


BRIDGING THE GAPS

Health and rights for key populations

BETTER ACCESS TO SERVICES FOR ADOLESCENTS WHO USE DRUGS IN UKRAINE

A photograph showing a group of young people, mostly men, sitting around a table in what appears to be a meeting or workshop. In the foreground, a young woman with blonde hair, wearing a teal jacket, is looking towards the left. The table has papers, a plate of food, and a glass. The background is slightly blurred, showing other participants.

Lessons from the
Bridging the Gaps
programme

RESEARCH REPORT

BRIDGING THE GAPS

Health and rights  for key populations



The Bridging the Gaps programme addresses the human rights violations and challenges faced by sex workers, people who use drugs, and lesbian, gay, bisexual, and transgender (LGBT) people, in accessing HIV and other essential health services. The Bridging the Gaps programme works with more than 90 local partner organisations which collaborate with four Dutch non-governmental organisations: Aids Fonds, AIDS Foundation East-West (AFEW), COC Netherlands, and Mainline, and with five global networks: the Global Network of People Living with HIV (GNP+), the International Network of People who Use Drugs (INPUD), the International Treatment Preparedness Coalition (ITPC), the Global Forum of MSM and HIV (MSMGF), and the Global Network of Sex Work Projects (NSWP).

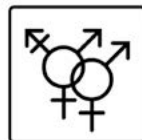
3 KEY POPULATIONS:



SEX WORKERS



PEOPLE WHO USE DRUGS



LESBIAN, GAY, BISEXUAL AND TRANSGENDER PEOPLE

1 MISSION:

OUR MISSION IS TO ACHIEVE UNIVERSAL ACCESS TO HIV/STI PREVENTION, TREATMENT, CARE AND SUPPORT FOR KEY POPULATIONS

BRIDGING  THE GAPS

BY LINKING:

COMMUNITY WORK WITH GLOBAL ADVOCACY

3 KEY POPULATIONS

HUMAN RIGHTS AND HEALTH

COLLABORATING INSTITUTIONS

Aids Foundation East-West (AFEW-Ukraine) Blago
Public Health
New Family
Return to Life
Kremenchuk prison
Kuriash prison

November 2015

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired immunodeficiency syndrome
HIV	Human immunodeficiency virus
IDU	Injecting drug use
MSM	Men who have sex with men
NGO	Non-governmental organisation
OST	Opioid substitution treatment
PLWH	People living with HIV
PWID	People who inject drugs
PWUD	People who use drugs
STI	Sexually transmitted infection
TB	Tuberculosis
VCT	Voluntarily counselling and testing

EXECUTIVE SUMMARY

Background

Ukraine remains the country with the highest HIV prevalence in Europe and Central Asia. Young people who use drugs (PWUD) are one of the key populations with the highest risk of contracting HIV (33%) (UNICEF, 2011). According to UNICEF, there are 15,000 adolescent people who inject drugs (PWID) in Ukraine (UNICEF/UISR, 2011). Only 24% of adolescent IDUs are reached by prevention programmes. Due to the war in Ukraine, access to HIV prevention, care, and support services has worsened. This study aims to define circumstances and effective interventions that contribute to reaching adolescent and young people who use drugs as well as improving their adherence to HIV prevention efforts.

Methods

The study was conducted at four project sites: Poltava, Kharkiv, Kirovohrad, and Chernivtsi. Information was collected during eleven group discussions with adherent clients (61, including 25 girls and 36 boys) who received services at least once a week on a regular basis, and during 24 individual semi-structured interviews with non-adherent clients (24, including twelve girls and twelve boys) who had dropped out of the programme. In total 85 young PWUD aged 14 till 19 years and 24 local stakeholders were interviewed. In addition, a programme reports review was conducted. A descriptive analysis was done for every programme model, followed by a comparative analysis.

Results

Adherence to a programme is affiliated by the way clients get initial access to services. Voluntary application for services guarantees better adherence but is more difficult to accomplish, since it requires significant effort to reach and engage young PWUD. However, clients who are reached through obligatory referrals from governmental authorities face difficulties in building trust with project personnel. Barriers to access and adherence include stigma and discrimination, lack of knowledge about coping with violence and its consequences among NGOs and public service providers, and insufficiently meeting young people's needs sexual and reproductive health and rights. There is currently a lack of coordination and collaboration between governmental bodies and NGOs to tackle these barriers.

Conclusions

To break down barriers, more capacity building is needed to address stigma and discrimination among service providers, including police, probation, education and social service agencies staff. There is a need to upscale prevention programmes in prisons, and strengthened links with programmes after release. Governmental bodies and NGOs should share responsibilities within a national strategy to address these issues.

1. INTRODUCTION

This study aims to define the circumstances and most effective programmes for reaching adolescent and young PWUD aged between 14 and 19 years of age, and for building their demand for services within the Bridging the Gaps programme.

Since 2012 Bridging the Gaps in Ukraine works with adolescent and young people who use drugs (PWUD), through the following organisations: Blago (in Kharkiv), and the non-governmental organisations (NGOs) Public Health (in Poltava and Kremenchuk), New Family (in Chernivtsi), and Return to Life (in Kirovohrad).

The key goal of the Bridging the Gaps programme in Ukraine is to ensure access for young PWUD to comprehensive medical, social, psychological and legal help, as well as human rights protection. As of 1 July 2014, 2,677 young PWUD had been supported by the project, about 40% of whom were underage.

Programme objectives:

1. To improve the quality of and access to HIV and tuberculosis (TB) prevention, treatment, care, support and other services for PWUD;
2. To ensure the human rights of the key populations (PWUD);
3. To integrate a Client Management Service for key populations within the general health care system and other services providing support for young PWUD;
4. To strengthen the capacity of civil society organisations that work with PWUD in the field of HIV and TB.

The research questions were defined through a participatory process with Bridging the Gaps implementers and stakeholders during a two-day workshop in Kyiv in September 2014. Reflecting the needs of the implementing organisations, two research questions were formulated:

- Key Research Question 1:
How to best reach young PWUD?
- Key Research Questions 2:
How to best increase service demand and/or prevent dropout amongst young PWUD?

Reaching young key populations with effective prevention methods is a key factor in curbing the growth of the HIV epidemic. This is despite the fact that HIV rates might be lower amongst young populations than older key populations¹.

Ukraine remains the country with the highest HIV prevalence in Europe and Central Asia. According to Joint United Nations Programme on HIV/AIDS (UNAIDS), the HIV prevalence among the age group of 15–49 years old is 0.62%. There are 153,487 officially registered HIV-positive people now living in Ukraine, and the estimated actual number is about 272,000. Only 50% of people living with HIV have asked for medical help and are registered at a health care institution.

Despite an increase in heterosexual transmission, injection drug use (IDU) continues to drive the HIV epidemic in Ukraine. In 2014, 23.6% of new registered HIV cases were attributed to IDU. This figure has dropped from 31.1% in 2011. Heterosexual transmission accounts for 55.7% of all registered cases in 2014, compared to 48.4% in 2011. There is a growth in homosexual transmission from 0.7% in 2011 to 1.4% in 2014. Registered cases do not reflect the full picture of the epidemic, but allow researchers the make assumptions regarding trends².

The estimated number of people who inject drugs (PWID) in Ukraine is 310,000. PWID is the key population most affected by HIV. Accordingly to BSS surveys³, prevalence among PWUD was 19.7% in 2013. For female sex workers this figure was 7.3%, and for men who have sex with men (MSM) it was 5.9%⁴.

Young PWUD is one of the key populations with the highest risk of HIV-infection (33%⁵) as well as STI and Hepatitis B and C infection. According to the United Nations Children's Fund (UNICEF), there are 15,000 adolescent PWID in Ukraine, including 11,000 boys and 4,000 girls⁶. 12% of all PWID began injection drug use when they were younger than 15 years old, and 72% began when they were under 18 years of age. In general, only 24% of adolescent PWID are reached by prevention programmes.

There is a high percentage of PWUD among street children and youth. According to a cross-sectional study among street children and adolescents, 7.5% of them

1 UC Washington Center. (2014). HIV infection in Ukraine, ВІЛ-інфекція в Україні (News letter No. 41). Retrieved from ucdc.gov.ua

2 Ibid.

3 Ibid.

4 Ibid.

5 United Nations Children's Fund. (2011). Most at risk adolescents: updated assessment (Підлітки груп ризику: оновлені оцінки). Retrieved from www.unicef.org/ukraine/ukr/L_624x297_mm_Internet.pdf

6 United Nations Children's Fund & Ukrainian Institute for Social Research. (2011). Assessment of the number of most-at-risk children and young people in the age group of 10–19 years (Оцінка чисельності дітей та молоді вікової групи 10–19 років, що відносяться до груп ризику). Retrieved from www.unicef.org/ukraine/Ocinka_chiselnosti_ditey_ukr.pdf

Table 1. HIV statistics in Ukraine⁸

HIV Statistics		2012	2013	2014
HIV Prevalence per every 100 tests		0.98	1.09	1.04
Number of HIV tests per every 100,000 of population		71.5	64	60.6
HIV incidence on every 100,000 of population		45.5	47.1	44.8
Number of PLWH registered in healthcare facilities	Total	122,237	132,658	131,268
	children of 0-14 years old	2,858	2,975	2,764
	children of 15-17 years old	185	312	390

indicated that they inject drugs, and 49% said that they use drugs without injecting. Only 50% of street children and adolescents have accurate knowledge regarding HIV transmission and prevention⁷.

Due to war and economic hardship in Ukraine, it is expected that there will be reduced access to HIV prevention, care, and support services, and the number of key populations and new cases of HIV-infection may increase. Opioid substitution treatment (OST) was forbidden in the Crimea region annexed by the Russian Federation, and access to OST and all other services also decreased in the Donbass territories⁹. A number of HIV-positive people had to move from Donetsk and Luhansk to other regions due to the war in these territories. In addition, the number of HIV tests decreased by 24% and the number of voluntarily counselling and testing (VCT) cases in Donetsk and Luhansk dropped by 33% in 2014.

Drug use in Ukraine is highly criminalised, and it is illegal to possess five grams of marihuana¹⁰. Possession of 0.005 gram of opiates is also illegal, which means that people can be imprisoned for carrying used syringes. This creates serious challenges for syringe exchange programmes. This strict criminalisation of drug use leads clients to conceal their drug use to avoid persecution. In 2012 about 10% of prisoners had been convicted for possession of small amounts of illegal substances for personal use¹¹. There is an epidemic situation in prisons, with high rates of HIV, viral Hepatitis, and TB. In 2011, 10% of tested prisoners were HIV-positive (N=23,779)¹². The policy of intensely criminalising drug use has not yet changed, despite multiple advocacy efforts by NGOs.

Bridging the Gaps in Ukraine provides adolescent and young PWUD with comprehensive medical, social, psychological and legal help, as well as human rights protection. Adolescent and young clients receive services on HIV/TB prevention, treatment, care, support

and other services targeted for PWUD. Approaches for working with these clients include predominantly individual and comprehensive case management, social work (outreach), establishing day centres for vulnerable youth, and developing partnership networks with other stakeholders. Bridging the Gaps Ukraine also works to involve youth in decision making, and, by doing so, strengthen the capacity of the civil society organisations that work with young PWUD in the field of HIV and TB.

The Bridging the Gaps programme for young PWUD is implemented in Kirovohrad, Poltava (Central Ukraine), Chernivtsi (Western Ukraine), and Kharkiv (Eastern Ukraine). It differs from other programmes for PWUD by providing comprehensive services with the general aim of HIV prevention for adolescent PWUD.

7 International HIV/AIDS Alliance in Ukraine. (2014b). Summary of bio-behavioral research among MARA (Стислий виклад результатів біоповедінкового дослідження серед підлітків груп ризику). Retrieved from www.aidsalliance.org.ua/ru/library/our/2015/Research_MARA%20UKR.pdf

8 UC Washington Center.(2014). HIV infection in Ukraine, ВІЛ-інфекція в Україні (Newsletter No. 41). Retrieved from <http://ucdc.gov.ua>

9 International HIV AIDS Alliance in Ukraine (2015b). Rapid information on the situation of prevention programs and treatment of TB / HIV / HCV / SMT in Donetsk and Luhansk regions (Оперативна інформація щодо ситуації з програмами профілактики та лікування ВІЛ/ТБ/ВГС/ЗПТ у Донецькій та Луганській областях (випуск № 8, станом на 05.08.2015). Retrieved from www.aidsalliance.org.ua/ru/news/pdf/01-12_2015/08/SitRep_04%2008%2015_final.pdf

10 Ministry of Health Ukraine. (2010). Ministry of Health Order N 634 29.07.2010. Retrieved from <http://zakon1.rada.gov.ua/laws/show/z0900-10>

11 State court statistics. (2012). Retrieved from http://court.gov.ua/sudova_statystyka/

12 Balakireva O.M. (2012). Analysis of measures to overcome HIV/AIDS epidemics in prison system in Ukraine. (Балакірева,О. М. Аналіз заходів щодо протидії епідемії ВІЛ/СНІДу в пенітенціарній системі України). Retrieved from Joint United Nations Programme on HIV/AIDS website www.unaids.org.ua/files/Prison_analysis_Ukrainian_version.pdf

Another key feature of the Bridging the Gaps programme that distinguishes it from other programs is that, in addition to explicit HIV prevention and VCT promotion, the programme also includes case management aimed at resolving a client's individual problems. Such problems are varied, and not always related directly to HIV. For example, there could be unsatisfied basic living needs such as accommodation or nutrition. In addition, clients can face financial problems, a lack of documentation, unemployment, and problems with law enforcement. The client may also need medical attention, rehabilitation services, or emotional support. All of these issues can be addressed through case management. The rationale for case management is that vulnerable youth are not motivated to cease risky behaviour if they are facing more immediate and acute problems, even if such problems are not directly connected with HIV prevention.

This study explores the existing Bridging the Gaps programme to identify what works best for reaching clients and building their adherence, and what needs improvement.

Access is a multidimensional concept and is defined not only as a client's 'potential to utilise a service if required', but also as 'initiation into the process of utilising a service', insofar as the proof of sufficient access is actual service use¹³. For Bridging the Gaps Ukraine, adolescent PWUD are considered to have gained access when they are not only informed and reached with one-time prevention services, but also when they continue to use services on a longer basis. Thus, service utilisation is an important indicator of access and 'refers to the rate and pattern of use of services'¹⁴.

In addition to service utilisation there is also another important concept affiliated with access, and that is demand for service:

Demand for service equates with health behaviour, that is, whether a patient becomes interested in using a service in the first place or adopts healthy practices. Health beliefs provide a rationale for health-seeking behaviour. The widespread resort to ineffective, costly and irrational health-seeking behaviour had to be set in the context of traditional belief systems about the aetiology of disease and how one gets well.¹⁵

Demand for services greatly depends not only on needs, but also on service acceptability – 'the social and cultural distance between health care systems and their users'¹⁶.

Elements of acceptability include: 'the fit between lay and professional health beliefs', 'patient-provider engagement and dialogue', including the maintenance of confidentiality

and absence of provider stereotyping and discrimination towards clients, clients ability to exercise voice, and 'the influence of health care organisational arrangements on patient responses to services'¹⁷.

Returning to the research questions, this study is primarily focused on two important aspects of better access: first, reaching the hardest to reach with comprehensive prevention services, and second, making services acceptable for young PWUD, thus leading to a higher demand for services. Successful accomplishment of both dimensions of access results in long-term service utilisation and the adoption of safer behaviours.

The acceptability of services for particular clients was assumed if study participants demonstrated the following characteristics:

- Regular visits to the NGO and uptake of services (once a week) during at least the last two months (service use is also a relevant indicator for access more generally).
- Good knowledge on HIV and other related themes of the Bridging the Gaps programme course.
- Positive attitudes towards safe behaviours such as motivation to use condoms, to reduce drug use, to avoid injection drug use, or to use clean syringes.
- Positive, safe and trustful social relations with programme staff and other clients, and openness about being a participant.
- Willingness to do more, such as becoming a volunteer, helping in the office, staying for a longer time, or inviting friends.

The study's key population is adolescent PWUD and PWID, both male and female, and aged from 14-19 years old. The Bridging the Gaps programme's focus in Ukraine is broader, and includes adolescents and youth till 25 years old.

13 Gullifor, M. et al. (2002) What does 'access to health care' mean? *J Health Serv Res Policy*, 7 (3), 186-188.

14 Grundy, J. & Annear, P. (2010) Health-seeking behaviour studies: a literature review of study design and methods with a focus on Cambodia (Health Policy and Health Finance Knowledge HUB Working Paper). Retrieved from [The University of Melbourne website unimelb.edu.au](http://www.unimelb.edu.au)

15 Ibid.

16 Gilsy, L. (2007). Acceptability, trust, and equity. In D. McIntyre & G. Mooney (Eds.), *The Economics of Health Equity* (pp. 124-127). Cambridge: Cambridge University Press.

17 Ibid.

During the study, the following interventions to reach adolescents and involve them into prevention programmes were assessed:

1. Trainings and lectures in vocational schools.

After reaching a cooperation agreement, NGO specialists visit a school and provide relevant information to a specific class (with no focus on individual experiences of drug use). They talk about HIV, drug use and available services, and invite those who are interested to become a client. Adolescent PWUD were considered to be successfully reached and involved if they became clients for two months or longer and successfully used prevention information and skills.

2. Peer and volunteer referrals. Peer-to-peer referrals operate in two ways. First, clients invite their friends to visit centres or use services. Or second, NGOs coordinate the peer-to-peer work of volunteers, who are also clients. This differs from the voluntary and non-coordinated issuing of invitations to friends, because volunteers have a terms of references, they attend work meetings, and organise outreach or street campaigns activities.

3. Referrals from public services/governmental authorities. NGOs sign cooperation agreement with public authorities that work with vulnerable youth. These can include probation agencies, the Criminal Police for Children, Social Services for Children, and occasionally health care and educational institutions. These agencies refer the adolescents they work with to the NGO for services.

- **Probation agencies.** Youth on probation must visit a probation office regularly, as an alternative to imprisonment. Probation officers suggest that they visit NGOs and participate in case management and HIV prevention programmes. While there is no obligation on youth to visit NGOs, participants are aware that their attendance can affect the attitude of their probation officer, and therefore prefer to make at least one visit. If an NGO succeeds in attracting the client to voluntary long-term participation in the programme, the client is considered to have been reached.
- **The Criminal Police for Children** deal with all minors who break criminal or administrative laws. Since the possession of small amounts of drugs is criminalised, and PWUD may commit other drug related crimes such as thefts and robbery, the criminal police have access to the key population of underage and young PWUD. The Criminal Police for Children was recently reformed to fulfil a crime

prevention function instead of a punitive one. Within this new framework of prevention duties, the police is generally open to cooperation with NGOs, and eager to establish referral mechanisms. NGOs also provide a means of covering for the police's shortage of personnel specialised in prevention and behaviour change.

- **The Child Protection Service** ensures compliance with children rights, supports children in difficult life circumstances, and deals with custody issues. The service also monitors vulnerable families, makes visits, and checks the living conditions of children. It therefore has unique access to a database of vulnerable children, which can be a valuable source of data on key populations
- **Centres of Social Services for Family, Children, and Youth** work with families in difficult living circumstances, and can arrange social payments and relevant approvals. There is usually a shortage of social work personnel and material resources in the Centres, and they are therefore open to collaboration with NGOs that can help to cover case management needs and the provision of other services.

4. Prevention in Prisons for Underage Offenders.

NGOs sign a cooperation agreement with a prison permitting NGO specialists to visit the prison (subject to the rules governing visitors) to conduct trainings on HIV prevention and to provide medical services and social support. There are limitations in regard to the services permitted, and syringe exchange and condoms distribution are not allowed. Due to the punitive drug policy in Ukraine, prisons have a concentration of PWUD, and should be covered by prevention programmes.

5. Other activities include referrals from harm reduction projects for adult PWUD, establishing Internet and social network pages addressing themes on HIV and drug use, placing advertisements in local media or public transportation, and conducting street campaigns.

There were **five models of services provision** implemented by Bridging the Gaps country partners in the sites where the study took place.

In **Poltava**, the NGO **Public Health** held 44 participatory lectures in seven vocational schools where many students received information on HIV for the first time. These adolescents were counted as those who had received services. During the lectures participants were also invited to visit the NGO if they felt the need. Another source of reaching clients were referrals from the Probation Agency. In addition, some clients were received



after peer-to-peer referrals. In terms of available services, *Public Health* provides training on HIV prevention, self-help groups, individual counselling and HIV and STI testing, and distributes condoms and clean syringes. Outside of working hours, the project's psychologist is always available on a hotline, for counselling.

In **Kirovograd**, the NGO **Return to Life** receives referrals from several governmental agencies as its primary means of reaching clients. These agencies include the Probation Agency, the Criminal Police for Children, and the Child Protection Service. Clients can become involved as volunteers, participate in the organisation of street campaigns, and distribute information in night clubs and on the streets. Simultaneously, peer-to-peer involvement of new clients is also utilised. Counselling, training, and condoms are provided at *Return to Life*'s social bureau, which acts as a place to meet and spend time in friendly surroundings. *Return to Life* also provides HIV and STI testing, and referrals to a doctor when needed.

In **Kharkiv**, the NGO **Blago** predominantly focuses on providing training in vocational schools to reach clients and to inform them about available services at the drop-in centre. Staff conduct a series of training sessions and lectures in schools, after which participants can visit the drop-in centre. Aside from HIV testing and counselling, there are also numerous low-threshold services available in the centre, such as showers, laundry, Internet access, and condom distribution. The centre's staff includes social workers, psychologists and a medical nurse. An additional method of reaching clients is through peer-to-peer referrals.

In **Chernivtsi**, the NGO **New Family** primarily uses referrals from state agencies to reach clients; mainly the Probation Agency and the Criminal Police for children, but also the Child Protection Service, and the Centre of Social Services for Family, Children, and Youth. *New Family* provides a highly structured programme with fixed times for visits and set periods for participation. Individual counselling is prioritised over group training, and the centre is the base for service provision. This is not only a place for individual counselling and group training, but also a place for children to receive a hot meal. In order to motivate male clients to complete the programme, *New Family* offers boys the possibility to become a member of a football team.

The prison model is implemented in Kharkiv by *Blago* and in Kremenchuk (Poltava region) by *Public Health*. The model is organised within the limitations of a closed institution, and the activities implemented were outlined above. Programme staff visit the prison regularly and provide trainings for participants, and there is also the opportunity to receive individual counselling. Clients are reached with the help of prison staff, who are usually also present during training sessions. Upon release clients can also be referred to an NGO to receive support with their social rehabilitation. The approaches used in the two prisons are very similar, so they are considered to be the one model.

2. METHODS

2.1. SAMPLE

The study was conducted from December 2014 till March 2015 in four NGOs supported by the Bridging the Gaps programme in four geographic areas in Ukraine: Poltava (including Kremenchuk prison), Kharkiv (including Kuriash prison), Kirovohrad, and Chernivtsi.

Research target groups included minors aged from 14 to 19 years and the stakeholders of local projects. Minors were only recruited for the study if they reported an experience of illegal substance use, either injection or non-injection use. The sampling of minors was gender balanced, and included both programme participants and those who were not actively involved as clients. The sample was selected with the assistance of specialists within the NGOs, and involved the use of direct invitations and peer recommendations.

The sample of minors was designed to make a comparison of the motivations to access services and the barriers to service use, between those who were successfully reached and involved into the programme and those who were not.

Therefore, there were group discussions with those clients who had been reached and individual interviews with non-clients or former-clients who had dropped out. There were also separate groups for girls and boys, to create a safer environment for discussions of sensitive gender-related issues. As a result, information was collected during 11 focus groups with adherent clients (N=61, including 25 girls and 36 boys) who received services at least once a week (see table 2). In addition 24 individual semi-structured interviews were held with non-adherent clients/non-clients (N=24, including 12 boys and 12 girls) who received one or two services, and then dropped out of the programme or came only for the first time, and who had experience of illegal drug use (see table 3). In total, 85 young PWUD aged from 14 to 19 years old were interviewed.

In addition, 18 expert interviews were conducted with local stakeholders who represented the key local partner agencies and institutions that partner with the Bridging the Gaps programme in the four cities (see table 5).

Table 2. Focus group discussion sample

City	Date	Place	Participants	# of participants
Kharkiv	10 December 2014	Drop-in Centre, Blago	Girls and boys, involved through referral by vocational school (test group)	10
Poltava	9-12 February 2014	NGO Office, Public Health	Day Centre Girls, involved in programme after training in vocational schools	6
			Boys, involved in programme after training in vocational schools	6
		Kremenchuk prison	Boys, involved in programme through referral by relevant prison staff	5
Kharkiv	16-18 February 2015	Drop-in Centre, Blago	Girls, involved in programme after training in vocational school and referral from an earlier project for street children	6
			Boys, involved in programme after training in vocational school	5
		Kuriash prison	Boys, involved in programme through referral by relevant prison staff	5
Kirovohrad	10-12 March 2015	NGO Office, Return to Life	Girls, involved in programme through referrals, training in vocational school, or peer recommendation	4
			Boys, involved through referrals, training in vocational school, or peer recommendation	5
Chernivtsi	16-18 March 2015	Day Centre, New Family	Girls, involved through referrals	4
			Boys, involved through referrals	5

Table 3. Individual interviews sample

City	Date	Place	Participants	# of participants
Poltava	9-12 February 2015	Kremenchuk prison	Boys, involved through referral by prison staff	3
		NGO Office, Public Helath	Girls, involved through peer-to-peer recommendations	3
Kharkiv	16-18 February 2015	Kuriazh prison	Boys, involved through referral by prison staff	2
		Drop-in Centre, Blago	Boy, involved after training in vocational school	1
			Girls, involved after training in vocational school	3
Kirovohrad	10-12 March 2015	Orphanage, Return to Life	Boy, involved through referral by orphanage staff	1
		NGO Office, Return to Life	Boys, one involved through referral by the Probation Service and one from a peer-to-peer recommendation	2
		NGO Office, Return to Life	Girls, involved through peer-to-peer recommendation and referrals	3
Chernivtsi	16-18 March 2015	Day Centre, New Family	Boys, participants in a project for older street children, two are members of a work out team, supported by the NGO.	3
			Girls, two involved through referral (police and state social service), one as a participant in a project for older street children	3

Table 4. Age of minors, according to screening questionnaires (N=77)*

City	Age			
	Min	Max	Average	N
Kirovohrad	15	19	17	14
Poltava	15	18	17	15
Kharkiv	15	18	17	27
Chernivtsi	14	19	16	21

*N is lower than the total number of participants as not every participant indicated their age.

Table 5. Expert interviews with stakeholders (N=18)

City	Agency	Gender
Kharkiv	Kuriazh Prison	Male
	Department of Family, Youth and Sports of the Kharkiv City Council	Female
	District Probation Agency	Female
	Vocational school	Female
Poltava	Health Department of Poltava Regional State Administration	Male
	Poltava Regional Health Centre	Female
	Probation Agency	Male
	Vocational school	Female
	Kremenchuk Prison	Female
Kirovohrad	Orphanage	Male
	Criminal Police for Children	Female
	Probation Agency	Female
	Centres of Social Services for Family, Children and Youth	Female
Chernivtsi	Criminal Police for Children	Male
	Probation Agency	Female
	Regional AIDS Centre	Male
	Orphanage	Female
	Child Protection Service	Female

2.2. RESEARCH INSTRUMENTS

Ethical approval of the study design and tools was received from the Chernivtsi Institute of Postgraduate Education, Department of Psychology. Each research participant signed a form to indicate their consent to participate in the study, having been informed about its aims, methods and application, and that their participation was voluntary, confidential and anonymous.

All research tools were pre-tested during the first visit to the Kharkiv site in December 2014, and the first group discussion and three interviews with stakeholders were conducted. Due to the pre-testing results, the research

tools and study design were adjusted. Taking into account the feedback received from respondents, it was decided that adherent clients could participate in the group discussions, since they were comfortable talking with their peers about their experiences of substance abuse and prevention services. Non-adherent and non-clients would be invited for individual interviews, as they felt much less safe opening up about their experiences in front of others.

To ensure a selection of adherent clients, non-adherent clients and non-clients who use drugs, a screening questionnaire was used. The questionnaire asked about gender, age, use of services, frequency of visits to NGOs, and required the provision of informed consent.



During group discussions and individual interviews, the conversation was facilitated by an independent researcher with relevant research experience. The guide for facilitation included questions for the participants on the following:

- Experiences of being reached by NGOs;
- Barriers and motivations to seek to services;
- Use of service;
- Satisfied and unsatisfied needs;
- Knowledge of HIV, TB, STI, and Hepatitis B and C;
- Attitudes towards safe sex and drug use.

Expert interviews were conducted to understand the context of the Bridging the Gaps programme, ways of working with vulnerable youth, and the knowledge and attitudes of service providers towards vulnerable youth. Support with the moderation of these conversations was also provided in a separate guide. The interviews were recorded, but in some settings (such as the prisons) recording was not permitted, and notes were taken with the help of an assistant.

All research tools, including the informed consent form, the screening questionnaire, and the guides for group and interview facilitation are annexed to this report.

2.3. DATA ANALYSIS

A descriptive analysis was conducted for each programme and programme model, followed by a comparative analysis of their advantages and disadvantages. To ensure objectivity, the interpretation was conducted on the basis of different sources, including numerous interviews and programme reports, and conclusions were derived from the repetitive data. A participatory approach was taken during the development of the research design, data collection and analysis. To reduce any risk of subjectivity, the conclusions were discussed with the Bridging the Gaps research team and local programme staff. During the analysis, Microsoft Word and Excel were used to code the topics.

3. RESULTS

3.1. LESSONS LEARNED ON HOW TO REACH ADOLESCENTS WHO USE DRUGS WITH PREVENTION SERVICES

The interventions and programmes examined in this study aim to reach adolescent PWUD with HIV prevention services. They demonstrate the different means of first reaching youth, and then ensuring their subsequent involvement in prevention projects. The interventions include training and lectures in vocational schools, references by peers, referrals from governmental agencies, training and counselling for underage offenders in prison, street campaigns, referrals from harm reduction projects for adult PWUD, prevention awareness via Internet and social networks, and advertisement via public transportation and media.

1. Trainings and lectures in vocational school

were widely used in the four Bridging the Gaps sites in Ukraine that were examined in this study.

- **Poltava, Public Health** - 293 students, regardless of their drug use experience, were reached during lectures between January and March 2015, when they were informed and invited to the NGO. None of them were subsequently involved in a comprehensive programme for PWUD.
- **Kharkiv, Blago** - 61 students, regardless of their drug use experience, were reached with one-time services between January and June 2015. Of these students, 11 were entered into PWUD case management.
- **Chernivtsi, New Family** - 199 clients were involved in a case management programme from 2013 to 2015. However, data on the number of clients originally informed and invited through lectures in vocational schools was not collected.
- **Kirovograd, Return to Life** - It was indicated that no clients had been reached with this model in 2015. As NGO representatives explained, they had tried to use this approach at the beginning of the project, but then deemed it ineffective.

This study revealed programme-specific barriers for adolescent PWUD to obtain access to prevention services through this intervention.

First, educational facilities often prefer not to admit that there are vulnerable children who use drugs amongst their students. As a result, reporting and referral from educational institutions might be very limited; a view which was supported by three stakeholders from three different cities. As one of school psychologists suggested:

“ The only way to refer drug users from schools is indirect one. When no one is referred directly, but there are some lectures, and those children for whom the problem of drugs is relevant will go themselves to an NGO ”

– female, vocational school psychologist, Kharkiv

This opinion was also echoed in complaints by representatives of the Criminal Police for Children in other cities, who are obliged to conduct crime prevention in school. They indicated that this is not an easy task, as schools can be reluctant to inform them about drug use by their students.

Second, vulnerable children themselves tend to prefer to hide their problems from school staff, including school psychologists. Adolescents who were interviewed stated that they did not view school specialists as staff who are there to help them, and do not trust them to keep information confidential. This doubt was raised in all of the group discussions, except those that took place in prisons. There was also sporadic information provided on cases of ethics violations by school psychologists, such as disclosure of information about children who shared their problems with school directors, or holding punitive interrogations instead of providing supportive counselling. Representatives of the Child Protection Service, an AIDS Centre, and an orphanage stated in interviews that they had witnessed potential violations by school specialists. One boy who was interviewed outlined his own negative experiences of interacting with an institution psychologist:

“ I do not want to talk with psychologists. I don't like how they interrogate me ”

– male (15), interview participant, currently resident in a temporary shelter for children, Kirovograd

“ Vulnerable adolescents do not trust anyone from official authorities, because for them it is a question of survival ”

– doctor from Chernivtsi AIDS Centre

At the same time, the interviewed adolescents appeared prejudiced against the information they receive in vocational schools. The presentation is perceived as uninteresting and the children are not motivated, anticipating boredom and moralising:

“ I am not interested in all in those NGO activities. I have other places to be. I have other things to do. What else can I tell you about my preferences? ”

– Female (17), group discussion participant, studies in vocational school, Kharkiv)

2. Peer-to-peer references to reach more clients

are used in all site projects. These are coordinated by NGO volunteers from the same key population, whose job is to reach more PWUD and engage them as clients. Reports illustrate the following figures for clients who became involved in the programme due to the work of volunteers:

- Poltava, Public Health - 21 people were reached with one-time services and 20 of them were then involved in the long-term programme, during the period 2014-2015.
- Kharkiv, Blago - five people were reached with one-time services, but none of them became involved in the programme, during the period January-June 2015.
- Chernivtsi, New Family - 21 clients were involved in the programme during the period 2013-2015, but no data on how they initially became involved had been gathered.
- Kirovograd, Return to Life - only one client was involved in the programme in 2015.

However, **non-coordinated involvement through friends appears to be more effective**, and programme reports shows the following results:

- Poltava, Public Health - 18 people were contacted and 17 then became involved during the period 2014-2015.
- Kharkiv, Blago - 58 people were reached with one-time services, and 11 of them were involved during the period January to June 2015.
- Chernivtsi, New Family - 71 people were involved during the period 2013-2015, but no data on how they initially became involved had been gathered.
- Kirovograd, Return to Life - eight clients were involved in the programme in 2015.

In Chernivtsi (New Family) peer-to-peer involvement is enhanced through the **support of urban initiatives**. For example, the ‘work-out’ team receives resources from the NGO to repair a playground. While engaging in sports, members of the initiative promote a healthy lifestyle, and disseminate information. These are two connected activities.

Programme related barriers lead to a high level of volunteer turnover. It is normal to anticipate that around 40% of trained volunteers will drop out (according to the trends in the programme reports). In addition, volunteers can have a lack of relevant knowledge and discipline, and the activities within the NGO require thorough organisation by a specific coordinator, as was the case in the Return to Life project. Moreover, volunteers are not so experienced, or thorough, in engaging audiences.

3. Referrals from governmental institutions were widely used in all Ukrainian Bridging the Gaps sites as a means of reaching clients. **Probation Agencies** are among the most important referral partners, but there are slight differences in how such referrals are implemented.

- In **Kirovograd**, Return to Life, the probation officer comes to the NGO with an adolescent on probation, takes photographs for their own reporting, and then leaves the office to allow the NGO specialists the opportunity to speak with the adolescent. The NGO staff then assure clients that they are in supportive surroundings. According to programme reports, 11 clients were reached through the probation office for a one time service, and then four of these clients became involved in case management during the first six months of 2015.

“ I came here because my inspector told me to. I thought it was obligatory to visit and register ”

– male (17), interview participant, attended once but was not involved into further activities

- In **Poltava**, Public Health, the referral mechanism from the probation agency includes referrals not only directly from the probation inspector, but also from the NGO counselling service provided within the Probation Office itself. The probation agency provides their own office space for such counselling as well as for trainings and meetings. From 2013 to 2015 there were 43 people reached with one-time services, and 37 of them became involved in case management.

- In **Chernivtsi**, New Life, the NGO specialist comes to the probation agency office, conducts a first meeting there, and only then invites adolescents to come to the NGO. As a result, 51 people were involved in case management between 2013 and 2015.
- In **Kharkiv**, Blago, the probation officer merely informs youth about the NGO and its services and recommends them to go to the NGO, but does not make any additional effort to ensure that they seek services. As a result, 16 people were reached with one-time services, and then one became involved in case management between January and June 2015.

Working with the Criminal Police for Children also operates differently in each of the sites.

- In **Chernivtsi** the police provide 'green rooms' for children to meet NGO counsellors where they can talk confidentially without the presence of police officers. Afterwards, NGO specialists invite participants to the NGO centre. According to programme reports, 18 clients became involved between 2013 and 2015.
- In **Kirovograd**, a police officer escorts an adolescent to the Return to Life office for the first time, and then recommends regular visits. In total, 6 clients were involved from January 2015.

“ We cannot force anyone to come to the NGO; we can only strongly recommend. Children are motivated to visit the NGO because they are interested in my positive attitude towards them [about children] ”

– female, inspector, Criminal Police for Children, Kirovohrad

- In **Kharkiv**, officers inform children about the Blago drop-in centre and suggest that they visit the centre on their own. Only one client was reached and became involved during 2015.
- In **Poltava**, the NGO Public Health did not reach clients through a partnership with this agency.

The **Child Protection Service** is another partner agency of Bridging the Gaps in the four project sites, and its officers recommend that the children visit NGO centres.

- In **Chernivtsi**, New Family, six clients were involved in case management from 2013 until 2015.
- In **Kharkiv**, Blago, six clients were reached for a one-time service and none of them were involved any further, during the period January to March 2015.

- In **Kirovograd**, Return to Life, 11 clients became involved in 2015.
- In **Poltava**, Public Health, the NGO did not reach clients through a partnership with this agency.

Partnerships between Bridging the Gaps and Centres of **Social Services for Family, Children, and Youth** resulted in the following:

- **Kharkiv**, Blago, eight clients were reached with one-time services, and none of them were involved any further, during the period January to May 2015.
- In **Kirovograd**, Return to Life, - one client became involved in 2015.
- In **Chernivtsi**, New Family, - six clients became involved between 2013 and 2015.
- In **Poltava** the NGO did not reach clients through a partnership with this agency.

Programme-related barriers to access predominantly relate to a provider's stigma or prejudices against vulnerable youth. It is more difficult for prevention projects to build trust with referred adolescents than with those adolescents who were reached through peer-driven programmes. Many of the adolescents who participated in the group discussions admitted that the first visit after a referral was difficult as they did not trust the service providers.

“ First, I did not want to come, I was afraid that somebody will know about me, and I did not trust. But then I saw that everything is ok, my friend had a problem and I invited him here. Now we are visiting regularly, and we take condoms here ”

– male (17), group discussion participant, referred from Probation office, Kirovohrad

4. The programmes in prisons for underage

offenders are appreciated by adolescent inmates. The programmes provide an opportunity to meet people from outside the prison system, to receive new information, to be involved in interactive activities, and to receive confidential counselling from a psychologist.

- In Kuriash prison in **Kharkiv**, 32 inmates were provided with one-time services. Four of them were involved in case management from January to March 2015, and one continued into case management upon release.
- In Kremenchuk prison in **Poltava**, 75 inmates were involved from January 2013. According to programme reporting all of them were involved into the case management.

- In **Kirovohrad** project staff were in the process of introducing a similar programme in the Temporary Shelter for Children, which is both an orphanage and a closed institution for vulnerable children and adolescents who are without their custodians.

Specific barriers to access within this model include the hierarchy and violence among inmates. As group discussion participants in Kuriyazh prison indicated, abused inmates might be excluded from group activities, as contact with such inmates can negatively impact one's position within prison hierarchy.

“ Those disgraced do not participate in common trainings. I would not sit together with them on one row ”

– male (16), group discussion participant, Kuriyazh prison, Kharkiv

Another barrier is the lack of trust and safety that inhibits participants from asking for help.

“ We test each other. We do something to check if a newbie will tell it to the administration. If he does, we do not trust him anymore ”

– male (18), interview participant, Kremenchuk prison, Poltava

Service providers in prisons also indicate that it is difficult to gain the trust of incarcerated youth. A new service provider is always tested and provoked. As prison programme staff indicated, they must demonstrate an honest, sincere, interested, and stable attitude to be accepted by the imprisoned adolescents. A psychologist from Kremenchuk prison explained that when she first began her work at the prison, inmates came and told her stories about different violations to see if she reported them to the guard personnel.

These stories were not true, but tests to see if she was reliable. She also indicated that trust is hard to win, but easy to lose.

There are also barriers created by institutional rules, such as the ability to provide any harm reduction, syringes or condoms. Officially, a prison is considered to be a place free of drugs and sex.

5. Other initiatives to reach new young PWUD

According to programme reporting, other initiatives, such as social networks, street campaigns, advertisements, and referrals from harm reduction projects were not very successful, even for first time service access. There were single cases of involvement of clients through such interventions.

However, thematic groups in social networks are interesting to those who are already reached. As for referrals from harm reduction project, such clients are usually adults. However, it is also possible that there are no such referrals from other NGOs because the field of HIV-services in Ukraine is very competitive, with several NGOs struggling for limited funding.

- **Referral from harm reduction projects for adult PWUD.** The number of involved clients is not high – just one or two per project. In Kharkiv eight people were reached with one-time services, and one became involved in the programme in Poltava.
- **Internet and social networks.** Involvement is insignificant, with only one to two clients per project. However, existing clients participate in thematic groups on social networks to obtain and share new information.
- **Advertisement.** As indicated during interviews, children did not consider advertisements as a good way to disseminate information about the programme, due to a lack of trust.
- **Street campaigns** are also not very effective in reaching new clients. The Kirovograd project organised numerous campaigns with the help of volunteers. However, the number of clients who became involved as a result of such campaigns is not high, with just one or two people per site.



3.2. LESSONS LEARNED ON HIV PREVENTION SERVICE DEMAND AND ACCEPTABILITY FOR ADOLESCENTS WHO USE DRUGS

In this study, the active participation – a minimum of two to three visits/services per month during a period of at least two months – of adolescent clients in Bridging the Gaps programme activities was acknowledged as an indicator of service demand and acceptability for adolescent PWUD. Such clients typically displayed a positive attitude a willingness to participate further, and a willingness to adopt the safer behaviours promoted by the programme, such as condom use, less risky drug use, and HIV testing.

“ I always use condoms. I want to live a long and healthy life, I don't want to get something. If a girl insisted on sex without a condom, I would reject her ”

– male (17), group discussion participant, long-term client, Kharkiv

On the other hand, newcomers or former clients who had dropped out often displayed negative attitudes towards condom use, and were more inclined to share inaccurate beliefs regarding HIV and prevention.

“ We do not use condoms with my boyfriend. We trust each other. Using condoms is bad for feelings and it does not protect entirely anyway. I am not afraid to get pregnant. I consider that if you are ready for sex, then you are also ready for responsibility and children ”

– female (17), new client, Kharkiv

One of the most notable factors that negatively impact service demand is the **abuse, stigma and discrimination that adolescents experienced from service providers**. Adolescents often have a lack of trust towards service providers, especially if they had negative experiences regarding violations of confidentiality and discriminatory attitudes. As one representative of the Child Protection Service indicated, it is very hard to convince vulnerable children that “service providers are on their side”, when all of their previous experience indicated the opposite. Some interviewed agency representatives displayed discriminatory attitudes. For example, when asked about the barriers for minors to get into prevention programmes, some of them blamed children for being ignorant, and indifferent.

“ One time I was illegally hospitalized in a psychiatry clinic. I was drunk a bit and accidentally cut my leg with a piece of glass, and in emergency they decided that it was a suicide. While they drove me to the psychiatry clinic, they threatened me that I would have to sleep with all three of them. I was trembling ”

– female (17), interview participant, Chernivtsi

Notably, discriminatory attitudes from service providers are expressed more commonly towards vulnerable girls. Several service providers in different cities stated that working with girls is more difficult:

“ Girls are supposed to be future mothers. And if they are problematic, then they are more morally damaged than guys, it is more difficult to work with them, many of them just hopeless ”

– female, Specialist at the Centre for Social Service, Kirovohrad

At the same time the responsibility of adults is ignored by the service providers, and addressing abuse and its consequences are not on the agenda.

“Moral” discourse was a feature of the interviews with governmental representatives. For example, the Deputy Head of Poltava Health Department insisted that sexual education and condom distribution spoil children, and it is instead necessary to talk about traditional family values. Clearly, such beliefs can be an obstacle for harm reduction.

Another important factor affecting service demand is the feeling of shame in asking for help, especially if it relates to stigmatised practices such as drug use or adolescent sex. What is more, *shaming and blaming* is used by service providers as an ‘educational tool’. For example, one researcher observed tension when adolescents were asked about reproductive health matters during the group discussions, and their visible relief when they received non-judgemental answers. Examples of such questions include:

“ Is sex harmful at early age? ”

– female (15), Kirovohrad

“ Where to go for free and confidential abortion? ”

– female (18), Poltava

“ Is it possible to get pregnant when a guy does not ejaculate inside? ”

– female (17), Kharkiv

“ Is it true that condoms do not protect? ”

– female (16), Kharkiv

Stigma towards HIV-related NGOs within a client’s surroundings may also constitute a significant problem for service demand and acceptability. This was observed in Chernivtsi with peer disapproval. Participants in a female group discussion explained that they hide their participation in the programme from their peers and the rest of community, because “drug use is disgraceful” and visible participation can cause public defamation. HIV-service organisations are also considered “not cool”, “shameful”, and to be “some sect”.

Conversations with NGO staff confirmed that the local community does not approve of the NGO. Neighbours condemned the NGO’s drop-in centre for children and adolescents as one that ‘deals with addicts and promotes immorality’. This compelled the NGO to try to avoid attracting attention from the neighbours by not mentioning HIV or drugs on their signage and avoiding unnecessary noise.

There are also some factors that negatively impact service demand that are caused by a **lack of knowledge and false ideas about safe behaviours and health issues**. Some adolescents expressed beliefs that contradict ideas of safe behaviour: for example, ‘condoms do not protect’, ‘satisfaction is more important than risks of condom non-use’, ‘coitus interruptus is a good way of prevention’, ‘if drugs are not injected, but smoked, sniffed or drunken than it is safe’, and ‘a man must try everything’.

Service demand and acceptability are connected to the **role played by clients' parents** in the decision to become clients, and there were differences in this respect between the sites. In Chernivtsi, clients referred from official services explained that their parents not only knew about the programme, but also insisted that they complete it to 'get corrected'. Parents can also visit the drop-in centre. As a result, adolescents felt obliged to participate, which could lead to feelings of boredom. While the participants in Chernivtsi did not feel ownership of the centre, it was the opposite in other sites, where adolescents considered centres as a space 'free from parents'. Whether or not the adolescents informed their parents of their participation, it was important that parents were not involved significantly in the decision to become clients. In these three sites (Poltava, Kirovohrad, Kharkiv) adherent clients demonstrated feeling of ownership, viewing the centre as 'our place' and 'the right place for us'.

To conclude, it is **important for service demand and acceptability if the decision about programme participation is made by PWUD themselves**, and not imposed by parents or referral partners.

“ My parents know that I visit the centre, but I don't share much. I do not want them to appear here ”

– male (16), group discussion participant, Kirovohrad

What is more, service demand is increased when **clients are involved in the decision making regarding programme activities** and engage in more active participation as volunteers. They then feel affiliated with an important movement for adolescents. Researchers observed a meeting of volunteers' working in the Kirovohrad drop-in centre, where the planning of activities was combined with leisure time in a friendly environment.

“ We are like family here, we know each other, drink tea, and talk ”

– (male (18), group discussion participant, Poltava).

Friendly and supportive staff play an extremely important role in building service demand and acceptability. Clients will only visit the centre if they actually like the personnel. The most important staff qualities are friendliness, openness, non-judgment, honesty, stability,

and readiness to support. These qualities are more important to youth than specialised professional skills or the provision of material supplies.

“ If an organisation becomes poor and we don't get any aid packages, we will come anyway, because communication is the most important ”

– female (17), group discussion participant, Poltava).

“ This centre is the only place I can come. And N (project psychologist) is the only person I can share with ”

– male (17), group discussion participant, Kharkiv

Satisfying the needs of young PWUD is another important motivating factor. Clients appreciate having a place to meet with other peers, to receive condoms, clean syringes for those who use injections and medical services such as HIV and STI testing, and referrals for treatment, supportive counselling, and legal services.

Confidentiality and trust is a vital condition with regard to both service providers and peers. A potential breach of confidentiality acts as a severe obstacle to service demand.

“ I don't want to share anything with other peers here. I don't trust them. I share, and then everyone in the city would know ”

– female (17), interview participant, Chernivtsi

Services were more acceptable when education was linked to entertainment. For example, in Kharkiv and Kirovohrad, a researcher observed that adolescents enjoyed playing an interactive *edutainment* game, developed in Poltava within the framework of Bridging the Gaps programme¹⁸.

¹⁸ The game included cards with different words listed, related to health and HIV (for example condom, AIDS, Hepatitis, community, relations, pregnancy). Participants formed teams and took cards randomly. Then each team member explained the meaning of the words to other members of the same team without direct mentioning. The team who is fastest in guessing all words wins.

3.3. SPECIFIC APPROACHES TO BUILDING ACCESS IN EACH PROJECT SITE

The four project sites within the Bridging the Gaps programme in Ukraine have their own methods for reaching clients and building service demand.

Kirovograd model, Return to Life

A significant number of clients come to the NGO as the result of referrals. During their first visit, they are sensitive to stigma related barriers – they are afraid to open up and are unwilling to trust service providers. This first visit to the NGO is particularly stressful for adolescents because they are being escorted by a probation officer. During the first few meetings these barriers are overcome through communication with NGO personnel. Positive factors to influence this include:

- Openness, sincerity, and a counsellor's own youth.
- Confidentiality and safety.
- Essential services which youth cannot get elsewhere (condoms, family planning, free and anonymous services, confidential counselling, a place to talk and receive information about health, drugs and their rights).

Involvement of clients in group activities plays a key role in strengthening service demand. Through group activities, adolescents make new friends which encourages them to visit the drop-in centres more often. Such activities include group training sessions on HIV, health, rights and risk reduction, and interactive games.

The volunteer movement in Kirovograd also positively contributes to clients' adherence. Participants have regular meetings, where they plan their activities, talk, and play games. They organise street campaigns, visit places where there are concentrated gatherings of youth (streets, clubs) and approach strangers. They hand out condoms and leaflets, and describe their organisation and the available services. They are proud to be volunteers, they are recognised on the streets, and this makes them feel acknowledged.

“ Being a volunteer is much more interesting than hanging somewhere out with drunken guys. There is nothing to talk about with them. Now people recognize me on the streets. They approach and say 'I know you, you are a volunteer' ”

– female (17), group discussion participant, Kirovograd

Poltava model, Public Health

The Poltava model primarily builds service demand through supportive communication with clients, and there is not a huge emphasis on structured volunteer activities. Nevertheless, clients appreciate the staff, the counselling they receive, and their own group of friends. They feel that the NGO office is the right place for them to meet and spend time.

“ Even though the organisation had a resource shortage for buying us condoms, syringes and other stuff, we would still come here, because the most important thing for us here is the people. We feel it is our group, we drink tea together here and talk. Our psychologist Julia is the best. You can approach her with any questions. She is always [available] on the phone, and it helps a lot ”

– male (18), group discussion participant, injects drugs, Poltava

Chernivtsi model, New Family

The majority of clients who took part in the research in Chernivtsi had been referred by public authorities. Despite regular visits, having a good knowledge on HIV, and viewing risky behaviour as shameful, most of them did not discuss their participation in the programme with others and did not want to be volunteers. The situation differed significantly from the other projects sites. The clients did not feel safe, they refused to participate in group activities, and they preferred not to talk about themselves with peers. If there were no obligation or other necessity to visit the NGO, they would prefer not to come.

“ It is something shameful to come here, as if you are like a homeless person or an addict, or someone HIV-positive. We did not share with our friends that we are going here. I was always afraid to meet someone who might know me. We are (pointing at two other girls) from the same group of friends and we see each other every day. But it was a shock when we came here to take part in a focus group and saw each other. It appeared that we all were coming here, but none of us knew it about each other ”

– female (15), group discussion participant, who had run away from home and was referred by police at her mother's insistence, Chernivtsi

At the same time, there were clients from another street children project in Chernivtsi, supported by the International HIV/AIDS Alliance (ICF) in Ukraine and the NGO New Family. Some members of that project organised street sport groups. All of these clients were involved through peers. Unlike the referred clients, they preferred group trainings, and requested individual sessions only to discuss personal issues. Parents were also not very involved into their decision to become clients. These adolescents demonstrated all the relevant signs of adherence: they were open about their affiliation with the NGO, they were sincere about their experiences of risky behaviour, and they demonstrated positive attitudes towards behaviour change. One respondent who used to take drugs, now spends a lot of time with the workout team since he became involved in the street children project. He now has a job and lives together with a girlfriend. He explained that being involved in the work out team is something to be proud of:

“ New Family is a name. Everyone knows this organization. They give us presents for competitions, and it is cool to have this name on your T-shirt ”

– male (18), Chernivtsi

Kharkiv model, Blago

During the research period, there were not many clients involved through referrals from institutions working with vulnerable children. Most of the interviewed clients came to the NGO after receiving training in vocational schools or being referred by peers. Service acceptance does not appear to be a problem. Clients in Kharkiv highly appreciate the possibility to visit the drop-in centre; they feel like the centre is their own place where they can play games and talk. They enjoy the training and individual counselling, and value the supportive staff and environment.

“ The only place where I can come and ask a question is here. And the only people that I can ask for support are from here: psychologist, social worker, and others. I have also a mother, but she needs help herself, she is a drug addict ”

– male (18), smokes drugs, studies in vocational school, Kharkiv

Prison model

In both the Poltava and Kharkiv prison projects, once the participants are reached, they become quite adherent clients. They appreciate the opportunity to meet new people outside of the prison system, receive new information, participate in interactive activities, ask important questions, and gain hope that they can get assistance after release. Release, and all of its related tensions, is very stressful for incarcerated youth. Legal advice is among the most requested services by the inmates who were interviewed. There were two clients who appreciated the ‘family conference’ service which helps to re-establish relations with the inmate’s family. The incarcerated adolescents noted that religious organisations visit them in prison to provide lectures and humanitarian aid. However, the group discussion participants stated that they appreciate the Bridging the Gaps programme more, as it does not impose religious beliefs. This view was supported during both of the group discussions in each of the two prisons.

3.4. UNMET NEEDS OF YOUNG PEOPLE WHO USE DRUGS IN THE BRIDGING THE GAPS PROGRAMME IN UKRAINE

The unmet needs of young PWUD should be satisfied in order to improve access and raise service demand. This study revealed several gaps within the existing programme.

Violence

One such gap is support in coping with violence. The problem of violence is complex and widespread among vulnerable adolescents, but is usually overlooked by service providers. There is neither systemic violence prevention nor comprehensive support in cases of violence. According to feedback from project staff, they would like to receive more training on how to deal with violence. During the study there were several reported cases of violence.

Partner violence prevents girls from accessing services. During the study in Kharkiv there were two cases of girls in abusive and controlling relationships. When one of them came for an interview, her partner was waiting for her in the next room. She said that he does not allow her to go anywhere. She tried to end the relationship, but her partner had attempted suicide. She also has no supportive relationships with people who could help her to stop the abuse. Partner violence can inflict psychological and physic traumas which add further instability and vulnerability to girls’ lives. Three girls in Poltava’s group and one from Kharkiv admitted that they were not able to leave their abusive partners, as they were dependant

on them for accommodation. Three of these four girls also had small children, and the need to care for them also limited their options. Project psychologists provided advice on 'how to not make him angry again' instead of providing support to terminate the abusive relationship.

There were also reports of sexual violence against girls. In Chernivtsi one 17 year old pregnant girl described that she got pregnant by a man who disgusted her. She was drunk and upset after breaking up with her boyfriend, and the man used this situation to have unprotected sex. Neither the service providers nor the police treated this incident as a violation of her rights. Instead, the girl was considered irresponsible, because she had sex while she was drunk. In explaining why she did not obtain an abortion, she said "I have sinned so much, so I do not to do more of that and kill my child". Now she is alone, she did not finish her education and has no job, and her only relative is her mother, who is dependent on alcohol. In Kharkiv, a 16 year old girl reported that she had to leave home after being sexually harassed by her stepfather and her mother blamed her for the abuse. Leaving home so early subjected her to financial challenges.

Youth also described cases of peer violence committed against minorities, which could make it difficult for minorities to access services. When asked who they would not like to see at the drop-in centre, male research participants mentioned gays. In Kharkiv, group discussion participants said that their classmate was imprisoned for murdering a gay person, and an African girl in Kharkiv said that there was violence also committed against ethnic minorities.

In addition, and as already mentioned, violence against prison inmates may be a barrier to accessing services by those who are marginalised within the informal prison hierarchy.

Services on reproduction health and family planning

Another important gap is the lack of sufficient services on reproductive health and family planning. During the study youth had numerous questions relating to sexual education. The most widespread knowledge gaps were about pregnancy prevention and the risks of protected and unprotected sex. The male and female youth who were interviewed often choose coitus interruptus as a way to prevent pregnancy, particularly those in steady relationships, and the majority were not aware that the risk of getting pregnant remains high. Girls also require knowledge on free and confidential family planning and sexual reproduction services. 'What if I am pregnant?' was a frequently asked question by anxious girls who

wished they had access to free, confidential and youth-friendly family planning services, including pregnancy tests.

Referral system gaps

There are some gaps in the referral systems to other necessary services. For example, none of the girls in Poltava knew about the availability of family planning services in a youth-friendly clinic. One of these girls stated that she was in acute need for such help due to an unwanted pregnancy.

Another important example of a referral gap comes from the Kharkiv prison project. There were no referrals for prisoners to enter support programmes after being released. The most vivid barrier for such a service is the fact that adolescent inmates come from all over Ukraine, and there is no system of referrals with other regions. There is a vital need for such a system, as all inmate participants whose release was imminent (three people in Poltava and four in Kharkiv) indicated that the lack of certainty about their future gave them the most stress. This problem is even more acute for prisoners who come from Crimea and Donbass, and who were imprisoned at a time of stability. Now that these territories are no longer under control of the Ukrainian state, these adolescents have no idea where to go for services upon release. There was one such case in the Poltava project, where the adolescent was supported to settle down in Poltava with help from the Bridging the Gaps programme. However, a systemic solution for all adolescent inmates originating from crisis territories was not observed during the study.

A comparison of existing programmes demonstrates the different potential that each of them have to reach and sustainably involve young PWUD in prevention programmes. The easiest way – in terms of time, money, and required personnel – to reach vulnerable youth with one-time services is through referrals from governmental bodies and public services that work with vulnerable youth.

The highest numbers of referrals are from agencies with punitive functions such as the Probation Agency and the Criminal Police for Children. In such cases, adolescents feel obliged to visit the NGO, since their fate depends on the attitude of their probation officer.

Lesser numbers of clients came from referrals by welfare agencies without a punitive function, such as the Child Protection Service. It is nonetheless clear that cooperation with these agencies is also important, even if it involves a smaller number of referred clients.

It is important to underline, that comparison between Kharkiv model and others reveals that a simple invitation to visit NGO is not sufficient, and extra efforts are required. For example, in Kirovograd, the probation officer escorts an adolescent to the NGO office during the first visit. In Chernivtsi and Poltava, NGO staff hold the first meeting with potential clients at the agencies' offices, establishes contact there, and then invites the adolescent to the centre. Since referral from official agencies lacks the advantages of peer-to-peer involvement, the only way to make it effective is to make these additional efforts to bring clients to the NGO. Adolescents will not come to an NGO simply because they received information about it.

Interviewed representatives of governmental bodies and public service agencies demonstrated that they are open to collaboration with trustworthy NGOs that can compensate for their lack of personnel specialised in working with youth. Agencies are willing to provide space in their offices for HIV prevention information materials and condom distribution, and even a place for independent counselling by NGO staff. However, most of them refuse to distribute clean syringes (except the Centres for Social Services).

Stigma and discrimination are key barriers to services for adolescent PWUD. Stigma and discrimination not only marginalise vulnerable youth and make them hard to reach, but they also decrease the demand for services by youth. It would appear that referred clients experience emotional barriers (such as fear, shame, and lack of trust) that must be overcome during the first meetings with NGO specialists. In addition, some adolescents experienced breaches of confidentiality by governmental service providers and, as a result, 'do not trust psychologists'.

Particularly acute stigma and discrimination related barriers were observed in the work with referred adolescents in Chernivtsi. Despite participating in the programme for two or three months, clients still tried to conceal their drug use, vulnerability, and risky behaviours, unlike their counterparts from other cities. They also tried to hide their involvement with the NGO from peers, neighbours, and schoolmates in order to avoid stigma. They were fearful of encountering anyone they might know near the NGO office, and they were afraid that peers from the project would breach their confidentiality. At the same time, some of them spoke negatively about other vulnerable adolescents with similar problems. As a result, many clients avoid involvement in any group activities and cannot imagine publically volunteering. Involvement in team activities was an important factor for enhancing service demand in other projects; therefore it is important to eliminate the stigma and discrimination

that act as barriers to such activities. Special counselling and training on overcoming internal stigmatisation and the consequences of marginalization could be useful additions to the Bridging the Gaps programme to ensure better adaptation for new clients.

It is interesting that unwillingness to participate in group activities was more acute for girls than boys in the Chernivtsi project. This is certainly linked to the more pronounced stigma towards vulnerable girls. Projects also lack activities designed to better integrate girls. For example, the Chernivtsi project offers boys the possibility to participate in football team, but no equivalent option for girls. Given the higher marginalisation of vulnerable girls, more efforts are required in order to build service demand.

Remarkably, Chernivtsi New Family Day Centre experienced difficulties with the community when they changed their office place. Neighbours tried to force out the Centre because it deals with 'addicts' and is perceived as promoting crime and immoral behaviour. The NGO was forced to work secretly to avoid drawing too much attention to its clients. This general atmosphere of rejection also contributed to the clients' negative feelings.

To explain the level of secrecy preferred by their clients, the programme staff in Chernivtsi attributed this to living in a small city where people all know each other and privacy is not respected. However, this explanation does not hold up to further scrutiny. Four former clients who were involved in an earlier peer-driven street children project in Chernivtsi were just as positive about their participation in the project as other clients from the other cities. These clients also continued to interact with the NGO in their street workout team initiative.

It is important to underline that stigma and discrimination related barriers are relevant for vulnerable youth in general. However, referred youth are more vulnerable to such discrimination due to the negative connotation of 'being punished' after being 'found guilty' by authorities.

The success of the programme particularly depends on overcoming stigma and discrimination related barriers, and it appears that the Kirovograd and Poltava models were more successful in this respect than Chernivtsi. There are a two main of reasons for this. First, these projects did not face restrictions caused by community bullying. Unlike Chernivtsi, centres in the other cities were not located in densely populated residential areas, and therefore did not experience similar problems. Second, referred clients were integrated into the peer community, they felt that they were in a supportive environment, and they had fun



participating. Group activities were requested and highly appreciated by clients.

3.5. ADDRESSING THE NEEDS OF YOUNG PEOPLE WHO USE DRUGS

A comparison between **peer-driven approaches** and referrals to the same NGO in Chernivtsi illustrates the advantage of peer-driven approaches to overcome barriers to access caused by stigma and discrimination, over referrals. However, programme reporting demonstrates that referrals were more fruitful in reaching larger numbers of clients. This may indicate that the full potential of the peer-driven programme was not reached.

There are also another several types of approaches used to reach vulnerable adolescents that were applied in Ukraine by other projects. Evaluation of these projects demonstrated that **structured peer-driven programmes** can be a valuable tool for reaching the hard to reach. It would be beneficial to enhance the Bridging the Gaps programme with such projects. One of them, supported by ICF from 2013 to 2014, involved adolescents, calling them 'seeds'. They were interviewed, and then trained to involve and interview new clients. Financial rewards were provided for being interviewed and for recruiting new clients. All clients also were tested for HIV and Hepatitis C, and could be referred to access other services. The programme was designed to involve the hard to reach, including those who were not covered by street children projects¹⁹.

Prevention projects for street children supported by The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) were based on outreach work by 'social watches'. Mobile teams of social workers, medical personnel, psychologists, and peer outreach workers visited locations, conducting rapid testing, distributing information on HIV, and providing remedies and referrals for other help. Outreach teams like these, which visit and provide services for street children, could be an additional initiative to improve access²⁰. This is a gap in the current Bridging the Gaps programme, despite the fact that low threshold outreach services are all that is required to make the first contact with homeless children and adolescents.

One of the gaps revealed in the analysis indicates that the current project sites have very few child and adolescent clients living on the streets, while the literature shows high rates of drug use and HIV-related risks amongst this group. To improve this situation, it is recommended to include drug-using street children and adolescents as a priority population, supported by the introduction of peer-driven approaches designed to reach vulnerable youth living on the streets.

19 International HIV/AIDS Alliance in Ukraine. (2015a). Peer-driven model among children and adolescents with high-risk behavior (Модель «Внедрение силами равных» среди детей и подростков, практикующих рискованное поведение»). Retrieved from www.aidsalliance.org.ua/ru/library/our/2015/modules/PDI_2015.pdf

20 International HIV/AIDS Alliance in Ukraine. (2012). HIV prevention among street children. Working with street children in their places of residence. Guide for trainers and participants (Профілактика розповсюдження ВІЧ-інфекції в середі дітей вулиці. Робота з дітьми вулиці в місцях їх перебування. Руководство для тренерів и участников). Retrieved from www.aidsalliance.org.ua/ru/library/our/2012/dec/deti_ulic_ind_end_druk_01_08_2012.pdf

Trainings and lectures in vocational school as a strategy to reach PWUD with comprehensive services is not as effective as other strategies. NGOs do not obtain many clients through this approach. Moreover, for NGOs to obtain clients in this way, more efforts are required to increase motivation. This could be done by obliging children to visit the NGO. For example, in Kharkiv such an obligation was imposed by a school counsellor who insisted on the first visit.

The experiences of Kharkiv and Poltava show that NGOs put a lot of effort into the programme, but output remained weak. It is also difficult to distinguish key populations of PWUD in schools, as they are often not considered safe environments in which to disclose personal problems. Lectures in vocational schools function as a primary prevention tool for all children in the school regardless their vulnerability, and although this is very important, it is not a key objective of the Bridging the Gaps programme.

Prevention programmes implemented in closed institutions such as prisons or temporary shelters for children are highly demanded by youth. For these programmes to be launched, it is necessary to have support from authorities, and friendly staff demonstrating non-discriminatory attitudes towards adolescents. The programmes in Kharkiv and Poltava provide inmates with important information on health, drugs, and HIV, as well as social and psychological counselling. However, a link with prevention programmes after release should be established in order to improve HIV prevention and access to other services through continuous support.

Other programmes, such as social networks, street campaigns, advertisement, and referrals from harm reduction projects were not so fruitful, even in first time access. However, thematic groups in social networks can be interesting for those who are already reached. As for harm reduction projects referrals, their clients are usually adults. However, it is also possible that there are no referrals from other NGO because the field of HIV-services in Ukraine is very competitive, with several NGOs struggling for limited funding.

One of the lessons learned in this study is that it is quite feasible to organise primary prevention at vocational schools and reach adolescents with information on HIV prevention. However, this does not work for adolescents who already use drugs or have other HIV-relevant vulnerabilities, as adolescents prefer to deny any taboo problems. Vulnerable adolescents may also not attend lectures, or they may not listen during them, or they would prefer not to ask lecturers any personally important questions for fear of revealing themselves.

The more straightforward way to reach vulnerable youth is through obligatory referrals from law enforcement systems like the probation service, police, and closed institutions. Such referral models should be integrated into governmental services for children and adolescents and should receive budget funding. At the same time, it is soon to refuse international development funding for such models. As it was mentioned, there remains a lot of stigma and discrimination in official bodies against vulnerable youth. The programme helps to change the governmental system from inside, introducing new ideas and approaches towards working with youth. Referral partnerships also allow for such changes through advocacy, staff training, and study tours for representatives of official services.

It was noticed that there is less service demand and acceptability when participation in prevention interventions is voluntary, without any push from law enforcement. Outreach, peer-driven programmes and low threshold services attract young PWUD, including street children and adolescents, but such services are more time-consuming and challenging if the aim is to keep clients in a longer programme of case management. It remains a question whether street children and adolescents seek such long-term services as case management, which focuses on improving different dimensions of life, or if they only require low threshold services such as clean needles and a shelter. Nevertheless, it is important for NGOs to support those vulnerable adolescents who are the most neglected, including street children and adolescent PWUD, and has not yet been achieved.

External factors to improve access to services

The study confirmed that there are also external factors that should be considered in order to improve access, regardless of the type of programme used.

- Resource limitations on public services and the lack of sustainability of NGOs projects. Since there is no practice of 'social orders' in Ukraine that allows local government to support NGOs and 'buy' their services, the main source of funding is international help. Once a project is finished, the NGO must find another donor to be sustainable.
- Economic and political situation in Ukraine (vulnerability growth, limited resources and enlarged burden on public social services).
- Taboo, stigma and discrimination create an unwillingness by decision makers to admit the existence of the problem ('we have no bad children in our school/city/region').
- Reluctance of decision makers to adopt a harm reduction approach when children and adolescents are a key population. The popularity of 'moral' approaches that explain vulnerability as an effect

of immoral behaviour, including drug use or sexual transgressive behaviour.

- Lack of integrity in public policy dealing with vulnerable youth. There is no clear model of sharing responsibilities between governmental bodies and NGOs to provide assistance to this key population.

The study demonstrated that the development of **service demand** within prevention projects strongly depends on overcoming stigma and discrimination, both external and internal. Otherwise service acceptability is problematic. Clients reached through peer-driven programmes demonstrate a greater demand for services than those who were referred from governmental authorities. This observation is explained by a high level of stigma from service providers.

Successful cases also demonstrate that service demand depends on the enjoyment of the programme, as well as on integrating a client into a peer community. Those NGOs that succeed in building interesting and trustworthy environments have more adherent clients. Peer-driven programmes are also beneficial in this respect.

Many lessons learned align with the outcomes of other studies. For example, findings on the importance of friendly approaches to service provision for vulnerable youth, the importance of staff attitudes and motivation, and the need for non-judgmental attitudes are consistent with findings in the international literature²¹. Studies of youth programmes by UNICEF reinforce the idea that staff should be consistent. Usually programmes for youth in Ukraine have between a short- and mid-term period of operation, while a long-term project is necessary to make a difference²² - first to reach them, then to build trust, and then to make progressive change.

The literature also supports the idea of a need for **comprehensive services**. Adolescents are not ready to hear about HIV if they have no food or place to live²³. As for other projects with comprehensive services, several of them were piloted with support of UNICEF²⁴. For example, in 2009-2010 the Donetsk Centre of Social Services for Families, Children and Youth provided young PWUD with HIV prevention services at a counselling centre for young PWUD called Respect. Outreach workers visited meeting locations and other areas with high concentrations of PWUD, distributed information, and invited clients to the centre. There they could also receive training and become volunteers in outreach work²⁵. In Odessa, young PWUD were engaged by the NGO Way Home. Their programme is interesting due to its high degree of comprehensiveness. There is an entire continuum of services coordinated under the leadership

of this NGO Way Home. They start with low threshold street outreach and then propose long-term rehabilitation programmes. Prevention and care continue after street outreach, and harm reduction, which includes access to the day care centre, where young PWUD can get hot food, clean clothes and take a shower. Then those who need drug rehabilitation services can receive them at a state drug abuse treatment facility, where the centre for young PWUD operates. Clients may also receive STI treatment in a centre at a public STI clinic. After drug use rehabilitation, the centre provides tutorial support for children who want to return to school²⁶. The Bridging the Gaps model and the Way Home model both aim to provide comprehensive services. However, Way Home services are wider, as the organisation is very experienced, and supported by numerous donors. Where Bridging the Gaps makes referrals, Way Home has its own vast resources.

In general, **drug use rehabilitation services** for children and adolescents are limited in Ukraine. A 2010 evaluation showed that there was lack of specialised centres for youth, both within both the community and the public health care system²⁷. Centres for adults are also usually not eager to accept minors. Therefore, it is problematic to refer adolescents to drug treatment from harm reduction programmes. For example, with the support of international donors, Way to Home established a rehabilitation centre for youth at a regional drug treatment clinic in Odessa (a public facility financed by local and national health budgets). In one Bridging the Gaps site, Chernivtsi, the state drug treatment facility organised treatment for minors, following long-term advocacy at local decision-making level. The study did not reveal cases of Bridging the Gaps referring clients to drug rehabilitation services; however, the availability and accessibility of such services should to be examined and included in Bridging the Gaps service provision.

21 I Goicolea, I. et al. (2012). Mechanisms for achieving adolescent-friendly services in Ecuador: A realist evaluation approach. *Glob Health Action*, 5, 1-14.

22 United Nations Children's Fund & Ukrainian Institute for Social Research. (2010). HIV Prevention among MARA: Experience of Implementation of Target Models in Ukraine (Профілактика ВІЛ-інфекції серед підлітків групи ризику: досвід впровадження цілих моделей в Україні).

23 United Nations Children's Fund & Ukrainian Institute for Social Research. (2010). HIV Prevention among MARA: Experience of Implementation of Target Models in Ukraine (Профілактика ВІЛ-інфекції серед підлітків групи ризику: досвід впровадження цілих моделей в Україні).

24 Ibid.

25 Ibid.

26 Way to Home. About NGO 'Way to Home'. Retrieved from wayhome.org.ua/ru/social-work/center-%C2%ABopen-doors%C2%BB

27 United Nations Children's Fund & Ukrainian Institute for Social Research. (2010). HIV Prevention among MARA: Experience of Implementation of Target Models in Ukraine (Профілактика ВІЛ-інфекції серед підлітків групи ризику: досвід впровадження цілих моделей в Україні).

Sometimes projects and services for youth do not take into consideration important conditions for service acceptability such as enjoyment, active involvement, and voluntary participation. Personnel may blame youth for being restless, inattentive, and unmotivated to adhere to a programme or service centre's rules of discipline²⁸. However, the Bridging the Gaps personnel see the necessity of introducing fun activities (such as sports) to motivate adolescents, which the clients appreciate and service demand is therefore enhanced.

Another good practice that pays attention to service acceptability is a Street Smart programme in several cities – Kryvy Rih, Novomoskovsk, Chernihiv, Lviv, Mykolaiv, and Odessa – implemented with the support of United States Agency for International Development (USAID). The project has a strong structure, based on ABC principles²⁹, and provides education on HIV and safe behaviour that follows the theory of social learning³⁰. Project activities are planned till 2017. However, the programme does not focus on reaching hard to reach key populations, unlike Bridging the Gaps, as the project presupposes that NGOs have already reached these key population.

The problem of violence as a barrier to prevention services for vulnerable youth is also evident from other studies in Ukraine³¹. Domestic violence increases the chances of risky behaviour, and partner violence against girls can be a barrier for them to overcome in order to access necessary services³². Group violence between adolescents of the same gender also may constitute a similar barrier.

However, the problem of violence is generally overlooked by the Bridging the Gaps programmes. Therefore, it is advisable to introduce activities on prevention of partner and group violence, guided by internationally approved best practices. Such a training programme for project clients should include an interactive module on group and gender-based violence prevention. In addition, service providers require training on how to cope with the consequences of violence, how to work with emotional traumas, how to talk with victims without causing further hurt, and how to counsel victims of on-going abusive relations in order to help them. This training would also include the legal framework on gender-based violence, including criminal responsibility.

Generally, sexual education and family planning for youth continue to be gaps, despite the fact that Ukraine has a network of Youth Friendly Clinics³³. As for Bridging the Gaps, training covers some important topics on condom use, but many questions from adolescents remain unanswered (questions are described in the results section). Therefore, it is crucial to enhance the

programme and provide youth with full and accurate information.

Another area of work that can be strengthened within the Bridging the Gaps programme is the work on the sexual exploitation of girls who use drugs. There was no work done within the Bridging the Gaps programme in this area. In Ukraine there were several other programmes for young girls who were victims of sexual exploitation. One example of such programmes comes from an Odessa-based NGO called 'Faith. Hope. Love'. This organisation works with adolescents in a rehabilitation centre for female sex workers. There were also other programmes for vulnerable girls who were the victims of sexual exploitation, including those who use drugs. These are the crisis centre run by the organisation Right to Health in Kyiv, and the outreach and case management conducted by the organisation Unitus in Mykolaiv³⁴.

Several observations concern the general situation of national and local leadership in HIV prevention among youth. Formally, there is a public sector with numerous agencies who have a duty to work with vulnerable children and adolescents. Numerous stakeholders – both governmental and non-governmental – are involved in coordination through the City (or Regional, 'oblast') Coordination Councils on HIV/AIDS. Decision makers at the city council level include deputies who are members of relevant committees, such as those on HIV, health, or youth.

28 United Nations Children's Fund & Ukrainian Institute for Social Research. (2010). HIV Prevention among MARA: Experience of Implementation of Target Models in Ukraine (Профілактика ВІЛ-інфекції серед підлітків групи ризику: досвід впровадження цільових моделей в Україні).

29 ABC: Abstinence, Be faithful, use a Condom.

30 Boyko, A. & Dmytryshyn, N. (2015). Streetsmart. HIV/AIDS & STI prevention program for at-risk adolescents (Implementation manual) (Програма профілактики ВІЛ-інфекції/ СНІДу та ІПСШ для підлітків груп ризику. Посібник із впровадження). Retrieved from respond.org.ua/eng/resource/285

31 International HIV/AIDS Alliance in Ukraine. (2015c). The social and psychological work with adolescents in HIV service organizations. A Handbook for psychologists and social workers (Соціально-психологічна робота з підлітками в ВІЛ-сервісних організаціях. Посібник для психологів соціальних працівників). Retrieved from www.aidsalliance.org.ua/ru/library/our/2015/Soc-work%20view.pdf

32 International HIV/AIDS Alliance in Ukraine. (2014a). A brief summary of the findings of operational research "Lifestyle and basic behavior patterns of vulnerable children and adolescents who practice risky behavior". Retrieved from www.aidsalliance.org.ua/ru/library/our/2014/children%20risk%20eng.pdf

33 Demchenko, I. et al. (2008). Assessment clinics friendly to youth: Analytical report (Оцінка клінік, дружніх до молоді: аналітичний звіт). www.unicef.org/ukraine/ukr/Evaluation_Report_full.pdf

34 United Nations Children's Fund & Ukrainian Institute for Social Research. (2010). HIV Prevention among MARA: Experience of Implementation of Target Models in Ukraine (Профілактика ВІЛ-інфекції серед підлітків групи ризику: досвід впровадження цільових моделей в Україні).



Executive bodies include local ministerial departments, such as the Department of Health, Department of Education, Department of the Interior, or Department of Social Protection³⁵. However, there is a lack of coordination between different units and a policy-level gap, as every department or service has its own scope of work with minors. Every public unit keeps its own records on vulnerable youth, with no leading unit to coordinate these records and ensure consistent and comprehensive work is completed on every case. As a result, the representatives of different public units are not aware or informed of the services of their counterparts³⁶. There are no common local efforts to plan, monitor, combine databases, and exchange information. Consequently, there is no synergy in resource allocation, so minors miss out on essential services, even though they are available. Public services are often slow, inflexible, and not youth-friendly. At the same time, official authorities are necessary partners in introducing friendly approaches to working with vulnerable children, as they possess the legal right to work with minors, have access to the young PWUD, and many of them are open to cooperation with NGOs. The Bridging the Gaps programme in Ukraine successfully builds partnerships with public sector, building referral networks.

The sustainability of prevention programmes for vulnerable youth is currently being questioned. Many HIV service organisations in Ukraine have experience working with adolescent PWUD due to the inclusion of street children as a key population in the national prevention programmes until 2013. Outreach work with street children was implemented until 2014 under the National

AIDS Programme supported by GFATM³⁷. These were low threshold projects. They provided street children and children in hardship with information on HIV and STI, distributed condoms and clean syringes where they were needed, provided rapid HIV testing and counselling, and referred children for other services and programmes. However, in 2014 street children and vulnerable youth were excluded from programme planning, due to lower HIV rates among this group and resource shortages. National budget resources are now limited and are not allocated to prevention activities at all.

Despite current policy decisions to exclude street children from prevention engagement in the National Programme, the need for HIV prevention among youth remains acute, as risky behaviour is widespread. What is more, access for children and adolescent to health services, social support, safety, and basic living conditions is a matter of international children's rights. In these circumstances, Bridging the Gaps in Ukraine is recommended to continue to work with vulnerable young PWUD, a key gap in HIV prevention.

35 United Nations Children's Fund & Ukrainian Institute for Social Research. (2013). Analysis of stakeholders, mapping, and evaluation of potential HIV service providers for most at risk children and youth (Аналіз зацікавлених сторін, картування та оцінка потенціалу надавачів послуг для дітей та молоді груп ризику щодо ВІЛ-інфікування (на прикладі окремих міст). Retrieved from www.unicef.org/ukraine/4_ukr_analiz_zacikavlenih_storin.pdf

36 Ibid.

37 International HIV/AIDS Alliance in Ukraine. (2012). Final report of the programme "Support for HIV / AIDS prevention, treatment and care for most vulnerable populations in Ukraine" (August 2007 - July 2012.) (Підсумковий звіт Програми «Підтримка з метою профілактики ВІЛ/СНІД, лікування і догляду для найуразливіших верств населення в Україні» (серпень 2007 – липень 2012р.) Retrieved from www.aidsalliance.org.ua/cgi-bin/index.cgi?url=/ua/library/our/finalreport/index.htm

4. DISCUSSION AND CONCLUSION

The first key research question was how best to reach adolescent and young PWUD with HIV prevention services. Interventions were assessed not only in terms of reaching clients with one-time HIV prevention services, but also in terms of involvement into longer term programmes. Therefore, the second research question addressed service acceptability and demand as aspects of access: How to best ensure service demand and prevent drop out amongst young PWUD?

According to programme reporting, between January and June 2015, 95 clients in case management were involved through referrals, of which 62 came from probation referrals. 53 clients in case management received information about the programme from their friends. 25 were involved through the help of peer volunteers, and 17 following lectures in vocational schools.

An analysis of the research results and literature on other programmes in Ukraine supports the idea that peer-driven programmes are very valuable in reaching the hardest to reach. Bridging the Gaps used peer-driven programmes, but their use can be further enhanced. A visible proportion of clients came to the Bridging the Gaps programme following recommendations from their friends. A small number of clients was involved volunteers from the same prevention programme. Despite the fact that volunteers were not effective in reaching new clients, this activity was very useful for ensuring adherence, making clients feel engaged and that they were making a difference.

A comparison between the Bridging the Gaps programme in Ukraine and other, earlier programmes illustrated a big gap in audience engagement. Street children and adolescents were not actively involved in the Bridging the Gaps programme. They represent the most difficult group for which to secure longer term funding on HIV prevention and social rehabilitation services, constituting a large gap in service provision. Other projects for street children in Ukraine implemented peer-driven programmes that could be also utilised by Bridging the Gaps. One of them involves a mobile team that visit street children, and another is a peer-driven programme that recruits street children to bring in others for interviews and services. Financial rewards are paid for an interview with a potential client and then for every three clients that she or he brought into the project. These types of programmes require significant resources, yet they are fruitful in providing prevention services to adolescent PWUD who live on streets.

Peer-driven involvement is an important method of reaching new clients. The programme of volunteer movement used by the Bridging the Gaps programme is good addition,

but outreach programmes for street children and youth should be initiated, to derive further benefits from peer-to-peer involvement. To start up such programmes, it is recommended to draw upon the lessons learned from earlier street children projects in Ukraine, supported by GFATM. For example, if initiating mobile outreach teams, it is recommended that such teams include representatives of street children and adolescents, in addition to social workers, psychologists, and medical personnel.

Referrals from governmental agencies are quite efficient means of reaching the key population. The majority of clients involved in case management in the Bridging the Gaps programme originated from referrals. Implementing the referral mechanism does not require as much effort as other methods, and it is an easily replicable practice. Cooperation with official bodies also contributes to the sustainability of prevention programmes for vulnerable youth. However, the introduction of the programme requires making concerted efforts to change any possible discriminatory attitudes, as stigma on the part of service providers represents the greatest barrier to access through this programme. It is necessary to train service providers on the ethics of working with vulnerable children, on dealing with victims of violence and violent offenders, on understanding adolescent behaviour, and on maintaining a friendly, supportive and non-judgmental attitude. By doing so, Bridging the Gaps will not only improve its own programme, but also integrate positive changes into Ukrainian official bodies. In addition, successfully increasing the number of clients reached through this programme also depends on encouragement by law enforcement staff and custody services, as service acceptability is better if clients make their own decision to come. In the future, it will be the responsibility of the Ukrainian law enforcement authorities to provide referrals for vulnerable youth into supportive programmes, and to include this practice in national policy and implementation plans.

Training and lectures in vocational school do not work as a means of engaging high numbers of adolescent PWUD in prevention programmes, but work more as a primary prevention tool. It is not efficient to reach PWUD through lectures provided to all students in schools. This is necessary activity for the general population, but it does not focus specifically on a key population. Therefore, it is recommended to leave this work to those organisations that are focused on a primary prevention, and to direct resources into peer-driven programmes for street children and adolescent PWUD. However, it is recommended to maintain referral partnerships with educational institutions. This means that NGOs sign a cooperation agreement with schools, educate school

staff on how to work with vulnerable youth to change their discriminatory attitudes, and provide them with the necessary tools such as information materials, interactive games and counselling protocols. Then trained school staff are expected to refer students to NGOs, if they reveal a problem with drug use. However, high numbers of referred PWUD are not expected through educational institutions.

Implementing a **prison programme** is highly recommended to ensure better access to prevention services for young PWUD. Drug use is highly criminalised in Ukraine, and prisons therefore have high concentrations of PWUD. These programmes are effective in providing information on prevention to inmates, they require a reasonable level of resources, and are highly appreciated by clients.

However, the prison model of service provision requires some improvement. It is necessary to strengthen referral mechanisms for clients after their release. As imprisoned adolescents originate from different parts of Ukraine, it is crucial to provide guidance on accessing support programmes in their home regions after release. In fact, the period after release is the time when PWUD are most vulnerable to return to drug use. Despite the fact that it is the state's responsibility to conduct HIV prevention in prisons, it is recommended that NGOs continue such work. In this way, civil society can access closed institutions, and opening prisons to collaboration with NGOs provides some transparency and respect of rights.

Prevention services in prison are too limited due to the institutional rules within the prison. It's not allowed to provide condoms or clean syringes there, as juvenile prison is supposed to be a place free of drugs and sex. Therefore, by definition, the programmes in prison cannot be comprehensive.

Other programmes, such as social networks, street campaigns, advertisements, and referrals from harm reduction projects were not successful, even in terms of first time access.

Service acceptability is an important condition for service demand. Acceptability is an important dimension of more successful services, as emphasised by this research. The Bridging the Gaps programme has been successful in fulfilling crucial conditions for service acceptability, such as friendly and motivated staff with supportive attitudes. The projects in Kirovohrad, Kharkiv, and Poltava also succeeded in creating supportive environments. It was less successful in Chernivtsi, because of a high internal stigma and, as a result, a fear of disclosure by other clients.

In order to improve service demand it is important to address the issue of **stigma and discrimination** at the service provider level, as well amongst the clients themselves. Relevant training for service providers are necessary, as mentioned above. Furthermore, activities to reduce internal stigma amongst clients are vital for the Chernivtsi project, as unwillingness to meet with peers at the NGO, amid fears of disclosure, is a serious barriers to obtaining services. The self-stigmatisation of clients must also be taken into account, as some young people consider being a client of such a programme as shameful, although clients of other low threshold programmes do not share these perceptions. To reduce this type of stigma it is highly recommended to introduce more peer-driven programmes into the programme.

Some important needs are not covered by the programme, such as **violence prevention** and **support for victims** in overcoming the traumatic consequences of violence. These components should be integrated within the training and counselling for clients. To do this, the Bridging the Gaps staff, as well as referral partners, also require training on counselling victims, and on violence prevention.

Since partner and sexual abuse is an issue faced by girls who use drugs, it is important to think about the empowerment of girls. Another gap, discovered when comparing Bridging the Gaps with other models for vulnerable youth in Ukraine, is the lack of attention on the commercial sexual exploitation of girls who use drugs.

Another important need that has not been fully addressed is **sexual education and family planning**. There is a need to adjust the training and counselling programme to include information on pregnancy prevention and available family planning services for youth, and to provide pregnancy tests.

Service demand and acceptability are connected to clients' perceptions of ownership of the centre. Such feelings of ownership are derived from their voluntary decision to participate, their involvement into group activities, the development of friendly relations with personnel and other clients, their participation in decision making and through volunteering. Ownership also stems from overcoming internal stigma and feeling safe, which are facilitated through the maintenance of confidentiality by staff and other clients.

The sustainability of prevention programmes for vulnerable youth is questionable, as street children and vulnerable youth are excluded from the national prevention programme supported by GFATM, due to lower HIV rates

among this group. National budget resources are limited and are not allocated for prevention at all. Despite current policy decisions to exclude street children from HIV prevention in the National Programme, the need for HIV prevention among youth remains acute, as risky behaviour is widespread. What is more, children have the right to health services, social support, safety and basic living conditions. Therefore, it is recommended to continue working with vulnerable young PWUD.

Recommendations per site

There are some recommendations specific to each project sites on how to improve their ongoing programmes.

For **Poltava**, it is necessary to note that the model only uses referrals from the Probation Agency. Despite the fact that probation agencies are the greatest source of referrals, it is recommended to build wider partnerships with other institutions, as working with only agency can lead to fragmented coverage.

It is recommended that Kharkiv work to enhance its referral mechanism. It is not sufficient for service providers in governmental institutions to make only verbal suggestions to clients to visit the NGO. It is recommended that they instead follow the practices in other sites, where clients are escorted to the NGO by representatives of the

governmental services, or where the NGO representative provides initial counselling in the office of governmental institution.

The **Chernivtsi** site provided valuable information on the importance of the neighbourhood in which services are provided. Negative discriminatory attitudes in the neighbouring residential community impacted the demand for and the service acceptability of the centre as youth wished to distance themselves from the stigma that the neighbours associated with the centre. While taking into account financial issues, the possibility of finding an alternate location for the centre should be considered. All other sites should be very aware of these challenges when choosing future drop-in centre locations, and should try to mitigate the risks of locating a centre in a residential area.

In **Kirovohrad**, street campaigns performed by volunteers did not have the result of reaching many PWUD, and it worked more as a means of primary prevention. Although it contributed significantly to clients' feelings of ownership of the programme, it is recommended to consider directing more resources on reaching the hardest to reach key populations, and to perform outreach for street youth instead.



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