

**Developing Gender-Sensitive Approaches
to HIV Prevention
among Female Injecting Drug Users**

Developing Gender-Sensitive Approaches to HIV Prevention among Female Injecting Drug Users . – International HIV/AIDS Alliance, 2011.

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This publications is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the ICF International HIV/AIDS Alliance in Ukraine and do not necessarily reflect the views of USAID or the United States government.



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ABBREVIATIONS

AIDS – acquired immunodeficiency syndrome

FIDUs – female injecting drug users

IDUs – injecting drug users

HIV – human immunodeficiency virus

NGO – non-governmental organization

SSE – secondary syringe exchange

STI – sexually transmitted infection

INTRODUCTION

Ukraine has one of the most severe HIV epidemics in Europe, with more than 1% of adult population living with the virus now. «The driving force» of the epidemic is still injecting drug users, the majority of whom have always been men. However, currently the number of new cases among women who inject drugs (female IDUs) has increased - almost a half of all HIV cases in this group – and it is growing. While precise numbers are not available, in part because women remain reluctant to report their drug use to healthcare providers, many new HIV cases among women seem to stem from injecting drug use or sex with a drug-injecting partner.

Research in Ukraine and from around the world shows that male and female injecting drug users (IDUs) face different risks. Research on the risk behavior of IDUs in Ukraine revealed that female IDUs face a higher risk of HIV infection than male IDU. Also, women are more likely to have sexual partners who inject drugs. These risks are added to women's greater biological vulnerability to HIV through unprotected vaginal intercourse. The special risks faced by female IDUs are not limited to sexual practices. Research in Ukraine¹ has found that 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 of these factors can increase women's vulnerability to HIV.

At the same time, female drug users face a number of obstacles in accessing healthcare. Childcare responsibilities and fear of the loss of child custody can pose formidable barriers to drug treatment, harm reduction services, and open discussion of drug use with healthcare providers. Opposition from male partners and social stigma can also make women less likely to visit service sites. For instance, a recent study found that pregnant HIV-positive women with a history of drug use were almost 50% less likely to receive PMTCT.²

In 2005, as part of the SUNRISE Program, the International HIV/AIDS Alliance in Ukraine conducted focus groups and individual interviews among male and female injecting drug users and people living with HIV. The aim of the research was to determine gender-sensitive approaches to HIV prevention, care and support programs. In the study, women reported more unmet needs than men, including a need in proper counseling and support for women diagnosed with HIV while pregnant. The interviews suggested that because of existing gender stereotypes, female drug users are reluctant to seek care, and that more efforts were needed to reach them. Women's concern about reproductive health, personal hygiene, and beauty suggested some potential services to increase their engagement in HIV prevention programs: for example, low-threshold access to gynecological services, condoms, visits to a hairdresser, etc.

In response to these findings, the Alliance supported introduction of such services aimed to attract and retain more female IDU clients. In 2008-2009, the Alliance completed a second research project to evaluate the introduction of gender-sensitive approaches into the HIV prevention/harm reduction services for injecting drug users. This research identified several potential sources of vulnerability among female IDUs. Female IDUs were more likely than men to report abuse from their partners. They earned less and were more financially dependent on partners or parents. At the same time women appeared more concerned about their health than men.

The research showed that there were still many unmet needs in the gender-specific services for female IDUs. The gap was especially marked in the services that addressed social or psychological needs. In comparison with men, female IDUs expressed a greater need in counseling; support groups, a safe, women-only space, and activities that made them feel engaged and helpful. These types of services were less common than services associated with medical needs (e.g., gynecologist's consultations).

¹ Протидія соціально-небезпечним хворобам: вивчення Українського досвіду, 2010.

² Thorne, C., Semenko, I., Pilipenko, T., Malyuta R., and the Ukraine European Collaborative Study Group. 2009. Progress in Prevention of Mother-to-child Transmission of HIV Infection in Ukraine: Results from a Birth Cohort Study. *BMC Infectious Diseases* 9 (40); doi: 10.1186/1471-2334-9-40

The Alliance's research¹ also revealed that many NGOs had a limited understanding of the components of the gender-sensitive services. Some NGOs' efforts to provide services responsive to women's needs served to reinforce potentially damaging stereotypes, – for example, that women are the weaker sex and are in need of protection. Where the gender-responsive services were available, they appeared to be effective in terms of ensuring clients' retention, although they failed to attract new female clients.

As a result, the Alliance revised its strategy and methods of work with female IDUs in harm reduction projects. The new approach included development and implementation of gender-sensitive policies and procedures in NGOs, as well as providing direct and supportive services for HIV / STI prevention, aimed directly at women. Organizations with a history of successful implementation of harm reduction projects and some experience with female injecting drug users were invited to develop the new approach. The personnel of selected organizations was trained prior to the intervention (in July 2010)

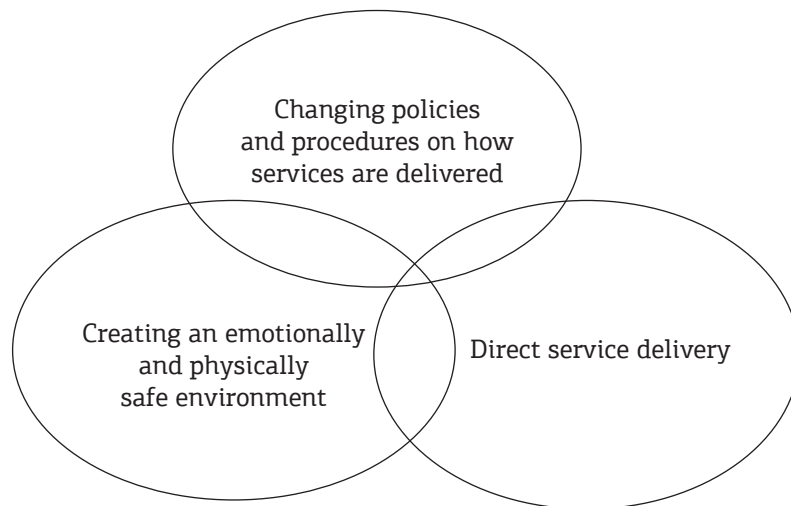


¹ Бюллетень «Новости ВИЧ/СПИД в Украине» МБФ «Международного Альянса по ВИЧ/СПИД в Украине» №1. 1 (16) 2006.

PROJECT GOAL AND PHILOSOPHY

The project's goal was to implement the effective harm reduction services for female IDUs and improve the quality of female IDUs' lives, as measured by their own reports. The Alliance adopted an approach that recognized gender roles and gendered socialization in the drug using culture and in the society without reinforcing stereotypes about women or about female IDUs. In-depth training on gender, which is a new concept for many Ukrainians, helped give providers a substantive understanding of how gender functions in the society and in their own work allow them to adjust practices of their own and those of their organizations to deal more effectively with women and avoid perpetuating negative stereotypes.

Diagram 1. Key Project Concepts



The program supported specific interventions to improve women's access to harm reduction programs (for details, see the section on services below). These interventions aimed to address women's risk reduction needs and reduce barriers to effective HIV prevention and other harm reduction services for women. The services were designed to be delivered in a physically and emotionally safe environment where women were treated with dignity and respect.

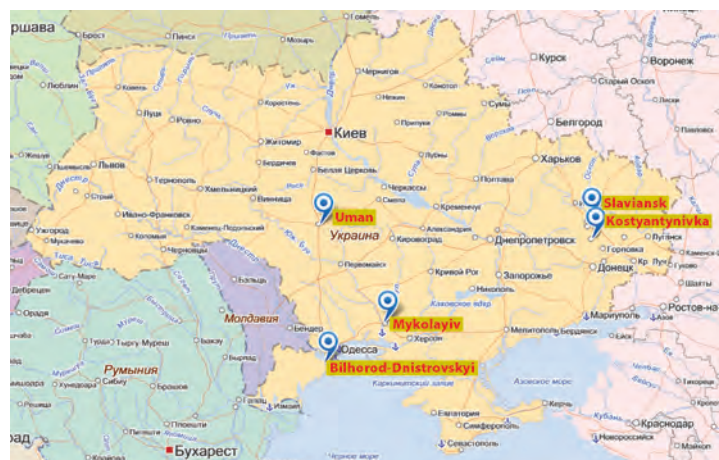
The resulting improvement of the service quality endorsed the increased project attendance by female IDUs, improved knowledge among female IDUs about risky injecting practices and sexual behavior, and advanced motivation to adopt safer practices.

SELECTION OF PROJECT SITES

The organizations selected for the project implementation were located in the regions prioritized by the SUNRISE Program based on HIV prevalence: Donetsk, Cherkasy, Odesa, and Mykolayiv oblasts. Locations included towns (Slaviansk, Kostyantynivka, Uman, Bilhorod-Dnistrovskiy), and an oblast center (Mykolayiv). All organizations had been operated for at least two years. They were characterized by various levels of experience in working with female IDUs, but all expressed a desire to improve their services for this group.

Implementing organizations included:

- ◇ Slaviansk City Organization “Nasha Dopomoha”, established in 2003, Slaviansk, Donetsk oblast
- ◇ Donetsk Regional Charitable Foundation “Oberih”, re-registered in 2006, Kostyantynivka, Donetsk oblast
- ◇ Charitable Foundation “Volia”, re-registered in 2007, Uman, Cherkasy oblast
- ◇ Charitable Organization “Christian Rehabilitation Center “Blahodat”, established in 2001, Bilhorod-Dnistrovskiy, Odesa oblast
- ◇ Mykolayiv City Charitable Foundation «Unitus», established in 1999, Mykolayiv, Mykolayiv oblast



The organizations provided a variety of harm reduction services. These varied from one organization to another, but all of them included:

- ◇ Outreach (on the streets, to homes, often with a car or van)
- ◇ Syringe exchange
- ◇ Distribution of alcohol pads
- ◇ Distribution of condoms
- ◇ Informational materials
- ◇ Overdose prevention information and naloxone distribution organization
- ◇ HIV and STI rapid testing
- ◇ Referrals for testing for HIV, hepatitis B and C, STIs, when not provided on-site
- ◇ Referrals for HIV and STI treatment, detoxication
- ◇ Support in entering medication assisted treatment (MAT) programs
- ◇ Various types of counseling, training, self-help groups
- ◇ Humanitarian aid (food, clothing, children's supplies, etc.)
- ◇ Assistance in employment
- ◇ Counseling and training to develop safer sex skills
- ◇ Peer-driven interventions
- ◇ Coordination of pharmacy-based syringe exchange

Three organizations (“Nasha Dopomoha”, “Oberih”, “Unitus”) in their community centers also provided the following services:

- o Women’s clubs
- o A hair stylist
- o Recreational activities
- o Facilities to wash and iron clothes
- o Psychologist’s assistance
- o Food

“Unitus” also provided additional services to female sex workers, including:

- ◇ Outreach and mobile STI/HIV testing and counseling
- ◇ Distribution of “women’s packages” with sanitary napkins, skin cream, and pregnancy tests
- ◇ Violence prevention, including legal support and training on skills to avoid potentially violent situations

The detailed list of services provided by each organization prior to the project implementation can be found in Annex 1.

INNOVATIVE APPROACH TO THE SERVICE DELIVERY TO FEMALE DRUG USERS

As mentioned above, the key project concepts included providing direct services, creating an emotionally and physically safe environment, and changing policies and procedures on the ways the services are delivered to the clients.

SUCCESS STORY

One day in the AIDS Center I saw a booklet from "Nasha Dopomoha" where they talked about children like my son. There's a children's center where qualified specialists can take care of a child while his mother is busy. I had no-one to leave my child with, and it was a big problem. My sister had gone to Kiev to make some money, my parents were still working – they couldn't survive on one pension. I couldn't even get a complete examination at the AIDS Center, because I always had my child in my arms. And that was how I ended up in "Nasha Dopomoha". At the children's center I met amazingly kind people who surrounded me with warmth, and I decided to take the next step in starting a new life and meet with people like me, people with HIV, people who were dependent on drugs. I went to a group for female IDUs.

During the meetings, I gradually learned how to look at my life from a different perspective. I understood that I shouldn't be afraid that my son would die in a few years. Now I know that HIV-positive children live much longer, and that with every passing day there's a chance that doctors will find new ways of treating HIV and AIDS.

I want to help my son see the joy of life. He already knows what spring is, the warm summer sun, he learned to swim. He rides a bicycle. And I will help him see life in all its different forms. (Client, "Nasha Dopomoha")

Direct Services

Direct services provided through the SUNRISE project complemented those already available from the organizations.

The existing services were supplemented with the direct service delivery, including:

1. Women-focused Outreach

Female counseling became more gender-focused with respect to sex and gender aspects in addictology, such as types of addiction developed among women, interdependent addiction on drug and sex, etc. In addition, all male clients were asked about their female partners, relatives or acquaintances who use drugs. Work with male IDUs served two purposes: a) to recruit more women into harm reduction program. b) to provide male IDUs with more information on the new approach to work and reasons to do, so that the program become more popular among clients of both sexes. This helped to normalize women's attendance of the harm reduction services and disseminates information about the available services for women. This also works to change men's attitude towards women, particularly to female IDUs, and supports the resolution of gender-related problems with men's cooperation. The women-focused outreach to male and female IDUs is crucial because woman's decisions, – for example, whether to use a condom or a clean needle – are often heavily influenced by the choices and attitudes of the men around her.

SUCCESS STORY

My name is Marina. I'm 35 years old. I was born to a family of alcoholics. There were four of us in the family. My elder brother was killed at the age of 17 and I lost touch with my sisters very early. We were brought up on the street because our parents paid no attention to us. I did not depend on anyone and was free to live the life that I wanted. One day I decided to try the needle. My friends promised that all my problems would disappear when you were high and that life would become so wonderful. I wanted to get rid of the problems that were closing in on me from every corner. A short time later I couldn't live my life without drugs. To get a fix, I stole or earned little money I could and blew it all on drugs. Eventually, out of despair, I stooped to the bottom and became a roadside prostitute. Desperate for money to buy drugs, I never thought about consequences. I just went with the flow. One day I was offered a chance to pass a test for HIV and I found out that I was HIV-positive. It was a heavy blow and my drug habit even aggravated. Totally degraded and crushed, I lost faith in myself. As the days flew by, so did my life. One evening a "roadside colleague" introduced me to a girl from a public association and she, in turn, told me about a women's project and suggested that I join in. I said that I'd think it over. Having done my thinking and weighed all the pros and cons, I decided to go and see how it all worked. When I came there, the staff members treated me kindly and the social workers even helped me get re-tested at the HIV/AIDS center. I saw a lot of doctors, learned how to use syringes, condoms, – and to do all that to avoid the spread of the infection among people I have contacts with. I was provided with a lot of new information about HIV that I had never heard before. My visits to the center became more frequent and I started talking to people with similar problems, attend information classes and help the

organization as much as possible as a volunteer. The group sessions helped me overcome my fear of the HIV infection, bring my drug use to a minimum and even find new friends who care about me. Life doesn't look as bleak and dreary to me as it used to! (Client, "Oberih")

2. Combination of Structured Training Activities

2.1. Weekly Community-level Group Activities for Peer Outreach Volunteers

Group activities took place during 12 weekly sessions conducted at the same time of the same day of the week. Each session consisted of three parts: socializing, education, and reporting on peer outreach done during the week. Every group included same female participants. At the end of each session women were provided with the money reward for conducting and reporting on the peer outreach work.

During 12 educational sessions, with the help of two facilitators, FIDUs studied the following topics:

- ◇ How to conduct peer education
- ◇ Harm reduction strategies depending on the type of drugs used
- ◇ Safer sex, condom use and negotiation skills on condom use
- ◇ Reproductive health of female drug users
- ◇ Risks of polydrug use and strategies of harm reduction
- ◇ Opioid and stimulant overdose prevention and response
- ◇ Nutrition for drug users and making a healthy menu under a low budget
- ◇ Understanding, identifying and avoiding dangerous sexual and drug-related situations
- ◇ Drugs, health and beauty: how to care for your health and personal appearance while using drugs
- ◇ A healthy diet: how to make a nutritious meal under a low budget
- ◇ Parenting skills (how to avoid losing the custody of your child, how to talk to your child about drugs)
- ◇ Tuberculosis

Although facilitators were encouraged to follow the training agenda, it was possible to alter some of the subjects in agreement with the participants.

About the staff and attitudes towards clients

CF "Blahodat", Bilhorod-Dnistrovskyi

"...great attitude of the staff"

"The staff is as good as the organization; very kind, taking care and doing a good job."

Donetsk Regional Charitable Foundation "Oberih", Konstyantynivka

"A warm, friendly environment, responsive, kindhearted employees. They would never refuse providing assistance."

"A very good non-profit, kind, caring workers, I can come any time and get a support. Thank you."

"I've been a client of this non-profit for a while now and I can turn to it any time to pour out my heart. A very good team."

"Attentive and kind people work in this organization and this is very important."

"I like the social workers."

"I want to thank the organization for its workers – they are real professionals who love their work."

"This non-profit's professionals are in place; they know well their job and do it with feeling."

"I want to thank all of program workers for the moral and material support to me and my children."

"A very competent staff."

"Nasha Dopomoha", Slaviansk

"Such non-profits are very useful, because when you have hard times, there are always people ready to help, give a hand and understand."

"I am absolutely satisfied with the quality of services which I receive from the non-profit and its workers."

"Volia", Uman

"I feel comfortable with these people, thank you very much for your care."

"I'm happy to come here; there are caring social workers who give moral support, when you need it."

"I esteem all the staff members as people and professionals.»

During the monitoring visit Natalia Melnychenko, director of CF “Volia” shared:

“We had a subject scheduled for the session. We were about to start when one of the clients showed up, being covered in bruises. It was her partner who had beaten her up. All women were so anxious about what happened that we had to postpone the scheduled subject and discuss violence and what can be done to prevent it. Discussing one issue raised lots of questions about violence. Interestingly, this subject made women closer to each other”.

The last part of the session included reporting on the peer outreach work and filling out simple data forms on a number of clients, what drugs these clients use, their approximate age, and an approximate number of syringes they received. The Alliance’s experience shows that work with the basic documentation gives volunteers a sense of their value to the project.

In “Oberih” one of the most popular services among women was group meetings with a psychologist. The women shared different sides of themselves, defining their hopes for success and improving their self-esteem and mood. After the meeting they discussed healthy recipes and prepared a meal together.

2.2. Monthly Training and Support to Peer Educators

This approach relied on the regular training and support meetings to raise female IDU volunteers’ awareness of risk reduction strategies and techniques, to enhance their training skills, and to support the development of a mutual support network, which helps reduce isolation and stigma. Volunteers were usually regular clients who expressed interest, but the meetings were open to anyone.

The training and support program consisted of 12 monthly meetings, with each of them lasting 3-4 hours. The first half of every meeting consisted of the interactive training on a relevant subject selected by participants from a list of subjects or according to guidelines provided by the staff. The trainings included presentations by guest experts, such as doctors, lawyers, and harm reduction specialists. Some guest experts were peers, for example, a peer overdose trainer or a syringe exchange worker.

The second half of every meeting was dedicated to networking and socializing among members and included a meal. This networking time let members get to know each other and form supportive relationships. The support network allowed members to solve problems, discuss ongoing needs in the organization, and strengthen their sense of community and empowerment.

Sample guidelines for volunteer training and support program

Main task: To enhance educational and social support/networking opportunities for female IDUs providing harm reduction services to their peers.

Objectives and goals:

- ◆ Knowledge advancement
- ◆ Training skills enhancement
- ◆ Strengthening the sense of community
- ◆ Developing a thriving support network

Compulsory activities:

- ◆ **Planning:** Subject selection; making dinner, cleaning up; choosing the place and time for the next meeting; facilitators’ preparations, preparation of incentives (at the end of the training, each participant receives a small non-monetary reward of their choice, for example, a food package or a body lotion).
- ◆ **Implementation:** Setting out facilitators’ roles, developing handouts and sign-in sheets for trainings, room setting-up.
- ◆ **Evaluation:** Developing evaluation criteria and satisfaction surveys (for female IDUs, staff, guests), summarizing.

2.3. Secondary Syringe Exchange

Secondary syringe exchange (SSE) enlisted peers to exchange syringes and to disseminate information, harm reduction skills, and other supplies within their social networks, thereby allowing harm reduction services to reach people who could not or would not visit a harm reduction site or an outreach route themselves. SSE facilitated changes in community standards regarding HIV-related risky behaviors, increasing the local IDUs' involvement in, and contribution to harm reduction and coalition-building within their community. SSE programs maintained a bi-directional information flow, so that they could be readily adapted to inputs from local users and remain user-friendly.¹

Staff members worked with SSE participants to improve their awareness of risk reduction, infectious disease transmission and treatment, the syringe exchange protocol, available services and resources, and peer education and outreach issues (e.g. communication strategies, boundaries, “burnout” prevention and management).

SSE helped improve the service access for female IDUs who were unable to visit harm reduction sites. There are many reasons why women do not visit organizations: distance, lack of time or childcare, opposition from a partner, discomfort at the harm reduction site, or fear of being exposed as a drug user. A visit by a female friend bringing syringes and information is convenient, discreet, and comfortable.



3. Short-term Childcare

SUCCESS STORY

Two years ago I left my seven-year old daughter with my former mother-in-law; after that I had no idea about her life. I was scared and ashamed to contact my mother-in-law, because all those years I used drugs and earned money to buy them by selling sex. She sent my daughter to the orphanage. Thanks to your project and participation in group sessions I understood... that my child needed me, and I needed her. The social workers helped me find my baby; the organization's lawyer is assisting me in regaining my parental rights. Thank you for helping me understand that nothing is lost and I can live a different life. I hope my daughter will eventually forgive me. (Client, “Blahodat”)

This project did not aim at creating childcare centers. The main idea was to provide a supportive service that would enable women to attend the training sessions and get other services provided, while knowing that their child is taken care of. Children could remain on site only as long as their mothers were there, too, thus avoiding potential problems with children being left for excessively long periods.

“Nasha Dopomoha” helps me a lot. I can leave my child with them and go to a doctor... they teach us how to take care of our health.” (Client, “Nasha Dopomoha”)

4. Case Management for Female IDUs

Recent experience shows that case management is effective in increasing the service utilization. By providing personalized assistance navigating on a variety of medical and social services, case management has the potential to improve female IDUs' access to assistance, adherence to treatment regimens, and general well-being.

¹ Summary of the research» Evaluation of models of secondary exchange injection tools among IDU's hard to reach groups»

Creating an Emotionally and Physically Safe Environment

Based on the idea that emotional and physical safety will increase the service utilization rate, it was decided to:

a) Establish a designated time when female IDUs can access the HIV prevention services without the presence of male IDUs. According to the Alliance's Gender Research in 2009², men's presence at the project sites served as a barrier to female IDUs' access to the services; they sometimes felt threatened, or uncomfortable discussing sensitive issues.

b) Have regular group meetings between social workers and female IDUs, especially those involved into peer education and secondary syringe exchange to strengthen relationships between the staff and clients and allow regular feedback, enabling better NGOs response to women's needs. In addition, such meetings give female IDUs a sense of ownership over the program and reduce their sense of isolation. They also foster more sympathetic attitudes to female IDUs among service staff.

c) Have regular meetings with the specialists most needed by female IDUs (gynecologists, lawyers, etc.) to improve communication between clients and specialists, and thereby increase the service utilization and enhance referrals. The staff members attend these meetings along with any female IDUs who wish to participate. Establishing personal contacts helps female IDUs overcome their fear of being counseled by specialists and gives specialists a better understanding of the needs of female IDU clients.



Publication: Women and Drugs

The informational brochure “**Women and Drugs**” was published in November 2010. The brochure aims to raise female drug users' awareness of risky injection and sexual behavior, and about safer practices. It was distributed in course of gender-sensitive outreach.

Changing Policies and Procedures on the Way of the Service Delivery

Traditionally projects implemented by organizations involve only some staff of an NGO, often leaving the rest of the staff members unfamiliar with the project goals and tasks. In that case the delivery of all offered services would be hardly different from those already provided by traditional harm reduction programs. This is why the third key concept is a structural change that anticipates changing the way the services are provided, the attitude towards services provided, and bi-directional regulation of relationships between the staff and the clients. This process involved three big steps.

Step one is aimed at developing organizational policies that would describe key principles shared by the organization with regard to the service delivery. The organizations were encouraged to involve all the staff members in the development of gender-sensitive policies.

Step two was about operationalizing already created gender-sensitive policies both for the staff and the clients. Procedures guaranteed that the staff was aware of gender roles, understood the reasons of changes that took place in the organization with respect to the service delivery and their particular role in those changes.

The development of gender-sensitive policies and procedures took place throughout the project implementation. Such long process is explained with the Theory of Diffusion on Innovations.

2 Assessment of Implementation of gender-sensitive approaches in HIV prevention projects and harm reduction among IDU, ICF «International HIV / AIDS in Ukraine», K: 2009.

Step three targeted the organizations' clients. Each organization worked on the development of a strategy to inform their male and female clients on changes that took place in the organizations as well as client's role in creating a physically and emotionally safe environment for female IDUs. Greater awareness promotes the rejection of negative gender roles and stereotypes among women and men. It increases women's understanding that they worth special attention, while gendered power imbalances are evitable.

Example of the Policies Developed by “Oberih”

“APPROVED”

Donetsk Regional
Charitable Foundation “Oberih”
Administrative Board
August 18, 2010

Donetsk Regional Charitable Foundation “Oberih” Gender Policies

Contents

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2. Definitions
3. External Relations
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9. Control and Sanctions

1. Introduction

The Gender Policies is one of the documents that determine standards of our program work as regards gender peculiarities of both program staff and clients.

Objective: Controlling program staff's and clients' behavior with a view of reaching gender equality.

2. Definitions

Gender is a concept characterizing different roles assigned by the society to a man and a woman.

Gender equality means that men and women are valued equally in the society; they have equal rights and possibilities to take part in every aspect of life at different levels of the society.

Sex is a term characterizing biological differences between men and women.

Gender-sensitive approach is an approach that takes into consideration a fact that men and women often have different problems.

IDU stands for an injecting drug user.

3. External relations

Respect for human dignity and diversity is the core requirement for the staff. All clients should be treated equally, regardless their sex, gender, ethnicity, religion, age or sexual orientation.

The organization expects its staff to follow the philosophy of gender equality in their external relations with clients or partners.

The philosophy of work with clients implies relating a person with his or her gender features.

Partners. The Donetsk Regional Charitable Foundation “Oberih” highly values its good relations with partners and seeks to involve them in programs considering variety of services to better meet the needs of both men and women who use drugs.

4. Staff relations

The staff of the Donetsk Regional Charitable Foundation “Oberih” is collectively responsible for the creation and maintenance of favorable conditions of work and an atmosphere of mutual respect, support and courtesy. The program staff recognizes the value of every person, regardless his or her sex, gender, ethnicity, religion, age or sexual orientation.

5. Staff Training Concepts

All the staff members are trained to improve the quality of the gender-sensitive service delivery.

6. Confidentiality

Every organization staff member observes clients' anonymity and confidentiality, regardless clients' sex, gender, ethnicity, religion, age, sexual orientation or personal preferences of staff members. The staff tries its best to set up equal relations between program clients.

7. Finance

The proper financial management is of high importance; negligent financial management jeopardizes the good image of the Donetsk Regional Charitable Foundation "Oberih" and diminishes the effectiveness of its work. Regular audits and monitoring visits are carried out by relevant authorities.

Program budgeting should provide for proportional distribution of resources according to gender needs of clients. Staff members facilitate such budgeting at their levels.

8. Design of Prevention Programs on Various Aspects of Male and Female Health

The Donetsk Regional Charitable Foundation "Oberih" admits the fact that all people, both project clients and non-clients, have the right to protection, care and maintenance of their health. We also take into consideration the importance of individual approach towards male and female.

Equal access of program clients to HIV/STI services is ensured by planning of working time and making it suitable for both men and women.

The staff members of the Donetsk Regional Charitable Foundation "Oberih" try their best to plan the program pursuant to the gender-sensitive approach.

9. Control and Sanctions

Control over the enforcement of these Policies is carried out by a member of the Administrative Board of the Foundation. Violations of these Policies can lead to disciplinary sanctions. Before such sanctions are administered, an investigation should be carried out. In course of such investigation the following circumstances should be taken into account: severity of the violation, and whether an employee had been informed well enough to understand that his/her actions constitute a violation.

Ethical Code of Donetsk Regional Charitable Foundation "Oberih"

1. The staff will treat clients in a human and kind manner, regardless their sex, gender, ethnicity, religion, age or sexual orientation.

2. The staff will never intentionally harm clients, whether physically or mentally, neither will attack them literally or by mockery; the staff will never treat clients in a biased manner or expose them to the risk of being treated in such manner by other staff members.

3. The staff should treat clients with courtesy and motivate them to change their lives for their own good or advantage only, assisting them in their recovery.

4. Since the staff members often enjoy authority of present and former clients, their opinions are highly valued and they should be aware of their own capabilities and restrictions.

5. The staff members should have no sex with clients, neither have any financial nor other relations that can be interpreted as exploitation of clients for the benefit of the staff.

6. The staff members should not use their authority over clients for their private interests.

7. The staff members should observe confidentiality; they should not divulge private information of present or former clients and their family members to anybody, save the relevant staff members.

8. The staff members are not allowed to drink alcohol or take other substances that alter consciousness.

9. The staff members should take care of their colleagues.

10. The staff members should continue their training and develop their professional qualifications.

PROJECT STAFF TRAINING

Prior to the project implementation, three staff members from each NGO participated in the seven-day training on gender issues, project methodology and the process of development of gender-sensitive policies and procedures.

The staff members were:

- ◇ Project coordinators
- ◇ Senior social workers
- ◇ Social workers

The participants were provided with training materials and a checklist of issues to be covered. These participants were to hold the training for all the staff members in their organization before the project start. This provided for the involvement of all the organization staff members into the process of changing the ways of the HIV prevention service delivery.

The training covered the following key subjects:

- ◇ Gender
 - basic concepts
 - impact on health and behavior
 - impact on addictive behavior
- ◇ Gender-specific HIV risk practices
 - Drug-using practices among women
 - Networks of female drug users
- ◇ Risk reduction strategies
 - Safer injecting
 - Safer sex
 - Male and female condom use
 - Nutrition for drug-using populations
- ◇ Training activities
 - Group-level intervention
 - Peer-to-peer education
 - Development of the network of women involved in secondary syringe exchange
- ◇ Development of gender-sensitive organizational policies and procedures

The detailed training program can be found in Annex 1.

Project Clients' Quotes about the services provided

CF "Blahodat", Bilhorod-Dnistrovskiy

"A very useful organization for the STI prevention. Good program."

"I like very much the work of this organization..."

Donetsk Regional Charitable Foundation "Oberih", Konstyantynivka

"... I like trainings and literature most of all."

"...I can come here and get help as well moral as material such as food, hygienic sets, syringes."

"Help of specialists, self-help groups and counseling are always beneficial and receive good references."

"The organization works well, there are many services addressing the specific needs of female IDUs."

"Unitus", Mykolayiv

"The fact that all the projects address women's needs is the most appealing."

"I know that "Podorozhnik" magazine is read all over the city."

"..."Podorozhnik" magazine is fantastic!!!, doctors are great."

"I know that this organization works also with female sex workers and teenagers, rather than with female IDUs only."

"We need this program to go on; I think it depends on the organization and the work of its staff. The girls, the social workers are great; I believe they will achieve the continuation of the program.»"

"Nasha Dopomoha", Slaviansk

"I'll continue using services of this organization since I've learned a lot and got what I need."

"Nasha Dopomoha" helps me a lot. I can leave my child here and go to see a doctor; I receive cloths here and they teach me health care skills."

"A very good organization; I am satisfied with the quality of services and how they teach us about HIV/AIDS."

"In this non-profit I learned a lot of new stuff from specialists; it was interesting both for me and my friends."

"Volia", Uman

"This is a very interesting project; I want its activities to go on."

"I like to come to the self-help group with its conversations and tea; I get a lot of useful information here."

"There is a lot of information, syringe and medications distribution."

"...useful services, I get a lot of information."

OVERALL PROJECT IMPLEMENTATION TIME-LINE

Time period	
Phase 1 July, 2010	<p>Training partner organizations</p> <p>Training attendees train the rest of the staff.</p> <p>Initiation of the gender-sensitive policies and procedures development.</p> <p>Initiation of the implementation of the gender-sensitive services strategy in accordance with the developed gender-sensitive policies and procedures.</p> <p>Baseline data collection: Client's satisfaction survey, staff satisfaction survey, NGO capacity evaluation.</p>
Phase 2 August – December, 2010	<p>Focus-groups/meetings with FIDUs.</p> <p>Intervention implementation and its on-going fine-tuning.</p> <p>On-going technical support and monitoring.</p> <p>Work meeting with the organization representatives.</p>
Phase 3 January – February, 2011	<p>Intervention implementation and its on-going fine-tuning.</p> <p>Interim results presentation in oblasts with participation of female IDUs.</p> <p>Interim intervention progress evaluation and presentation results at the regional meetings.</p>
Phase 4 March – September, 2011	<p>Intervention implementation and its on-going fine-tuning.</p> <p>Final intervention performance evaluation.</p>



PROGRAM EVALUATION

Program monitoring and evaluation was a significant part of the innovative approach to HIV prevention among female drug users. During the 12 months of the project implementation five organizations covered 872 female drug users with HIV prevention services, which is 10% more than the planned coverage of 800 clients.

Evaluation Methodology

The project performance was evaluated over June, 2010, and July, 2011, in three waves of interviews with the staff and the clients of the general harm reduction programs and of the women-specific programs within them. Evaluators took 150 interviews with NGO staff and 600 with clients. They also analyzed organizational documents to evaluate the changes that had taken place in the organization over the project year.

Evaluation Limitations

The evaluation design has several limitations. First of all, site selection was based on the positive previous programmatic experience of organizations rather than on the randomized approach.

The cross-sectional nature of data collected from the project clients cannot be used to identify cause-effect relationships. The small sample size and non-randomized sampling method cannot be extrapolated to all drug-using populations. In addition, the evaluation design did not allow for surveying the same clients in all three surveys, although the same staff was surveyed in evaluation phase. Nevertheless, the findings provide some evidence on the intervention efficacy and the intervention is recommended for introducing structural changes in delivering HIV prevention services to female drug users.

Evaluation Findings

At the baseline two NGOs, i.e. "Unitus", Mykolayiv oblast (55 clients), and "Oberih", Donetsk oblast (37 clients), had the biggest number of female project participants. Moreover, these two NGOs had the lowest ratio of budget costs spent on providing services to women (9% for "Unitus" and 13% for "Oberih"). The highest level of allocations on the women-focused services was in "Blahodat", Odesa oblast (31%), just as the largest time spent on providing such services (59%) at the survey baseline. The staff members who spent the largest time on providing services for women were in "Unitus" (21%) and "Nasha Dopomoha" (28%).

It was distinguished that there were non-FIDU workers in two NGOs, i.e. "Unitus" and "Volia" (see Table 1).



Table 1. Baseline Indicators, as of September, 2010

Indicator	“Blahodat” (Bilhorod-Dnistrovskyi, Odesa oblast)	“Volia” (Uman, Cherkasy oblast)	“Nasha Dopomoha” (Slaviansk, Donetsk oblast)	“Oberih” (Konstyantynivka, Donetsk oblast)	“Unitus” (Mykolayiv, Mykolayiv oblast)
1. Number of Female IDU Project Clients					
Number of NGO clients	529	1231	1357	4443	407
Number of NGO female clients	86	368	387	1114	394
Number of clients who participated in the project	21	25	29	37	55
Ratio of the project participants to all the female clients, %	24	7	7	3	14
Ratio of the female clients to all clients, %	16	30	29	25	97
2. Share of Allocations on Women with the NGO's Budget					
Budget on services for women in the annual budget	31	29	25	13	9
Time of the NGO's staff spent on services for women in their work time	59	42	28	38	21
3. Share of Female Staff members and FIDU Staff Members in the NGOs					
Number of staff members	10	13	20	34	27
Number of female staff members	4	9	18	26	26
Number of female IDUs	3	0	2	7	0
4. Share of Female Workers and FIDUs in Senior Positions					
Number of senior positions	2	3	3	4	6
Number of women in senior positions	2	3	2	3	5
Number of FIDUs in senior positions	0	0	0	0	0
Ratio of women in senior positions compared to all the staff members in senior positions,%	100	100	67	75	83
Ratio of FIDUs in senior positions to all the staff members in senior positions,%	0	0	0	0	0
Ratio of women to the NGO's staff, %	40	69	90	76	96
5. Share of Women-focused Services					
Number of all services provided by NGOs	22	24	20	18	21
Number of services provided specifically for females	10	9	11	9	9
Ratio of women-focused services to all the services provided by the NGOs, %	45	38	55	50	43

Socio-demographic Characteristics of FIDUs

An average female client was aged late 20s or early 30s (see Figure 2). Almost a half of all the clients surveyed had small children. Eighty-five percent of them had children living with them. This confirms the fact that childcare is a very relevant concern for female IDUs.

About 80% of clients surveyed reported that they had a sexual partner with most of them mentioning that he was the only sexual partner. In addition, the vast majority of clients were single, but lived with sexual partners (see Figure 3). This denotes that female drug users are sexually active, and that prevention efforts should give consideration to risk practices in long-term relationships. It means that issues of family planning and the course of pregnancy are on the agenda, too.

Figure 2. Age of Project Clients

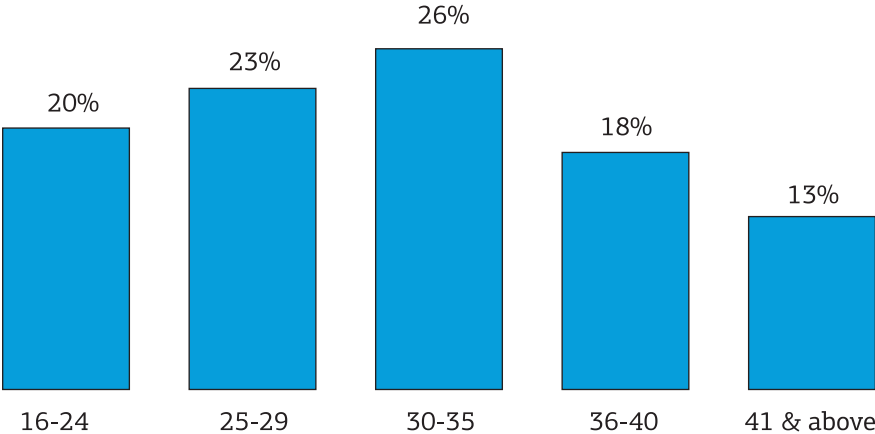
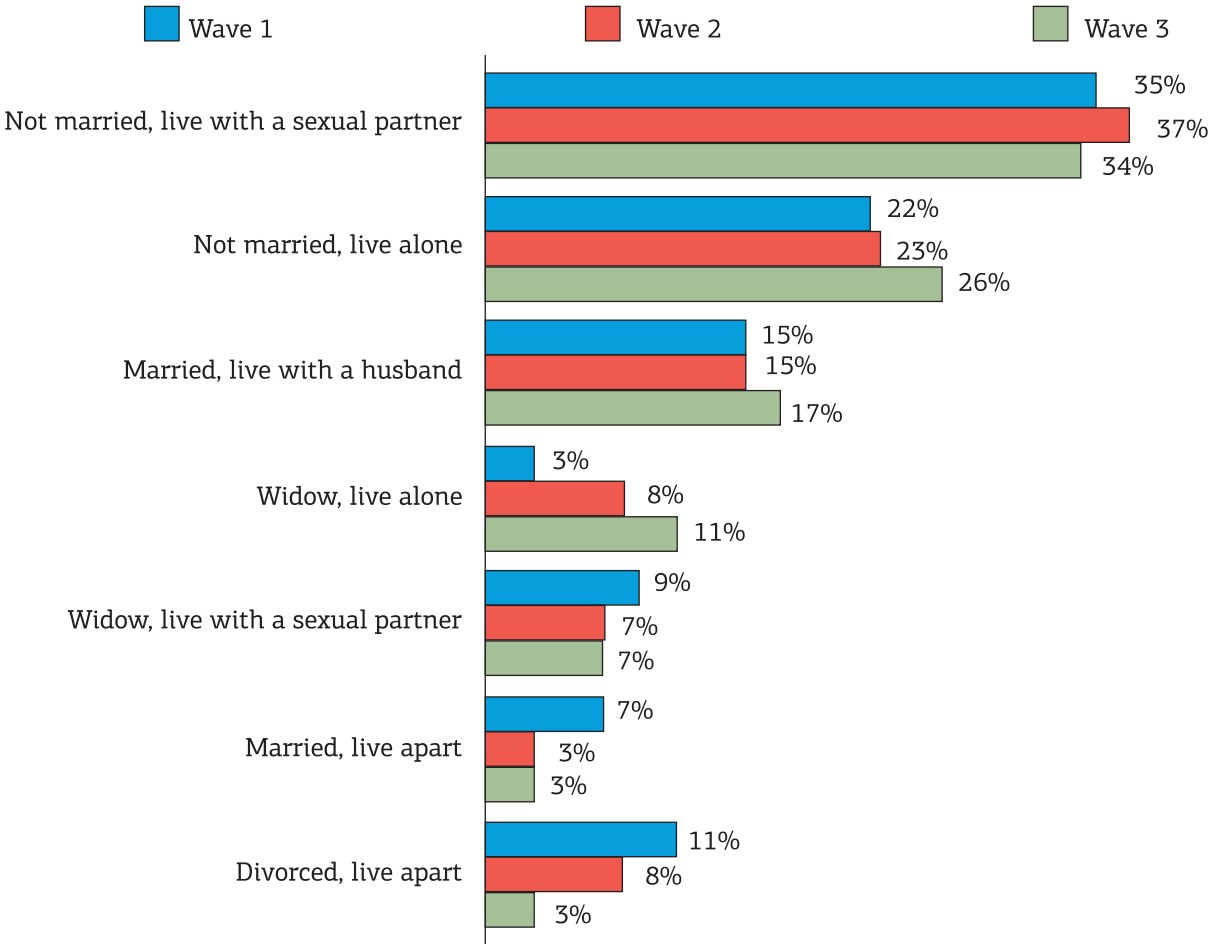
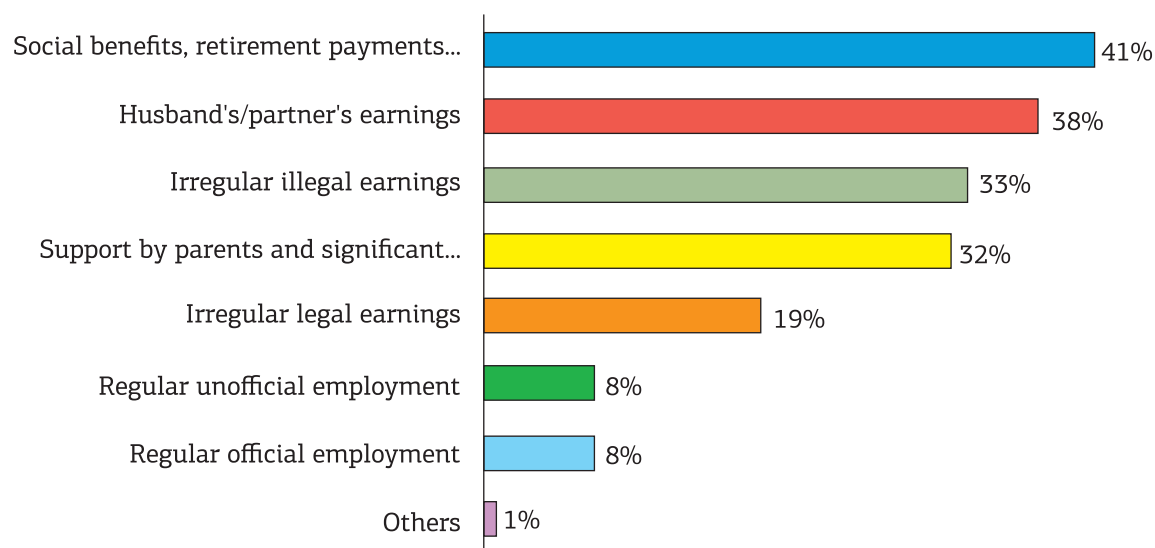


Figure 3. Clients' Family Status



The main sources of income reported by women were mostly social benefits and income of their husbands/sexual partners (see Figure 4). These findings depict that female IDUs are financially dependent on their partners. Previous research findings reveal that such dependence put FIDUs at a higher risk of exposure to HIV¹. In addition, quite a significant number of clients reported non-legal incomes which in most cases mean involvement into commercial sex services. Thus, women are dependent on the decisions made by their male partners or even are exploited by them.

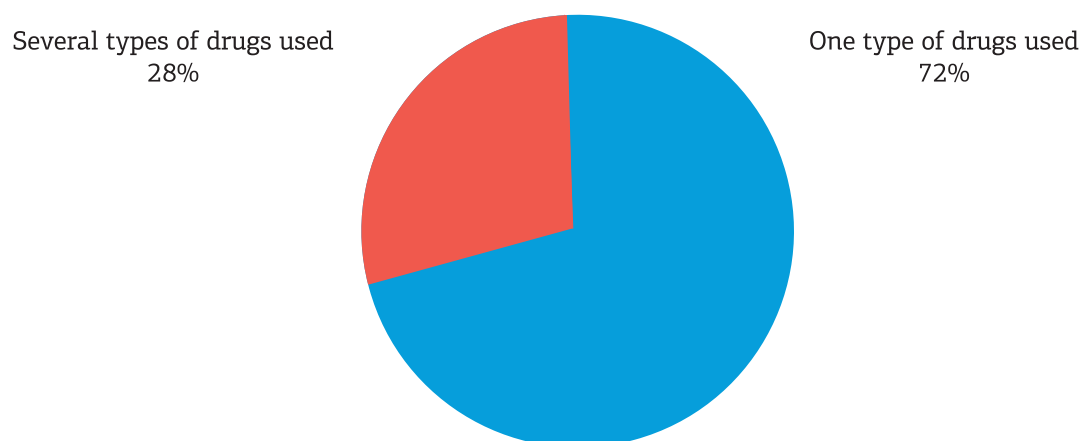
Figure 4. Income Sources



Drug Use Practices

The majority of the clients were opiate users, as between 78% (in wave one) and 76% (in wave three) of them reported using opiates (Table 2). In addition, approximately 20% of the clients used methamphetamine. Also, some 28% (in wave one) to 30% (in wave three) of female IDUs used alcohol. The project clients used mostly one type of drug with the polydrug use reported by some 28% (see Figure 5). These data correspond with the behavioral survey conducted in 2010². On average, the surveyed women had been using drugs for 9-10 years. Less experienced drug users were more represented among the gender-sensitive program participants than among clients of the general harm reduction programs, showing that a gender-sensitive approach may help attract younger or less experienced drug users, thereby increasing opportunities to prevent HIV and other harms.

Figure 5. Number of Drugs Used by Project Clients Таблица 2. Виды наркотиков, употребляемые клиентками проекта проекта в динамике, %



¹ Assessment of Implementation of gender-sensitive approaches in HIV prevention projects and harm reduction among IDU, ICF «International HIV / AIDS in Ukraine», K: 2009.

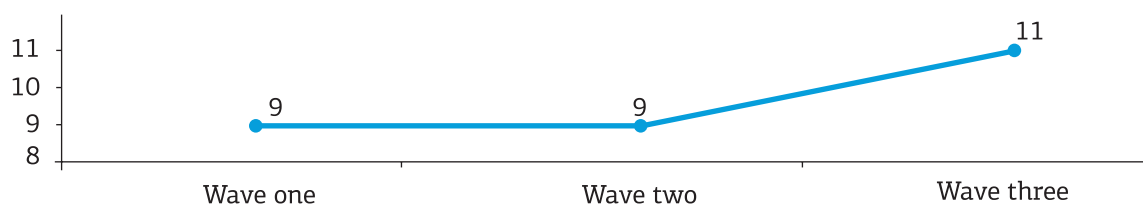
² Pohorila, N., Taran, Y., Kolodiy, I.; Diyeva, T. Analytical Report Based on the Linked Survey Findings, 2010.

Table 2. Dynamics of the Types of Drugs Used by Project Clients

	Wave one	Wave two	Wave three
Opium extract	78	70	76
Alcohol	28	34	30
Cannabis	7	24	22
Liquid methamphetamine	20	28	20
Amphetamine	3	4	11
Heroin	1	3	3
Methcathinone/ephedrone	10	3	2
Tramadol	4	1	1
LSD, mushrooms	1	0	1
Cathinone	2	2	1
Crystal methamphetamine		3	

As figure 5 depicts, the project reached female IDUs who had the longest drug carrier at the third wave of the observation. This finding could mean that at the beginning the project reached younger IDUs and was successful in reaching the group of IDUs with a longer period of drug use and, possibly, of an older age. However, the drug use period could not be linked to age (see Figure 6).

Figure 6. Duration of drug use (years)



Evaluation Results in Survey Waves Two and Three

Dynamics of the Change of Risky Behaviors

According to Table 3, all the NGOs underwent changes in behavioral risk practices towards safer behavior. For example, the clients of “Blahodat” and “Nasha Dopomoha” at the third survey wave did not practice injecting with a used syringe and giving a used syringe to someone else (0%). These findings suggest that the effectiveness of work with the clients or of work on the whole increased. However, these findings could be dramatically influenced by the differences in the socio-demographic level of knowledge of the groups surveyed in waves one and three.

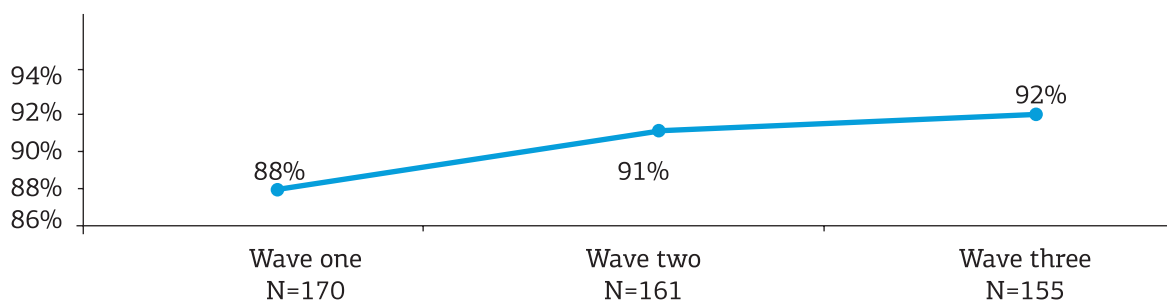
Table 3. Dynamics of the Behavioral Risk Level among NGOs’ Clients

Indicators	“Blahodat” (Bilhorod-Dnistrovskiy, Odesa oblast)		“Volia” (Uman, Cherkasy oblast)		“Nasha Dopomoha” (Slaviansk, Donetsk oblast)		“Oberih” (Konstyantynivka, Donetsk oblast)		“Unitus” (Mykolayiv, Mykolayiv oblast)		Total	
	1	3	1	3	1	3	1	3	1	3	1	3
Injecting with a used syringe	9	0	9	8	4	0	4	8	1	5	5	4

Giving a used syringe to someone else	12	0	8	7	4	0	3	12	3	5	6	5
Using a back-loaded syringe	66	17	29	33	40	37	29	27	32	59	39	35
Sharing equipment for drug cooking or storage	73	27	48	23	44	39	30	38	16	40	42	33
Unprotected sexual contacts	58	12	44	15	23	45	58	52	16	31	40	31
Number of sexual partners	4	33	23	25	36	19	11	37	20	20	19	27
OD cases	15	0	8	0	0	7	0	3	0	12	5	4

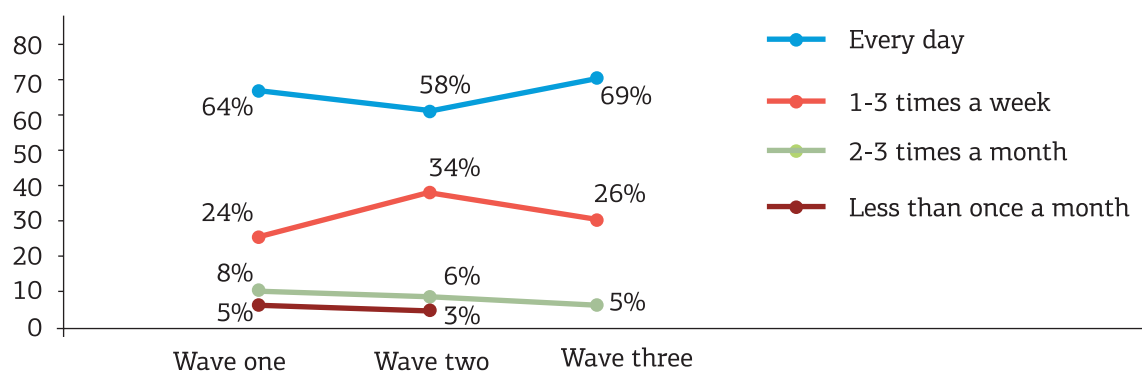
The vast majority of female-IDUs, who had husbands or sexual partners, faced obstacles in visiting an NGO, from 88% in wave one to 92% in survey waves second and three. It means that the majority of women managed to overcome the obstacles and attend the program.

Figure 7. Number of female clients that had not visited organization due to the influence of their sexual partners



As Figure 8 shows, the vast majority of the clients in all the survey waves (wave one – 64%, wave two – 58% and wave three – 69%) visited the NGO about 1-3 times a week. This finding could be explained by the effective project performance, since the clients came not only for groups once a week, but visited the NGOs once or twice a week on other occasions. The higher frequency in visiting the NGO gave additional time for work with every client.

Figure 8. Dynamics of Client's Visiting the NGOs



Clients' Satisfaction with the Services Provided

The clients' satisfaction with the services provided was very high: on the 10-point scale, it was an average of 8.9 in wave one and 9.7 in wave three. Overall, only 3% of clients reported that the services had not met their expectations.

Ninety-three percent of the participants informed that the program hours were convenient; similarly, 93% reported the program location was convenient. The clients expressed satisfaction with program's quality as well as comfortable atmosphere. This shows the importance of creating a safe, inviting space where women feel welcome.

Project Attendance

In the course of the intervention implementation, an average number of people visiting the gender-sensitive program per month rose from 16 to 36. The only organization where it remained stable was "Unitus"; this was attributed to the pre-existing focus of "Unitus" on work with female drug users and sex workers.

In the third wave of interviews, 75% of the gender-sensitive program participants attended the NGO at least once a week and another 20% visited it 2-3 times a month. The NGO staff estimated that 75% of female clients of the general harm reduction program participated in the gender-sensitive project activities.

In wave three, 60% of women reported that they had heard about the program from organization staff. Forty-four percent had heard about it from a friend or acquaintance. This shows that staff members have been successful in disseminating information about the program, but that word of mouth remains an important way for female IDUs to learn about the services available to them.

Table 4. Clients' Evaluation of Organization's Activities on a 5-point Scale, by Evaluation Phase

Wave	"Blahodat"			"Volia"			"Nasha Dopomoha"			"Oberih"			"Unitus"		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
I will keep on visiting this organization	4.8	4.5	4.5	4.8	4.8	4.9	4.9	5	4.9	4.7	4.8	5.0	4.7	4.6	4.8
I am completely satisfied with the quality of the services offered here	4.4	4.2	4.8	4.7	4.9	4.8	4.8	4.7	4.9	4.6	4.7	5.0	4.6	4.6	5.0
The range of services offered is sufficient for me	3.7	3.5	4.7	4.1	4.7	4.5	4.5	4.6	4.8	4.6	4.5	4.9	4.3	4.2	4.8
The organization's staff treat me like a normal, capable person, as an equal	5.0	5.0	4.9	4.9	5.0	5.0	4.9	5.0	5.0	4.7	4.7	4.9	4.9	5.0	5.0
I feel physically safe, while visiting this organization	4.8	4.7	4.7	4.8	4.9	5.0	5.0	4.8	5.0	4.7	4.7	5.0	4.9	5.0	5.0
When I visit this organization, I get a lot of new information	4.5	4.8	4.9	4.8	5.0	4.9	4.9	4.9	5.0	4.6	4.7	5.0	4.2	4.6	5.0
I feel mentally at ease, when visiting the organization	4.5	4.3	4.6	4.8	4.8	4.9	5.0	4.9	5.0	4.6	4.8	5.0	4.9	5.0	5.0
The information offered by the organization is genuinely helpful	4.8	4.9	4.9	4.9	5.0	5.0	4.9	4.9	5.0	4.6	4.6	5.0	4.6	4.9	5.0
The organization's services are genuinely helpful for me	4.9	4.9	4.9	4.9	5.0	5.0	5.0	5.0	4.9	4.7	4.8	5.0	4.7	4.9	5.0

Staff Members' Satisfaction with the Services Provided

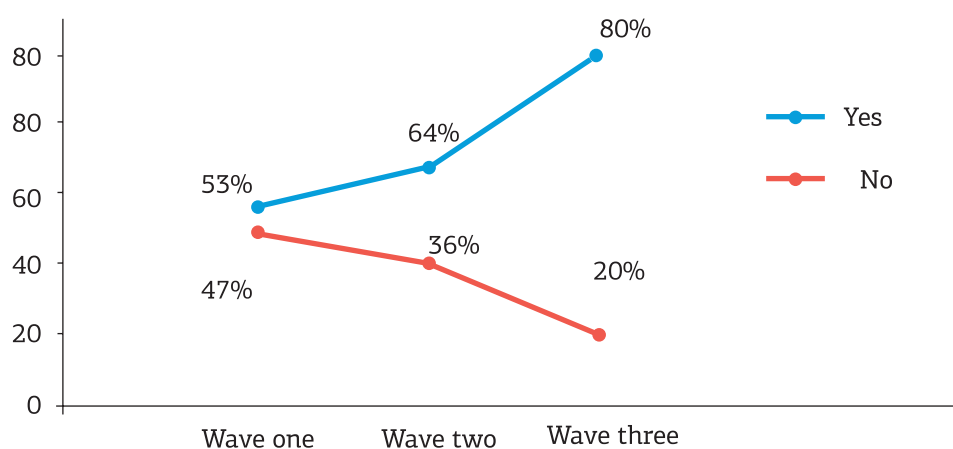
The staff members' satisfaction was high and advanced over the course of the project. The staff reported that they considered gender-sensitive services important and that they felt well-informed about the needs of female IDUs. Ninety-eight percent of the staff told that they knew what the gender-sensitive approach was. They also said that they felt well-prepared to respond to the needs of female IDUs. This reflects the effectiveness and importance of regular trainings for the staff: 83% of the staff members said that the training they had received

had helped them very much. Fourteen percent said it had probably helped, and only 3% (1 person) said that it had not helped at all.

Over time, an increasing proportion of the staff members believed that the gender-sensitive approach was good for the organization: in wave one – 74%, in wave two – 88%, and in wave three – 94%.

With the increase in the understanding of gender role in the service delivery among the social workers, the understanding of how those services are different from the traditional way of the service delivery rose as well: from 53% in survey wave one to 80% in survey wave three.

Figure 9. Dynamics of the Differences between the Women-focused Services and Gender-sensitive Services Provided to IDUs (%)



When asked about the positive effects of the gender-sensitive program, the staff most often cited an increased number of women clients and an increased frequency of their visits. They also noted:

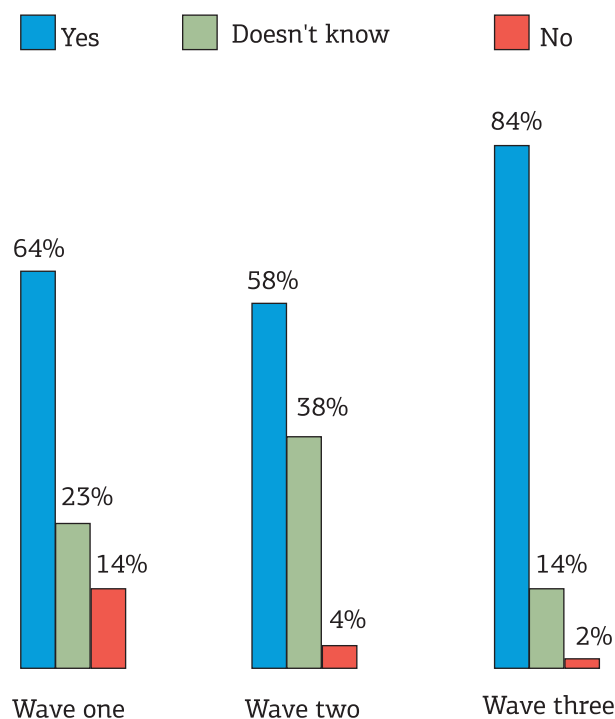
- ◆ Improved understanding of the needs of female clients
- ◆ Increased trust in the organization
- ◆ Willingness of clients to come into contact with services
- ◆ An increased proportion of gender-sensitive services (women's day, women-focused outreach route)
- ◆ Increased understanding of this approach among the staff
- ◆ Improved quality and increased quantity of counseling sessions and services offered by the organization

Eighty-six percent of the staff members said that the new services had affected their relations with partner organizations, reflecting the potential of gender-sensitive services to strengthen and expand a harm reduction program's network of referrals and partnership. Ninety percent of the staff reported that the gender-sensitive program had had a positive impact on their cooperation with female IDUs. Eighty percent said that their understanding of female IDUs' needs had definitely increased since the beginning of the program, and 16% said it had probably increased, but there are still some questions that need to be clarified. In addition, during the baseline data collection 64% of social workers reported the necessity of expanding the list of gender-sensitive services. In the second survey this proportion increased by 84%.

Table 5. Staff evaluation of project activities: average scores (5-point scale)

	Wave one	Wave two	Wave three
I have a good understanding of the needs of women	4.3	4.6	4.7
I consider it necessary to provide gender-sensitive services in our organization	4.8	4.8	5.0
I am well-prepared to provide gender-sensitive services	4.1	4.3	4.5
My organization is well-prepared to provide gender-sensitive services	4.4	4.6	4.7
Gender-sensitive services are beneficial for women	4.9	5.0	5.0
Gender-sensitive services reduce HIV among female IDUs	4.8	4.8	4.9

Figure 10. The Dynamics of the Estimated Further Expansion in the Number of Gender-sensitive Services Provided by the NGOs (%)



Project Clients' Quotes about the organization

CF "Blahodat", Bilhorod-Dnistrovskiy

"I am happy we have such a non-profit in our town."

"A very good organization, very important and useful."

"A very good and useful organization, great understanding and attitude toward female IDUs."

Donetsk Regional Charitable Foundation "Oberih", Konstyantynivka

"This non-profit is what we need. Free syringes; they listen to you and give a hand. I am a frequent guest here."

"I want to say thank you to everybody for support and understanding; I am very happy to be a client of this organization."

"It is nice and cozy here, I like to come here to feel comfortable physically and safe psychologically."

"Unitus", Mykolayiv

"We need more of such non-profits as "Unitus", since nobody cares about us, I mean the government."

"I wish there were more of such organizations."

"This organization needs nothing, but further development. The girls you are great!"

"Nasha Dopomoha", Slaviansk

"This non-profit is great; they helped me to find myself."

"If there were more organizations, where they understand us and treat us well, life would be easier."

"The work of this non-profit is very important and useful for female IDUs and for me personally."

"It's great that there is such a non-profit where we can get the information relevant to drug users."

"I like this organization; I feel at home here and safe."

"Volia", Uman

"You are doing a great job. I'm happy there are people who do care about us."

"It's great that there are helpful and supportive people in our town; I want to say thank you to all the staff."

"A very good job. I personally like it all. I want all the staff to work as long as possible."

"It's great that there is such an organization. I am grateful for all you do."

CHALLENGES AND LESSONS LEARNED

According to the evaluation, one problem that remains to be solved is how to support greater involvement of women with drug-using experience as program staff members. In four of the five NGOs, 75% or more of the staff were women. But there were only a handful of female IDUs in paid staff positions, and none in leadership positions.

The program staff had to face the challenge of getting men accustomed to new services. Their reaction towards the changes can be hardly described as negative but rather as “jealous”. Male clients raised questions about being “less important”. At first, it was difficult for some of the project staff members to explain to male clients the reasons for having special times of working with female drug users, but, as time passed, men became used to the women’s day or women’s hours, and respected the special timing. Only one organization avoided such challenges, the one that works only with female clients (CF “Unitus”). At the same time, it should be noted that this organization, while succeeding in the direct service delivery, was less successful in introducing the concept of gender among the staff members. This fact should be accounted for when making a decision about establishing separate programs for female drug users.

During the project implementation there were two unplanned positive outcomes. First of all, the short-term childcare became a strong additional motivator for women to attend the project. Most children attending the organization are of pre-school age and rarely get attention and care from adults except parents. Usually parents do not have money for a kindergarten and this is the only opportunity, when a child can meet other children and be engaged in such activities as drawing, reading or playing a ball, and women try not to lose this opportunity.

The second unplanned positive outcome was about women who attended organizations with their male partners who rarely visit projects. Such couples usually have relatively stable relationships. Social workers used this time to talk to men about their risky behavior.

When asked what services they needed, but are not provided with through the special gender-sensitive programs or harm reduction programs supported by the Global Fund, clients most often cited free care from a doctor, dentist, and cosmetologist. They also reported an unmet need for pregnancy tests, and antibiotics

In wave three of the interviews, 92% of the staff surveyed reported a need in expanded services for female IDUs through their organization. Top needs identified by the staff were following: more trainings on the integration of the gender-sensitive approaches into their routine work, psychological education, and greater variety of informational materials. When asked about the services they planned to add in future, the staff most often cited an access to everyday service and dental, surgical, gynecological and general medical services within the project.



LOOKING FORWARD

The success of these projects shows that it is feasible and relatively simple to incorporate the gender-sensitive approach into harm reduction services through structural changes. The gender-sensitive component increased female IDUs' participation in harm reduction programs, improved relations with partner organizations, generated a greater understanding of female IDUs' needs among the program staff, and was highly satisfactory to clients and program staff alike. It is recommended to use the gender-sensitive approach in all NGOs working in HIV/STI prevention.



ANNEXES

Annex 1: Services Provided by the Organizations Before the Launch of the Gender-sensitive Service Project

This list of the services excludes public campaigns organized by the NGOs, training activities for the staff and other activities that do not relate to the direct service delivery.

	“Nasha Dopomoha”	“Oberih”	“Volia”	“Blahodat”	“Unitus”
Outreach work	x	x	x	x	x
Syringe exchange	x	x	x	x	x
Distribution of condoms	x	x	x	x	x
Alcohol pads	x	x	x	x	x
Disinfectants	x	x	x	x	x
Informational materials	x	x	x	x	x
Overdose prevention trainings	x	x	x	x	
Overdose prevention - naloxone distribution	x		x	x	
Referrals to HIV testing	x	x	x	x	x
Referrals to TB testing	x	x	x	x	x
Referrals to hepatitis B and C testing	x	x	x	x	x
Referrals to STI testing not provided by the NGO	x	x	x	x	x
Referrals to detox			x		x
Referrals to ARV treatment		x	x		x
VCT rapid testing	x	x	x	x	x
STI: syphilis rapid testing	x	x	x	x	x
STI: gonorrhea rapid testing	x	x	x	x	x
STI: Chlamydia rapid testing	x	x	x	x	x
STI treatment	x	x	x	x	x
Individual counseling upon request	x	x	x	x	x
Motivational counseling	x				
Accompaniment to referral appointments	x	x			x
Support in obtaining OST	x	x		x	
Legal counseling	x			x	x
Peer-to-peer counseling	x	x	x	x	x
Trainings	x	x	x	x	x
Trainings for IDUs released from prisons		x			
Self-help groups for IDUs	x	x	x	x	
Group work with co-addicted relatives	x				
Sewing courses	x				
Humanitarian aid (clothes, food)	x		x		
Assistance in employment	x				
Daytime childcare	x	x		x	
Additional services for female sex workers					
Distribution of lubricants	x		x	x	x
Mobile outreach	x				x

Distribution of “women's packages”	x	x	x		x
Distribution of pregnancy tests	x	x	x		
Violence prevention	x	x			
Community center activities	x	x		x	
Women's club	x				
Hair stylist services	x				x
Leisure activities	x	x		x	
Washing and ironing		x			
Psychologist	x	x	x	x	x
Wet wipes	x	x	x	x	x
Mobile ambulance		x			x
Food	x		x	x	
Safer sex skills					x
Clients' NGO is working with					
IDUs	x	x	x	x	
FSW	x	x	x		x
Community center	x	x		x	
Peer-driven intervention		x			
Pharmacy-based syringe distribution			x		

Annex 2: Training Framework on the Gender-focused HIV Prevention Service Delivery.

Day 1

- ◇ Key gender concepts
- ◇ Gender psychology
- ◇ Gender stereotypes

Day 2

- ◇ Health and behavior: gender aspect
- ◇ Differences among IDU subpopulations
- ◇ Gender aspects in addictology
- ◇ Gender and harm reduction programs

Day 3

- ◇ Policies and procedures: their meaning and purpose
- ◇ Development of organizational policies and procedures
- ◇ Analysis of existing practices in organizations
- ◇ Ethical aspects of the service delivery

Day 4

- ◇ Development of gender-sensitive policies
- ◇ Operationalizing policies: development of procedures
- ◇ Gender-related issues with respect to drugs used
- ◇ Overdose prevention and response: why FIDUs consider themselves more vulnerable?

Day 5

- ◇ Sexual education for female drug users
- ◇ Anatomy and physiology
- ◇ Use of (male and female) condoms
- ◇ Nutrition for drug-using populations: how to eat healthy food under a low budget?

Day 6

- ◇ Group-level intervention for FIDUs
- ◇ Key elements of the services
- ◇ Recruitment and retention of FIDUs in the project
- ◇ Modeling exercise

Day 7

- ◇ Working with FIDUs: modeling exercise
- ◇ Developing informational materials for FIDUs with FIDUs

Annex 3: Project Evaluation Tools

INTERVENTION PERFORMANCE EVALUATION

The following tools were used to evaluate the intervention performance:

1. Coverage of female IDUs (FIDUs) with the project services over the project year. The planned client coverage for each organization is shown in the table below.

NGO	Planned coverage
CO “Nasha Dopomoha”	160
CF “Oberih”	200
CF “Volia”	120
CO “Blahodat”	120
CF “Unitus”	200
Total number of FIDU	800

2. Gender Sensitivity Matrix

This tool will be used by an evaluator to estimate the gender sensitivity of the interventions provided by the NGO.

	Yes	No					
Location							
Time							
Staff training							
Access							
Physically safe							
Emotionally safe							
Intelligent & capable							
Evidence	Lit	Epi	Clients	Other, specify			
Women’s risk	Commercial sex	Injected by others	Injec-ting site	Drug buying	Dom Viol	Care-taker	Other, specify

Gender Sensitivity Markers (Indicators):

1. Is the service provided to women in a separate space (a women-only space)?
2. Is the service provided to women at a separate time (a women-only time)?
3. Did the staff receive specific training in this service?
4. Does the service minimize the risk of HIV-infection among female IDUs (e.g. selling sex for money/drugs/ other, being unable to inject on one’s own, having no control over the situation while using drugs, domestic violence)?
5. Is the service delivered in a context or environment that is physically safe for women?
6. Is the service delivered in a context or environment that is emotionally safe for women?
7. Does the service take into account women’s roles, socialization, and/or relative status within the larger culture and/or within the IDU culture?
8. Do the service providers treat FIDU participants as intelligent & capable persons?
9. What evidence indicated the need for this service? (Scientific literature, local epidemiology, client reports, focus groups, etc.)
10. Is this service easy for women to access?

3. FIDU Satisfaction Survey

This tool was used to fine-tune the intervention and evaluate the intervention's benefit for clients. This tool was used in July 2010 to collect the baseline data, in January 2011 to collect the interim data and make program adjustments as needed, and in June 2011 to collect the final data about the FIDUs' satisfaction with the services provided.

FIDUs' Satisfaction Evaluation Tool

1. What is your age?

2. What is your partner status?

Married, live with my husband	1
Married, but live apart	2
Divorced, but live together	3
Divorced and do not live with anyone	4
Single, do not live with anyone	5
Single, live with a sexual partner	6
Widow, live alone	7
Widow, live with a sexual partner	8
Difficult to respond/refuse to respond	9

3. What type of drugs do you use? [Do not read the list]

Opioids

Tramadol/tramal	1
Heroin	2
Opium extract ("shyrka")	3

Stimulants

Cocaine	4
Amphetamine	5
Crystal methamphetamine	6
Liquid methamphetamine	7
Methcathinone	8
Cathinone	9
MDMA	10

Other

LSD, mushrooms	11
Alcohol	12
_____	13

4. How long have you been injecting drugs?

_____ years/months

5. Have you ever exchanged sex for money, drugs or other things?

No	0
Yes	1
Don't know/refuse to answer	2

6. What is your sexual orientation?

Heterosexual	0
Homosexual	1
Don't know/refuse to answer	2

7. For how many months have you been visiting this program? _____

Don't know	888
Refuse to answer	999

8. How did you learn about this program? _____

Heard about it from a friend, acquaintance	1
Flyer	2
Newspaper	3
Referred to by another agency, _____ (please specify)	5
Don't know	888
Refused to answer	999

9. How often do you come to the program?

More than once a day	1
Daily	2
More than once a week	3
Weekly	4
2-5 times a month	5
Monthly	6
Less than once a month _____ (please specify)	7
Don't know	888
Refused to answer	999

10. Do you use services of this organization that are provided specifically for women?

10a. If NO, why? _____
 [If the answer is NO, end the interview]

10 b. If YES, please describe _____

11. Are there any types of information or services for women not offered by this program that you would like to see offered?

11 b. If YES, please describe _____

12. Have you ever been discouraged or stopped from going to the agency by a friend, family member, etc.?

12a. If YES, please describe the situation and tell us what you did or did not do.

13. The open hours are convenient for you.

Strongly agree	1
Agree	2
Neutral	3
Disagree	4
Strongly disagree	5
Don't know	888
Refused to answer	999

13a. If DISAGREE, STRONGLY DISAGREE, DON'T KNOW or REFUSE TO ANSWER, what changes in the hours would you suggest? _____

14. The location of the program is easily accessible to me.

Strongly agree	1
Agree	2
Neutral	3
Disagree	4
Strongly disagree	5
Don't know	888
Refused to answer	999

14a. If DISAGREE, STRONGLY DISAGREE, DON'T KNOW, REFUSED TO ANSWER, what changes in the location would you suggest, if any?

15. I feel physically safe while attending the program.

Strongly agree	1
Agree	2
Neutral	3
Disagree	4
Strongly disagree	5
Don't know	888
Refused to answer	999

15a. If DISAGREE, STRONGLY DISAGREE, DON'T KNOW, REFUSED TO ANSWER, please specify why.

16. The information I have received from the program has been helpful.

Strongly agree	1
Agree	2
Neutral	3
Disagree	4
Strongly disagree	5
Don't know	888
Refused to answer	999

16a. If DISAGREE, STRONGLY DISAGREE, DON'T KNOW, REFUSED TO ANSWER, please specify why.

17. I have had a bad experience with this program

Never	1	
Almost never		2
Half the time		3
Almost always	4	
Always	5	
Don't know	888	
Refused to answer	999	

17a. If HALF THE TIME, ALMOST ALWAYS, ALWAYS, STRONGLY DISAGREE, DON'T KNOW, REFUSED TO ANSWER, please describe us what happened.

18. The staff members treat you as an intelligent, capable person.

Strongly agree	1
Agree	2
Neutral	3
Disagree	4
Strongly disagree	5
Don't know	888
Refused to answer	999

18a. If, DISAGREE, STRONGLY DISAGREE, DON'T KNOW, REFUSED TO ANSWER, please specify why.

19. What do you like least about the program?

20. What do you like best about the program?

21. Anything else you want to tell us?

Thank you!

4. NGO Staff Initial Evaluation Tool

For questions 1 and 2, do not take into account the training provided for this project.

1. Have you ever attended a training on women's issues?

Yes No DK RTA

If yes, when _____ where _____

2. Have you ever attended a training on FIDUs' issues?

Yes No DK RTA

If yes, when _____ where _____

3. Have you ever provided any gender-sensitive service(s) before?

Yes No DK RTA

If yes, when _____ where _____

4. Do you have a good understanding of FIDUs' issues?

Strongly agree
 Agree
 Neutral
 Disagree
 Strongly disagree

5. Do you think the gender-sensitive service is needed?

Strongly agree
 Agree
 Neutral
 Disagree
 Strongly disagree

6. Do you believe you are well-prepared to provide this service?

Strongly agree
 Agree
 Neutral
 Disagree
 Strongly disagree

7. Do you believe the agency is well-prepared to provide this service?

Strongly agree
 Agree
 Neutral
 Disagree
 Strongly disagree

8. Do you think FIDUs will benefit from this service?

Strongly agree
 Agree
 Neutral
 Disagree
 Strongly disagree

9. Do you think this service will have an impact on HIV transmission among FIDUs?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

10. What else do you want to say about providing this service? _____

4a. NGO Staff Satisfaction Evaluation

Name of the NGO _____

Position _____

Date _____ Interviewer _____

Interview: Six months One year (Circle one)

1. Did you receive specific training to provide the gender-sensitive service?

Yes No DK RTA

2. Has the training helped you provide this service?

Strongly agree
 Agree
 Neutral
 Disagree
 Strongly disagree

3. Do you believe the gender-sensitive service has had a positive impact on the agency?

Strongly agree
 Agree
 Neutral
 Disagree
 Strongly disagree

3a. How? _____

4. Do you believe the gender-sensitive service has had a negative impact on the agency?

Strongly agree
 Agree
 Neutral
 Disagree
 Strongly disagree

4a. How? _____

5. Has your awareness of women's issues increased since you began this program?

Strongly agree
 Agree
 Neutral
 Disagree
 Strongly disagree

6. Do you believe FIDU clients benefit from this service?

Strongly agree
 Agree
 Neutral
 Disagree
 Strongly disagree

7. What challenges exist in providing this service? _____

8. Has providing this service changed the way you provide HR services in general?

Yes No DK RTA

9. Has providing this service changed the way you interact with other service providers (e.g. medical doctors, social workers, etc.)?

Yes For the better For the worse
 No
 DK
 RTA

10. Has providing this service changed the way you interact with FIDUs?

Yes For the better For the worse
 No
 DK
 RTA

11. What do you like best about providing this service? _____

12. What do you like least about providing this service? _____

13. What changes would you suggest for providing this service? _____

14. What else would like to say about providing this service? _____

15. Do you think you have been furnished with adequate resources to provide this service?

Yes No DK RTA

If No, what else should you have been furnished with?

More training Different training More staff for the service
 More written materials Different written materials Higher payment
 More support from management Other _____

5. Outcome Evaluation

- ◇ Number of the gender-sensitive services.
- ◇ Coverage of FIDUs.
- ◇ Level of satisfaction of female IDUs with the services provided by the organization.
- ◇ Level of self-reported condom use.
- ◇ Level of sterile syringe use.
- ◇ Increased percentage of budget allocated to women-focused services.
- ◇ Increased percentage of female among the program staff.
- ◇ Increased NGO staff awareness.