

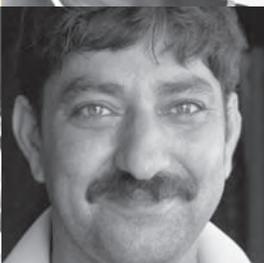
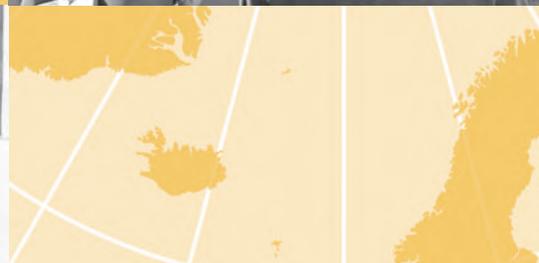
UKRAINE FINAL REPORT

September 1998—March 2000

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



USAID
FROM THE AMERICAN PEOPLE



Final Report
for the
Implementing AIDS Prevention
and Care (IMPACT) Project in
Ukraine



September 1998 to March 2000



Ukraine Final Report

Submitted to USAID

By Family Health International

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CONTENTS

GLOSSARY OF ACRONYMS	2
EXECUTIVE SUMMARY	3
PROGRAM STRATEGIES, IMPLEMENTATION, AND RESULTS	4
Introduction.....	4
Country Context.....	4
<i>Background of Ukraine</i>	4
<i>HIV/AIDS in Ukraine</i>	5
Implementation and Management	5
Implementation	5
Management	6
IMPACT/Ukraine Program Timeline.....	7
PROGRAM OBJECTIVES, STRATEGIES, AND ACTIVITIES	8
Training Sessions and Workshops	8
<i>Qualitative Data Collection and Research Methods</i>	8
<i>Theory-Based Behavior Change and Qualitative Methods for Data Collection</i>	8
<i>Communication Strategy, Materials Development, and ACDP Model of HIV Prevention</i>	8
<i>Behavior Change and Future Programming</i>	8
Direct Technical Assistance	8
Direct Financial Support to NGOs.....	9
PROGRAM RESULTS	10
LESSONS LEARNED AND FUTURE RECOMMENDATIONS	11
Challenges and Lessons Learned.....	11
Future Recommendations	11
IMPLEMENTING PARTNER ACTIVITY HIGHLIGHTS	13
Implementing Partner Matrix	13
Selected Partners.....	14
Blagodiynist	14
Faith, Hope, and Love	15
ATTACHMENTS	17
IMPACT/Ukraine Financial Summary	17
Case Studies.....	18
Publications	18
IMPACT/Ukraine List of Technical Assistance.....	19

GLOSSARY OF ACRONYMS

ACDP	AIDS Community Demonstration Project
AIDS	Acquired immune deficiency syndrome
BCC	Behavior change communication
CSW	Commercial sex worker
FHI	Family Health International
GfK-USM	Ukrainian Surveys and Market Research
HIV	Human immunodeficiency virus
IDU	Injecting drug user
IMPACT	Implementing AIDS Prevention and Care Project
JHU/PCS	Johns Hopkins University Population Communication Services
NGO	Nongovernmental organization
OSI	Soros Foundation's Open Society Institute
PLHA	People living with HIV/AIDS
STI	Sexually transmitted infection
USAID	US Agency for International Development

EXECUTIVE SUMMARY

The Implementing AIDS Prevention and Care Project (IMPACT) in Ukraine received a total of \$326,365 in field support funds from the US Agency for International Development (USAID) between 1998 and 2000 for activities aimed at improving the technical capacity of responses to HIV/AIDS by local nongovernmental organizations (NGOs). Together with Johns Hopkins University Population Communication Services (JHU/PCS), Family Health International (FHI) targeted NGOs in the key Ukrainian cities of Odessa, Nikolaev, Poltava, Kharkiv, and Kremenchug to strengthen HIV prevention activities and their capacity to provide quality HIV services and information about sexually transmitted infections (STIs). In order to ensure the relevance of interventions to the groups most at risk in Ukraine, IMPACT/Ukraine signed an agreement with two branches of the Soros Foundation to provide clean needles and injections to injecting drug users (IDUs).

In September 1998, FHI staff members performed an initial assessment of HIV prevention activities of several local NGOs. Realizing that HIV/AIDS in Ukraine targeted the most-at-risk populations, such as IDUs and commercial sex workers (CSWs), IMPACT/Ukraine designed interventions focused on harm reduction. Project activities sought to strengthen the capacity of NGOs through training sessions and workshops, directly funded and specific NGO activities, and on-site technical assistance.

As a result of IMPACT/Ukraine activities, all involved NGOs gained an understanding of the theories behind behavior change communication (BCC) and incorporated these theories into their activities. They also built their respective NGO's capacity in HIV prevention activities targeted toward groups that engage in high-risk behaviors as well as their capacity in NGO management and planning.

In addition to improved internal capacity at all targeted NGOs, IMPACT/Ukraine ensured increased knowledge of HIV among CSWs and IDUs. Combined, all of the NGOs distributed more than 150,000 materials about HIV prevention, and more than 800 clients attended support groups for IDUs, CSWs, and people living with HIV/AIDS (PLHA). Thus, both affected populations and local NGOs in Ukraine reported increased knowledge and understanding of both HIV and harm-reduction behaviors leading to the decreased spread of HIV.

PROGRAM STRATEGIES, IMPLEMENTATION, AND RESULTS

Introduction

USAID supported IMPACT in Ukraine from September 1998 to March 2000. During this period, IMPACT/Ukraine focused its efforts on capacity building for NGOs to respond to the HIV/AIDS epidemic aimed at the most-at-risk populations, especially PLHA, IDUs, and CSWs. IMPACT focused mainly on BCC, emphasizing harm-reduction strategies that aimed to reduce the risk-behavior activities among CSWs and IDUs. Collaborations between IMPACT/Ukraine and two branches of the Soros Foundation—the International Harm Reduction Development Program of the Open Society Institute (OSI) and the International Renaissance Foundation—enabled the program to provide essential harm-reduction supplies, such as clean syringes and needles. In addition, by the completion of the project, all participating NGOs attended a half-day workshop focused on planning for future financial survival and income-generating activities.

Country Context



Background of Ukraine

Ukraine proclaimed sovereignty from the Soviet Union in August 1991. By December 1991, former Communist leader Leonard Kravchuk was elected president, and Ukraine joined the Commonwealth of Independent States, which comprises 11 former Soviet Union states and Russia. In 1993, all members except for Ukraine signed a treaty that created an economic union and established a free-trade zone.

The collapse of the Soviet Union had severe social, political, and economic effects on Ukraine. In 1998, the yearly growth in gross domestic product declined by 3 percent, while inflation was 10 percent and unemployment was 2.8 percent, an increase of 1.3 percent from the previous

year.¹ This increase in unemployment in Ukraine became associated with a higher risk of alcohol abuse, domestic violence, drug use, and internal migration. Similar to other Eastern European countries, the lack of opportunities and economic instability increased the number of CSWs and IDUs.² In major cities, approximately 8.6 percent of the population were IDUs in 1998; opium was the most popular drug, followed by marijuana. However, because of the decrease in the price of heroin, heroin addiction became more common.³

The lack of opportunity in Ukraine was particularly prominent among women during this time. Since registered unemployment was higher among women than men, many women resorted to commercial sex work as a survival strategy.

Culturally, another important remnant from the Soviet Union was that homosexuality was considered illegal. Thus, even after the creation of Ukraine as an independent state, homosexuals experienced strong levels of stigma and discrimination and were more likely to take their sexuality underground, which resulted in an increase in high-risk sexual activity.

HIV/AIDS in Ukraine

In 1998, the population of Ukraine was approximately 50 million, and an estimated 1 percent of the population—or 240,000 people—were living with HIV/AIDS. Of this proportion, 230,000 were between the ages of 15 and 49. HIV/AIDS infected more males than females, and more than 70 percent of the cases occurred among IDUs. The infection began predominately in the cities of Odessa and Nicolaev and, although still concentrated there, spread across to all 27 regions of the country. As injection drug use occurred throughout Ukraine, the most likely spread of HIV involved transmission by IDUs.

However, these data are somewhat unreliable, given the difficulties that were facing the Ukrainian health service in the late 1990s. In 1997, there were only three specialized HIV clinical centers in Ukraine. Because of the rapidly increasing number of HIV cases, the clinics were quickly overwhelmed, which resulted in a large lag in reporting cases. Thus, the numbers above are estimates. By the end of 1996, only 228 confirmed AIDS cases existed in Ukraine.⁴ Given the increasing numbers of CSWs and IDUs, the implication for Ukraine was that an increasing HIV infection rate among these affected groups and an unstable population would result in a generalized HIV epidemic.

Implementation and Management

Implementation

In October 1998, FHI and JHU/PCS staff members met in Kiev to participate in the USAID-Kiev Health Partners Workshop and finalize the strategy for IMPACT/Ukraine. The project focused on building capacity among Ukrainian NGOs working with affected communities. Collaboration with the Soros Foundation supplied clean needles and syringes and ensured that the program targeted groups most at risk for HIV infection in Ukraine. The following five cities and corresponding NGOs were chosen to receive technical support:

¹ United Nations Economic Commission for Europe. *Basic Economic Indicators for Transition Economies, 1995-1998*.

² Barnett, T and Whiteside, A. "The Social and Economic Impact of HIV/AIDS in Ukraine." November 1997.

³ Drug Law and Policy Network. "Drug Policy and Health in Ukraine." 24 April 2002.

⁴ Barnett, T and Whiteside, A. "The Social and Economic Impact of HIV/AIDS in Ukraine."

1. Odessa—Faith, Hope, and Love
2. Nicolaev—Blagodiynist
3. Poltova—Anti-AIDS
4. Kharkiv—Red Ribbon NGO
5. Kremenchug—Poryatunok

All cities except for Kharkiv were chosen for their relative high rates of HIV infection; Kharkiv was selected as a low prevalence area in order to demonstrate the effectiveness of interventions in the early stages of HIV growth.

IMPACT/Ukraine decided that a two-pronged approach would be the best way to ensure the development of local capacity: (1) funding training sessions and workshops, and (2) funding specific NGO activities and providing on-site technical assistance. The sessions included training in data collection, the development of health communication and prevention intervention strategies, and training in advocacy to ensure that the activities of the selected NGOs would continue after the technical support from FHI and JHU/PCS was completed.

Management

IMPACT did not set up an office in Ukraine, so the project was managed collaboratively by FHI and JHU/PCS staff from their respective headquarters in the United States. Management of certain projects by either FHI or JHU/PCS staff depended on their respective topic areas. For example, JHU/PCS was responsible for hiring a contractor (GfK- Ukrainian Surveys and Market Research [USM]) to teach qualitative research methods to the NGOs and make sure that each NGO conducted formative research based on material presented at the seminars. JHU/PCS was also responsible for the workshop on AIDS Communication, Materials Development, and AIDS Community Demonstration Project (ACDP) model of HIV prevention. FHI was responsible for organizing and conducting the workshop on theory-based behavior change and data collection in March 1999.

PROGRAM OBJECTIVES, STRATEGIES, AND ACTIVITIES

Training Sessions and Workshops

Qualitative Data Collection and Research Methods

In early 1999, FHI and JHU/PCS team members collaborated with GfK-USM, a Kiev-based research company, to produce qualitative instruments and guides for conducting in-depth interviews and focus-group discussions with IDUs and CSWs. GfK-USM then trained the NGOs in data collection and research methods and assisted in analyzing the data.

Theory-Based Behavior Change and Qualitative Methods for Data Collection

In March 1999, JHU/PCS and FHI conducted a five-day workshop in Odessa that introduced key NGO staff members to the concept of theory-based behavior change and qualitative methods for data collection regarding high-risk behaviors.

Communication Strategy, Materials Development, and ACDP Model of HIV Prevention

In June 1999, JHU/PCS implemented a workshop to train NGOs on the ACDP model of HIV prevention as part of a larger workshop on communication strategy and materials development. The ACDP model of HIV prevention is a community-level BCC project implemented from 1991 to 1994 in five US cities: Dallas, Denver, Long Beach, New York, and Seattle. ACDP worked with six different populations: IDUs and their female sex partners, CSWs, men who have sex with men, youth who engage in high-risk behaviors, and people living in neighborhoods with high levels of STIs. ACDP tried to reduce the spread of HIV by encouraging groups that engage in high-risk behaviors to consistently use prevention strategies. Three principal components were used: (1) mobilizing community members to disseminate messages and materials among their peers; (2) creating small-scale media materials to include role-model stories containing theory-based prevention messages; and (3) increasing the availability of condoms and bleach kits for HIV/STI prevention.

Behavior Change and Future Programming

In March 2000, the IMPACT team held a one-and-a-half day final workshop in Nicolaev and in Kremenchug regarding outreach activities for behavior change, the role of positive and negative beliefs in behavior change, and future programming. Topics covered in the future programming section included identifying future technical assistance needs for the NGOs and planning future financial survival, which included the development of income-generating activities.

Direct Technical Assistance

After the June 1999 workshop on communication strategy, materials development, and the ACDP model of HIV prevention, FHI and JHU/PCS staff members traveled to Poltova, Kharkiv, and Nikolaev to meet with the project managers of those NGOs, facilitate development, and identify barriers and generate solutions to the problems identified. All of the NGOs were responsible for developing role-model stories to be used for prevention activities with IDUs and CSWs. By the end of 1999, IMPACT staff had traveled to Ukraine to check the progress and discuss issues with each of the five NGOs.

In accordance with an additional USAID request, IMPACT/Ukraine expanded the scope of work for the project and visited three new sites in Ukraine—Vinnytsya, Khryvy-Rig, and Donetsk—to evaluate the status of collaboration between NGOs and local government groups working on

HIV prevention. In those cities, all of the communities were in need of additional support for HIV prevention and drug treatment. IMPACT/Ukraine found Donetsk to have the best relationships between the NGO staff members and local government officials. However, Khryvy-Rig was the most developed in terms of complete and comprehensive statistics on HIV and drug use, whereas NGOs in Vinnytsya were found to have less internal capacity.

JHU/PCS and FHI staff also attended an HIV/AIDS conference in Ukraine, Planning Technical Assistance to Organizations Working in the Field of HIV/AIDS Prevention, sponsored by the International Harm Reduction Development Program of the Open Society Institute of New York, the International Renaissance Foundation (the Ukrainian arm of the Soros Foundation) and the Netherlands chapter of *Médecins Sans Frontières*.

Direct Financial Support to NGOs

FHI concentrated its financial and direct support to Faith, Hope, and Love in Odessa and Blagodiynist in Nicolaev, while JHU/PCS focused on Anti-AIDS in Poltova, Red Ribbon NGO in Kharkiv, and Poryatunok in Kremenchug. Support from IMPACT/Ukraine enabled the NGOs to conduct formative research, develop educational materials, conduct outreach activities, and provide counseling and medical services focused on HIV/AIDS and STIs among affected groups in the five cities targeted by IMPACT in Ukraine.

PROGRAM RESULTS

IMPACT/Ukraine provided technical and financial assistance to five NGOs in Ukraine from September 1998 to March 2000. All five of the supported NGOs reported an increase in understanding of behavior change theory and the role of behavior change in reducing the spread of HIV. All of the organizations reported an increase in effectiveness when they incorporated this new understanding of behavior change into their activities.

Another key output was the development of skills necessary to conduct formative research on risk behaviors. As previous information on HIV and risk behavior was limited in terms of accuracy and scale, the development of local NGOs able to perform their own formative research on HIV and risk behaviors is critical in managing and monitoring the spread of HIV/AIDS.

The table below summarizes the quantitative results of the IMPACT/Ukraine project.

IMPACT/ Ukraine Results Summary, September 1998–March 2000		
Type of Interaction	Process Indicator	Results
Psychological/legal counseling	Number of client counseling contacts	11,433
Psychological/legal counseling	Hours of counseling services provided	3,601
Group counseling/support groups	Number of clients attending support groups for IDUs, CSWs, and PLHA	880
Telephone counseling and referrals	Number of calls to two hotlines	832
Education of IDUs, CSWs, PLHA, and partners of PLHA about HIV/AIDS prevention	Number of print materials distributed	196,130
Training in qualitative research techniques	Number of NGO representatives trained	20
Training in health behavior change communication	Number of NGO representatives trained	25
Conducting qualitative research	Number of qualitative reports produced	5

LESSONS LEARNED AND FUTURE RECOMMENDATIONS

Challenges and Lessons Learned

When implementing this project, IMPACT/Ukraine confronted several issues. Because everything was centralized under the Soviet Union, there was a lack of NGOs—especially well-established ones—throughout Ukraine. Thus, the Ukrainian NGOs that did exist needed intensive technical assistance that IMPACT/Ukraine helped to provide. Under the Soviet Union, the Ukrainian health system was centralized. Upon dissolution, the health system rapidly disintegrated as a result of deteriorating economic and political environments. Often, people with STIs received inappropriate treatment, which made designing and administering project activities more challenging.

Beyond the capacity of local NGOs, IMPACT/Ukraine faced the following constraints that hindered progress:

- high levels of stigma associated with HIV infection in Ukraine
- high staff turnover within NGOs
- inconsistent application of program guidelines presented during training workshops
- inconsistent pretesting of materials
- inconsistent interpretation and adaptation of methodologies
- lack of mechanisms to monitor the impact of project activities
- lack of links to other activities of the organizations
- irregular access to services

Future Recommendations

The IMPACT/Ukraine team made the following recommendations regarding possible future work in Ukraine:

- NGOs need to enhance their capacity to implement HIV/STI prevention programs by developing a comprehensive strategic plan for behavior-change interventions that includes
 - a more thorough understanding of behavior-change theories; the linkages between sexual behavior and injecting drug use, gender, and other underlying contextual factors; and the link between these factors and HIV/STI prevention
 - a range of additional, complementary communication strategies, including interpersonal communication approaches
 - involvement of PLHA in program design and implementation
 - STI service provision and referral systems
 - participatory skills for community and institutional mobilization
 - commodity distribution
- There is a need to plan and build strategic alliances and partnerships among the different sectors. This includes clarifying the roles and responsibilities of government and NGOs, helping NGOs develop adequate mission statements that can guide their process of strategic planning, and coordinating efforts among key players.

- The programs would benefit from systematic behavioral data collection for monitoring project activities and complementing existing HIV testing to enable a better understanding of the dynamics involved in the spread of the HIV epidemic.
- Other areas that could complement the response to the epidemic are: updating and strengthening public-health services in STI management, including syndromic management, when appropriate; voluntary HIV counseling and testing; care and support of people living with and affected by HIV/AIDS, including orphans and other vulnerable children; and programs to prevent and treat mother-to-child transmission of HIV and tuberculosis.

IMPLEMENTING PARTNER ACTIVITY HIGHLIGHTS

Implementing Partner Matrix

Name	Organization type	Geographic location	Target population	Intervention	Project dates
Johns Hopkins University Population Communication Services (JHU/PCS)	NGO, university	Coordinating partner throughout Ukraine	NGOs, CSWs, IDUs	Trained NGOs in BCC; supported training in qualitative data collection and research techniques; supported and monitored Anti-AIDS in Poltova, Red Ribbon in Kharkiv, and Poryatunok in Kremenchug; organized workshop on AIDS communication, materials development, and ACDP model of HIV prevention	September 1998–March 2000
GfK-Ukrainian Surveys and Market Research (GfK-USM)	NGO	Kiev	NGOs	Trained NGOs in data collection and assisted in analyzing the data collected by NGOs	March–June 1999
Faith, Hope, and Love	NGO	Odessa	IDUs, CSWs	Interviewed IDUs and CSWs; established mobile stations to provide outreach and disseminate education materials to IDUs and CSWs; distributed educational materials to IDUs and CSWs; trained IDUs and CSWs as peer educators; trained service providers in HIV/AIDS prevention; established a psychosocial counseling hotline for groups that engage in high-risk behaviors; established a database for tracking hotline and referrals	Direct financial assistance, April 1999–September 1999
Blagodiynist (Charity Foundation)	NGO	Nikolaev	IDUs, CSWs, PLHA	Interviewed IDUs, CSWs, and PLHA; distributed disinfecting kits, condoms, and health education materials among PLHA	Direct financial assistance: April 1999–September 1999
Anti-AIDS	NGO	Poltova	IDUs, CSWs	Interviewed IDUs, CSWs, and PLHA; disseminated health information to IDUs, CSWs and PLHA	Direct financial assistance: April 1999–September 1999
Red Ribbon	NGO	Kharkiv	IDUs, CSWs	Interviewed IDUs and CSWs; disseminated health information to IDUs, CSWs, and PLHA	Direct financial assistance: April 1999–September 1999
Poryatunok	NGO	Kremenchug	IDUs, CSWs	Interviewed IDUs and CSWs; disseminated health information to IDUs, CSWs, and PLHA	Direct financial assistance: April 1999–September 1999

Selected Partners

Blagodiynist

<i>Implementing agency</i>	Blagodiynist (Charity Foundation)
<i>Geographic location</i>	Nikolaev
<i>Target population</i>	IDUs, CSWs, PLHA
<i>Length of support</i>	April 1, 1999–September 30, 1999
<i>Total amount given</i>	\$18,238

Background

In Nikolaev, from 1995 until 1998, the number of people infected with HIV/AIDS increased dramatically, especially among IDUs. In 1998, there were 4,948 people living with HIV in the city and region of Nikolaev, and of those, 70% were IDUs. In addition, the majority of the IDUs are also female CSWs. Thus, Blagodiynist targeted the IDUs and female CSWs in prevention of HIV/AIDS effort and PLHA in their efforts to educate about STIs.

Project Activities

Formative Research

In collaboration with FHI and JHU/PCS, Blagodiynist developed screening tools and focus-group discussion guides aimed at IDUs, female CSWs, and PLHA. Blagodiynist conducted interviews with 18 participants from each of the high-risk behavior groups (IDUs, female CSWs, and PLHA) to assess knowledge and attitudes toward HIV/AIDS and understand the main barriers to behavior change.

Peer Outreach

Blagodiynist recruited volunteers from the interviews and support groups of IDUs, CSWs, and PLHA to participate in peer-outreach activities. Of these volunteers, Blagodiynist trained 10 IDUs and 10 female sex workers to be peer educators. These peer educators were trained for five days in communication skills and outreach activities, and they were responsible for distributing educational material and condoms and training their communities in ways to reduce HIV/AIDS transmission.

In addition to the peer educators, Blagodiynist set up a support group for people with HIV that also aimed to encourage safer-sex behaviors. A psychologist and licensed medical doctor facilitated these weekly meetings, which occurred throughout the life of the project.

Consultation Sites

At the City Infectious Diseases Hospital and the Regional Centre of Alcoholism, Blagodiynist set up consultation sites staffed by the project doctor and psychologist. These sites provided medications for STI treatment, but if the patient needed more help, patients received project member cards that allowed access to psychological, social, and medical services at any medical institution in the city. Blagodiynist also provided psychological, social, and medical services at two additional sites for consultation and referrals in areas frequented by CSWs and IDUs.

Faith, Hope, and Love

<i>Implementing agency</i>	Faith, Hope, and Love
<i>Geographic location</i>	Odessa
<i>Target population</i>	IDUs, CSWs
<i>Length of support</i>	April 1, 1999–September 30, 1999
<i>Total amount given</i>	\$19,760

Background

Faith, Hope, and Love was one of the best-established NGOs working in HIV/AIDS in Ukraine, and has implemented HIV/AIDS prevention projects with IDUs and CSWs since 1996.

Project Activities

Formative Research

Faith, Hope, and Love conducted formative research among groups that engage in high-risk behaviors, similar to Blagodiynist, but in Odessa. With the support of IMPACT/Ukraine, Faith, Hope, and Love developed a screening tool and guide and conducted in-depth interviews with 18 CSWs and 18 IDUs. With these data, Faith, Hope, and Love aimed to understand the main barriers to behavior change and the level of knowledge of HIV/AIDS in these groups that engage in high-risk behaviors in Odessa.

Training

Faith, Hope, and Love organized trainings for local medical experts, psychologists, and lawyers as well as peer educators on HIV/AIDS prevention, communication skills, crisis management, and counseling skills. Those who were trained were then responsible for community outreach and staffing a hotline dedicated to serving affected communities.

In trainings, the service providers (psychologists, medical experts, and lawyers) were divided into groups based on the amount of experience they had working with affected communities. One group consisted of 10 people who had no experience working with affected communities; the other group consisted of providers who implemented prevention projects with affected communities and who also had experience with telephone hotline assistance. All groups received 48 hours of training.

Over six months, 21 IDUs and 21 female CSWs were trained as peer educators. Each person received six hours of training in safer-sex behaviors and safer drug-injecting techniques. Faith, Hope, and Love also set up a meeting place for the peer educators to provide additional support to each other and train others.

Hotline

Faith, Hope, and Love set up a telephone hotline to provide sociopsychological counseling to affected groups. This hotline was free and operated from 10:00 am until 10:00 pm for six days every week. It used a referral network to provide callers with the contact information of community members who were experts in drug, STI services, youth services, and mass-media sources in order to address all of the callers' needs.

Faith, Hope, and Love also created a database that tracked the calls to and referrals made using the hotline. The database included anonymous information on each person who requested assistance, what services they received, and to whom they were referred. The database was used to collect information on the needs of IDUs and CSWs.

Mobile Trust Stations and Peer Outreach

Two mobile trust stations were set up in five districts in Odessa that were not previously covered by Faith, Hope, and Love. Three people—two service providers and one peer educator—staffed each station. At each station, the teams disseminated HIV/AIDS materials, condoms, disinfections means, HIV prevention information, as well as general consultation and referral services. The stations were set up three times each week for three hours and rotated throughout the week to different places frequented by CSWs and IDUs.

Those peer educators who did not staff the mobile trust stations were responsible for going to the communities that were not covered by the stations to provide outreach to the affected groups.

ATTACHMENTS

IMPACT/Ukraine Financial Summary

From October 1998 until March 2000, IMPACT/Ukraine received a total amount of \$325,365 from USAID. This amount was divided between direct financial support to five NGOs as well as to FHI and JHU/PCS for various technical assistance needs. No further activities occurred in Ukraine after March 2000.

IMPACT/Ukraine provided the following subagreements during the life of the project:

Implementing Agency	Total Life-of-Project Budget
Blagodiynist (Charity Foundation)	\$18,238
Faith, Hope, and Love	\$19,760
Anti-AIDS	\$20,000
Red Ribbon	\$20,000
Poryatunok	\$20,000

Case Studies

IMPACT/Ukraine Role Model Story No. 1

I Hope I'll be Strong Enough....

My name is Oleg. I'm 20 years old. I've been using drugs for two years. All that time, I wasn't really careful about my syringes. But last month I kept hearing more and more from my friends that a lot of them trade in their used syringes at exchange points. I used to ask them, "Why are you doing this?" And a lot of times they said, "This way we feel more peaceful, because we don't have to worry about AIDS."

I started thinking maybe I should use clean needles too.

Then, two weeks ago something horrible happened, something that scared me a lot. One of my friends discovered he was HIV-positive. And at that moment I decided I would only use clean needles. It may not work for me right away. But even having decided that, I feel more calm and secure. I hope I'll be strong enough...

IMPACT/Ukraine Role Model Story No. 2

Without a Condom—Without Me

My name is Lena. I earn money on the street to buy drugs. With clients, I usually use condoms. But sometimes when a client was persistent, and I thought he was healthy, I worked without a condom. I thought I would be safe and that a person's appearance would tell me if he was sick or not.

My friend Natalia and I had a chat about it once. She asked me, "Do you really think you can know by looking at a person if he has HIV? It's a good thing you use condoms, because you can't always tell if someone has HIV by how he looks. You need to use condoms with *all* of your clients."

I started thinking about it. Really, you can't tell if a person has HIV. So if I want to stay healthy, I need to use condoms with all my clients.

Natalia supported me. It's been two weeks since I started using condoms with all my clients. And if the client is pushing me to work without a condom, I just tell him, "Without a condom is without me." Now that I'm not risking my health at work, I feel more peaceful and confident."

Publications

Family Health International. *Project Report: Preventing HIV in Injecting Drug Users in Ukraine 1998–1999.*

IMPACT/Ukraine List of Technical Assistance

Traveler	Technical Assistance Provided
FHI, JHU/PCS program officers, local consultant	NGO Financial/ Administrative Support
GfK-USM consultant	Formative Research Training—conducted a seminar on qualitative research methods and data collection
FHI, JHU/PCS, international consultant	Seminar on behavior change theory and qualitative research methods
GfK-USM consultant	Formative Research Implementation—NGOs conducted formative research based on the seminars
FHI and JHU/PCS consultants, program officers, GfK-USM consultant	AIDS Communication and Behavior Change strategies workshop (including training in the ACDP model of HIV prevention)
JHU/PCS and FHI program officers	Follow-up activities, including distribution and printing of materials
JHU/PCS and FHI program officers	NGO subgrant awards
JHU/PCS and FHI program officers	Working Meeting on Planning Technical Assistance to Organizations Working in the Field of Public Health in Ukraine
JHU/PCS and FHI program officers	Evaluating the Status of Collaboration between NGOs and local government in Vinnytsya, Khryv-Rig, and Donetsk
JHU/PCS and FHI program officers	Outreach activities for BCC and future programming

