Minutes of the meeting of the Permanent Expert Review Group within the project implemented by International HIV/AIDS Alliance "Capacity Development for Quality Assured Gender Sensitive Harm Reduction Interventions in Ukraine" with financial support of the Expertise France 5% Initiative

Kyiv, 2 October 2015

The meeting was attended by:

1) Aleksandr Ostapov, Ukrainian Harm Reduction Association
2) Natalia Kitsenko, All-Ukrainian Public Health Association
3) Victoria Lintsova, Association of Substitution Treatment Advocates of Ukraine (ASTAU)
4) Konstantin Kalancha, UNAIDS
5) Iryna Nerubaieva, AIDS Foundation East-West (AFEW)
6) Olga Korolenko, USAID RESPOND Project
7) Aleksandra Yatsura, consultant of the USAID HIV Reform in Action Project (Deloitte)
8) Iryna Pinchuk, Ministry of Social Policy
9) Tatyana Pletneva, Ukrainian Center of Socially Dangerous Disease Control of the MoH of Ukraine
10) Iryna Demchenko, Analytical Center "Socioconsulting"
11) Natalia Bulyga, Analytical Center "Socioconsulting"
12) Elena Bredikhina, consultant of Oberig NGO, Konstantinovka, Donetsk oblast
13) Svetlana Gaiduk, consultant of Oberig NGO, Konstantinovka, Donetsk oblast
14) Nina Verbitskaya, consultant
15) Natalia Romanova, consultant
16) Miroslava Debeliuk, consultant
17) Dina Rozhdestvenskaya, consultant
18) Liudmyla Shulga, International HIV/AIDS Alliance in Ukraine
19) Marina Varban, International HIV/AIDS Alliance in Ukraine
20) Yana Sazonova, International HIV/AIDS Alliance in Ukraine
21) Ekaterina Yaremenko, International HIV/AIDS Alliance in Ukraine
22) Anna Dergausova, International HIV/AIDS Alliance in Ukraine
23) Lesya Khmel, International HIV/AIDS Alliance in Ukraine

The following issues were raised and discussed during the meeting:

1. Liudmyla Shulga presented the project "Capacity Development for Quality Assured Gender Sensitive Harm Reduction Interventions in Ukraine", identifying key objectives of the project, its goal, timeframe and partners.

2. Natalia Bulyga made a presentation of the key results of the formative research of gender-oriented programs, projects, interventions, and services in the area of harm reduction. In the presentation, the focus was made on the differences, discrepancies, stereotypes and myths among the social workers of HIV-service NGOs and among clients of harm reduction projects.

Participants of the meeting asked questions to clarify the key research results.

Marina Varban said that the results of this study will be the basis to develop interventions to increase the coverage of female IDUs with harm reduction and OST projects and to draft a training program for specialists working in the area of HIV prevention.

3. Miroslava Debeliuk presented the key ideas of the intervention to increase the number of female IDUs in the OST programs.

Liudmyla Shulga offered to discuss those ideas in more details in the process of working group discussion during the meeting.

4. All participants were divided into 3 working groups:
Group 1: "Development of an intervention to increase the coverage of FIDU with harm reduction projects"
Group 2: "Development of an intervention to increase the coverage of FIDU with the OST program"
Group 3: "Development of training programs for specialists"

For 40 minutes, the group participants were discussing the content and the peculiarities of the interventions and the training programs to be developed.
Following the discussion, every group presented its findings.

Group 1: The harm reduction intervention should include:

- The motivation to engage female IDUs may be:

- a selection of quality injection equipment (needles of different diameter, possibly with silicone coating, three-component syringes), femidoms;
- food vouchers with different amounts;
- vouchers to beauty salons;
- voucher to buy perfumes, cosmetics, household cleaning products;
- mobile connection vouchers;
- travel vouchers for public transport.

The training module should cover the following topics:

1. HIV prevention, taking into account the peculiar features of a woman's body, e.g. bigger risk in case of unprotected sex, but also taking into account psychological barriers and overcoming stereotypes like "I can't be the first one to offer using a condom"
2. Peculiarities of safe injection practices for women, taking into account women's anatomy (thinner veins), psychological barriers and stereotypes ("it is fine to inject after the partner as he is the one who brings the money")
3. SRH (sexual and reproductive health): anatomy, physiology, hygiene
4. SRH: contraception, STI prevention
5. SRH: safe sex practices
6. Tuberculosis prevention
7. Hepatitis prevention
8. OST
9. Services in a given city

Maybe different texts of sessions should be available for various sub-populations “young”, “adult”, etc.

Good ideas of extra services could include: consultant – OB/GYN; testing for HIV; support in visiting a healthcare facility; library; creating information materials in the format of glossy magazines with participation of the girls.

A separate component may be outlined to include the accompanying group events, such as psychological training-games (“I am the one to decide” to develop self-esteem); forming tolerant attitudes inside the community; training on how to respond to violence.

Social workers need:
- training together with managers to deliver further support;
- approval of gender policies and procedures by the organization;
- support in the arrangement of counseling with due understanding of the gender equality principles and harm of stereotypes in prevention activities; understanding of the interrelation between the individual approach and the gender-oriented approach as a complex of the most effective services provision.

Group 2: It was offered to develop 2 pilot models which would operate in ordinary OST sites and sites offering prescription-based drugs distribution. It is important to launch the format of drugs provision based on prescriptions (on a paid basis). It is important to carry out an analysis of those interventions and calculate the financial viability of each of them as well as the services to be provided within such models. The group offered the following recommendations:

- revise the form to be filled in by OST clients and make it gender-sensitive;
- consider gender issues, when developing individual case management;
- use gender mainstreaming when developing pilot projects and forming service packages, with the detailed description of each service from the gender perspective;
- additional services to be included into the package: breastfeeding when on OST, not having pregnant women transferred from buprenorphine to methadone, form a “bank” of children’s items, create a library (book crossing).

The key factors to influence the recruitment of female IDUs into OST programs and their retention:

- training of doctors from OST sites;
- training of social and outreach workers from both OST and harm reduction sites;
- development of webinars to offer online training in gender-oriented and gender-sensitive approach to all OST specialists;
- recruitment of couples (man + woman);
- to ensure recruitment, it is necessary to engage the men who already receive OST program services to involve their female partners.

Group 3: It was suggested to include the following topics into the training modules for specialists:

- gender, social and professional roles, boundaries, professional ethics;

- gender stereotypes and myths, their influence on the work done and the methods to overcome them;
- tolerant attitude to male and female clients;
- assessment of the needs of male and female clients, setting the goals of counseling and work with clients, relying on the resources of clients;
- gender-sensitive approach, gender-oriented services;
- techniques of short-term counseling, gender mainstreaming;
- regulations on gender;
- interdepartmental collaboration, team work.

Decision: To use the results of group work as a basis to prepare terms of reference for the consultants to develop interventions and training programs.

5. Liudmyla Shulga and Marina Varban informed the group discussion participants that the meetings of the group will take place once every quarter. The next meeting of the regular expert review group will take place after the development of draft interventions and training programs is completed.

Decision: to put all members of the group on the mailing list, send all the materials updated during the group meeting.