared as follows:

- based on the results of the baseline surveys of NGO clients;
- based on the results of the final surveys of NGO clients;
- based on the results of the baseline surveys of NGO staff;
- based on the results of the final surveys of NGO staff.

All focus-group discussions were digitally recorded with the participants' consent and transcribed for further analysis.

Key Areas of Data Analysis:

1. Calculation of descriptive statistics — univariate and bivariate distributions of respondent answers to survey questions. Two-dimensional analysis of clients' survey responses was based on respondent gender and the NGO involved in delivering service to clients.
2. Calculation of integrated indicators based on clients' knowledge scores, levels of risky practices, information and service coverage, etc.
3. Comparative data analysis, including comparison of NGO clients' and employees' baseline and final survey results.
4. Analysis of transcripts for FGDs with NGO clients and employees, data triangulation based on the research results obtained through quantitative and qualitative sociological research methods.

Ethical Principles of Research

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.

At the data input stage, the survey questionnaires and quota lists were stored in separate places (quota lists being kept in a safe) to make it impossible to identify a respondent based on his or her questionnaire. According to established procedure,

the data input process was organized in such a way as to ensure that no person had access to the survey questionnaires at that point of the research, except for data input personnel and the software engineer. The latter, just as interviewers and supervisors, had to sign a non-disclosure agreement to ensure that all research-related information remains confidential.

Research Limitations

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. That notwithstanding, the results obtained in this research effort provide a sufficient basis for evaluating the project's progress and its short-term outcomes.

Client Surveying. 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.

NGO Employee Surveying. The main limitation of survey data analysis for NGO employees was the small size of the sample (52 persons in the baseline survey and 50 — in the final survey). This results in a high statistical error (14%) and makes it impossible to conduct a comparative analysis of NGO employees based on a set of indicators, such as position, number of years working with the target population, experience participating in the *ProfiGender* project, etc.

KEY ANALYSIS FINDINGS

The goal of this research was to conduct an analysis of the outcomes of the *ProfiGender* project being implemented by 5 NGOs in different regions of Ukraine with support from ICF "Alliance for Public Health." The research findings indicate that the project has a primarily positive impact on NGO clients and employees involved.

Project Implementation Process. 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.

It is worth noting that the researchers were not commissioned to evaluate the long-term effectiveness and implementation processes for 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 significant changes in NGO clients' behavior. Thus, the research findings can serve as a basis for evaluation of only the project's short-term outcomes.

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.

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 effects drugs have on the body, 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

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. 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).

Specifically, based on the survey findings, the greatest interest in obtaining prevention information was shown by clients of NGO *Viktoriia* and CF *The Way Home*, whereas the least interest was recorded among clients of *Convictus Ukraine*. At the same time, clients of CF *The Way Home* and CF *Public Health* were found to be most active in attending the NGO and accessing free syringes / condoms, whereas clients of CF *Return to Life* were among the least active in this respect. Similarly, employees of CF *Return to Life* were more active in providing client counseling on safer drug use practices than employees of CF Public Health, whereas employees of *Convictus Ukraine* and CF *Public Health* were less active in educational efforts on safe sexual practices (Table 3).

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.

Table 3

Information Sought by Clients and Provided by Social Worker (Integrated Indicators), by NGO and Survey Wave, %

	ACROSS THE ENTIRE DATASET	CF Return to Life	NGO Viktoriia	Convictus Ukraine	CF The Way Home	CF Public Health
Sought information about **safer drug use**	74	77	90	59	87	59
Visited the NGO and accessed syringes in the last month	76	45	65	78	100	98
Obtained information about safer drug use **	80	93	80	80	80	73
Sought information about **safe sexual behavior**	49	40	72	25	70	40
Visited the NGO and accessed syringes in the last month	76	35	62	76	100	94
Obtained information about safe sexual behavior **	72	76	78	63	76	67

* The differences are deemed significant if they exceed 7%

** Among those who visited the NGO and picked up free syringes/condoms

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).

"I was afraid to take the test and didn't want to, but Anna [the social worker] talked me into it. I got tested, it came back negative, and it was a load off my mind. I am grateful to her for convincing me to get tested … I needed to get tested for my job as well, but knowing about healthcare staff's negative attitudes toward us, I guess I'd have never gotten around to getting tested without her urging" (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).

"Before the test, they talked a long time with me, getting me prepared, saying things can turn out differently, as I'm living with this kind of man (HIV-positive). They even explained how to live with that if the test comes back positive" (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. According to NGO employees, in some situations, this strategy for program work appears to be even more effective than counseling.

"When we were taking an educational module, we presented the information as they were just listening. Sometimes, there was too much information for them to process, and they weren't able to digest it all. During these classes, though, they are in no hurry, taking things slowly, beginning to think, ask questions, and do a better job processing information they hear" (social worker).

"When the girls were in class, they found things more interesting, even when the topics raised were the same as those already covered as part of the educational module. But when they have nowhere to rush to, they drink coffee and talk, some deeper-seated issues come to the surface and become apparent" (project coordinator).

"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 ART, SMT.

"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 humanitarian aid to women clients and their children, as well as psychological counseling services (volunteer-provided), a Children's Waiting Room was set up.

"A short time ago, we had a craft class teaching hand embroidery. So the girls walk over to me and say, "Look at how much needlework I've done so far!" They're so proud of themselves for being able to do things with their own hands and maybe even use this skill to make some money" (social worker).

"We had this Children's Waiting Room set up offering a safe place for children to remain while the woman client (the kids' mother) is busy being interviewed. The room is equipped with a TV set, a selection of animated short films to choose from, toys to play with, etc." (project coordinator).

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 was so pleased to get this embroidery kit. When I got home, even my husband's interest was piqued as he started asking questions, 'Why is this leaf not just plain green? It shimmers and twinkles!' and I went into an explanation" (NGO's female client).

"We made flowers, and before, I wasn't even aware this was possible. We cut flower petals out of colored paper, and then joined them together with a piece of thread without using glue. That was so fun!" (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.

"Men visited our organization to pick up free supplies or get tested here. They also participated in cooking and decoupage classes, as well as in the NewMe game. They wouldn't fall behind, but came in together with their wives" (social worker).

5) The NewMe game[1] 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).

"I like the game a lot. You pull out a card with a picture drawn on it, and describe what you think is depicted there. As I understand it, this way you identify and bring to light the problem that's bothering you at the moment" (NGO's female client).

"When they lay out the cards, you find out what you think and feel at the moment or what you thought and felt a while ago. We learned so much about ourselves and the things we need to change about our character or personality, this really got us thinking about many things in life" (NGO's female client).

6) Psychological, legal, and social assistance provided to help a woman client facinig 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).

[1] 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).

"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).

"The advice I needed was about my husband's disability support pension. The social workers helped me get it for him… I even brought my mom over. She has a huge problem with her legs. The social workers helped me get her into the hospital for treatment" (NGO's female client).

"If I need any help with anything, I go ahead and make a phone call to my social worker, even about minor stuff. Even when I need to find out about having a blood sample drawn, she'll explain everything to me, about how to handle that, when and where to go" (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.

"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).

ProfiGender Project: Service Delivery Environment and Project-Specific Features

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).

"It's nice to have a place to go to, where you find understanding and acceptance. They will offer a listening ear if you want to talk, but nobody will pressure you into talking if you don't want to. Everyone here is nice and understanding" (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).

"All of our social workers are very sincere and open-hearted. When you turn to them for help, whatever that may be, they throw their heart and soul into it, they're concerned about everyone, they try to make things work for you, they don't do things just to get you off their back. It shows and you can feel that" (NGO's female client).

"The girls are very friendly. Whenever you come in, they ask you about what's new in your life and about how things are going for you. They remember our names, our kids' names, what kind of job we have, and they never have us mixed up with someone else" (NGO's female client).

"It was nice talking with the girls. Talking with them put you in a special state of mind, because not everybody can accept you for what you are, you can't open up to everyone" (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.)

The integrated performance indicator used to measure risky drug use practices showed a significant reduction only in *Convictus Ukraine* (93% in the baseline survey versus 76% in the final survey) and NGO *Viktoriia* (95% and 89%, respectively).

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%.

Based on the survey findings, the most conflict-ridden relationships were reported by clients of CF *Public Health* (with 75–49% couples reporting experiencing conflicts, while the lowest levels of conflict were reported by clients of NGO *Viktoriia* (81–30%). When designing further project activities, this fact should be duly taken account of with particular emphasis being placed on family and relationship counseling in the course of service delivery provided by these NGOs.

Project Outcomes for NGO Employees

The obtained results show that the experience of being involved in the *ProfiGender* project has helped NGO staff in gaining a deeper understanding of the principles of a gender-based approach to social service delivery and improving client work practices.

Thus, in the course of the final survey, 96% of all NGO employees correctly defined the term "gender-oriented approach" (or 48 out of 50 people) against 54% (or 28 out of 52 people) as was recorded during the baseline survey. The situations offered as examples of gender inequality were correctly recognized and identified by 92% and 67% of all those interviewed, respectively.

Based on the survey findings, positive trends (performance metrics) regarding gender-responsive service delivery on the ground were found to be less significant in comparison. Thus, the share of those who correctly responded to the question about what services can be considered gender-oriented increased from 42% to 66% (the margin of error being at 14%).

Project Activities for NGO Employees

The distinctive feature of this project was a variety of informational and educational activities for both *ProfiGender* employees and NGO staff members not involved in the *ProfiGender* project. Such activities were carried out at different stages of the project implementation process (not only at the beginning of the project).

"During the course of my employment in this organization, I have never before, witnessed this experience when different activities are conducted for employees every month as part of the project. At the very beginning of the project, we had a five-day training course on how to run this project. Throughout the project, we've had three supervision sessions… Besides this, we hosted two training internships to share and exchange experience with other organizations, and we were hosted by other organizations for similar events as well" (social worker).

Supervision meetings were a regular feature in the project's calendar, as well as training internships and experience sharing events involving different NGOs participating in the project.

"Before, to perform the supervision, the boss came over and evaluated your job performance, but over here things are organized differently. The format of the last supervision was like this: one girl was playing the role of a female client while the rest of the team took turns playing the role of a social worker. Then we looked from the outside to check on how we were coping with the task for error analysis and correction, and for letting go of our stereotypes" (social worker).

"At the beginning of the project, we felt the pressure from the women clients, who came in with anger issues, with unexamined negative emotions, and vented it all on our counselors. I was aware that that was pushing the girls into burnout. Being the one in charge, I was feeling burnout coming on, too. I'd like to say a thousand thank-yous to the supervisor, who separately worked through this with the girls, and with me" (Head of an NGO).

"Supervision went a long way toward preventing professional burnout among the staff. In an informal setting, we could not only talk through the challenges we were struggling with as the project was progressing, but also learn something new about one another and get to know one another better" (social worker).

"The special thing about this project is that all the organizations involved exchange their experiences between themselves on a continuous and ongoing basis" (social worker).

"We had two internships as part of this project. We had representatives from other NGOs coming over to us. We were visited by representatives from Inspectorates for Criminal Offenses and Penalties based in three districts of the city had. This two-day internship was conducted by the supervisor and me. We took them out to the areas in which outreach work is delivered, showed them how our clinic on wheels worked, the trainees had an opportunity to talk with clients at some venues along the route" (Head of an NGO).

"We had two internships. We hosted a team of colleagues coming from other cities. Some of them were working in a similar project, while for some others, it was the first time they heard of gender-sensitive services. We hosted teams from Centers of Social Services for Family, Children, and Youth and healthcare institutions. We showed them around and told them about our work in an informal setting, explaining about the range and quality of client services we provide" (project coordinator).

In addition, the staff members involved in *ProfiGender* provided training on gender mainstreaming for all other employees in each individual organization.

"We put all our staff through training on gender-sensitive services and gender-sensitive approaches, taught them how to work with women taking into consideration their special needs and vulnerabilities" (project coordinator)

"I conducted a training workshop for employees on the new gender policy and the gender-based approach… That done, we touched on this issue almost every time we got together with social workers for a project meeting" (Head of an NGO).

"We had Gender Awareness Month in our organization, when all staff members, including those working in the head office, the accounts department, our regional offices, underwent training on gender issues and what it's got to do with our organization" (social worker).

According to NGO employees, events and activities organized for them as part of the *ProfiGender* project were of great benefit and value. In addition to gaining new knowledge and assistance in dealing with professional challenges, such events and activities provided insights into how other NGOs operate and helped to prevent emotional burnout.

As the *ProfiGender* project's key achievements, NGO employees pointed out the following:

- ***Recruitment of New Female Clients***, including both a significant increase in the number of NGOs' women clients and access to new groups not previously reached by NGO programming.

"The main thing is that we have brought in new women clients … As we know, women are a more closed group, and it's more difficult for them to get in contact with organizations, such as ours. But thanks to this project being primarily targeted at women, we've succeeded in engaging 500 girls, providing them with counseling and other services, or, if needed, referring them to other organizations" (social worker).

"There's been a major increase in the number of women this organization serves. This trend continues even today: they keep coming in, bringing new girls with them" (project coordinator).

"As experience and statistics show, unfortunately, women are very hard to reach and engage with. We had projects, similar to ProfiGender, *in which we handed out coupon vouchers. The result is that 80 or 90 percent of clients brought in were male. It's only through this project that we've managed to reach such a huge number of women"* (project coordinator).

"Many of the IDU women were our male clients' partners, but they'd kept staying away. Why do they need to come in, if their husbands are the clients? The project helped us in dragging them out of their homes, their kitchens, and they made it to our office and got the information that, I'm positive, their husbands never delivered to them" (social worker).

Representatives from different NGOs pointed out fairly widely differing new groups of clients they succeeded in reaching in the course of the project: very young female IDUs (aged under 20 years), or conversely older female IDUs (aged 40 years and above), socially adapted female IDUs (having a job, a family, social relationships with people who do not engage in drug use) who use drugs occasionally, women who use "legal" pharmacy drugs, etc. This is evidently correlated with the organization's previous experience (the types of groups it has worked with before), as well as the manner in which "seed" respondents are chosen while the project's recruitment efforts are underway. Nevertheless, all the NGOs reported engaging new client groups in the project.

- **Changes in Clients' Behavior and Lifestyle. T**hus, NGO employees surveyed pointed out the following key areas of change positively impacting clients' lives as a result of their participation in the project:
  - ➢ Practical use of knowledge obtained in the project, e.g., education on overdose prevention.
  - ➢ Taking greater responsibility for one's own

and one's partner's health, taking care of one's health, specifically, getting registered with the AIDS center for care and follow-up, initiating or resuming antiretroviral therapy, if required, scheduling an appointment with an infectious disease specialist, getting tested/evaluated for viral hepatitis and getting on a waiting list for a free treatment program, getting linked to care through other healthcare providers, if required, encouraging one's partner to get tested.

- Attempts to stop taking drugs, including getting enrolled in SMT, albeit, such instances are rare, partially due to a limited number of places available. Additionally, in some instances, IDU female clients' partners were enrolled in SMT.
- Undertaking efforts to improve one's family relationships, living conditions, housing and employment situation, achieving social adaptation.
- Paying attention to one's appearance, taking up interest in personal care and grooming.

"Thanks to our social workers' counseling and the discount coupons, some of our women clients who tested positive for hepatitis C virus were referred to and made an appointment with the infectious disease specialist, and took a series of tests. They also found out about HCV treatment programs available for free and some of them are already on the waiting list for treatment" (project coordinator).

"Some of the girls have changed their lifestyle, and you can sense that. They come in totally sober, telling us about their experiences living a clean life and working to improve their housing situations and living conditions. Some of them shared their experience seeking career advancement and social adaptation opportunities" (project coordinator).

"The partners of some of our women clients eventually made it to the substitution therapy site. The girls come and share their stories with us saying, 'You know, my husband has changed a lot, he's not in a hurry for anything, he's spending his time at home, busy doing something around the house, he's gained weight and eats normally'" (social worker).

"We taught the girls how to inject safely, told them how to avoid overdose … One girl called me on the phone and sounded so happy telling me about how she rescued a boy who overdosed at one remote drug-dealing site" (social worker).

"They got over the fear of going to the doctors. 'I feel a pain in my lower belly, I'm going to the gynecologist.' If everything was like before, she would have never gone there, she'd just have sat and taken some random pills" (social worker).

"Discordant couples changed a tremendous lot. They began to realize that in their relationship they'd need to stick to some ground rules … After the training, already some way down this road, when the full scale of the threat became more clearly defined, some girls came in and brought their partners with them to get them tested" (social worker).

"Many of the girls have changed beyond recognition. Some of them have stopped taking drugs. Many of them are enrolled in therapy now. They've stopped telling lies and have become more outgoing. They don't even look like they used to. Some of them have found jobs, take care of their kids" (social worker).

"This girl says to me, 'I started baking something and my husband joined in and stood right next to me, he spilled some flour all over me, and we forgot what we were baking,' you

begin to understand you're really doing something useful and meaningful" (social worker).

Some of our regular female clients gradually end up becoming volunteers.

"I think we'll be able to invite some of our activists to participate in some other projects as volunteers" (social worker).

"While the project has been running, some potential leaders were identified who participated in all group meetings and were active in recruiting and bringing in new clients. You can call people like that volunteers. They all stayed with us in the project and they keep coming in" (social worker).

On the whole, NGOs' female clients confirmed this list, the same being prepared based on information from NGO employees. It was with special pride that clients spoke about their attempts at stopping injection drug use, including getting enrolled in SMT.

"I'll soon get out of the system and get started on SMT. I've already gotten tested, the social worker helped me along with this" (NGO's female client).

"Over this time, I have quit drugs completely. The last time I injected was August 30… Now, I live a totally different life: I'm no longer running around all the time desperate to find some money. I can sleep peacefully and not think along the lines of "Oh Lord, where should I get my fix tomorrow morning, or else I'll be sick as hell?" (NGO's female client).

In addition to all the foregoing, among other positive changes in their lives arising as a result of their involvement in the project, NGOs' female clients indicated the widening of their social networks, making new friendships with NGOs' fellow clients, accessing new sources of social support, as well as the improvement of their mental and emotional well-being, i.e., becoming a calmer person, raising their self-esteem, placing greater trust in other people.

"We've become friends, we stay in touch, with some of the girls we exchanged phone numbers and we meet up over here. But, sure thing, you don't let just anyone into your heart" (NGO's female client).

"I have a wider social circle now, I have some new friends I spend time with. This is an outlet for me as I don't have a job" (NGO's female client).

"We used to be treated like social outcasts, but thanks to organizations like this we came around to thinking that we are human beings, too, that we're living our lives for a purpose. Now we're used to thinking of ourselves as humans" (NGO's female client).

"My self-esteem has improved, I've begun to love myself… It was as if we had our eyes opened up by them (social workers), they put us in front of a mirror and said, "Look, you're a human being, all is not lost" (NGO's female client).

"We're tough and aggressive, we don't have much trust for people. But here they're trying to help us to turn around and get back to a normal life, to get us set up for positive experiences" (NGO's female client).

"We met here and became friends, we're trying to help one another even if it's just about small things, for example, with foodstuffs. When her washer broke down, she turned to me for help" (NGO's female client).

"Now I feel more confident as I know I won't be left high and dry if I happen to hit on tough times, that there are people out there I can turn to, who will lend me a helping hand" (NGO's female client).

Changes in NGOs' Activity

Generally speaking, during the final survey, a majority of NGOs' employees (94% or 47 out of 50 people) confirmed witnessing certain changes in their particular organizations as a result of the *ProfiGender* project, including those pertaining to the NGOs' gender-related documents/policies (89%), and improvements in terms of methodologies and techniques used for client service delivery, including counseling topics and strategies (75%). In addition, from a third to half of all respondents think the project has changed interactions between different focus areas within the NGOs' activity structure, led to a closer adherence to ethical guidelines when dealing with clients and promoted equal gender opportunities for NGO employees of both sexes (30–49%).

Among the key outcomes of the *ProfiGender* project, respondents from among NGO employees pointed out an increase in the number of women clients and their higher service satisfaction scores, an increase in the number of family couples among clients, a wider range of services offered by the organization, and NGO employees' increased workload. Each of the above-mentioned options was selected by 84–96% of all those surveyed. Also, respondents fairly often pointed out improvements in relationships between clients and staff, or among employees, as well as an increase in the number of male clients and their higher service satisfaction scores (46–64%).

According to both NGOs' clients and staff, 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

Among the areas of current importance that require subsequent efforts are those concerned with both further follow-up for current clients and engaging with new clients, especially from closed, hard-to-reach populations that the NGOs succeeded in reaching as part of this project. The potential for engagement with new clients was recognized and confirmed by both NGOs' employees and clients.

New groups with whom the NGOs managed to establish contact as part of this project and with whom they propose to work in the future, are different for different organizations. The consolidated list would include the following:

- young people aged under 25 years (most commonly, up to 20 years of age), including individuals from non-mainstream communities;
- middle-aged women, including those who use drugs occasionally and are socially adapted to an adequate degree;
- migrants from the areas affected by the ATO;
- IDUs who use legal "pharmacy" drugs;
- discordant IDU couples;
- pregnant IDU women;
- IDU women who experience partner violence;
- Non-IV drug-using women who engage in risky sexual behavior.

However, in order to ensure effective interventions for some of these groups (e.g., pregnant IDU women and women who experience violence), client-specific services need to be developed in response to the client-specific requirements of these groups. Hence, this raises the question of whether it is advisable to undertake these efforts as part of the ongoing *ProfiGender* project or program efforts should be confined to client groups that do not involve such a narrowly defined focus.

Another area to address is the motivational framework for clients, which needs improvement. This in turn necessitates project staff training in motivational counseling, as well as the development of new mechanisms for non-material motivation of clients.

To ensure client retention, in due course, the financial reward may be substituted for other material incentives (e.g., gynecological examination kits, pregnancy test kits, feminine care products, foodstuffs, or gift certificates, public transportation passes, humanitarian aid supplies, etc.) In addition, material incentives directly handed out to individual clients can be tentatively distributed through a lottery-like draw. In addition, clients could be motivated through a wider range of services, included those not explicitly relevant to the prevention agenda.

Another important area to address within the *ProfiGender* project that would ensure its improved performance in the future would be the development of the work component targeted at client couples, e.g., couples counseling, even though that would entail extensive preliminary work, including training qualified counselors from among NGO employees.