

ASSESSMENT IN ACTION SERIES

Making Harm Reduction Work for Women



The Ukrainian Experience



OPEN SOCIETY INSTITUTE
Public Health Program

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International Harm Reduction Development Program



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Open Society Institute
400 West 59th Street
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For more information, contact:
International Harm Reduction Development Program
Open Society Institute
www.soros.org/harm-reduction
Telephone: 1 212 548 0600
Fax: 1 212 548 4617
Email: IHRD@sorosny.org

Writing by Sophie Pinkham and Anna Shapoval
Editing by Olga Rychkova and Paul Silva
Cover photo by Justina Mielnikiewicz
Design and layout by Judit Kovács | Createch Ltd.
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Why Harm Reduction for Women?

Estimated at 1.6 percent, Ukraine's adult HIV prevalence is the highest of any country in Europe or Central Asia. Though injecting drug use remains the driver of HIV transmission, the Ukrainian AIDS Center reports that more and more new cases of HIV are attributed to heterosexual transmission (over 41 percent of new cases in 2008), followed by mother-to-child transmission (19.2 percent in 2008). This epidemiological shift has given women a more prominent place in the HIV epidemic: according to UNDP, women now account for 48 percent of all HIV cases among adults in Ukraine. Regional analysis suggests that this increase is still largely attributable, either directly or indirectly, to injecting drug use. UNAIDS estimates that 35 percent of women living with HIV in Eastern Europe and Central Asia acquired the virus through injecting drug use, and a further 50 percent were infected through unsafe sex with partners who inject drugs.

Women who use drugs are an exceptionally high risk group. For physiological and social reasons, women tend to be more vulnerable to HIV, sexually transmitted infections (STIs), and drug dependence.¹

1. For more details on the issues discussed in this section, see *Women, Harm Reduction, and HIV* (International Harm Reduction Development Program, Open Society Institute, 2007), an overview of international research, and *Women, Harm Reduction, and HIV: Key Findings from Azerbaijan, Georgia, Kyrgyzstan, Russia, and Ukraine* (International Harm Reduction Development Program, Open Society Institute, 2009), which synthesizes the results of five IHRD-supported assessments.

- **Last on the needle:** Research has found that women often inject last in a group and are more likely to need help injecting, two important risk factors for HIV. Women drug users are much more likely than men to have sex partners who are also drug users and to inject drugs in the context of a sexual relationship.
- **Transactional sex:** In Ukraine, a substantial proportion of women drug users are commercial sex workers. A significant number also exchange sex for drugs, housing, or other commodities: this kind of transactional sex is another risk factor for HIV, STIs, and unplanned pregnancies.
- **HIV, drug use, and pregnancy:** Pregnant women with a history of drug use are significantly less likely to receive prenatal care, including timely HIV tests and, when necessary, anti-retrovirals (ARVs) for prevention of mother-to-child transmission of HIV (PMTCT).
- **Reproductive and sexual rights:** Pregnant drug users may be pressured to have abortions or to give up their newborns, and mothers with a history of drug use often have problems maintaining custody of their children.
- **Violence and access to care:** Women who use drugs experience high levels of poverty, incarceration, and gender-based violence, including sexual assault and domestic abuse. Most Ukrainian women's shelters do not accept women who are active drug users. Many women drug users do not have passports, often because they were incarcerated, and many lack the residency registration (*propiska*) needed to receive free medical and social services and to have secure housing.

Ukrainian programs have made great strides in responding to the HIV epidemic among injecting drug users, introducing syringe exchange programs, substitution treatment, ARV treatment, and programs to prevent mother-to-child transmission, but to date these programs have rarely succeeded in fully accounting for the needs of women drug users.

- **No space for women in conventional programs:** Harm reduction and drug treatment programs, which were developed to serve an overwhelmingly male clientele, rarely include gender-specific programs, and services for HIV-positive women rarely account for the needs of drug users, who may require special support or outreach.
- **No substitution treatment in maternity setting:** Prescription of long-acting opiates (opioid substitution treatment or OST) is the internationally recognized gold standard of treatment for pregnant opiate users. By reducing illicit drug use and injection, reducing financial pressures, and promoting a healthier, more stable lifestyle, it is beneficial for the health and well-being of both mother and child.

It facilitates access to health care, including prenatal care and PMTCT. OST is unavailable in most maternity hospitals in Ukraine, and OST programs have little or no outreach to pregnant women.

- **Lack of drug treatment options for women with children:** Residential drug dependence treatment is male-oriented and there are virtually no specially trained staff and facilities to accommodate women drug users. Facilities do not accept children or couples, forcing women to choose between treatment and their families.

Executive Summary and Recommendations

Gender-responsive Harm Reduction Programs in Ukraine

In response to the existing gap in harm reduction services for women who use drugs, the International Harm Reduction Development Program (IHRD) of the Open Society Institute, with the support of the Canadian International Development Agency (CIDA), gave small grants to Ukrainian harm reduction projects interested in implementing gender-responsive harm reduction programs. Rather than developing new, separate programs for women, the grants were designed to build on the existing work of the organizations, which is supported by a range of donors.

Between May and July 2008, six gender-responsive harm reduction programs were launched in different regions of Ukraine, including Kyiv, Dnipropetrovsk, Poltava, Nikopol, and Mykolayiv. Grant amounts ranged from 8,000 to 24,000 USD. One grant, which included an educational film and poster campaign as well as direct services, was 74,000 USD. The projects used a variety of approaches that included advocacy and policy work as well as direct services. The following were key aspects of the projects.

Sexual and Reproductive Health

Projects integrated sexual and reproductive health and rights into their harm reduction strategies. They offered low-threshold, mobile HIV and STI testing; gender-specific information, counseling, and support; and case management to improve follow-up and treatment adherence and link sexual and reproductive health, HIV/AIDS, and drug treatment services. A special focus was access to substitution treatment for pregnant and parenting opiate users.

Parenthood and Family Preservation

Several projects focused on motherhood and family preservation, offering medical and social support to improve maternal and child health, increase access to medical and social services, improve parenting skills, help women maintain or regain custody of their children, and enable women to make free, informed choices about childbearing.

Legal Aid and Social Support

One project focused entirely on legal aid and social support, providing women drug users with free legal representation and advice. It assisted its many homeless clients with housing and advocated at the city level to establish and fund social housing for women drug users. Most of the projects provided some kind of legal aid, most often assistance regaining lost passports, housing, or child custody, and accessing medical care and social benefits.

Empowerment

All of the projects worked to empower their clients and build a sense of community. Several designated a time or space for women to gather, support each other, and receive assistance. Some programs cultivated leadership skills and engaged women in advocacy, peer counseling, or press work. Others educated women about their health and rights, enabling them to advocate for themselves and make more informed choices. Finally, programs used psychological, peer, and social support to help women overcome the traumatic experiences, internalized stigma, and social problems that often make it difficult for them to care for themselves.

Referrals and Provider Networks

The projects worked to strengthen referral systems and networks of trusted, trained providers, to harmonize care and to reduce obstacles faced by women in need of multiple services. They cultivated relationships with individuals and institutions in contact with women drug users and fostered tolerance and understanding among them. They acted as liaisons between clients and providers, bridged gaps between services, and helped clients overcome bureaucratic and logistical barriers.

The experience of the six programs documented demonstrates that modest adjustments to existing services can have substantial positive effects on the quality of care available to women drug users. This report highlights these successful models, illustrating the impact of gender-responsive harm reduction programs on the lives of clients, organizations, and health care and social support systems. It is intended for all donors, policy makers, program managers, and service providers interested in the health and rights of women drug users and their children.

Recommendations

While these projects demonstrated impressive accomplishments in a short time period and with limited funds, there remains much work to be done to respond to the needs of women drug users in Ukraine. Development of an effective system of care for women drug users will require the cooperation of the government, medical authorities and health care providers, non-profit organizations, and donors. The following are key recommendations for future work.

Service Provision

- Improved access to drug treatment and rehabilitation for women, including child care and mobile services for women with infants and small children
- Enhanced outreach and case management to reach women unlikely to seek services on their own, especially those who are pregnant and parenting
- Services to prevent and respond to domestic violence
- Legal aid
- Vocational training and assistance with job placement
- Free medication and pregnancy tests, and financing for medical equipment needed for (mobile) HIV and STI testing
- Shelters/social apartments for women (transitional housing)
- Development and distribution of information materials focusing specifically on the needs of women who use drugs
- Expanded geographic reach of programs, especially to non-urban areas

Capacity Building and Integration of Services

- Education and training for social and health care workers who work with women drug users
- Further development of referral networks of state and nongovernmental partners, especially among women's health clinics, AIDS Centers, maternity hospitals, state social services, and NGOs working with HIV-positive women and women who use drugs

Policy

- Development of regulations to ensure systematic access to substitution treatment at maternity hospitals (and all other hospitals) nationwide
- Reform of the drug user registry, to make it easier for women to maintain or regain custody of their children when they are competent mothers
- Work to reduce wrongful charges against drug users and to ensure legal representation for those unable to pay for it

Methods

Sophie Pinkham and Anna Shapoval, technical consultants to the International Harm Reduction Development Program, visited gender-sensitive harm reduction projects in five cities in Ukraine between December 2009 and February 2010, about a year and a half after the projects were launched. They conducted focus groups with project clients and staff and individually interviewed selected state and nongovernmental partners, including gynecologists, pediatricians, infectious disease doctors, staff of state social services, and local officials directly involved in the daily activities of the projects. The consultants used a series of standard questions, but also engaged in open-ended dialogues for a more in-depth analysis when appropriate. This report relies on the findings of these qualitative surveys, as well as on additional information provided by the projects upon specific request or in their semi-annual and annual reports.

Kyiv

population: 2.8 million

Krok za Krokom (Step by Step)

Reached 800 women drug users through outreach on streets and at local women's clinics.

MAMA+ project

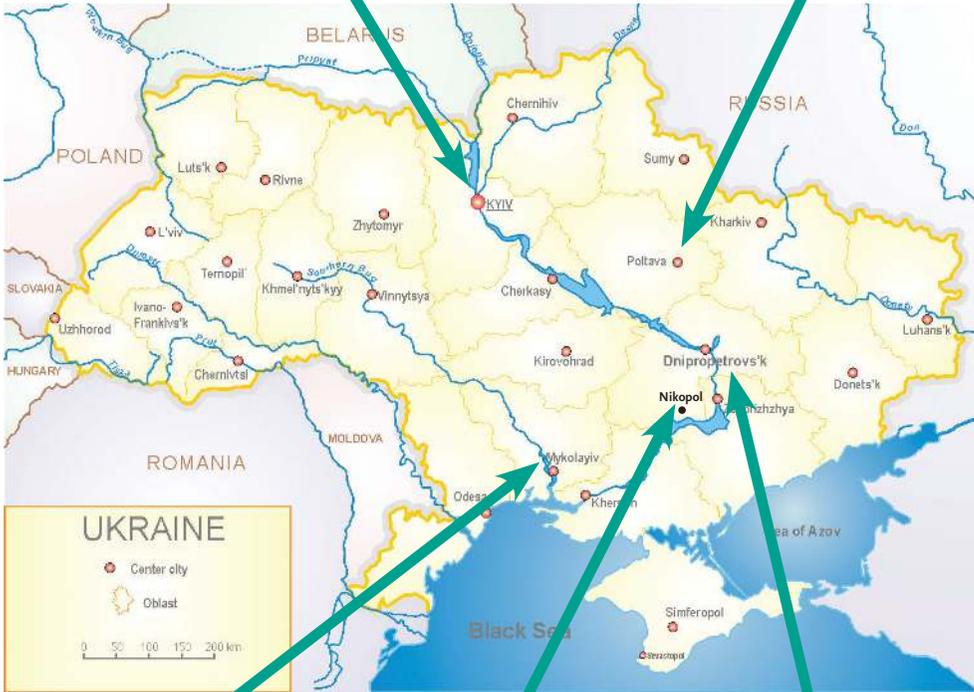
Provided intensive case management services to 80 drug-using pregnant women and young mothers, enabling them to improve maternal and child health and to keep children in their biological families.

Poltava

population: 308,000

Light of Hope

Successfully advocated for uninterrupted access of pregnant women drug users to OST in maternity hospitals; provided comprehensive social services and support to over 150 pregnant drug using women and young mothers, and assisted 51 women to start substitution treatment.



Mykolaiv

population: 500,000

Unitus

Runs community center for women who use drugs and their children, providing care and support to over 300 women a year, 40 percent of whom have children under 16 years old.

Nikopol

population: 129,000

Open Door

Provided 139 women who use drugs with legal aid, counseling, and representation in court, helping their clients to restore custody of their children, get access to housing, and get passports to access health care.

Dnipropetrovsk

population: 1.04 million

Virtus

Provided harm reduction services to more than 2,000 women through street outreach and a mobile STI testing lab; assisted 12 pregnant women to start substitution treatment; and supported 45 young mothers with counseling, baby food, and diapers.

Making Harm Reduction Work for Women: The Ukrainian Experience

Attracting Women Clients

The International AIDS Alliance in Ukraine estimates that on average, about 30 percent of drug users in the country are women. The proportion of women visiting harm reduction sites varies from one organization to another. Among the projects described here, the proportion of female clients at baseline varied from 17 percent at Krok za Krom to 41 percent at Virtus to 100 percent at MAMA+, a project only for women. Depending on whether they are satisfied with their proportion of women clients, the projects either seek to attract a greater number of women with enhanced services and referral systems or focus on expanding and improving the range of services accessible to women clients.

Programs identify and attract new clients through referrals from maternity hospitals, drug treatment services, AIDS Centers, perinatal and women's health services, and other NGOs working with drug users and sex workers. Using these methods, MAMA+ increased its number of HIV-positive drug using clients from 10 to 80. Each month, about five to seven drug-using, HIV-positive pregnant women and young mothers are referred to MAMA+. Staff at Poltava's drug treatment services, AIDS Center, and Center for PLWHA refer drug-using women clients to Light of Hope for counseling on sexual and reproductive health and other topics, enabling Light of Hope to increase its number of female clients by 30 percent.

Virtus' outreach efforts and expanded services resulted in a 50 percent increase in their number of female clients and an 80 percent increase in the number of women clients with children.

Outreach and the media are two other important methods of attracting clients. Krok za Kromom has its outreach workers give out cards describing their services for women and inviting them to the community center. Virtus has its outreach workers tell needle exchange clients about their services for women. In less than two years since the start of the project, Virtus' outreach efforts and expanded services resulted in a 50 percent increase in their number of female clients and an 80 percent increase in the number of women clients with

children. Unitus relies on outreach workers and its magazine for women drug users to advertise its services. Open Door's extensive press work ensures that there is good awareness of their services in their city. All of the programs attract women through word of mouth. Clients report telling their friends about the services they receive and urging them to visit the programs as well.

Project staff and clients agreed that a cozy, welcoming space was a crucial aspect of services, inviting women to spend more time at the centers, get to know staff and develop a sense of trust. Community centers give women the feeling that they are valued as people and that they are not merely anonymous recipients of syringes or STI tests. Open Door has a community center as part of its general services and MAMA+ shares a building with a community center supported by the All-Ukrainian Network of

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People with HIV. Light of Hope and Virtus have space in their offices where clients can sit and chat, drink tea, and generally socialize with staff and other clients. Unitus and Krok za Kromom created women-specific community centers as part of their IHRD-sponsored projects. Unitus provides a sewing machine for client use and decorated its walls with art made by clients' children, who often spend time in the center with their mothers. Krok za Kromom offers a washing machine and computer lessons to clients.

Sexual and Reproductive Health

Sexual and reproductive health are among the most pressing issues facing women who use drugs. Women drug users in Ukraine have elevated rates of STIs, which increase the risk of HIV and can cause serious complications. They are also very likely to become pregnant, whether intentionally or not. To respond effectively to women's sexual and

reproductive health needs, the programs linked services that address both the causes and the effects of sexual risk behavior.

Combining support from IHRD and other donors, all six projects provide women with free condoms, information about safer sex, and access to HIV and STI testing, information, and counseling, as well as referrals and support for treatment. When a woman tests positive for an STI, she is either given medication on the spot or is referred to appropriate treatment. In many cases, project staff escort her to the appropriate medical center and follow up to make sure she has finished her course of treatment. Virtus tested 400 women for HIV or STIs: as a result, 67 women received free STI treatment, and 9 pregnant women were timely enrolled in treatment to prevent mother-to-child transmission of HIV. At the more intensive, small-scale MAMA+ program, 100 percent of clients received STI and HIV tests and treatment. Light of Hope provided HIV testing and access to treatment to 115 incarcerated women. Across the six projects, over 1000 women were tested for HIV.

Use of rapid HIV tests meant that women always receive their results. When HIV tests are positive, staff offer information and counseling on ARV treatment, along with referrals and support in taking diagnostic tests and beginning treatment. Staff and clients report that as a result, clients get tested earlier and more often, allowing more timely and effective treatment. This easy availability of testing, treatment, condoms, and information better enable women to protect their health. Clients report that they now think more carefully about sexual choices, are better informed about their sexual health, and take better care of themselves.

The programs capitalize on other resources in the context of their work with women. With the support of the International HIV/AIDS Alliance in Ukraine, Unitus and Virtus have vans that provide mobile STI and HIV testing, treatment, and consultations. The vans are an invaluable tool, allowing women to access care without appointments and without leaving their own neighborhoods. They also allow outreach workers to actively search for new clients—for example, Virtus visits brothels and invites women to take tests in the van parked outside.

Clients report that they now think more carefully about sexual choices, are better informed about their sexual health, and take better care of themselves.

“You think three times now before you find a partner. Is it worth it? ...You disclose [your HIV status]...you put on a condom.”

—Lena, client, Unitus, Mykolayiv

Many clients cannot afford pregnancy tests, and because women drug users often miss periods or do not keep track of their menstrual cycles, they often do not realize they are pregnant until quite late. This reduces the window of opportunity for prenatal care, entry into drug treatment, and changes in lifestyle to improve chances of a healthy delivery. Krok za Krokom was among the few non-profits in Ukraine providing free home pregnancy tests for their clients. The MAMA+ project provided comprehensive counseling on contraception and family planning for pregnant women and young

mothers. Other projects developed networks of gynecologists familiar with the needs of drug using women, or collaborate with local women's health clinics to provide access to sexual and reproductive health services for their clients. At Unitus, 188 clients received gynecological care and counseling. At Light of Hope, 20 women received pregnancy tests, 50 received family planning and reproductive health trainings, and 100 received individual counseling sessions on family planning and reproductive health. A hundred and fifty women received home visits from a gynecologist, organized by Light of Hope in conjunction with the existing system of home visits provided by the narcological center. The AIDS Center's gynecologist, who works closely with Light of Hope, counsels clients on the need to plan pregnancies in advance and use appropriate contraception until one chooses to become pregnant. Assistance with family planning helps prevent unwanted pregnancies and sup-

Assistance with family planning helps prevent unwanted pregnancies and supports better pregnancy outcomes by giving women the time and support to treat medical problems beforehand, begin prenatal care visits early, and plan in advance for PMTCT and entry into substitution treatment programs.

ports better pregnancy outcomes by giving women the time and support to treat medical problems beforehand, begin prenatal care visits early, and plan in advance for PMTCT and entry into substitution treatment programs.

All of the projects offer strong links to substitution treatment, which provides regular doses of methadone or buprenorphine, long-acting opiates. Substitution treatment prevents withdrawal symptoms and reduces cravings, helping patients to reduce or cease use of illicit drugs. It has special value in the context of sexual and reproductive health and parenting. By helping women stabilize their lives and reduce their need for money for drugs, substitution treatment helps them avoid risky behavior associated with commercial or transactional sex—for example, sex without a condom in exchange for a higher fee, or unprotected sex in exchange for a place to sleep. Substitution treatment also reduces the risk that women will have unsafe sex because they are intoxicated. The projects counsel women on substitution treatment, combat myths and stereotypes about it, accompany women to the narcological dispensary, and assist with the docu-

ments needed to begin treatment. To date, over 150 of their female clients are receiving methadone or buprenorphine.

All six projects work to identify pregnant clients early, counsel them on the benefits of substitution treatment if they are opiate users, and connect them with drug treatment services. Ukrainian policy guarantees immediate entry into programs for pregnant women, meaning that pregnant women, as well as HIV-positive women, are not placed on waiting lists. Nonetheless, clients often need help getting the required paperwork and making contact with narcologists. The programs have a total of 20 clients who received substitution treatment during pregnancy.

Programs also work to ensure that pregnant women have uninterrupted access to substitution treatment. Because of tight regulations on storage and provision of methadone and buprenorphine, Ukrainian substitution treatment clients often have difficulty receiving their medication when they are hospitalized. Withdrawal is physically and psychologically traumatic and can cause early labor or harm to the fetus. It can lead women to leave the hospital immediately after delivery and trigger relapse to illicit drugs. Lack of access to medications in maternity hospitals has also been used by some Ukrainian narcologists to justify refusal to begin substitution treatment during pregnancy. Both Light of Hope and Virtus succeeded in establishing a secure regulatory basis for provision of substitution treatment in maternity hospitals that is unique in Ukraine. Women in Poltava and Dnipropetrovsk can now enter the maternity hospital with confidence that they will be provided with their medication on time. As a result of their work, at least seven women had uninterrupted access to substitution treatment during their stay in maternity hospitals in Poltava and Dnipropetrovsk.

One of the essential aspects of the Virtus and MAMA+ programs is multi-disciplinary work to increase access to prenatal care and ensure that women give birth in the maternity hospital. Whether because of bad past experiences, an expectation that they will be stigmatized or rejected, or guilt and fear about using drugs during pregnancy, some pregnant drug users avoid prenatal care and even give birth at home. Both Virtus and MAMA+ strive to identify pregnant clients early and give them supportive psychotherapy, referrals, and escorts to trusted providers, including transportation assistance, as well as help with documents and registration needed to receive free medical care. In the course of their projects, Virtus and MAMA+ have provided 45 pregnant drug users with access to prenatal care. Women who receive prenatal care and give birth in a hospital are more likely to have timely access to PMTCT and are at lower risk of complications in pregnancy and childbirth. Psychological counseling and social support are also valuable in reducing maternal stress, which has a negative impact on the child and makes it more difficult to mother.

Anna was a sex worker on the Poltava-Kharkiv highway. She had been using drugs for over ten years and had tried to quit on her own several times, partly because she wanted to have a baby. Through contact with Light of Hope outreach workers, she eventually entered Poltava's buprenorphine program. But because she had had several abortions and suffered from various gynecological problems, doctors told her she could never have children. After receiving this information she stopped using condoms with clients and with her regular partner. Though she did not get HIV, she did become pregnant. In her third month she came to Light of Hope in a panic, not knowing what to do or where to turn. Her partner did not acknowledge paternity, her father was in prison for a drug-related crime, and her mother could barely support herself.

Light of Hope offered her counseling, information, and emotional support, and Anna chose to have the child. As her pregnancy progressed, staff watched her transform into a happy expecting mother, conscientious about her new responsibilities and visiting the doctor regularly. But as her due date approached, they became concerned about her access to buprenorphine when she entered the maternity hospital. She had a reputation at the hospital for being a difficult patient and medical personnel were resistant to the idea of doing any extra work to help her. Light of Hope advocated vigorously on Anna's behalf and managed to ensure that she had uninterrupted access to buprenorphine in the maternity hospital and could go into the hospital without trouble from staff. She gave birth to twins, and Light of Hope provided her with diapers and groceries. They also helped her receive substitution treatment in the children's hospital while she stayed there with them. Anna is now one of the most regular members of Light of Hope's self-help groups and volunteers to help social workers engage new clients.

“When they're pregnant, they're very worried about how drug use will affect the child...they feel guilty, they feel responsible. These women don't need to be yelled at. They need to be supported, given help. Since the project started, the clients are calmer, more trusting. Now they finally have something positive, a chance to be more confident.”

—Olga Migalina, psychologist, Virtus, Dnipropetrovsk

“They are so afraid to go to the maternity hospital. They scream, “I’ll give birth anywhere else, on the street, at home, in a doorway...just not at the maternity hospital.”

—Olga Belyaeva, Executive Director, Virtus, Dnipropetrovsk

Programs also work to maximize the benefits of substitution treatment for mothers. The stabilizing effects of substitution treatment make it easier for women to care for their children, but benefits are enormously enhanced by supplemental social services (described in the following sections) that fill gaps in government-provided services and ensure adherence to treatment and continuous contact with service providers, especially for women responsible for children, partners, and other family members.

“I used to spend all my time looking for drugs, avoiding the police. Now I go to the substitution treatment site every other day, I take my child to kindergarten, and I’m very happy.”

—Alyona, client, Unitus, Mykolayiv

Parenthood and Family Preservation

Child abandonment has long been a serious problem in Ukraine, with state institutionalization of abandoned children the only option for placement of infants or children. It was taken for granted that women who used drugs would give up their children, with abandonment often being suggested informally by maternity hospital personnel. Facing stigma, pressure from medical personnel, and a lack of counseling or supportive care, women drug users have higher chances of leaving their children to the care of the state: to date, over 50 percent of all infants abandoned at the maternity hospitals are born to women drug users. Parenthood is a central issue in the lives of project clients. Across the projects, between 70 and 100 percent of female clients have children. At Unitus, 40 percent of these clients have children younger than 16, while at Virtus 20 percent of clients with children had babies under two years old.

One of the goals of the projects was to support women in keeping custody of their children and caring for them. Within the MAMA+ project, 85 percent of the project's 80 mothers retained custody of their children, and four more children stayed in their biological family when custody was transferred to a grandmother. Open Door successfully

Within the MAMA+ project, 85 percent of the project's eighty mothers retained custody of their children, and four more children stayed in their biological family when custody was transferred to a grandmother.

helped seven women regain custody of their children, and Krok za Krokom helped eight women apply successfully for child support benefits. With the national landscape changing and a strong focus being placed on family preservation and family-type placements for abandoned children, the described projects are good examples of how to support clients in their choice to have a child and preserve their families.

Apart from the benefits of keeping children out of institutions and sparing women the trauma of losing a child, such interventions can have a powerful effect on the behavior of the mother. Staff report that pregnancy, childbirth, and motherhood play a strong and at times decisive role in motivating their female clients to make positive life changes, including reducing or quitting drug use and enrolling in drug treatment and rehabilitation. Many clients reported that pregnancy was the moment when they were finally able to make positive changes in their drug use.

"I first encountered this program when I had my child. I heard about it from the doctor. We were taken to a summer camp [supported by the All Ukrainian Network of People Living with HIV/AIDS] with our kids, I met other mothers with children, and that's how we started using these services, including substitution treatment, food packages, and social support."

—Anya, client, MAMA+/UFPH, Kyiv

MAMA+ and Krok za Krokom identify pregnant women and young mothers at women's health clinics and maternity hospitals, where they provide women with timely information and crucial psychological support, including HIV pre- and post-test counseling and motivational counseling to promote healthier behavior. The MAMA+ team also makes regular (at least weekly) home visits to parenting clients to support young mothers and their families in caring for themselves and their infants, including promotion of PMTCT efforts such as timely registration of the infant with the local AIDS Center, regular contacts with the pediatrician, and monitoring of the infant's health; ARV adherence support for women and their infants; and reduction of drug-related harms for women who continue using drugs.

While the MAMA+ multi-disciplinary case management team has social workers and nurses on staff, Virtus and Light of Hope collaborate with the nurses who make

home visits to pregnant and parenting women on the narcological registry (an official state-run database of drug users). In both models, the nurses monitor women's health and social needs and provide information, escort mothers and children to appointments with medical doctors and social service providers, and give referrals to other project services, substitution treatment, and state health and social services. This system of home visits ensures that even women unwilling or unable to visit service sites receive support, and broadens the client base.

“Sometimes we have really complicated cases. We have clients who are simply hiding: they avoid contact with us, they continue using drugs, they don't return phone calls, their infants are not registered with the AIDS Center [to confirm their HIV status], they won't test or do medical check-ups for their children. So we go to their homes, and personal contact works.”

—Irina Galishevskaya, nurse, MAMA+/UFPH, Kyiv

Humanitarian or material assistance is of high importance, especially during the global economic crisis, and it is one of the most reliable ways to attract clients and ensure that they keep coming back. Diapers, hygiene products for babies and women, food packages, and a limited number of medications are offered by MAMA+ and Virtus. In its first year, Virtus provided 45 regular clients with diapers and baby food. Twelve expecting mothers received “newborn packages” of baby clothes and other goods. Assistance with transportation through transportation allowances or project mini-buses was cited as a decisive factor, especially in large cities like Kyiv, in taking good care of clients' newborns. MAMA+, Light of Hope, Unitus and Open Door also offer short-term child care options to their female clients. Women can leave their children with a qualified staffer while they access services or take part in parenting classes or peer-support group meetings.

“I was using heavily at that point, so I was not interested in any of that stuff [medical check-ups, vaccination, HIV status confirmation]. If they [social workers] hadn't called and visited me regularly and taken me in their mini-bus to the AIDS Center on the other side of the city, I'd never have had any tests for myself or my baby, especially because I didn't have a crib or even winter clothes for the baby.”

—Lena, client, MAMA+/UFPH, Kyiv

Legal Aid and Social Support

Women drug users commonly face legal obstacles that inhibit their access to health care and their ability to care for themselves and their children. Both passports and *propiska* (residency registration) are required for access to free medical care and for receipt of social welfare services. Women who have been in prison lose their passport, and many others have lost them in other circumstances. Many drug users lack *propiska*, often because they do not have a permanent residence at which to register themselves. Moreover, the bureaucratic process of applying for social benefits is often difficult to navigate.

All of the projects offer expert advice and assistance to help women recover their documents and access services. Assistance often includes going with clients to government offices and helping them make inquiries and submit paperwork. Programs are often able to expedite processes by capitalizing on the relationships they have with city services. For instance, Virtus works with the state homeless shelter to obtain residency registration needed to get back passports and other documents and to receive free medical care. Virtus also works with the City Commission on the Rights of Prisoners to get back documents confiscated by prisons. In such cases, which are common in all the projects, clients benefit from the clout, contacts, and expertise of the projects. Such interventions are also important because many clients have had so many bad experiences with public services that they refuse to approach them. In all, the projects helped over 30 women regain their passports and get *propiska*.

Many women drug users also have problems with child custody. Women who are incarcerated, who undergo inpatient rehabilitation programs, who are hospitalized for extended periods, who lose their housing, or who are registered as drug users are at high risk of losing custody of their children. They then have great difficulty regaining it: as current or former drug users they are deemed unfit mothers, and they are often unequipped to deal with the process required to be removed from the drug user registry and regain custody. Open Door and Virtus both provide clients with legal assistance related to child custody, and many of the other projects offer advice.

A key focus of Open Door's work has been to provide legal defense for clients, many of whom have been vulnerable to manipulation by police officers. It is common in Nikopol for police to use the narcological registry to help them fill their arrest quotas. According to Open Door staff, some corrupt officers have been known to seek out registered drug users who they have not seen recently; these are often people who have stopped using drugs and therefore have fewer contacts with the police. These officers may plant drugs or marked bills on the person or in the apartment of a drug user, then make an arrest. Women are especially easy prey, since police can use threats against their children and other family members to manipulate them. Project staff report, for

example, that it is commonplace for police to threaten to take away a woman's parental rights if she refuses to testify in one of their cases.

“By providing this legal help, we’re demonstrating a new approach to women drug users in society, in law enforcement, in the justice system. They see that we don’t reject women who use drugs, that there’s another approach, one based on human rights. We’re seeing gradual changes in the approach they take—for example, the prosecutor’s office has started to cooperate with us.”

—Irina Los, lawyer and project coordinator, Open Door, Nikopol

Once a woman who uses or used drugs has been arrested, her chance of being acquitted without legal aid is almost non-existent. Drug users very rarely have the money for a lawyer and the Ukrainian judicial system is so underfunded that defense lawyers appointed by the state sometimes fail to even show up in court. When they do appear, they rarely mount an adequate defense. If, like most long-term drug users, a woman has past convictions, she is assumed guilty, regardless of the changes she has made in her life or the circumstances of her arrest. Open Door works to remedy this situation by providing free defense by a lawyer trained in human rights law. The lawyer is assisted by another project staffer, a former law enforcement officer who analyzes police conduct for violations. To date, Open Door has provided 15 women with legal representation.

Legal defense is accompanied by legal education and publicization of the project's services. Clients are now much more aware of their rights and more likely to request legal assistance; Open Door regularly receives requests for help from women who heard about their services in jail. Police are aware of Open Door's activities and are less likely to perceive women drug users as a defenseless and easily exploited group. Some police officers are even supportive. In one case, a woman who had just been arrested asked to be taken directly to Open Door for a consultation, and the police brought her there in handcuffs.

Clients are now much more aware of their rights and more likely to request legal assistance.

As another part of their efforts to ensure that legal protections apply fully to their clients, Open Door pressures the police to punish crimes against their clients. Women drug users, who have often experienced violence, extortion, and wrongful accusation from the police, rarely turn to law enforcement for help. As with health care providers, this expectation of mistreatment is not always warranted, and a program that bridges the two groups can foster more positive and trusting relationships.

An Open Door client was being pimped by her boyfriend. Her health had deteriorated and she wanted to leave him and quit sex work, but when she tried to do so he beat her repeatedly. Open Door helped her find a place in a dormitory, but the boyfriend routinely broke into the woman's room and attacked her. At a time when they knew that the man would be there, Open Door called the police and pressed them to go to the dormitory immediately. The police did so, arresting the man. The client expressed shock—she had never imagined it possible that the police would help her.

Virtus, MAMA+, and Open Door provide legal assistance and case management to help women keep and regain housing. Many women drug users lose their apartments or find themselves without a place to live, whether because of missing documents, rejection by family members, lack of legal knowledge and representation, or simply because of poverty. Homelessness contributes to a range of health risks and is strongly associated with HIV infection. It promotes unsafe drug use practices, makes it more difficult to seek services, and makes women more likely to exchange sex for a place to sleep or to become involved in relationships that are violent or coercive. Clients report that housing assistance is one of the services that has had the most profound impact on their lives. Four MAMA+ clients and eight Open Door clients found housing as a result of the projects' assistance. Unitus and Open Door also help their clients find jobs; employment, again, can have a transformational effect. Unitus succeeded in helping three disabled clients file for invalid status that allowed them to find jobs.

Valeria is a single mother of three and a former drug user who became ill and decided to stop using drugs in 2006. She underwent inpatient care in the narcological clinic and then was hospitalized for tuberculosis. When she returned, she found that she had lost her apartment because she had missed payments while in the hospital. Her youngest child was living with her ex-husband, who was still using drugs and demanded sex from Valeria in exchange for the right to visit her child. Because she was still registered as a drug user, Valeria was unable to regain custody and worried about her child's welfare. Open Door helped her obtain the documents necessary to establish that she had stopped using drugs so that she could be removed from the narcological registry, then helped her regain custody. They helped her resolve her family's housing problems and provided psychological support as she went through the process of rebuilding her family.

Increasing Tolerance and Combating Discrimination

All drug users face stigma, but drug use by women, who are expected to be primary caregivers for children, men, and parents, is judged especially harshly. The public often has little understanding of the complexities of women's drug use, condemning them for irresponsibility or self-indulgence. Stigma and stereotypes have a direct negative effect on the lives of women drug users, contributing to judgmental or discriminatory behavior among health care providers and helping to legitimate abuse or rejection by partners, friends, and family members. This, in turn, reduces women's access to health care, as well as to social support that mitigates risk factors like homelessness, domestic violence, and poverty.

In Nikopol, Open Door works to combat social stereotypes through the media. The program's staff includes a former journalist and public relations expert who regularly writes articles and organizes appearances in the local press. She has already succeeded in publishing 14 articles, including front page stories, on the needs of women who use drugs, human rights and violations, violence and discrimination against women, and substitution treatment. Open Door had to overcome significant obstacles in order to place their stories. Local newspapers customarily request payments before agreeing to publish stories, and were unenthusiastic about the potentially controversial material. But after demonstrated public interest in their topics, Open Door persuaded the newspapers to publish their stories for free.

Press work also puts pressure on authorities to improve services. In 2009, a homeless Open Door client died of exposure. Open Door publicized the case and used it, in conjunction with a roundtable, to urge authorities to provide social housing for vulnerable women, including drug users. A local deputy requested the creation of such housing, and the public prosecutor helped Open Door place another homeless client in a government-sponsored dormitory and find her a job. More recently, local officials have selected an appropriate space and are working to allocate appropriate funds from next year's budget.

Light of Hope has also used the press as a tool to combat discrimination and increase accountability of health care providers. In 2009, a pregnant HIV-positive woman was rejected from Poltava city hospital on grounds that she was not a city resident. When Light of Hope attempted to have her admitted to the hospital in her hometown in Poltava oblast, the hospital rejected her because of concerns about an

In 2009, a homeless Open Door client died of exposure. Open Door publicized the case and used it, in conjunction with a roundtable, to urge authorities to provide social housing for vulnerable women, including drug users.

increase in their child mortality rate; by this point the woman's fetus had died. Light of Hope eventually succeeded in having her admitted and worked through the media to publicize the case. It attracted much attention and scrutiny, including from the public prosecutor's office, which launched an investigation of unlawful denial of medical treatment.

Most of the projects engage with their local HIV Coordinating Councils,² through which they have the opportunity to influence policies, priorities, and budgets while building relationships with important officials and doctors. As a participant in the council, Virtus has close contact with the officials able to assist clients in regaining documents and resolving legal problems. Light of Hope's participation in the Poltava oblast coordinating council was essential to their success in advocating for provision of uninterrupted access to substitution treatment during hospitalization.

Several projects conducted training sessions and lectures for service providers. A MAMA+ staff member spoke to gynecologists and obstetricians about HIV-positive women's equal right to women's health services, in the context of efforts to allow HIV-positive women to receive services at regular women's health clinics and not only at AIDS Centers. Light of Hope trained its own staff on family planning so that they could provide women clients with more accurate information.

Empowerment and Community-building

Recognizing the prevalence and detrimental effects of internalized stigma, low self-esteem, and isolation among women drug users, all six projects use a non-judgmental, supportive approach. Staff strive to show women that they are valued, that people care about them, and that there is hope for a better future. They educate clients about their health and rights, encourage them to make positive changes in their lives, and foster a friendly, open environment at their service sites.

Clients often come to Virtus to pick up diapers or other supplies but stay to drink tea and talk to staff and fellow clients. Sometimes they receive formal counseling, but often they simply share their experiences. Mothers can trade tips about baby food, substitution treatment clients can explain its benefits to friends, and women can support each other through difficult periods in their relationships. Clients report that

2. HIV Coordinating Councils develop, coordinate and implement policy, programs, and acting plans on the local level. Councils usually consist of representatives from governmental institutions and NGOs. The councils develop local programs to combat HIV/AIDS, TB and drug use, develop and allocate budgets, and coordinate activities.

this atmosphere of friendship and support, coupled with access to accurate, easily comprehensible information and referrals, gives them the strength and confidence they need to seek medical treatment, deal with difficult family situations, care for their children, and simply feel happier.

All of the programs organize facilitated peer support groups for their clients on a regular basis. MAMA+ and Light of Hope deliver special lectures and parenting classes along with individual counseling. Clients and staff report that these increase their self-confidence and self-assurance as parents, give them a sense of hope, and foster a healthier lifestyle for their families.

Unitus encourages clients to become volunteer counselors and works to provide training opportunities for them. A small group of client leaders have been trained in public speaking and will present on the needs of women drug users at city AIDS Coordinating Council meetings this year. Unitus also produces a magazine, distributed throughout Ukraine, that includes health information and personal stories for and by women drug users and sex workers. Clients contribute stories and poems and participate in the editorial process. Virtus trains clients on how to work with the press in order to advocate for their own rights. According to both staff and clients, these kinds of activities help women develop a greater sense of purpose and self-worth and contribute to healthier lifestyles.

Clients report that this atmosphere of friendship and support, coupled with access to accurate, easily comprehensible information and referrals, gives them the strength and confidence they need to seek medical treatment, deal with difficult family situations, care for their children, and simply feel happier.

“After I’m at the center I just fly home...I feel so happy.”

—Olga, client, Virtus, Dnipropetrovsk

“[When I gave birth], it was an SOS situation for me. I was twenty, I had no idea what to do with the baby, how to touch it, how to pick it up, how to take care of it. I was not sure about his [HIV] status and had no idea about universal precautions. I had no idea about vaccination schemes, nothing. Peer support groups and trainings saved me.”

—Natasha, MAMA+ client, Kyiv

Integrating Care and Strengthening Referral Systems

One of the legacies of the Soviet Union was disintegrated, predominantly state-run health care and social service systems. The described pilot projects demonstrate a model of care that makes clients' needs central, respects clients' rights and choices, and links vertical health systems. MAMA+, Virtus, Light of Hope, and others use a multi-disciplinary case management approach, still unique and innovative in the post-

They work with both doctors and patients to reduce stigma, mutual misunderstandings, lack of knowledge, and anxiety that make patients unwilling to seek care.

Soviet space, that integrates care using “one-stop-shop” and client-centered approaches. When possible, such programs provide an array of services in one location. Their staff members help women contact and reach different programs, reducing barriers to access. They work with both doctors and patients to reduce stigma, mutual misunderstandings, lack of knowledge, and anxiety that make patients unwilling to seek care. Multidisciplinary teams include psychologists, social workers, medical nurses, and drug addiction and legal counselors who have the ability, training, and tools to tackle their clients' problems on a case-by-case basis. They develop diverse

yet sustainable referral networks of local specialists that enable them to provide female clients and their families with a full range of high-quality health and social services. Given the limited resources of Ukrainian NGOs, this would not be possible or sustainable without strong partner networks.

“We have the huge advantage of having direct contact and physical presence [of project social workers] at the City AIDS Centre and maternity hospital in Kyiv. Social workers establish initial contact with potential clients. Women who come to these facilities most frequently come to see gynecologists or to deliver. The social worker gets a chance to screen these women, learn about their issues and needs, including drug use issues, and enroll them into the project, provide home visits, motivate them to quit using drugs, support them in their motherhood, refer them to additional help, and so on.”

—Lada Dekhtyarenko, MAMA+ Project Manager, UFPH/Deputy Head of the Kyiv Branch of the All-Ukrainian Network of PLWHA, Kyiv

By applying innovative approaches and developing effective models of interaction among different stakeholders and communities, including drug users, these NGOs play

an influential role in building local capacity and increasing tolerance among specialists and in communities in general. By training medical doctors, nurses, social workers, governmental officials, and other staff of both state and non-governmental institutions and organizations, programs sustain their efforts in the long run and slowly but steadily change the existing system.

Any change starts from within, and these experiences are equally vital for the organizational development of the NGOs/projects themselves. Project staff have increased expertise on women drug users' health and social needs and on counseling and service provision methods. The programs have also expanded their networks of contacts and partners to encompass women's health needs—for example, reaching out to local gynecologists.

“Some of our partners started with very little knowledge about women drug users, and a lot of stereotypes. After working with our clients they’ve become tolerant and sympathetic—they no longer blame women, but want to help them.”

—Olga Belyaeva, Executive Director, Virtus, Dnipropetrovsk

These projects also fill gaps in work with disadvantaged populations when state facilities responsible for providing assistance to these groups lack the resources or the desire to do so. This role is especially vital in the economic downturn, when state funding for social services have been cut multiple times and non-profits take the lead in sustaining social service systems in Ukraine and preventing epidemics of illness and social problems.

Conclusion

In less than two years, the projects described in this report managed to expand their work to encompass the specific needs of women who use drugs. They provided more than 4,500 women drug users, the majority of them mothers, with services that included syringe exchange, access to substitution treatment, sexual and reproductive health care, assistance during pregnancy, and legal aid. They kept families together and empowered women to practice healthier behavior, receive timely medical treatment, find housing and jobs, and avoid wrongful conviction. Gender-responsive programs showed women clients that they were valued as whole people, their social and emotional needs considered along with the more narrow medical problems at which most public health interventions are aimed. This holistic approach addressed some of the structural issues that shape health risks, and made women more likely to visit services on a regular basis.

On a structural level, the programs strengthened connections and coordination among the many medical and social services needed by women drug users, overcoming regulatory, logistic, and personal obstacles to smooth women's path through the system. By drawing specialists into their work, the programs increased tolerance towards women drug users among service providers and built their capacity through education and training. Programs strengthened the rule of law by providing women with legal defense, fought corruption and exploitation among law enforcement agents, and fostered tolerance and understanding in the general public.

These programs can help point the way forward in work with women drug users in Ukraine. They show the benefits to women of small-scale interventions, but they also highlight the challenges that remain in service provision, advocacy, and regulatory reform. We hope that this report will inspire continued and expanded work in this important field.

Appendix:

Surveyed Harm Reduction Programs for Women

Krok za Krokom, Kyiv

Since 2000, Krok za Krokom (Step by Step) has been providing assistance and services for drug users, people living with HIV, and their families in Kyiv city. In 2009, their 4,681 clients received services that included harm reduction (syringe exchange, distribution of alcohol wipes, condoms, medical supplies and information, etc.); voluntary HIV testing and counseling; professional and peer counseling on HIV and drug use; and referrals to drug treatment, HIV treatment, and other medical care. With the help of five staff members, Krok za Krokom created a community center for drug using women, providing comprehensive counseling, psychological and peer support, group meetings just for women, and humanitarian assistance targeted at women. It focuses on street outreach and collaboration with local women's health clinics, with the overall goal of recruiting new clients for the center. In the past year, it has also actively collaborated with one of the maternity hospitals in Kyiv in order to provide additional assistance for drug using pregnant women and mothers on-site and as a follow-up.

Svetlana Tischenko

Address: 20B Prospekt Georgia Gongadze, Kyiv, Ukraine

Tel.: (+38 044) 433-32-59

E-mail: kroky@ukr.net
svetlana_krok@ukr.net

Web: <http://krok-za-krokom.org.ua>

Ukrainian Foundation for Public Health (MAMA+), Kyiv

Since 2005, when the MAMA+ program was founded by Doctors of the World, it has provided intensive case management services designed to improve maternal and child health and prevent child abandonment among high-risk HIV-positive women, serving about 200 women a year. The Ukrainian Foundation for Public Health was founded in 2008 and continued this successful program. For nearly two years with IHRD support and the work of its three staff members, UFPH's MAMA+ project has annually provided 80 HIV-positive drug using pregnant women and young mothers with innovative services to empower them to keep children in their biological families. Methods used include early identification and enrollment of HIV-positive drug using pregnant women and young mothers; provision of social, material, psychological and legal support; regular home visits; harm reduction and drug treatment counseling; work with family members, who are often codependent and strongly affect women's choices; referrals and additional assistance in accessing health and social services; and peer support groups focusing on the specific needs of the project clients. As a result, over 120 newborns stayed in their biological families. MAMA+ also created and implemented an information campaign to promote substitution treatment for women, making a movie and posters that were shown on television, at medical services, and to medical and social service providers.

Halyna Skipalska

Address: 23 Pochainynska St., Office 52, Kyiv 04070, Ukraine

Tel./fax: (+38 044) 425 4613, 492 3148

E-mail: halyna.skipalska@healthright.org

Web: www.healthright.org

Virtus, Dnipropetrovsk

Virtus was founded in 2001 with the mission of promoting prevention, care and treatment in the context of drug use, harm reduction, HIV, TB, and human rights. Its main goals are to increase access to sterile injecting equipment, testing and treatment for HIV, hepatitis, and STIs, and substitution treatment; and to protect and advocate for the human rights of people who use drugs. During the 18-month grant period, Virtus had 4,859 clients. Virtus' IHRD-supported project "I am a mother" assists over 500 drug using women and young mothers annually in receiving access to substitution treatment, sexual and reproductive health care, and psychological, legal, and social aid. It also advocates for the human rights of drug using pregnant women and young mothers and is very active at the city and regional level. Finally, it works to disseminate accurate information about drug use, pregnancy and motherhood in the community.

Olga Belyaeva

Address: Office 44, Furmanova St. 3, Dnepropetrovsk 49005, Ukraine

Fax: (+38 056) 247-05-11

Tel.: (+38 067) 636-93-08

E-mail: nakhol@mail.ru

Unitus, Mykolayiv

Unitus was founded in 1999 and has a long and successful record of implementing projects focusing on prevention, care and support of the most HIV-affected populations in Mykolayiv city

and region, including injection drug users, sex workers, street and other at-risk youth, victims of human trafficking, and pregnant women and young mothers. In 2009, Unitus provided 7,216 clients with services that included harm reduction, education on HIV and violence prevention, support beginning ARV treatment and receiving PMTCT, and HIV testing and counseling. With ten staff members involved in the IHRD-supported project, Unitus provides annually 600 female clients with comprehensive outreach and peer-to-peer counseling services, and access to a community center and counseling center Mother and Baby, as well as to a mobile gynecological lab. At the same time, Unitus advocates for the rights of drug using women and promotes their representation at the level of city and regional decision-making bodies, in particular through their participation in the activities of the Regional HIV/AIDS Coordination Council.

Larisa Pavlenko

Tel: (+38 050) 397-96-95
Tel/fax: (+38 0512) 58-36-03
E-mail: unitus@mail.ru

Light of Hope, Poltava

Light of Hope was founded in 1999 by and for people living with HIV. Its main goals as an organization are care and support for HIV-positive people; protection of the rights and interests of people vulnerable to HIV; harm reduction; social reintegration of recently released prisoners; rehabilitation for drug dependent people and their families; and primary prevention of drug addiction and HIV among youth. In 2009, it served a total of 2,265 clients. Its program for women has four staff members, including a gynecologist. In addition to providing comprehensive social services and case management for 150 drug using pregnant women and young mothers and 116 incarcerated women annually, Light of Hope has been extremely successful in advocating for the adoption of an inter-sector state program of medical and social assistance to female drug users at the regional level. It has also gone far towards integrating reproductive health services into the drug treatment system of Poltava city and region and promoting access to substitution treatment in the maternity hospitals. Today, Light of Hope continues to serve its clients in Poltava city and region while promoting its impressive advocacy model in other regions of Ukraine via training, knowledge and skills sharing, and technical support to similar groups.

Maksym Demchenko

Address: 28 A Artema St., Poltava, Ukraine
Tel/fax: (+38 053) 260-60-81, 508-599
Mobile: (+38 509) 080-720
E-mail: max.demchenko@gmail.com
Web: www.svitlonadii.org.ua

Open Door, Nikopol

Open Door was founded in 2006 and is located in the small, Eastern Ukrainian industrial city of Nikopol. In 2009 it served 4,450 injecting drug users, sex workers, and people living with HIV. Services include harm reduction; voluntary HIV testing and counseling; free legal, psychological, and infectious disease consultations; medical, social, and psychological support for those in need of ARV and TB treatment and PMTCT; self-help groups; and primary prevention education for

students. Open Door has developed a comprehensive system of legal aid for drug using women, including pregnant women and young mothers with children. Their services include legal counseling, representation in court, and assistance with restoring legal documents and property rights, all provided free-of-charge along with comprehensive social and health care services.

Irina Los

Address: 49 Zaporozhskaia St., Nikopol 532200, Ukraine

Tel: (+38 05662) 429-72
(+38 063) 878-01-40

E-mail: locirina@yandex.ru

About the Authors

Sophie Pinkham worked at the Open Society Institute from 2005–2008. From 2007–2008 she coordinated the International Harm Reduction Development Program’s project to develop and advocate for gender-responsive harm reduction programs in Ukraine, Russia, Georgia, Thailand, and Indonesia. From 2008–2010 she received a Fulbright Fellowship to conduct ethnographic research on Ukraine’s AIDS, harm reduction, and women’s rights movements. She produced a documentary on women drug users in Ukraine that will be released in 2010 and developed a WHO Harm Reduction Knowledge Hub training module on developing services for women who use drugs. She has a BA in English literature from Yale University.

Anna Shapoval, native of Kyiv, Ukraine, has over ten years of professional experience in the field of public health, HIV/AIDS prevention and HIV-affected women, youth and at-risk children services in the NIS, including with the International Renaissance Foundation (Soros Foundation in Ukraine), Medecins Sans Frontieres—Holland, the AIDS Foundation East–West, Doctors of the World, and the International Harm Reduction Development Program (IHRD) of the Open Society Institute, New York. Anna holds a Master of Arts Degree from the Kyiv National Taras Shevchenko University and a Master’s Degree in Public Administration and Certificate in Non-Profit Management from the University of Pennsylvania, for which she received a 2003–2004 Fulbright Fellowship. Currently Anna serves as a Deputy Director of Programs and Operations at the *AIDS Foundation East-West’s* international office and also works as a free-lance independent consultant/regional representative for the APMG and Technical Advisor for IHRD.

Open Society Institute

Public Health Program

The Open Society Institute's Public Health Program aims to build societies committed to inclusion, human rights, and justice, in which health-related laws, policies, and practices are evidence-based and reflect these values. The program works to advance the health and human rights of marginalized people by building the capacity of civil society leaders and organizations, and by advocating for greater accountability and transparency in health policy and practice. The Public Health Program engages in five core strategies to advance its mission and goals: grantmaking, capacity building, advocacy, strategic convening, and mobilizing and leveraging funding. The Public Health Program works in Central and Eastern Europe, Southern and Eastern Africa, Southeast Asia, and China.

International Harm Reduction Development Program

The International Harm Reduction Development Program (IHRD), part of the Open Society Institute's Public Health Program, works to advance the health and human rights of people who use drugs. Through grantmaking, capacity building, and advocacy, IHRD works to reduce HIV, fatal overdose and other drug-related harms; to decrease abuse by police and in places of detention; and to improve the quality of health services. IHRD supports community monitoring and advocacy, legal empowerment, and strategic litigation. Our work is based on the understanding that people unwilling or unable to abstain from illicit drug use can make positive changes to protect their health and that of their families and communities.

www.soros.org/health

Women who use drugs are at exceptionally high risk of HIV infection. They share injecting equipment and are usually “last on the needle,” increasing the likelihood of using contaminated equipment. They are also more likely to have sexual partners who inject drugs. This report examines six harm reduction programs in Ukraine that provide gender sensitive services to women.

