

# Keeping women who use drugs healthy

Alliance Ukraine's experience integrating HIV, harm reduction and sexual and reproductive health programming



# About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

## Acknowledgements

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## Introduction

The sharing of injecting equipment is the main driver of HIV transmission in Ukraine. However an increasing number of new infections are attributed to unprotected sex.<sup>1</sup> Despite this shift, few HIV programmes have integrated harm reduction and sexual and reproductive health services in response. “There is a general idea that people who use opiates are not capable of having sex,” believes Liudmyla Shulga, head of technical support team at the International HIV/AIDS Alliance in Ukraine (Alliance Ukraine). She was describing why there are so few programmes responding to the sexual and reproductive health needs of people who use drugs in Ukraine.

Women who use drugs are often overlooked in HIV and harm reduction programmes. Although women are increasingly affected by HIV in Ukraine, harm reduction programmes in Ukraine, like those globally, have been traditionally oriented towards men, reaching fewer women who use drugs and overlooking the challenges they face.<sup>2</sup>

This case study focuses on three interventions introduced by Alliance Ukraine in response: a project to implement HIV and harm reduction services for women who use drugs; training for social workers on the sexual and reproductive health of people who use drugs; and couple counselling for couples who use drugs. Alliance Ukraine’s experience of these interventions highlights the importance of integrating sexual and reproductive health information and services into harm reduction programmes, and adopting a gender-sensitive approach.

The case study is part of a series documenting Alliance Linking Organisations’ experiences of integrating sexual and reproductive health and HIV programming with key populations,<sup>3</sup> and is based on a review of project documents, including a project evaluation, and telephone interviews with Alliance Ukraine staff.

### **Alliance good practice HIV programming standards**

Implementing the Alliance good practice HIV programming standards is one of the ways that the Alliance, our partners and other organisations can define and promote a unified and quality-driven approach to HIV programming.<sup>4</sup> Key standards highlighted in this case study include:

#### **Standard 7.6 Our programmes targeting people who use drugs are gender sensitive, and include interventions for the sexual partners of people who use drugs.**

Criteria include: gender-specific programmes or services are in place; women who use drugs and/or female partners of men who use drugs are present on governing boards; women, men who have sex with men, and transgender people participate in community assessments.

The full set of Alliance good practice HIV programming standards can be found at: [www.aidsalliance.org/Publicationsdetails.aspx?Id=451](http://www.aidsalliance.org/Publicationsdetails.aspx?Id=451).

1. Ministry of Health of Ukraine (2012), Ukraine harmonized AIDS response progress report, Kiev.

2. Pinkham, S. and Shapoval, A. (2010), Making harm reduction work for women: the Ukrainian experience, New York: International Harm Reduction Development Program of the Open Society Institute.

3. Key populations are people who are at higher risk of HIV. In this series, they are defined as men who have sex with men, people living with HIV, people who use drugs, sex workers and transgender people.



### **Standard 3.3: The organisation's HIV prevention activities adopt a positive approach to sex.**

Criteria include: education and information materials include the importance of sexuality and consideration of sexual pleasure for all people; staff and volunteers are trained in sexuality, including anatomy and physiology, sexual pleasure and how to help people find safer ways to express their sexuality.

Standard 4.9: Our organisation works with others to promote and/or implement programmes that address gender and sexuality as an integral component of the SRH and HIV response.

Criteria include: Using methods to enable people to talk about the realities of their lives and their gender and sexual orientation safely; objectives and action plans include activities for changing harmful norms and practices, increasing gender equality and empowering marginalised groups.

### **About Alliance Ukraine**

Established in 2002, Alliance Ukraine is committed to supporting community action on HIV locally, nationally and regionally.

Since its beginning, Alliance Ukraine has played a leading role in HIV prevention, treatment and care in Ukraine. This has included launching and scaling up access to antiretroviral treatment; initiating and rolling out substitution maintenance treatment for injecting drug users; providing long-term funding support for prevention of mother-to-child HIV transmission programmes; and extending community-based HIV prevention programmes – including improving access to clean injecting equipment – from small pilots to large-scale comprehensive services. In 2012 Alliance Ukraine reached 556,486 people with services. It provides technical and financial support to 163 local community based and non-government organisations across Ukraine.



Members of Hope and Salvation, a charitable foundation supported by Alliance Ukraine, at a bar in Simferopol, southern Ukraine getting to grips with correct condom use, medical problems and legal rights.  
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## The problem

### **Lack of integrated harm reduction and sexual and reproductive health services for people who use drugs**

Ukraine's adult HIV prevalence rate of approximately 1.5% is now the highest of any country in Europe or Central Asia.<sup>5</sup> The sharing of injecting equipment amongst people who inject drugs has been the key driver of HIV transmission. While the epidemic remains concentrated among people who inject drugs, new HIV infections are increasingly being attributed to unprotected sex.<sup>6</sup>

Growing evidence points to the close relationship between sexual and injection-related HIV risk amongst people who inject drugs. Despite this, interventions integrating harm reduction and sexual and reproductive health have been rare.<sup>7</sup> According to Shulga, “[Alliance Ukraine] Harm reduction projects always concentrated mostly on clean needles, and our sexual health training to clients was limited to distributing condoms and lubrication”.

### **The unmet needs of women who use drugs in Ukraine**

In Ukraine today, women account for almost half of all HIV cases among adults.<sup>8</sup> Women's increased prominence in the epidemic has been largely attributed to injecting drug use or unsafe sex with a partner who injects drugs.<sup>9</sup> Women who inject drugs are more likely to be 'last on the needle', that is, the last person to use shared injecting equipment when using with a partner or in a group, need more help with injecting, and have sexual partners who inject drugs, increasing their vulnerability to HIV.<sup>10,11</sup>

Women who use drugs also have high rates of sexually transmitted infections and are very likely to become pregnant, intentionally or otherwise.<sup>12</sup> They often experience high levels of poverty, financial dependence, and violence and abuse, limiting their ability to negotiate relationships and safer sex practices.<sup>13</sup> They also face numerous barriers in accessing health care, including opposition from male partners, stigma and discrimination from health care providers, childcare responsibilities, and fear of losing custody of their children. When women disclose their drug use, many health care providers assume they are unfit to parent, and children are taken away. The fear of this keeps many women drug users away from services, or when they do access services, women drug users don't disclose their drug use.<sup>14</sup>

Despite these many needs for care and support, harm reduction services in Ukraine, like those globally, have often been oriented towards men, failing to recognise the full range of needs of women who use drugs.<sup>15</sup> Historically, they have reached fewer than one woman for every four men, and many non-governmental organisations have had limited understandings of gender sensitivity.<sup>16,17</sup>

5. See note 1.

6. See note 1.

7. Pinkham, S. and Malinowska-Sempruch, K. (2007), *Women, harm reduction, and HIV*, New York: International Harm Reduction Development Program of the Open Society Institute.

8. See note 1.

9. See note 2.

10. See note 2.

11. Shulga, L., Tokar, A., Smirnov, A., Dvinskykh, N. (2011), *Developing gender-sensitive approaches to HIV prevention among female injecting drug users*, International HIV/AIDS Alliance in Ukraine, Kiev.

12. See note 2.

13. See notes 2 and 11; USAID, Pact, FHI 360 (2012), *Gender situational assessment: Ukraine (draft)*, Project: Improving HIV/AIDS Services for Most-At-Risk Populations in Ukraine.

14. See note 13.

15. See notes 2 and 7.

16. See note 11.

17. International HIV/AIDS Alliance in Ukraine (2012), *Catalyzing change through innovation, partnerships and comprehensive services: scaling-up the national response to HIV/AIDS through information and services (SUNRISE) project 2004–2011*, Kiev.

Where women have accessed HIV and harm reduction services, many of their needs have not been met. Women who use drugs need social and psychological support such as counselling and women-specific support groups, reproductive health services, such as contraception services and support during pregnancy.<sup>18</sup> Pregnant women who use drugs need particular attention, especially HIV positive pregnant and drug using women.



Personal tragedy inspired Natalia to set up the 'From Heart to Heart' organisation, largely funded by Alliance Ukraine and the All-Ukrainian Network of People Living with HIV/AIDS. It includes a community centre for people who inject drugs and people living with HIV, in Cherkassy, Ukraine. She is pictured here with a client's daughter.  
© Alliance

18. See note 11.

## The programmes

### **1. Developing Gender-Sensitive Approaches to HIV Prevention Amongst Female Injecting Drug Users project**

In 2010, following two research studies and a pilot intervention, Alliance Ukraine initiated an innovative project to develop gender-sensitive approaches to HIV prevention. Working with non-government organisations (NGOs), Developing Gender-Sensitive Approaches to HIV Prevention Amongst Female Injecting Drug Users (the Gender project)<sup>19</sup> was designed to implement harm reduction services for women who use drugs and improve the quality of their lives.

#### **Extract from the Alliance Values Statement on our Work with Women and Girls**

Gender and sexuality have a fundamental bearing on the course, pace and impact of HIV infection. The different attributes, roles and expectations that societies assign to men, women, girls and boys, and the capacity to express oneself sexually, profoundly affect an individual's ability to protect themselves from HIV and cope with its impact.

The Alliance adopts a gender transformative approach to its work with women and girls by aiming to change gender norms that: legitimate unequal relationships between men, women, girls and boys; perpetuate gender-based violence; and lead to sexual risk-taking behaviours. It also addresses the quality of relations between men and women and with people who have other gender identities.

This includes promoting change through: improving access for women and girls by training and sensitising health care workers, police, and other service providers to provide services that are non-discriminatory and sensitive to the needs of women and girls.

#### *Providing gender-sensitive services*

Alliance Ukraine's Gender project focused on supplementing and strengthening the existing harm reduction, HIV and sexual and reproductive health services of NGOs with outreach, training and support to specifically target women who use drugs.

Each implementing partner introduced weekly information and support sessions for female clients, who were also outreach volunteers. Running over a period of 12 weeks, the sessions included topics addressing participants' health, families and relationships, drug use, safer sex, gender-based violence, sexual and reproductive health and parenting, nutrition, well-being and beauty tips.

In addition, monthly training sessions were organised for volunteer peer educators, focusing on risk reduction strategies and techniques, and training skills. These sessions included developing a mutual support network to reduce clients' experience of isolation and stigma, offering opportunities for clients to share their problems and suggestions for the organisation, and strengthening their sense of community and empowerment. Some peer educators participated in secondary syringe exchange interventions, exchanging syringes, disseminating information and providing harm reduction skills within their social networks.

19. Part of its Scaling Up the National Response to HIV/AIDS through Information and Services (SUNRISE) project, funded by the United States Agency for International Development.

## **What makes a service gender sensitive?**

'Gender sensitive' means sexual and reproductive health and HIV services taking into account the different needs of women, men and transgender people, whatever their sexual orientation. This includes recognising their physical vulnerabilities and the impact of their gender and sexuality on their options for safer sex and use of services.<sup>20</sup>

For Alliance Ukraine, any service can be gender sensitive, whether it is syringe distribution, condom distribution or counselling. To be gender sensitive, the people involved in delivering the service need to understand the different needs of men and women, and reflect these in their approaches. For example, if social workers are counselling on sexual health issues, they need to be able to understand and respond to the social norms and pressures that may be affecting the sexual behaviour of men and women who use drugs.

### *Creating an emotionally and physically safe environment*

Recognising the obstacles faced by women who use drugs in accessing services, Alliance Ukraine worked with NGOs to create emotionally and physically safe environments, where women were treated with dignity and respect. For example, partner NGOs provided designated 'women-only' time for women to access services without the presence of male clients.

Regular meetings were also held between social workers and clients, together with project staff, clients and specialists, to build personal contacts and improve staff and specialists' understanding of female clients' needs, and women's sense of ownership of the programme.

In 'Oberih' one of the most popular services among women was group meetings with a psychologist. The women shared their different priorities and issues in their lives, defining their hopes for success and improving their self-esteem and mood. After the meeting they discussed healthy recipes and prepared a meal together.<sup>21</sup>

### *Building gender-sensitive organisations*

To be able to deliver gender-sensitive services in the long term, Alliance Ukraine realised that NGOs needed to understand gender and gender sensitivity, and be able to apply these concepts to all aspects of their work.

So they provided in-depth training on gender, gender-specific HIV risk practices, differences in male and female addiction, risk reduction strategies, and training activities for three staff members from each partner NGO. These participants then went on to train their colleagues who had no chance to attend the original training. Alliance Ukraine worked with the partners to develop and implement gender-sensitive organisational policies and strategies to encourage clients to recognise their role in creating safe spaces for female clients.

20. International HIV/AIDS Alliance (2010), Good Practice Guide: Integration of HIV and sexual and reproductive health and rights, Brighton.

21. International HIV/AIDS Alliance in Ukraine (2011), 2010 annual report, Kiev.



### **Extract from Gender Policy developed by Donetsk Regional Charitable Foundation Oberih**

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

Their Gender Policy includes commitment to:

- Treating and valuing all clients equally, regardless of their sex, gender, ethnicity, religion, age or sexual orientation, including respecting their anonymity and confidentiality;
- Creating and maintaining atmospheres of mutual respect, support and courtesy;
- Ensuring all staff are trained to improve the quality of gender-sensitive service delivery;
- Recognising the different needs of, and making sure services are suitable for, men and women;
- Ensuring clients’ equal access to HIV/STI services by planning appropriate opening hours;
- Following gender-sensitive approaches in programme planning, including proportional distribution of budget and resources according to clients’ needs.<sup>22</sup>

## **2. Training on sexual and reproductive health: “training people to talk about sex”**

For Alliance Ukraine, the changing dynamics of the HIV epidemic had already demonstrated a need to recognise and respond to the sexual behaviour of people who use drugs and their sexual partners. The Gender project revealed that many clients, both male and female, lacked information about their sexuality and sexual and reproductive health.

In response, Alliance Ukraine developed an introductory training of trainers module for social workers on the sexual and reproductive health and rights of people who use drugs. The module, first used in June 2011, covered sex and gender; sexuality; the reproductive health of men and women; sexually transmitted infections; contraception and methods of sexual and reproductive health protection; and the particular sexual and reproductive health issues faced by people who use drugs, such as the impact of drug use on sexual performance.

## **3. Introducing couple counselling**

The Gender project also highlighted a need for men to be involved in gender-sensitive harm reduction, HIV and sexual and reproductive health programmes.

Project staff had made a point of asking male clients about female partners who use drugs as a means to recruit and retain more women, recognising that women’s decisions on issues such as condom use are often influenced by the men around them. Alliance Ukraine found that many female clients would come along with their partners, particularly if the sessions were in the evenings. This provided an opportunity for male partners to talk to social workers and each other, making the service feel friendlier and enabling social workers to reinforce safer sex and drug use messages.

This unexpectedly positive result sparked a new idea for Alliance Ukraine: couple counselling. This innovative intervention, which began in 2012 and is still continuing, enables men and women in relationships to receive counselling together.

Couple counselling is based on the belief that couples need to have opportunities to talk together in safe environments about their health, relationships and drug use, and that they can support each other’s healthy behaviour:

22. See note 11.

If you don't talk to people simultaneously, they won't talk to each other about it. It also takes a long time for adults to feel comfortable talking about sex. Instead of doing general training and embarrassing everyone, I thought that maybe it would be quicker and more helpful if we talked to the couples, to people who are quite close to each other.... [Also] when you train two people simultaneously... they will feel a bit awkward in breaking the rules afterwards... (L. Shulga)

Drawing on research from Columbia University,<sup>23</sup> the counselling combines information on sexual health with sessions on safer drug use, overdose prevention and relapses. The introductory intervention began with HIV/sexually transmitted infection testing and a behaviour survey of 375 couples, followed by four counselling sessions. Six months later, the same couples took part in a survey and testing again in order to evaluate what had changed as a result of the intervention.<sup>24</sup>

## Results

### **1. "We definitely changed the way of service delivery"**

During the 12-month Gender project, Alliance Ukraine reached 872 women who use drugs with gender-specific services.<sup>25</sup> This included 134 women who took part in weekly sessions specifically for female clients, receiving information and support to improve their health and well-being. The peer education and secondary syringe exchange approaches also enabled the project to reach women who were unable to visit harm reduction sites; for example, as a result of opposition from a male partner.

However, the success of the project lay not only in the numbers of clients reached, but also in the improvements in the quality of services and the environment in which they were delivered. For example, women-only opening times helped clients to feel comfortable discussing sensitive issues, and informal 'catch-ups' between social workers and clients helped support sessions to become more friendly and personal.

In an end-of-project evaluation, clients showed satisfaction with the quality of the programme, as well as the "comfortable atmosphere", saying that the hours and the location of the services suited their needs. The safe environment also meant that women felt comfortable bringing their children, which proved to be an additional motivation for them to attend.

Women also visited frequently – generally up to three times a week – suggesting that they valued the services. Overall, the average numbers of female clients using services more than doubled during the project, suggesting that the new approaches had made them better able to reach and engage women who use drugs.<sup>26</sup>

### **2. Reducing risky behaviour**

The end-of-project evaluation also found that clients had increased knowledge of risky injecting and sexual practices, and were increasingly motivated to adopt safer practices. Feedback from project staff suggests that peer support was particularly helpful in raising awareness and providing motivation for behaviour changes:

The Women's Club that was created by our clients meets every last Wednesday of the month and its activities are quite successful. While raising awareness of HIV/AIDS, girls began thinking

23. El-Bassel, N., Witte, S.S., Gilbert, L., Wu, E., Chang, M., Hill, J., Steinglass, P. (2005), 'Long-term effects of an HIV/STI sexual risk reduction intervention for heterosexual couples', *AIDS and Behavior*, 9(1). Available at: <http://link.springer.com/article/10.1007%2Fs10461-005-1677-0?LI=true>

24. At the time of writing the case study, these results were in the process of being analysed.

25. See note 11.

26. See note 11.

about their own safety and health. 90% of our clients no longer reuse syringes, while 70 percent have reported they have started using condoms. Especially popular are female condoms. (Staff account from the non-governmental organisation Our Help, Slovyansk)<sup>27</sup>

### **3. Building gender-sensitive organisations**

For Alliance Ukraine, one of the most important results of the Gender project has been the change in the knowledge, policies and practices of project staff. At the end of the project, 98% of staff said they understood gender-sensitive approaches, and increasing numbers felt the approaches were good for their organisations. The majority also felt better able to respond to the needs of women who use drugs, and to identify gaps in existing services.<sup>28</sup>

This change in understanding has also meant changes to the ways that the NGOs involved in the projects work. For example, they increased their budget share allocated to services for women, showing significant buy-in to the new approaches.<sup>29</sup>

### **4. Making changes nationally**

The Gender project also produced learning and experience to be shared nationally. For example, in a recent national consultation on introducing gender-sensitive services in HIV prevention, Alliance Ukraine was able to contribute significantly to discussions, suggesting strategies for a new national HIV programme to start in 2014.<sup>30</sup>

The tools developed through the project are also available for sharing with organisations across the country. Alliance Ukraine is now supporting the development of gender-sensitive programmes among a wider range of partners.

### **5. Training on sexual and reproductive health and couple counselling**

The training of trainers module on sexual and reproductive health has now been used to train 112 staff working in Alliance Ukraine's regional resource centres and partner organisations, helping them to train others to talk about sex and sexuality openly, positively and supportively with their clients.

Although the couple counselling is ongoing, feedback so far suggests that the approach is proving very popular. The sessions on sexual health are particularly appreciated: "The clients are saying this is the first time in their lives they have had a chance to discuss this topic together with a partner".<sup>31</sup>

There is strong evidence to support the value of couple counselling. A study in sub-Saharan Africa showed that "integrating couples HIV testing and counselling (CHTC) into routine clinic- and community-based services can significantly increase the number of couples where the status of both partners is known" and provides a space where issues such as fear of stigma, fear of the side effects of ARVs, fear of taking medications on an empty stomach, and concerns around the transport costs associated with treatment can be discussed between partners openly.<sup>32</sup>

27. See note 17.

28. See note 11.

29. See note 11.

30. L. Shulga, personal communication, 2012.

31. See note 30.

32. Amy Medley\*, Rachel Baggaleyb, Pamela Bachanasa, Myron Cohenc, Nathan Shafferb and Ying-Ru Lo (2013), 'Maximizing the impact of HIV prevention efforts: Interventions for couples' AIDSCARE <http://dx.doi.org/10.1080/09540121.2013.793269>

## Challenges

### Understanding gender and gender sensitivity

At the beginning of the Gender project, social workers and outreach workers had only vague ideas about how to make their services gender sensitive, and their managers were unable to explain the concept. So in addition to offering training on gender, Alliance Ukraine provided ongoing support to ensure that NGO staff had awareness of gender roles and gender power imbalances, and understood and supported the changes taking place. These concepts and approaches are not easy to explain, but Alliance Ukraine has learnt that combining gender theory with discussions on what it means in practice has been helpful.

Alliance Ukraine has produced materials on women and drugs as a resource for partner organisations. However, more work is needed to develop specific guidelines and materials on gender-sensitive services in practice.

### Reaching women with diverse profiles

Most clients reached through the Gender project had one regular sexual partner, and much of the information and support was designed for women in long-term relationships. However, a significant number of women also reported having casual sexual partners and transactional sex (sex for money or drugs).

To meet the needs of these and other women, Alliance Ukraine is now supporting NGOs to provide gender-sensitive HIV and sexual and reproductive health services for women with diverse backgrounds who use drugs, including women who sell sex, have multiple casual sexual partners, or who are living with HIV

### Involving men

Early on in the Gender project, staff reported difficulties in getting men accustomed to the new women-only services. Male clients showed signs of jealousy, and raised questions about being less important than female clients. Initially, staff found it difficult to explain the reasons for these changes. However, men gradually became accustomed to the services, and greater efforts were made to include male partners of female clients. For example, some male partners of female clients also followed the women into treatment programmes.<sup>33</sup>

The introduction of couple counselling has also provided an opportunity to ensure that men and women can access and benefit from services together.

### Involving women who use drugs as staff

A remaining problem was how to involve women with drug-using experience as programme staff members. Although more than 75% of staff members are female, few of them are women who use drugs, and only a small number are in leadership positions.<sup>34</sup>

### Sensitivity in talking about sex

Alliance Ukraine found high levels of nervousness from social workers in the trainings on sexual and reproductive health. These trainings included discussions on male and female anatomies, the reasons why people have sex, and opportunities for participants to practise using language on sex, sexuality and sexual health. Alliance Ukraine believes that more is needed to normalise this language, and ensure that both social workers and people using drugs feel comfortable in talking about these issues.

33. See note 17.

34. See note 11.

Alliance Ukraine found it useful to use female and male genital models during the trainings, which helped to make the sessions “very exciting” for participants, and encouraged them to talk about sex with clients. They even had to lock the models away after sessions, as they kept getting stolen!<sup>35</sup>

## Lessons learnt

### **Lesson: Building women’s long-term networks**

Many of the outreach volunteers and peer educators benefitting from training and support had very limited social networks and friends to communicate with. So instead of being asked to reach large numbers, they were encouraged to share their learning with two or three of their closest friends. This approach was seen as successful not only in sharing information but also in building trust and relationships, and attracting new participants for the next round of training sessions. The approach also contributed to developing longer-term networks of women who use drugs, as participants usually continued to stay in the project, often leading women’s clubs and supporting their peers.

### **Lesson: Provide services and train service providers**

Alliance Ukraine learnt that combining service delivery with efforts to create long-term changes among NGO service providers made the Gender project effective: “One component is where you give a direct service, the other one is making people who deliver those services understand why they deliver this particular service, or why it should be delivered in this way than the other way... both components were effective”.<sup>36</sup>

### **Lesson: Ensure the whole organisation is involved**

Alliance Ukraine required that all NGO service providers be trained on gender, gender-sensitive approaches and sexual and reproductive health, and become involved in developing gender-sensitive policies. This approach was seen as particularly valuable in influencing long-term, sustainable changes within the organisations, beyond the specific project or project staff:

Their organisations changed, not the project... Not only the attitude of social workers but also of all medical consultants who work for them as well. They were working on these policies and procedures for a year, they went through the discussions together. It changed their whole understanding, it impacted all other projects and services. (L. Shulga)

### **Lesson: It still takes time**

Developing gender-sensitive and integrated sexual and reproductive health and HIV programming is a long-term process. Although much progress has been made in developing understandings of gender sensitivity and sexual and reproductive health integration, and appropriate responses, Shulga believes that, “Change will need time, and expected quick results will lead to frustration.”<sup>37</sup> For example, while gender is now being addressed in the NGOs that were part of the Gender project, more work is needed to ensure that gender-sensitive approaches are mainstreamed into the work of other NGOs and government services.

35.. See note 30.

36. See note 30.

37. See note 11.



## Plans for the future

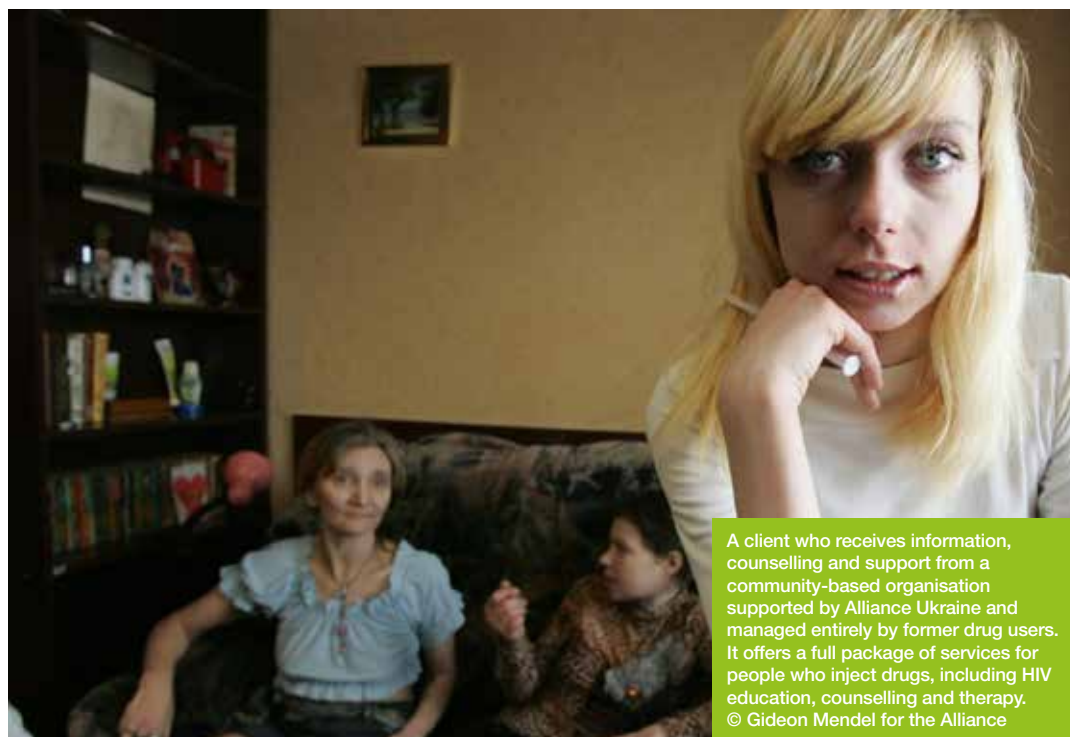
The success of Alliance Ukraine's Gender project, and the popularity of the trainings on counselling and sexual and reproductive health, demonstrate that it is both important and possible to introduce gender-sensitive approaches and sexual and reproductive health information and services into harm reduction programmes. This work is now continuing with support from the Global Fund.

However, more is needed. For example, Alliance Ukraine's experience of working with health care workers highlights their needs to understand the specific sexual and reproductive health needs of women who use drugs, particularly during pregnancy. Given the increasing rates of sexual transmission of HIV in Ukraine, Alliance Ukraine is also interested in intensifying work with the partners of all key populations, including people who use drugs, men who have sex with men, and sex workers.

Alliance Ukraine staff voice concerns about the future of approaches that recognise the needs of men and women who use drugs beyond their injecting practice. In the context of decreasing funding in Ukraine for harm reduction, their fear is that donors and the government may "exclude something more expansive than syringe exchange".<sup>38</sup>

Alliance Ukraine believes it is crucial for donors, governments and policy-makers to recognise that gender sensitivity, harm reduction and sexual and reproductive health should not be separately organised. They are advocating for greater integration of HIV, sexual and reproductive health and harm reduction programmes :

Decision-makers should stress sex education in harm reduction. Usually it's two dialogues that go in parallel. One is harm reduction and syringes, the other is gender sensitivity, women's rights, reproductive health, and it's usually reproductive health of a woman. They should combine those discussions. (L. Shulga)



A client who receives information, counselling and support from a community-based organisation supported by Alliance Ukraine and managed entirely by former drug users. It offers a full package of services for people who inject drugs, including HIV education, counselling and therapy. © Gideon Mendel for the Alliance

38. Shulga, L., Tokar, A., Smirnov, A., Dvinskykh, N. (2011), Developing gender-sensitive approaches to HIV prevention among female injecting drug users, International HIV/AIDS Alliance in Ukraine, Kiev.

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**International HIV/AIDS Alliance**  
**Together to end AIDS**

“Harm reduction and sexual and reproductive health should not be separately organised.

Greater integration helps the most vulnerable, including women, to access the services they require, and helps reduce HIV transmission.”

Alliance Ukraine