ANALYTICAL REPORT

OF THE FINAL RESEARCH WITHIN THE PROJECT

"UNDERAGE, OVERLOOKED: IMPROVING ACCESS TO INTEGRATED HIV SERVICES FOR ADOLESCENTS MOST AT RISK IN UKRAINE"

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CF "Return to Life"
AUCO "Convictus Ukraine"
CO "Light of Hope"
CO "KhCF "Blago"
CO "KhCF "Parus"
CO "Nasha Dopomoga"
PRCF "Public Health"
OCF "Way Home"
CF "New Family"

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ABBREVIATIONS

AFEW-Ukraine	International Charitable Foundation "AIDS Foundation East-West" (*AFEW-Ukraine*)
AIDS	acquired immunodeficiency syndrome
Alliance	International Charitable Foundation "Alliance for Public Health"
ATC	amalgamated territorial community
AUD	adolescents who use drugs
CSSFCY	Center of Social Services for Family, Children and Youth
FGD	focus group discussion
HIV	human immunodeficiency virus
IEM	information and education material
NGO	non-governmental organization
SRHR	sexual and reproductive health and rights
STI	sexually-transmitted infection
TB	tuberculosis
VS	vocational school

PREFACE

Studies among young people in key populations around the world have shown that adolescents have a higher risk of unprotected sex, unplanned pregnancies, violence, mental health disorders, and substance abuse[1,2]. At the same time, adolescents face significant barriers to accessing health and social services; coverage of adolescents at risk is low, mainly due to stigma and discrimination at both the health care and policy levels.

The new WHO guidelines emphasize that the specific needs of young people from key populations are neglected by both programs designed for young people in general and programs for adults from key populations. In particular, harm reduction programs in Ukraine supported by the Global Fund did not classify adolescents who use drugs (AUD) as a separate target audience, which limited their access to prevention programs and reduced their visibility as a separate specific group with their own particular needs. Access of adolescents at risk to quality HIV prevention and drug services is often limited by the fact that providers of such services do not single out the adolescent group as a separate age group that needs special attention. That is why such organizations generally do not have appropriate strategies for providing services to adolescents at risk. Legislative and institutional factors limit the access of adolescents at risk to prevention services: today the scope of prevention services for adolescents at risk is narrow, especially in small towns and rural areas, where the infrastructure of these services is lacking, because there is no legal and institutional basis for development. In addition to legislative and institutional factors restricting adolescents' access to quality HIV prevention services, adolescents living in small towns and rural areas have a limited choice of facilities to seek relevant counseling, because such facilities are lacking in their area of residence.

The first targeted programs for adolescents with experience of drug use began to appear only in the 2000s. Thus, in 2012, thanks to the project "Bridging the Gaps: Health And Rights For Key Populations" (with the financial support of the Ministry of Foreign Affairs of the Kingdom of the Netherlands) ICF "AIDS Foundation East-West" (*AFEW-Ukraine*) launched focused programs on HIV

[1]WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations (2014).

[2]Monitoring of the behavior and HIV prevalence among people who use injection drugs and their sexual partners / Barska I.G., Sazonova Y.O. – K.: ICF "Alliance for Public Health", 2016. – 130 pages. https://aph.org.ua/wp-content/uploads/2015/09/monsin.pdf.

and sexually transmitted infections (STIs) prevention for adolescents who use drugs in four major cities: Kropyvnytskyi, then Kirovohrad (CF "Return to Life"), Poltava (PRCF "Public Health"), Kharkiv (CO “Kharkiv Charitable Fund "Blago") and Chernivtsi (CF "New Family").

In early 2015, the ICF "Alliance for Public Health" for the first time developed a harm reduction project for adolescents, "Harm reduction for children and young people who use drugs in Ukraine: reaching the underserved" (with financial support from the Elton John AIDS Foundation) together from the CO "Light of Hope" in Poltava, the CO KhCF "Parus" in Kharkiv, the AUCO "Convictus Ukraine" in Kyiv and Boiarka, the OCF "Way Home" in Odesa, the CO "Nasha Dopomoga" in Sloviansk, and CF "Public Health" in Kryvyi Rih.

At the end of 2017, the ICF “AIDS Foundation East-West” (*AFEW-Ukraine*) and ICF "Alliance for Public Health" joined forces to implement the "Underage, overlooked: Improving access to integrated HIV services for adolescents most at risk in Ukraine” (with the financial support of the Expertise France 5% Initiative). The *AFEW-Ukraine* and Alliance teams analyzed the results of prevention and harm reduction programs implemented in Ukraine during the planning of the joint project. Prevention programs targeted at HIV and other socially important diseases in adult key populations were working very effectively, while adolescents aged 10-19, especially those who use drugs, were significantly under-represented in HIV prevention and programs.

Thus, after careful analysis and planning, prevention programs for adolescent drug users and their sexual partners have been expanded for the first time in Ukraine to 29 small remote towns and villages in 7 oblasts in cooperation with 9 above-mentioned NGOs (except CF "Public Health" in Kryvyi Rih). Two studies were conducted within this project on the characteristics of risky behavior among AUDs and their sexual partners and an assessment of the situation with the provision of medical and social services for the prevention of HIV, STIs and viral hepatitis among this population in rural areas and small settlements. The first wave of the study was completed in July 2018. According to the results of the first wave of the study, the partner organizations adapted the basic models developed within the project for working with target group adolescents, to the resources of the existing preventive services system in a particular locality and in accordance with the needs of adolescents directly on the project site. Thus, during the 3 years of the project, it was possible to cover more than 8,000 adolescents of the target group in 29 sites of the project with information, counseling and HIV prevention services.

This final study, conducted within the project in February 2021, aims to describe the changes that have taken place as a result of the project activities in the system of providing preventive services in the relevant settlements of rural areas and small towns. In addition, the results of the final study summarize the successful developments, conclusions and recommendations for further implementation of prevention programs in Ukraine.

This report is intended for service providers representatives of state and public organizations, as well as decision-makers at the national and local levels. The purpose of this report is to draw the attention of central and local authorities to the drug use and related problems of adolescents, as well as to demonstrate successful strategies and methods of providing services to adolescents at risk for effective planning and implementation of such services in the future.

STUDY METHODOLOGY

STUDY TASK AND GOALS

The overall goal of the project within which the study is carried out is to contribute to lowering HIV rates among adolescents with drug use experience and their sexual partners by improving access to quality HIV prevention, treatment and support services in urban and rural areas in Ukraine.

Study goal: describe the dynamics of changes in the peculiarities of illegal drug use and sexual behavior among adolescents in rural areas/small towns of Kyiv, Kharkiv, Poltava, Odesa, Donetsk, Chernivtsi and Kirovohrad oblasts since the first wave of the study in 2018, and describe the changes on adolescents' access to health and social services and the impact of the project on such changes.

The **study tasks** include the following:

1. Research changes in risk behaviors regarding sexual contacts and drug use among adolescents who use drugs and their sexual partners within the project's adolescent network;
2. Describe the experience of receiving preventive services by adolescents of the target group during the project;
3. Describe the models of interaction of regional non-governmental partner organizations (NGOs) with the network of prevention services providers and local authorities on the project sites during the project implementation process.

Target groups of the study:

- ADOLESCENTS aged 14 to 19 who have experience of using illegal drugs (adolescents who use drugs, AUDs) and their sexual partners living in rural areas/small settlements.
- Service providers on project sites (representatives of NGOs and their partnership networks).

DATA COLLECTION METHODS

Data to fulfill the study tasks were collected in several stages:

Stage 1. Analysis and summarizing of the existing data

Within this stage, a desk research of available data was conducted (secondary analysis of current data on the implementation of prevention programs, projects, interventions, services in the field of HIV prevention and harm reduction in Ukraine, aimed at adolescents who use drugs and their sexual partners; analysis of reports and documents developed by partner organizations during the project implementation).

Stage 2. Quantitative and qualitative data collection

Given the purpose and objectives of the study, a mixed design was chosen, which included qualitative and quantitative data collection methods:

- Mapping of various services for young people in the regions of the study, including prevention, counseling, information, social, medical, cultural services etc.;
- Survey of adolescents of the target group of the research by individual structured face-to-face interviews;
- Focus group discussions with service providers on project sites (online).

Stage 3. Data consolidation and analysis

Within this stage, an analytical report was prepared based on the study results focusing on the impact of the project on the system of providing services to adolescents at the local level.

GENERAL CHARACTERISTICS OF THE SAMPLE AND SOCIO-ECONOMIC CHARACTERISTICS OF RESPONDENTS

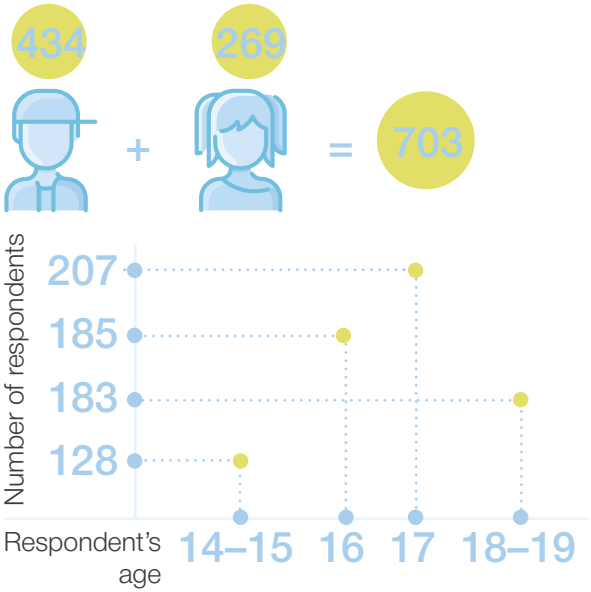
Geographical coverage of the study



Component: survey among adolescent who use drugs

The survey was conducted from February 6 to February 24, 2021 in 7 oblasts of Ukraine. As the purpose of the survey was to investigate the changes in the system of providing services for adolescents in the settlements of the project over the past three years, the survey was conducted among adolescent clients of the NGOs that provide these services on project sites. In the course of the study, *703 individual structured interviews* were conducted with AUDs and their sexual partners.

Demographic distribution of the survey respondents



Adolescents were recruited by regional project partners (NGOs) through youth project leaders from among adolescents, active clients and project volunteers, and through personal NGO contacts on the project sites.

Respondents were interviewed in the locations of adolescents gathering and in places convenient for adolescents by prior arrangement. Such places included dormitories of educational institutions, entertainment establishments (cafes, bars, shopping and entertainment centers), hotspots for teenagers on the street, public transport stops, etc.

Component: focus group discussions with service providers

In the course of the research, 7 focus group discussions were conducted with 59 service providers who deliver services for adolescents on the project sites in 7 project regions. All discussions were conducted online using the Skype platform from March 3 to 5, 2021.

Focus group discussions pertained to one of the below categories:

- Local authorities (specialist of the service for children; director of the department of education and science; head of the department of education, youth and sports; specialist of the regional department of social policy or the department of education, family, youth and sports);
- Law enforcement agencies (specialist of the probation department; head of the probation department; inspector of the probation authority; district police officer working with adolescents, etc.);
- Healthcare facilities (narcologist; chief physician; deputy chief physician; doctor of an anonymous consulting room);
- Social services (director/employee of the Center of social services for family, children and youth);
- Educational institutions (director or chief teacher in charge of educational work, school/vocational school/university psychologist);
- Representatives of NGOs (public organization/charitable foundation).

ETHICAL FOUNDATIONS OF THE STUDY

The ethical principles of the study were developed on the basis of the Code of Professional Ethics of the Sociologist of the Sociological Association of Ukraine (SAU) and the Declaration of Helsinki.

Participants were informed that their participation in the study was voluntary and confidential and that they had the right to refuse to participate in the study. Prior to the interview, verbal informed consent of each respondent to participate in the study was obtained. All study data is stored in compliance with all principles of confidentiality. Representatives of the study team did not record names or other identification data on the questionnaires. After data collection, all study tools are stored in a safe place.

LIMITATIONS OF THE STUDY

Significant limitations of the study include quarantine restrictions imposed due to the spread of COVID-19 acute respiratory disease. During the implementation of the project until March 2020, the most active channel of contact between the representatives of the NGO partners of the project and the adolescents of the target group was supported via educational and informational activities in educational institutions on the project sites. However, due to the quarantine restrictions in educational institutions, the project specialists modified the project work, significantly expanding the provision of services online and by phone. Activities and communication with teenagers within the project took place mainly in online format: using social media (Instagram, Telegram, Viber, etc.), through video calls and phone calls. Change of activities format and maladaptation of adolescents for continued online communication, had caused the situation when some members of the target group were lost to follow-up. Thus, the recruitment of participants for the survey of adolescents was limited to those participants who remained active clients of the project, had access to online technologies, and were in active contact with representatives of regional project partners (NGOs).

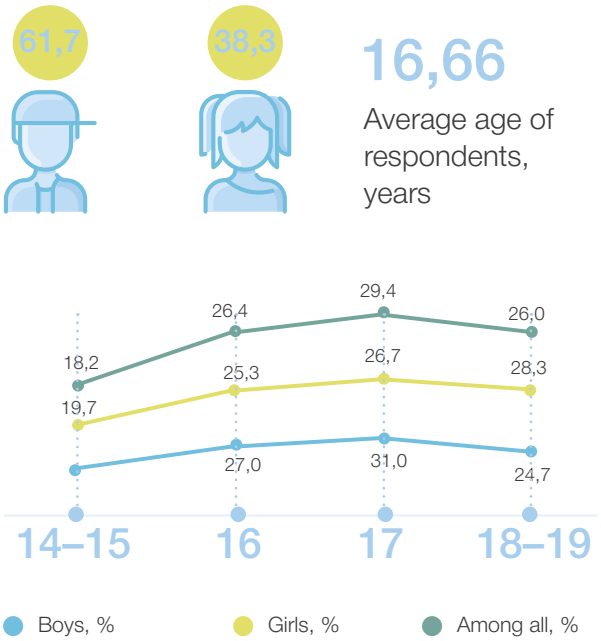
Another limitation of the project is the differences between the target groups of adolescents in the first wave of the study within the project "Underage, Overlooked", which took place in 2018, and the survey during the final study in 2021. In 2018, no one worked with a group of drug-using adolescents in selected localities as with a needs-based service delivery target group. Recruitment during the first wave was based on mapping at points where teenagers spent their leisure time. Adolescents of the target group during the final study were recruited through representatives of regional NGOs and the survey included those adolescents who were in close contact with service providers youth leaders, active clients and their close environment. Thus, the results of the survey cannot be extrapolated to the general population of adolescents who use drugs and their sexual partners living in rural areas and small towns. The results of the survey are representative only for the adolescents of the target group who were involved in the activities of the "Underage, overlooked" project and their close environment from among adolescents.

DESCRIPTION OF RESPONDENTS

SOCIAL AND DEMOGRAPHIC CHARACTERISTICS OF THE TARGET GROUP

During the final study, a total of 703 adolescents aged 14 to 19 years were interviewed (average age of respondents – 16.6 years). Among the surveyed adolescents, girls accounted for 38.3%, boys – 61.7%.

Gender and age structure of the respondents, %



Places of accommodation of the surveyed adolescents, %

Where have you been living for the last 3 months?

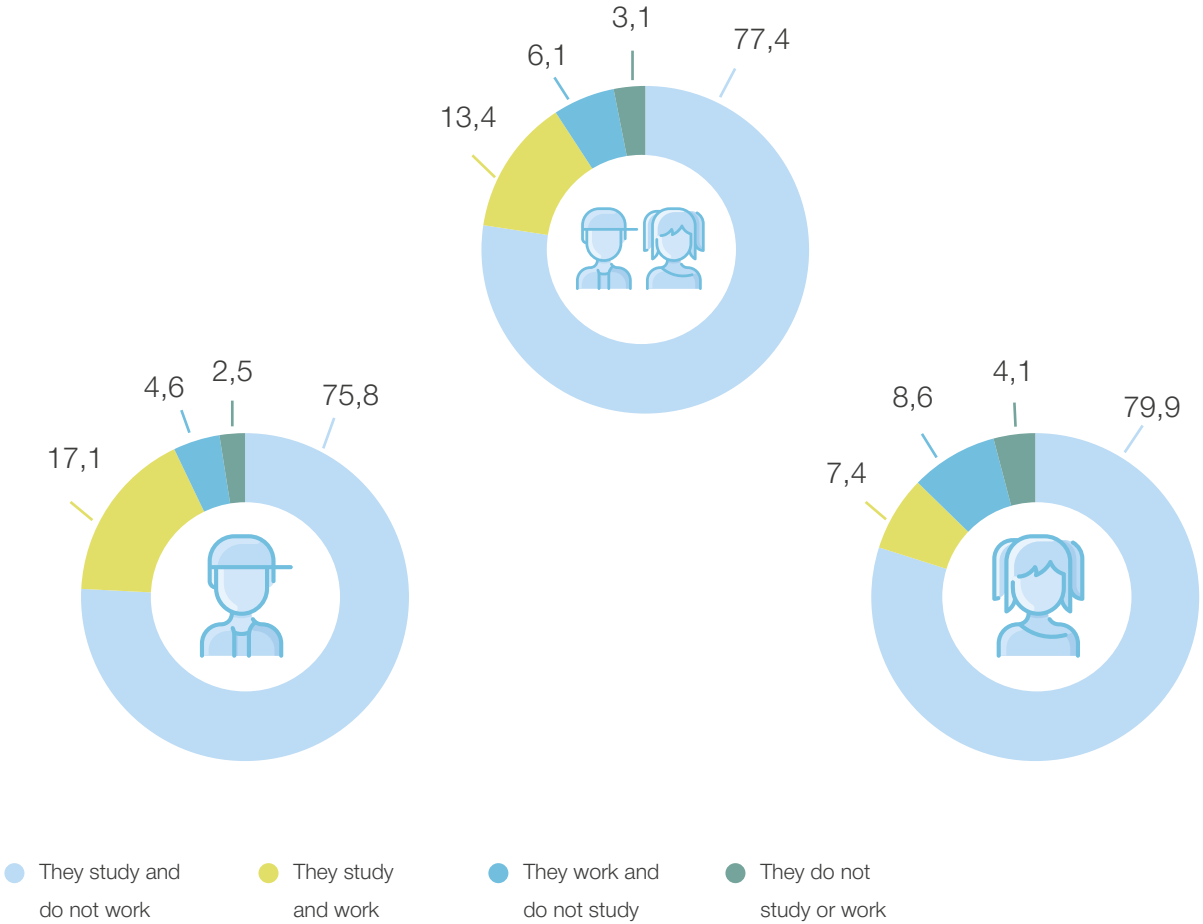
66.1	At home (in the apartment/house of parents or relatives)
27.3	In the dormitory
3.1	In the apartment/house of acquaintances or friends
2.4	In the partner's apartment/house
1.0	Elsewhere: "Renting an apartment/ room"
0.1	In the shelter/rehabilitation center

64.0% of all adolescents stated that they were born in the settlement where the study was conducted, 27.3% – live in it for 1 year or more, and 8.7% – live less than a year (from 1 to 10 months).

Almost 91% of surveyed adolescents study (92.9% of boys and 87.4% of girls), among them 53.8% – in vocational schools, 18.9% – in secondary schools, lyceums, gymnasiums and 1% – in boarding school; 14.4% – colleges/technical schools; 2.7% – at institutes/universities. Among the surveyed adolescents, 9.2% do not study now (7.1% of boys and 12.6% of girls). Among 18-19-year-old respondents, 73.8% study.

One out of five (19.5%) respondents works (21.6% of boys and 16.0% of girls), including: 2.7% are officially employed and 16.8% do informal jobs. Among 18-19-year-old respondents, more than a third (38.8%) work.

Occupation of the respondents (based on responses about study and work), %



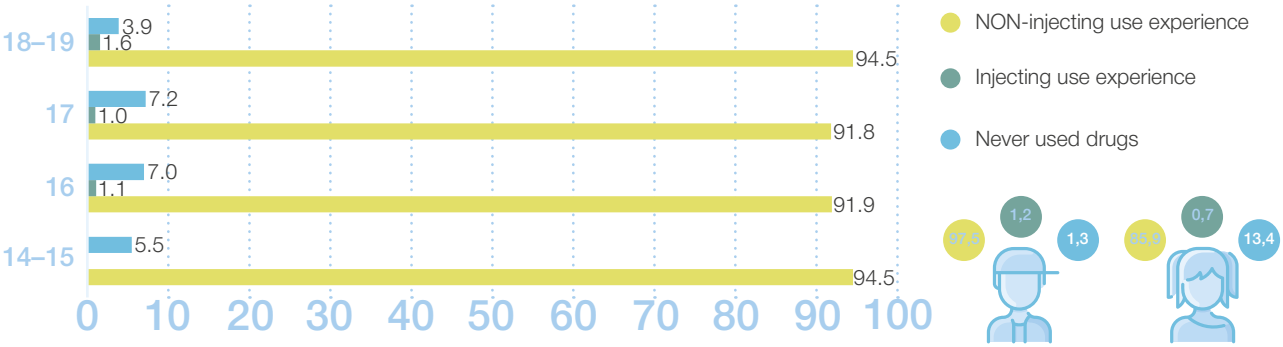
SECTION 1
RISKY BEHAVIORS OF ADOLESCENTS WHO USE DRUGS AND THEIR SEXUAL PARTNERS

1.1. DRUG USE PATTERNS AMONG ADOLESCENTS

Age and method of the first attempt to take drugs

The target group of adolescents surveyed included both adolescents who use drugs and their sexual partners, who may not necessarily have ever used drugs. Overall, 94% of teenagers surveyed said they had ever used drugs in their lives. At the same time, this percentage was significantly higher among boys than among girls – 97.5% among boys and 85.9% among girls. Only 1% of respondents had experienced injecting drug use – that is, with a syringe and needle. Boys are more likely than girls to have an injection experience of 1.2% versus 0.7%. The most common experience of injecting drug use was reported by the older group of adolescents surveyed.

Experience of injecting and non-injecting drug use among the surveyed adolescents, %



Among those who had experience of drug use, the mean age of the first attempt was 15 years and there were no gender differences. The age of the first drug use attempt in the 2021 study is higher than the age of the first attempt reported in 2018 in the first wave of the study then it was 14.7 years. Nearly 30% of teenagers who had experienced drug use said they had tried the drug for the first time at the age of 15. At the same time, girls show a tendency to a later onset of drug use compared to boys: 11% of adolescents among boys tried to use the drug for the first time between the ages of 9-13, while among girls only 5.6% of respondents did this. Among boys, there were 4 respondents who first tried the drug at the age of 9-10, among girls the earliest reported age of first use was 11 years (1 respondent).

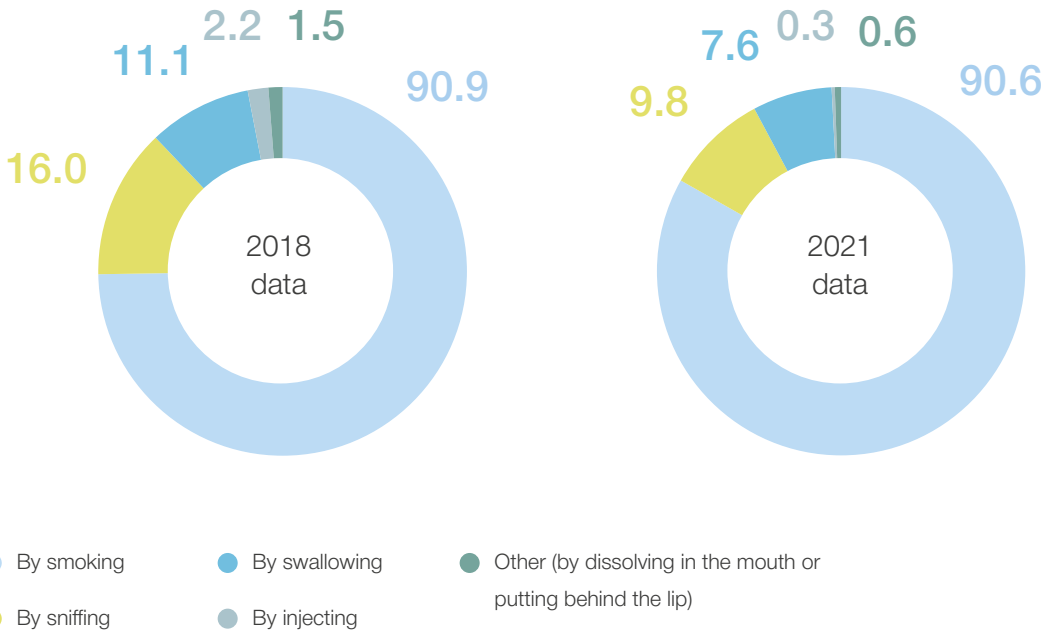
Age distribution of the first attempt to use drugs, %

Age of the first attempt, years	Among all	Gender		Age			
		Boys	Girls	14–15	16	17	18–19
N=	*661*	*428*	*233*	*121*	*172*	*192*	*176*
9–13	9.1	11.1	5.6	19.9	7.6	6.8	5.7
14	20.0	19.6	20.6	50.3	19.2	13.5	6.8
15	29.8	29.0	31.3	25.6	37.7	31.8	22.7
16	26.3	25.5	27.9	0.0	30.8	32.3	33.5
17	8.6	8.4	9.0	0.0	0.0	12.0	19.3
18–19	2.3	2.1	2.6	0.0	0.0	0.0	8.6

For the vast majority of respondents, the main method to use drugs on their first attempt was smoking – this was stated by 90.6% of respondents. However, a significant number of adolescents first used drugs orally (by swallowing) (7.6% of respondents), or intranasally (by inhaling/sniffing) – 9.8% of respondents (*it was possible to choose several options, so the total of responses exceeds 100%*). It is worth noting that there were only 2 respondents who indicated that they had tried injecting drugs during the first attempt – two 17-year-old girls and no boys. Also, girls are more likely than boys to use the drug orally for the first time (swallowing).

The results are similar to the data of the first wave of the study: in 2018, 90.9% of adolescents first tried the drug by smoking (90.6% in 2021). However, it is important to note that according to the results of 2018, 2.2% of adolescents answered that they tried the drug by injecting for the first time, and according to the 2021 survey, there were only 0.3% of such respondents.

Distribution of answers to the question "How exactly did you use the drug for the first time?" among those with the experience of drug use in 2018 and 2021, %

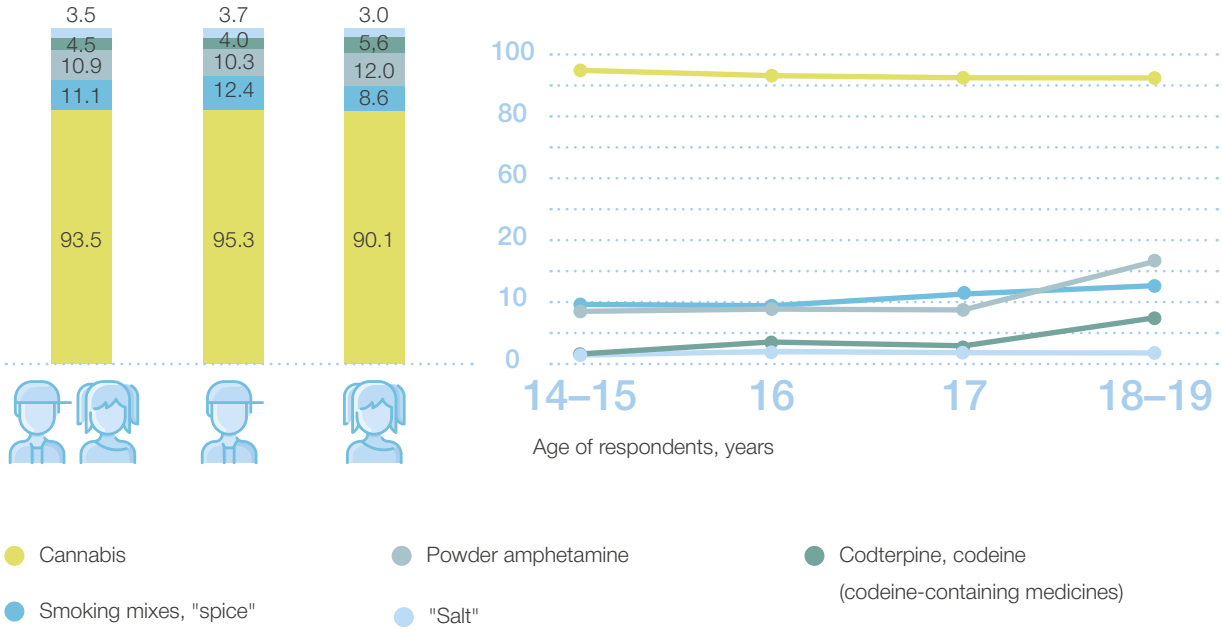


Use of non-injection drugs among the surveyed adolescents

Overall, 93% of teenagers surveyed reported experience of non-injecting drug use. Almost all adolescents with experience of drug use stated that they usually use drugs through smoking – 95.8% of respondents. The percentage of boys who usually smoke drugs is slightly higher than the percentage of girls – 97.7% vs. 92.3%. In general, the distribution of non-injecting drug use methods is almost exactly the same as the previous data on the distribution of drug use methods. However, compared to the first attempt, the proportion of those who use drugs intranasally (sniffing) increases.

The main non-injectable substance that teenagers use is cannabis – 93.5% of teenagers have reported their experience of using it in the last 3 months, and 68.6% of respondents reported that cannabis is the only drug they use. As can be seen from the previous distribution, boys use cannabis slightly more often than girls – 95.3% vs. 90.1%. The most common cannabis use is among the group aged 14-15 (95.9%).

The most prevalent drugs for non-injecting use, %



Compared to the first wave of the study, the "popularity" of certain non-injectable substances, which respondents reported using during the last 3 months, has changed somewhat. For example, tramadol, an opioid drug that was mentioned by 4.2% of respondents who had experience of non-injecting use in 2018, was mentioned in 2021 by only 1.1% of respondents. Less use of methadone and street methadone also was reported in 2021. Amphetamine in powder form was mentioned much less often (10.9% in 2021 compared to 17.7% in 2018). Hallucinogenic substances (LSD, mushrooms, sage, etc.), inhalers (including glue), nasvai and others were less represented.

The most popular substances for non-injecting use in 2018 and 2021 among all adolescents who had non-injecting drug use experience, %

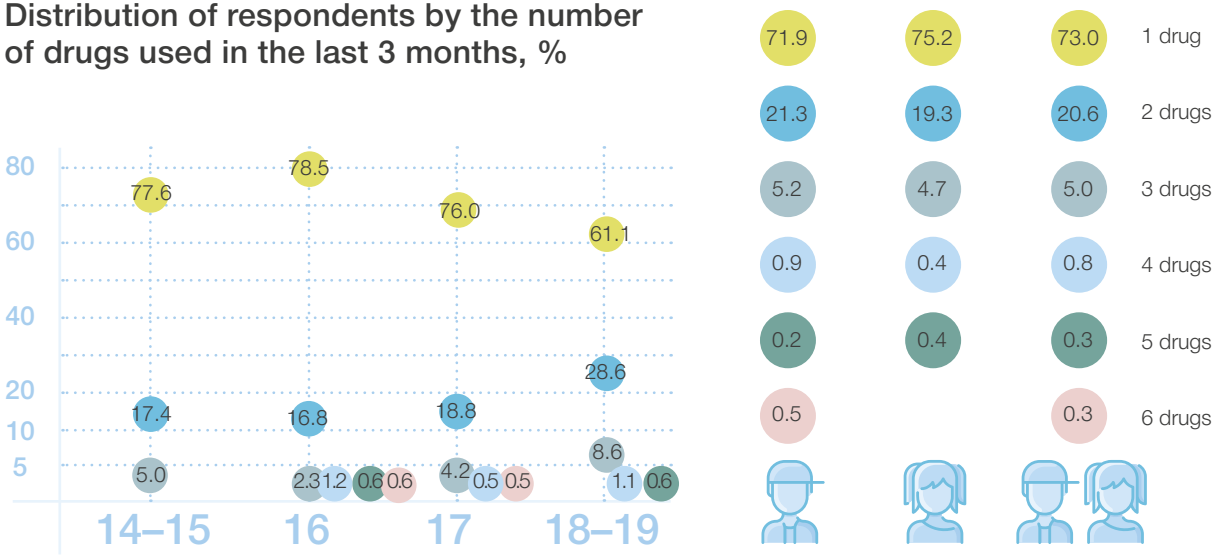
Substance used	2018 data	2021 data
Cannabis	92.5	93.5
Amphetamine powder	17.6	10.9
Smoking mixtures, "spices"	16	11.1
Codterpine, codeine (codeine-containing medicines)	4.8	4.5
Glue	4.7	0.9
Tramadol	4.2	1.1
Hallucinogens	4	0.6
Nasvai	3.5	2.1
"Salt"	2.9	3.5
Pills ("wheels")	2.8	0.5

In general, there is a trend of mono-drug use among the surveyed adolescents: 73% of surveyed adolescents regularly use only 1 drug (in 2018 – 56.7%). 68.8% of surveyed adolescents in the last 3 months used only cannabis (in 2018 – 52.7%).

In general, 93.5% of all respondents reported cannabis as the only drug used in the last 9 days (in 2018 – 92.5%). The largest share of those who reported cannabis use was found among vocational school students (96%), less than the average among university students (86.7%).

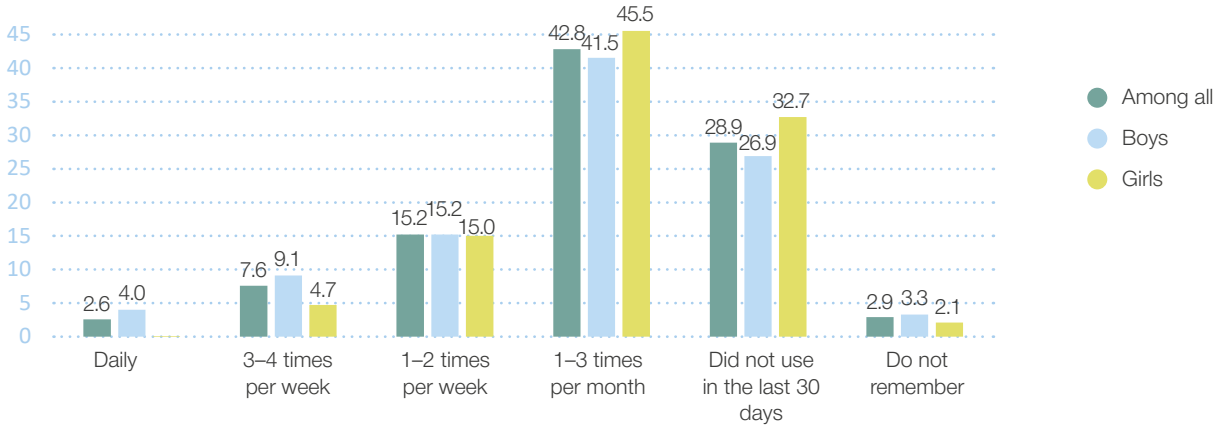
20.6% of adolescents use 2 drugs at the same time (according to the 2018 survey – 27.2%), and this rate is slightly higher among boys than among girls. About 6% of surveyed adolescents use 3 or more drugs, which is significantly less than in 2018 (15%).

Distribution of respondents by the number of drugs used in the last 3 months, %



Adolescents who have used non-injecting drugs during the last 3 months most often use it 1-3 times a month – 42.8% of adolescents report this practice. Boys tend to use more often than girls, with 4% saying they use non-injecting drugs on a daily basis, while none of the girls reported such a practice. The frequency of daily use also increases with the age of the respondent while none of the adolescents in the age group of 14-15 years reported daily use, among the group of 18-19 years there were 4.6% of such respondents.

Frequency of non-injecting drug use among adolescents by gender and age in the last 30 days, %



Most often, teenagers received non-injecting drugs through social channels bought or received for free from friends and acquaintances. It is important to note that almost 17% of girls who report being offered a drug by a partner are a potential risk group for starting to use frequently and switching to injecting drug use if the partner practices it. Among boys, the percentage of those who were offered the drug by a partner is much lower and is 4.2%. However, boys are more likely than girls to buy drugs from outsiders at hotspots, from dealers, through "caches", phone or the Internet. The percentage of people who buy drugs (both from strangers and friends) increases with age, due to increased financial independence and the ability to pay for their own drug use.

A comparison of the channels for obtaining non-injecting drugs for the last 30 days in the studies of 2018 and 2021 shows a significant decrease in purchases "from hand to hand", from dealers, buying from friends. At the same time, the share of those who take drugs through the "caches", buy by phone and through online resources has increased.

Drug purchase channels among adolescents who have used drugs in the last 30 days, according to 2018 and 2021 data, %

	2018	2021
Was offered by friends / acquaintances	67.9	72.7
Bought from friends / acquaintances	43.9	36.5
Bought at the hotspot, "from hand to hand", in the bar	28.1	14.5
Picked up through a "cache"	7,6	11.8
Was offered by a partner	9,1	8.6
Bought by phone	6.3	8.5
Bought through the Internet site	4.2	6.2
Bought through social media	4.0	5.3
Bought at the pharmacy	5.1	3.2
Bought, picked up through a mail/delivery operator ("Nova Poshta")	1.8	0.8
Took in a home medicine cabinet / at home from parents	0.3	0.6

97% of adolescents who have experienced drug use reported having non-injecting drug users among friends and acquaintances, confirming the social motives for drug use among adolescents in rural and small towns. On average, the teenagers indicated that they had about 7 such acquaintances. Nearly 15 percent of teenagers say they have injecting drug users in their close. Due to the socially-driven nature of drug use, adolescents who frequently interact with injecting drug users have a higher risk of switching from non-injecting to injecting drug use. To prevent this transition, prevention projects should pay special attention to this group of AUD and continue to target it in the future.

Injecting drug use among surveyed adolescents

In total, among 703 adolescents surveyed, only 7 (1% of respondents) had experience of injecting drug use, including 5 boys and 2 girls. (*According to the results of 2018, 7.8% of surveyed adolescents indicated injecting drug use, which may also be related to the method of recruitment and targeted search for injecting drug users during the first wave of the study*). Three people used opium extract in liquid form, two – methadone in tablets (bought from hands), two – street buprenorphine, two – diphenhydramine, one teenager indicated heroin use, 1 – liquid methamphetamine (screw, perventin), 1 – a drug containing codeine, 1 teenager pointed to the use of new psychoactive substances ("salts"). 4 persons indicated the use of one drug (opium extract), two boys used 3 drugs at the same time, and 1 girl used 4 different drugs at the same time.

Among the seven respondents who used injecting drugs, two boys indicated that they first used drugs with a syringe at the age of 18, one boy had such a first experience at the age of 16, 1 – at 15. For girls, their age of the first attempt at injecting drug use was earlier than in boys: for one girl the first such experience occurred at the age of 13, for the second – at 15.

As in the case of non-injecting drugs, the most common way to get injecting drugs was an offer from friends or acquaintances – 3 boys and 2 girls reported this experience. 4 teenagers bought drugs at the hotspot from dealers. Two respondents bought drugs without a physical meeting with the seller (through the "cache"). The two boys also claimed that their sexual partners had offered them drugs.

It is worth noting that 2 out of 7 adolescents did not use injecting drugs during the last month at the time of the survey. The other three boys inject drugs on average 1-3 times a month. The interviewed girls use drugs a little more often – 1-2 times a week.

Overdose experience and additional risks

7% of surveyed adolescents who had experience of drug use (661 people) reported cases of drug overdose in the last 12 months before the survey. (In the first wave of the study in 2018, 8.8% of adolescents reported such an experience.) Among such adolescents, overdoses were more often reported by boys (8.2% of the total number of AUD) than by girls (4.7%). The highest percentage of adolescents who reported cases of overdose was found among adolescents aged 18 – 8.1%.

Of the 46 adolescents who reported having experienced an overdose in the past year, only 3 adolescents were hospitalized due to an overdose, all others did not seek medical attention. Most adolescents who have experienced an overdose in the past year have used one drug during the event (24 adolescents). Adolescents reported overdoses due to the use of cannabis, synthetic cannabis ("spices"), amphetamine, MDMA, codterpin, methamphetamine, as well as combinations of cannabis and the opioid buprenorphine, cannabis and amphetamine, diphenhydramine and methadone, and alcohol.

Regarding answers to questions about risky behavioral practices among injecting drug users, all 7 adolescents indicated that they typically use sterile syringes and needles for drug use. They usually buy drug use equipment (syringes, needles) or receive for free at the pharmacy. One boy indicated that he received injecting equipment from a social worker. However, some risky behaviors have been identified in a survey of adolescents. In particular, one young man stated that once in the last 30 days he had used a drug with a syringe after someone had filled it with the substance. Three respondents said they had bought the drug once in the last month in a pre-filled syringe. Two teenagers said that once during the last month they had been drawing the drug from a shared container for its preparation. In those situations, the adolescent may not be completely sure of the sterility of the supplies used in the preparation and packaging of the drug.

1.2. SEXUAL RELATIONS AND RISKY PRACTICES

Sexual debut age and number of partners

Out of 703 survey participants, 540 (76.8%) had sexual experience. The number of surveyed adolescents who have had such an experience increases proportionally with age, however, there is no significant gender difference. The average age of sexual debut among all adolescents is 15.2 years. A similar result was found in the 2018 survey – 76.1% reported sexual experiences, the average age of sexual debut – 14.9 years.

Age of sexual debut among adolescents who have acknowledged having sexual experience, by gender and age, %

Age of sexual debut, years	Among all	Gender		Age			
		Boys	Girls	14–15	16	17	18–19
N=	*540*	*337*	*203*	*65*	*122*	*177*	*176*
6	0.2	0.3	0.0	0.0	0.0	0.6	0.0
8	0.2	0.3	0.0	0.0	0.0	0.6	0.0
10–12	2.6	4.2	0.0	3.1	1.6	4.0	1.7
13	3.7	5.0	1.5	3.1	4.9	3.4	3.4
14	16.9	16.9	16.7	44.6	17.2	13.6	9.7
15	30.9	30.9	31.1	41.5	43.4	26.6	22.7
16	28.7	28.5	29.1	0.0	27.2	38.2	30.7
17	7.6	5.0	11.8	0.0	0.0	7.9	15.3
18	3.3	3.3	3.4	0.0	0.0	0.0	10.2
19	0.2	0.3	0.0	0.0	0.0	0.0	0.6
*Average sexual debut age, years**	15.21	15.06	15.46	14.28	14.95	15.22	15.73

* "6 years", "8 years", "19 years" answers are excluded from calculation of the average value of the analysis because these values are non-relevant and sporadic, which distorts the result

On average, surveyed adolescents who had sexual experience said they had 2-3 sexual partners in the past year.

Number of all adolescent sexual partners in the last 12 months among those who acknowledged having sexual experience, by sex and age, %

	Among all	Gender		Age			
		Boys	**Girls**	**14–15**	**16**	**17**	**18–19**
N=	*540*	*337*	*203*	*65*	*122*	*177*	*176*
1 partner	40.7	30.8	57.1	44.7	42.0	40.2	39.3
2 partners	25.2	27.3	21.7	29.2	27.0	22.0	25.6
3-5 partners	22.8	26.4	16.8	15.4	22.9	26.0	22.1
6 and more partners (max. 23 partners)	10.0	14.0	3.4	10.7	6.5	10.1	11.9
No partners during the last year	0.9	1.2	0.5	0.0	1.6	0.6	1.1
Do not remember	0.4	0.3	0.5	0.0	0.0	1.1	0.0
Average, persons*	2.52	2.94	1.85	2.45	2.31	2.48	2.75

* the answers of 6 respondents who provided answers: "18 partners", "20 partners", "21 partners" and "23 partners" were excluded from the average value calculation as abnormally large values, which may distort the result.

Most often, the surveyed adolescents had a regular partner – 61% of adolescents reported having one regular partner. Girls more often than boys have one regular partner, while boys more often reported the absence of regular partners in the last year and more often than girls reported having casual partners. There is also a dependence on age: on average, the number of partners (both regular and casual) increases with age.

Number of regular and casual sexual partners of adolescents in the last 12 months among those who acknowledged sexual experience and indicated having sexual partners in the last year, by sex and age, %

	Among all	Gender		Age			
		Boys	**Girls**	**14–15**	**16**	**17**	**18–19**
N=	*535*	*333*	*202*	*65*	*120*	*176*	*174*
Regular partners							
1 partner	60.9	53.8	72.8	55.4	62.5	60.2	62.7
2 partners	17.4	17.1	17.8	15.4	17.5	16.5	19.0
3-7 partners	6.5	8.7	3.0	6.1	4.1	6.8	8.0
No partners during the last year	15.0	20.4	5.9	23.1	15.9	15.9	10.3
No answer	0.2	0.0	0.5	0.0	0.0	0.6	0.0
Casual partners							
1 partner	18.3	21.6	12.9	26.2	25.8	15.3	13.2
2 partners	11.6	14.4	6.9	9.2	13.3	13.6	9.2
3-5 partners	11.5	14.1	7.0	6.1	9.2	11.9	14.3
6 partners and more (max. 20 partners)	6.9	9.9	2.0	9.2	3.3	7.3	8.0
No casual partners during the last year	51.4	39.7	70.7	49.3	48.4	50.8	55.3
No answer	0.3	0.3	0.5	0.0	0.0	1.1	0.0

On average, among all surveyed adolescents who had sexual experience, in the last year 1-2 regular partners and 3 casual sexual partners were reported. Among girls, on average, there is a slightly smaller number of both regular and casual partners.

Risky sexual practices

Condom use

In general, the majority (73.3%) of adolescents report condom use during the last sexual intercourse (sum of answers "always" and "in most cases"). For comparison, in 2018 this figure was 76.1%. No statistical relationship between condom use frequency and gender was observed. There is some connection between the answers about the practice of condom use during the last sexual intercourse and the type of educational institution of adolescents who were studying at the time of the survey. Among students of secondary schools, lyceums, gymnasiums and higher education institutions, the average level of condom use was higher, and among students of vocational schools, colleges/ technical schools it turned out to be below average. No correlation was found between the level of condom use and the type of drug.

Distribution of answers to the question "How often do you (or your partner) use a condom during sexual intercourse?" by gender among adolescents who have had sexual experience at the time of the survey, %



It is worth noting that 6.5% (4.9% in 2018) of adolescents said they never used a condom during sexual intercourse, while the number of girls who reported this was higher – 8.4% girls in comparison with 5.3% boys. 20.6% of surveyed adolescents did not use a condom during the last sexual intercourse (19.1% in 2018). Thus, based on the obtained data, it can be concluded that the practices of condom use among the target group of adolescents remain unchanged.

Most teenagers buy condoms at the pharmacy – almost 73% of teenagers report this practice. It is worth noting that this method of obtaining condoms is more common among boys (84%), while fewer girls buy condoms (53%). At the same time, girls are much more likely than boys to rely on their sexual partner in terms of protected sex: 49% of girls say they take a condom from their sexual partner, while only 7.2% of boys report it.

If we compare the results of the first wave and the final survey, we can conclude that pharmacies remain the main source of condoms supply. At the same time, the development of preventive services and the network of service providers within the project led to a significant increase (in 2.5 times) in the possibility of obtaining free condoms, primarily through social workers, condom distribution points, and outreach routes.

Sources for obtaining condoms: 2018 and 2021, %
(All of these options are among adolescents who have sexual experience and indicated that they use condoms)

	2021		2018	
I buy in a pharmacy / store	72.7		85.6	
I get it for free at the pharmacy	1.8		1.2	
I receive from a social worker (e.g., at a condom distribution point, a NGO, on an outreach route)	39.2	**41.2**	13.4	**16.7**
I get it in a state medical institution (clinic, AIDS center, anonymous consultation office, etc.)	0.2		2.1	
I take it from a sexual partner	22.61		18.2	
I take it from a friend / acquaintance	9.15		12.3	
Other: given by mother	0.2		0.0	

Pregnancy experience and results

Among the 203 girls surveyed who had sexual experience at the time of the survey, 18 (or 2.6%) had been pregnant (the corresponding figure for 2018 is 2.8%, so it can be considered stable). Among them, three were 16 years old at the time of the survey, six were 17 years old, and nine were 18-19 years old. 17 of the girls had been pregnant once, one girl had been pregnant three times. Among these 18 girls, 9 had an abortion (16-19 years old), 4 had a child (all aged 18-19 years), three were still pregnant (17 years old), and two had a miscarriage (18-19 years old). Six girls who had experienced pregnancy reported using a condom during all sexual intercourses, and another 6 such girls used a condom only in some cases. No dependence on pregnancy and drug use experience or frequency was observed.

17 boys answered that their sexual partner had experience of pregnancy: 11 boys stated that their partner was pregnant once, for 3 boys this experience was repeated twice, for 1 boy – three times. All of these boys were between 17 and 19 years old at the time of the survey. Among those boys whose partner had been pregnant, 8 said they used a condom only in some cases, four always use it, three – in most cases, and two of these guys never used a condom. 8 boys noted that their partner's last pregnancy ended in abortion, three had a miscarriage, two were expecting a baby at the time of the survey, and one boy had already had a baby.

6 teenagers stated that they have children of their own: 5 girls and 1 boy aged 17-19.

Commercial sex

34 adolescents (6.3%) reported having had sexual intercourse for a reward (money, food, housing, drugs, alcohol, clothing, shoes, etc.). Among them, girls account for a prevalent share (20 girls and 14 boys). Girls were more likely to report such contacts with a regular partner: 11 girls reported having such a regular partner, while only 2 boys reported such practices. The boys mostly indicated that they had casual partners with whom they had sexual intercourse for a reward – 12 boys reported such partners and 9 girls. It is worth noting that 4 boys and 4 girls indicated that they had 2 or more such casual partners. All adolescents who reported this practice were 16 years of age or older.

During the first wave of the survey in 2018, a total of 12 teenagers reported the practice of sexual intercourse for a reward – 6 boys and 6 girls. We can assume that the increase in the number of such adolescents in 2021 could be influenced by quarantine restrictions due to the Covid-19 pandemic respiratory disease, which were introduced in 2020. Adolescents may have less access to the necessary

resources, including drugs, and are therefore be more likely to offer to exchange such resources for sex. This aspect and the motivation of adolescents to have sex for a reward should be explored in more detail.

Use of alcohol and drugs before sexual contacts

Among the surveyed adolescents who had sexual experience, the practice of alcohol consumption before sexual intercourse was widespread – 65.9% of adolescents reported this practice in the last year (which is much less than in 2018, when 80% admitted such behavior). The prevalence of this practice increases with age. 34.1% reported drug use before sexual intercourse (which is also significantly less than in 2018 – 51.2%). This practice proved to be more common among boys than among girls – almost 38% of boys reported such use in the last year and almost 28% of girls. In the older age group of adolescents (18-19 years) 40.3% reported drug use before sexual intercourse.

Prevalence of alcohol use before sexual contacts, by gender, %
(the totality of answers "always" and "sometimes/rarely" is presented)

	2018	2021
	Among all	Among all
Used alcohol	80.0	65.9
Used drugs	51.2	34.1
Used alcohol and drugs	30.5	17.6

43% of adolescents who had sexual relations reported that their regular partner used non-injecting drugs. Girls tend to have partners who use non-injecting drugs more often: 65% of girls and 30% of boys indicated that they have a partner who uses non-injecting drugs. However, 5 boys and 1 girl reported having a regular sexual partner who injected drugs.

1.3. USE OF CELL PHONE AND INTERNET, USE OF SOCIAL MEDIA

The vast majority of surveyed adolescents (almost 90%) indicated that they have their own smartphone (in 2018 – 85.4%). The older teenagers are, the greater is the proportion of those who have a smartphone.

Distribution of answers to the question "Do you have a personal smartphone?", %

	Among all	Gender		Age, years			
		Boys	Girls	14–15	16	17	18–19
Yes	**89.6**	**88.5**	**91.4**	**83.6**	**88.1**	**91.8**	**92.9**
No	10.4	11.5	8.6	16.4	11.9	8.2	7.1

Almost 92% of adolescents (according to the results of 2018 – 85%) indicated that they use the Internet every day (the amount of answers "all day without a break", "3-6 times a day" and "1-2 times a day"). Girls use the Internet a bit more intensively: 42.8% indicated that they use it all day without a break (among boys, 36.9% gave such an answer). Evidence suggests that the frequency of Internet use increases with age. Among the surveyed adolescents, only 3.7% did not use the Internet at all, the highest rate is observed among adolescents aged 14-15: 9.4%.

Gender and age distribution of answers to the question: "How often do you use Internet?", %

	Among all	Gender		Age, years			
		Boys	Girls	14–15	16	17	18–19
EVERY DAY:	**91.7**	**89.8**	**94.5**	**85.9**	**91.9**	**93.3**	**93.5**
1-2 times per day	9.4	10.6	7.4	7.8	11.4	9.7	8.2
3-6 times per day	43.2	42.3	44.3	41.4	42.7	45.4	42.1
all day without a break	39.1	36.9	42.8	36.7	37.8	38.2	43.2

NOT EVERY DAY:	**4.6**	**6.5**	**1.8**	**4.7**	**5.4**	**4.8**	**3.8**
1-3 days per week	2.4	3.5	0.7	3.1	2.2	2.4	2.2
4-6 days per week	1.8	2.3	1.1	1.6	3.2	1.4	1.1
Other: 1 time per month	0.4	0.7	0.0	0.0	0.0	1.0	0.5
Do not use Internet at all	**3.7**	**3.7**	**3.7**	**9.4**	**2.7**	**1.9**	**2.7**

Thus, a significant increase in the frequency of Internet use over the past 3 years has not been recorded, as the level of use was quite high in 2018. The small increase in frequency of use may also have been affected by quarantine measures introduced in connection with the spread of COVID-19 respiratory disease and the transfer of educational process to online mode. These circumstances could also affect the purpose of using the Internet. Adolescents most often use the Internet for study and work, as noted by 84.2% (such an alternative was added to the questionnaire in 2021, but was not included in the list in 2018). Compared to the results of 2018, the share of adolescents who use the Internet for dating and flirting has increased significantly: from 28.3% in 2018 to 48.9% in 2021. The share of teenagers who exchange experiences/impressions about sexual contacts via the Internet has almost doubled. The share of teenagers who search for a partner for sex via the Internet has also increased.

Use of Internet: comparison of 2021 and 2018 results, %

	2021	2018
Study, work	84.2	-*
Flirting / dating	48.9	28.3
Searching for drug information	22.7	24.5
Sharing experiences / impressions about drug use	18.9	15.7
Sharing experiences / impressions about sexual contacts	14.7	7.5
Buying drugs	14.3	13.0
Finding a partner for sex	10.1	6.9

	2021	2018
Other: communication with friends, relatives	8.6	5.6
Other: playing games	7.7	
Other: watching movies, listening to music	7.4	
Other: watch videos	5.0	
Other: social media	2.9	
Other: entertainment	2.5	
Other: general development, information search	2.1	
Other: reading books, comics	0.3	

*Such an alternative was not proposed during the 2018 survey. However, in response to the additional question "For what other purpose do you use the Internet?", 84.5% of adolescents surveyed in 2018 said that they search the Internet for information, browse websites, read. And we can assume that such activity (in the presence of other alternatives and answers about the use of the Internet for entertainment) is mainly related to study or work.

According to the results of the survey in 2021, the most frequently used social media and messengers were Instagram (95.7%), Telegram (88.8%) and Viber (88.2%). TikTok (63.7%) has become a social media that has been steadily gaining popularity among teenagers over the past year, especially among girls (72.2%). Facebook is also among the top five social media used by more than half of teenagers (57.6% of all, but 66.8% of girls). One third of respondents mentioned WhatsApp (36.5%), which is more popular among 18-19 year olds. The final survey also includes mobile application Tinder which, not being a social network, is widely used and demonstrates the increase in the use of the Internet by adolescents for finding sexual partners.

Comparing the results with the data of 2018, it is necessary to note the growing popularity among teenagers of communication in most social media: Instagram (in 2018 it was 62%), Telegram (previously 23%), Viber (previously 63%), Facebook (previously 35%), WhatsApp (in 2018 – 15%), Twitter (previously 12%). Instead, almost three times fewer teenagers communicate on Vkontakte (in 2018 – 79%). It is necessary to note the growing popularity among teenagers of communication in most social media over the past 3 years. New social media – TikTok and Tinder – have appeared in the toolkit of teenage communication.

SECTION 2
SYSTEM OF PREVENTION SERVICES FOR ADOLESCENTS IN THE PROJECT SITES

2.1. OVERVIEW OF THE NETWORK OF PREVENTION SERVICES PROVIDERS FOR ADOLESCENTS

In order to effectively implement the project, in 2017-2018, the situation in selected settlements was analyzed and data on the system of providing services to adolescents collected (information about services providers, scope of services and coverage of adolescents who use drugs by services). Regional NGOs were responsible for creating a system of interaction between project partners in each settlement by developing referral networks. These networks united representatives of local authorities (city and village councils, local youth departments, etc.), providers of social and medical services, law enforcement officials, in particular, juvenile prevention and other professionals involved in working with adolescents in the project settlements. According to the baseline assessment findings, there was a significant need to draw the attention of local authorities to the problems of adolescents and systemic prevention of drug use by young people in the respective settlements.

In order to build a network of project partners on the sites of its implementation, the role of a local community leader was introduced – a representative of the local community who works with adolescents in their locality and has the best information about the local situation. The purpose of local community leaders is to maintain regular contact with the target group on the project sites, mobilize new clients, set up a referral system, and respond to urgent requests from adolescents when representatives of regional NGOs cannot be present on the site. Thus, local community leaders represent a link between prevention providers at the regional level and adolescents, particularly most-at-risk, directly in the communities.

During the first wave of the study in 2018 and in the subsequent work of NGOs with service providers for adolescents at the level of settlements of the project, the problem of insufficient human resources of social institutions in rural areas and small towns was identified. Specialists on some sites did not possess modern methods and knowledge about the specifics of working with adolescents at risk. In order to improve the skills of existing professionals working with adolescents on the project sites, a number of round table meetings and training events were held for service providers at the local level. The number and topic of these activities was determined in accordance with the needs of the region and the capabilities of providers in each site.

In addition, a number of activities were carried out at the national level within the project. Thus, in the summer of 2019, the Summer School "Contemporary remote forms of work with adolescents on the Internet and methods of effective communication" was organized, and in 2019 representatives of NGO teams and their partner networks, including service providers and local administrations from the project implementation sites, had the opportunity to share experiences and best practices during the exchange visits between different cities and towns participating in the project.

Under quarantine conditions, interaction with representatives of local service providers became more difficult. However, it was the local community leaders who helped maintain the continuity of services to adolescents, even when personal meetings were limited. Communication between regional NGOs and service providers on project sites was supported through telephone and video calls, and local community leaders maintained communication with adolescents on project sites. The training of local service providers has been transformed into an online format (webinars, online courses and virtual conferences). In particular, in September 2020, an online Conference for and about teens “Through virtual to real”[3] was held. In 2020 an online course for service providers working with adolescents – "All you need to know to ensure human rights of adolescents in Ukraine was developed for the EdEra online learning platform[4].

The partnership networks in small settlements that united regional NGOs with local organizations, educational institutions and authorities, were established based on the local specifics, local opportunities and needs of the target groups of adolescents.

[3] http://afew.org.ua/category/biblioteka/materialy-konferencii-dlya-ta-pro-pidlitkiv-virtualno-pro-realne.

[4] https://courses.ed-era.com/courses/course-v1:AFEW+1+2020/about.

The work began in 2018 with roundtable meetings organized in project settlements, to which all potential partners who provide services to adolescents were invited – representatives of education, social protection, probation services, health workers, psychologists and others. Further weekly meetings were held in most settlements, during which service providers gathered for planning joint work in the city.

> *We invited representatives of all educational institutions of our district, representatives of our schools, juvenile prevention service, then the probation center staff and doctors to the round table. And the project that will be implemented was already discussed at this round table, everyone was informed about this project that will take place, so all the representatives signed a memorandum of cooperation. In the future, we had many conversations, lectures, video lectures, held quests, tested adolescents for HIV, and disseminated information.*
>
> *FGD participant, Berezivka*

> *We met every Thursday, already in partnership with the New Family NGO, mostly a whole working group came to us. The services to children and adolescents who have experience in the use of psychoactive substances were provided at our probation office.*
>
> *FGD participant, Novoselytsia*

The participants emphasized that during the project the efforts of different service providers were coordinated: social services, medical institutions, educational institutions, etc. The role of youth centers (HUBs) was important, as mentioned by the participants of the focus group discussions.

> *…Last year before the pandemic we had a round table in the youth hub. There were also representatives of the drug treatment cabinet, the social service of the family, children and youth, the HUB, the youth self-government of our city, social protection, and educational institutions.*
>
> *FGD participant, Lozova*

> *We were probably lucky that the youth spaces, youth hubs, worked very actively on the sites where we worked. And as for the teenagers from the risk group whom we met, we provided them referrals or involved them in the work of these youth spaces, and I want to say that some of them have remained there to this day to work as volunteers.*
>
> *FGD participant, Kharkiv*

The format of cooperation with NGOs during the project was as follows: mostly NGO representatives arrived to the village and organized certain activities with and for adolescents – HIV testing, interviews, group and individual work with adolescents, distribution of information materials and more. Participants told about the high interest of partners in cooperation with NGOs.

> *Representatives of "Nasha Dopomoga" always came to us, held talks, lectures, distributed information materials. They were to a greater extent focused on our hostels because children, breaking free from families, get access to bad things. Therefore, "Nasha Dopomoga" worked with our children living in the hostel on a regular basis. They provided lots of information to kids.*
>
> *FGD participant, Lyman*

Among other forms of work were various events in the project settlements (before quarantine restrictions), online events, including the Conference for and about teens "Through virtual to real".

> *We carried out town-level events, among vocational schools... The conference was held two months ago, by the way, in which we participated.*
>
> *FGD participant, Lyman*

> *We had a joint event on HIV/AIDS. We gathered on the main street, brought together our girls, boys, our youth, also, the probation staff took their children, went out, handed out brochures, asked questions, took joint photos.*
>
> *FGD participant, Kremenchuk*

Work with adolescents was based on the needs of each individual client of the project. To better satisfy these needs, a referral between service providers was established. Referrals were provided from NGOs to governmental organizations, and vice versa.

> *The "Way Home" has great potential for referrals to other different projects, and each activity area has bridges from one project to another where we can refer these teenagers. Then, of course, there are legal service organizations that work to protect the rights of children...*
>
> *FGD participant, Odesa*

> *As for the "Blago" foundation, we also... had two cases of hepatitis during this period, in two cities, they were among 15-16 year olds. Both guys received free treatment, thanks to the partner network, through the youth-friendly clinic and the Kyiv Institute, which was engaged later. These were hepatitis B cases, and at the moment and to this day they are under observation, and show relative improvements in the primary diagnosis.*
>
> *FGD participant, Kharkiv*

> *We had such coupons, saying that the person indicated in them is referred to a certain organization.*
>
> *FGD participant, Kharkiv*

Sometimes a referral was made by transferring information about the adolescent in need of assistance to an NGO.

> *It happens very simply. One phone call to Natasha or Andriy from "Compass" that there is a child who needs attention, and the problem is solved. That is, this is an exchange of contacts, by telephone, the guys were happy to go to Kharkiv, went to their center, where they could receive the full range of services, that is, counseling and testing there on the spot, and then, if the child needed consultations of some other specialists, then the guys in the "Compass" provided referrals themselves.*
>
> *FGD participant, Slobozhanske*

Participants noted that the referral sometimes involved addressing other issues not directly related to drug use.

> *When we met with an adolescent and identified his need, for example, the teenager did not have a passport, we referred him to the passport office, accompanied him... There was a case in the city of Izium that the teenager could not get a place in a hostel, we helped him in solving this problem, collected documents, passed medical examination.*
>
> *FGD participant, Sloviansk*

In the process of developing a partner network of service providers at the level of settlements, specialists from service providing organizations were trained. Such trainings covered topics of HIV and its transmission ways, new psychoactive substances, the peculiarities of working with adolescents, and others.

> *They taught us to distinguish between the types of drugs a bit, because this was all very confusing for us, adults.*

FGD participant, Brovary

> *In Novoukraiinka, we held classes on the routes of HIV transmission on request from the social service. Service specialists underwent such training.*

FGD participant, Znamianka

During the three years of the project, partners on each site managed to build a partner network – somewhere more powerful, somewhere – less strong. Even after the end of the project, the connections between the participants continue, there is information about who to contact in difficult situations, there is counseling via the Internet (Instagram and other similar applications).

> *The network exists. Our teenagers who lived in Lyman and went to study in Kramatorsk, they know where to go in Kramatorsk, what clubs exist, what youth centers exist, who can be contacted.*

FGD participant, Lyman

> *We have Instagram, to which many teenagers subscribe, they can virtually refer the problem to us, and we can tell them how to proceed in a given situation.*

FGD participant, Lyman

The cooperation established during the years of the project continues, memoranda of cooperation have been signed with the involved partners, which are extended for the future. In addition, new partner organizations can be involved in cooperation, because after three years of work it will be easier to attract new partners.

> *Yes, of course, we work on the memorandum, every year we extend it, every year we sign, discuss, we always include each other in the plans for the year. We have a coordination council, their employees are members of our coordination council, that is, we are constantly in touch, our diverse work is prolonged.*
>
> *FGD participant, Lyman*

> *We have signed a memorandum, we are constantly cooperating, we have it in the resource bank. They constantly provide services to our probation clients.*
>
> *FGD participant, Poltava*

2.2. SERVICES FOR ADOLESCENTS THROUGH THE EYES OF ADOLESCENTS

Receiving services offline

Nearly 80% of adolescents surveyed said they had received health-related services, including those related to drug use or sexual behavior in the past year (12 months). The older adolescents are, the more they have access to services: 73% of 14-15 year olds, 78% of 16-17 year olds and 84% of 18-19 year olds (no significant difference in gender was found). In the range of project services (according to the conditional rating), the most frequent are receiving informational materials, counseling by specialists, free condoms and lubricants, group sessions on health issues, HIV testing, consultations with health workers, social workers, leisure activities.

Prevalence of the use of offline services among teenagers, %

Received a booklet, brochure, leaflet on health or personal safety (for example, on HIV prevention, sexually transmitted diseases, viral hepatitis, tuberculosis)	60.7
Obtained counseling by a specialist, social worker or psychologist (e.g. on risky behavior, sexual health, HIV, sexually transmitted diseases, viral hepatitis, tuberculosis)	57.9

Got free condoms, lubricants	52.1
Attended group sessions (lecture, training, etc.) on health or personal safety (e.g. HIV prevention, sexually transmitted diseases, viral hepatitis, tuberculosis)	47.2
Was tested for HIV	43.2
Received a medical consultation	41.5
Received advice from a social worker and/or a lawyer on protecting one's rights	38.7
Used leisure services (took part in promotions, quests, picnics, "coffee talks on prevention", etc.)	30.9
Tested for viral hepatitis	21.9
Tested for sexually transmitted diseases (e.g. syphilis)	21.3
Trained (training, group classes, summer schools, etc.) on volunteering, leadership, advocacy, activism, peer-to-peer, etc.	18.6
Received legal advice to protect their rights	13.7
Got a free clean syringe /needle	4.0

One in five respondents had the opportunity to be tested for viral hepatitis, and the same number had the opportunity to be tested for STIs. Almost 19% of adolescents have been trained in volunteering, leadership, advocacy, activism, peer education. 4% of respondents answered that they received a clean syringe/needle.

The development of service providers network for target groups of adolescents demand active involvement of educational institutions, thus it comes as no surprise that half of the surveyed adolescents received services at the place of study. Almost 40% of adolescents were reached by social workers and NGO representatives on outreach routes. Rate of receiving services in a mobile clinic (usually testing and consulting of a health worker) among 18-19-year-olds is 3 times higher than among 14-15-year-olds, which is fully correlated with the structure of service delivery. A small percentage of adolescents indicated that they received services in a youth center/hub (5.3%).

Service points, by gender and age, %

	Among all	Gender		Age			
		Boys	Girls	14–15	16	17	18–19
In an educational institution (school, vocational school, university, etc.)	49.6	48.2	52.0	46.9	51.9	51.2	47.5
On the street/in the park/on an outreach route (when social workers from an organization from another city come)	39.3	39.4	39.0	46.9	38.4	35.3	39.3
In the office of a charity organization	12.8	11.5	14.9	19.5	10.3	8.7	15.3
In the mobile clinic (when employees of the organization come from another city)	12.4	12.0	13.0	7.0	9.2	10.1	21.9
In the youth center/hub	5.3	4.4	6.7	3.1	3.8	6.3	7.1
At the local clinic	4.7	3.9	5.9	4.7	3.8	5.8	4.4
In another government agency (AIDS Center, anonimous consultation office, , Social Services Center, etc.)	1.4	1.6	1.1	0.8	1.6	0.5	2.7
In a youth-friendly clinic	0.4	0.2	0.7	0.8	1.1	0.0	0.0
In a private/commercial clinic	0.3	0.2	0.4	0.8	0.0	0.0	0.5
Other: in the hostel	4.8	3.5	7.1	2.3	7.0	5.3	3.8
Other: in probation facilities	1.1	1.6	0.4	0.0	0.5	1.0	2.7
Had not received health-related services, including those related to drug use or sexual behavior in the past year	21.3	22.1	20.1	27.3	22.2	21.7	15.8

Receiving of prevention services online

41.8% of surveyed adolescents reported receiving services online or by phone.

Distribution of answers to the question "Which services did you receive online or by phone?" (positive answers), %

	Among all	Gender	
		Boys	**Girls**
Useful posts on health topics in social media and messengers (Instagram, Telegram, Viber, Facebook, etc.)	26.3	23.3	31.2
Individual counseling on health, relationships, sex, drugs on social media and messengers (Instagram, Telegram, Viber, Facebook, etc.)	23.2	21.7	25.7
Surveys on health, relationships, sex, drugs on social media and messengers (Instagram, Telegram, Viber, Facebook, etc.)	20.6	20.5	20.8
Lecture / group lesson / training in Zoom	20.3	18.9	22.7
Individual counseling by phone	19.1	17.5	21.6
Quest in Zoom	13.1	11.5	15.6
Stream with useful information on health, relationships, sex, drugs on Instagram	15.1	13.6	17.5
Condoms, lubricants, information materials, masks, motivational kits, etc. by delivery service or mail	11.5	11.8	11.2
Other: Quest in Telegram	0.7	0.5	1.1

Preferred format of receiving services

According to the data, the surveyed teenagers of all ages have a high demand for offline services – 40.5% prefer them and another 40.3% said that they need different formats of services – both online and offline. Thus, only 18.6% preferred exclusively online services.

As the results show, it is important for teenagers to receive useful information about health, relationships, events, etc., both in direct communication with service providers, professionals, and in remote and online formats. The data once again confirmed the importance of friends and peers, as a channel for receiving information, the convenience of the Internet, the wish to have offline communication with social workers, the attractiveness of lectures and conversations in schools. Every second respondent indicated that brochures, booklets, postcards are convenient forms of obtaining information. Quite high demand was found for such information sharing forms and channels as a smartphone app (46%), online consultations (44%), SMS to cell phones (35%), hotline (30%). Almost one in five (19%) said it was convenient to receive information via e-mail. Only 1% of respondents said they did not want to receive such information. It is important to note that less than 1% of adolescents want to receive information from their parents.

A comparison of the obtained results with the first wave of the survey shows that the demand for almost all forms of obtaining relevant information among adolescents has significantly increased. The positive experience of receiving services within the project significantly (2.1 times) increased the share of adolescents who would like to receive information on health, relationships, new or complicated life situations, etc. in lectures or conversations in schools. The share of adolescents who wanted to receive information from friends and peers increased by 1.6 times. The share of those who focus on communication with volunteers and social workers has also increased (from 56% to 74%). The share of teenagers who would like to receive information via a smartphone has increased 1.5 times, and the request for online consultations with specialists and receiving an SMS to a cell phone has decreased by 1.4%.

Dynamics of demand for different forms and channels of relevant information sharing among teenagers, *% and demand increase rate*

	2021	2018	Demand increase rate in 2021 as compared to 2018
From friends and peers	75.4	48.3	1.6
From volunteers, social workers who come to you and communicate with you	74.0	55.8	1.3
Videos on the Internet	70.1	58.1	1.2
At lectures/conversations in the school	69.4	32.5	2.1
Brochure/booklet/information leaflet	49.9	37.9	1.3
Software/app for smartphone	46.1	30.9	1.5
Online consultation of specialist(s)	44.2	32.4	1.4
SMS to mobile	34.6	24.9	1.4
Helpline, hotline	30.2	32.1	0.9
E-mail	18.8	16.0	1.2

Services which the teenagers are lacking

According to the results of the baseline assessment in 2018, it was found that the main perceived needs of adolescents in selected settlements were the lack of moral support and psychological assistance on conditions of anonymity. From the point of view of adolescents, they lack more moral support, they do not have a qualified adult with whom they have a trusting relationship, and whom they can talk to and get advice. Boys were found to be more "closed" than girls in terms of assistance. Boys were more likely to emphasize that they did not need any adults, that they trusted only their girlfriend and / or friends. In some localities, adolescents were unaware of the availability of practicing psychologists and the opportunity to receive help, they did not even think that anyone could help them. The coverage of adolescents with educational forms of work (trainings, lectures in educational institutions schools, lyceums, schools after which children sometimes seek advice on their own health or HIV testing) was

low, adolescents noted during in-depth interviews, that no one has ever come to their schools with such lectures.

During the three years of the project implementation, the situation has changed significantly. When asked which services are lacking, 58% did not answer and another 20% said that they didn't lack any thing (however, this may indicate both the adequacy of services and a lack of understanding of their own needs). Among these needs, 5.1% mentioned consultations with a psychologist (3.7% among boys and 7.4% among girls), about 5% mentioned consultations with doctors and free treatment (3.5% boys and 6.7% girls). Almost the same proportion (4.4%) of adolescents reported the need in lectures and trainings on risky behavior and reproductive health.

Free2Ask app use practice

One third of the surveyed teenagers heard about the Free2Ask mobile application for teenagers and young people, which was finalized within the project (32.6%, with girls slightly more often); 13.7% (11.3% of boys and 17.4% of girls) ever reported using it. 5.7% indicated that the application was downloaded, and 4.3% indicated that during the survey that they use it. Girls are more active in using the application. Use rate also increases with age. Analysis of the "cascade" of using the Free2Ask app shows that the level of awareness about the application is much higher than its use.

Distribution of answers to the question "Which services did you use in Free2Ask?" among those who used Free2Ask ever, by gender and age, %

	Among all	Gender	
		Boys	**Girls**
N=	*96*	*49*	*47*
Read useful information	77.1	65.3	89.4
Looked for addresses where services are provided	17.7	20.4	14.9
Consultation of a psychologist	15.6	16.3	14.9
Do not remember	4.2	8.2	0.0
No answer	2.1	4.1	0.0

2.3. BARRIERS IN ACCESS TO SERVICES

The project participants consider that the following are the key barriers: the lack of political will; lack of financial and other resources, including insufficient quantity and qualification of specialists, volunteers, etc. (staffing); insufficient leadership experience and poor coordination; low priority of prevention work with adolescents in general, and with adolescents who use drugs in particular.

The "lack of political will" is the **multi-faceted barrier.** To build interaction with public authorities, the category of adolescents with risky behavior is not always a priority for government agencies that are more focused on talented or successful youth (which can serve as an attractive showcase for demonstrating the successful work of public authorities). Sometimes the change of government officials during the local elections was an obstacle, as it was necessary to spend additional time establishing new contacts.

> *Youth department is rather focused of a different category of youth. That is, not for adolescents who have experience of drug use, but more for the development of some skills of youth, that is, the development of successful youth.*
>
> *FGD participant, Poltava*

> *The obstacle was that different representatives of organizations changed during the local elections and we usually had to start all over again. To tell who we are, why it is necessary.*
>
> *FGD participant, Pyriatyn*

When discussing the inadequacy of local infrastructure for the provision of services to adolescents, participants reported that the obstacle in many localities is the lack of youth centers, i.e. places where adolescents can gather and receive assistance.

> *In some cities… there are no youth centers, for teenagers who use drugs, teenagers have nowhere to go and gather... And if there was a center that they know where they can come at a certain time to get advice, handouts, condoms, talk with a psychologist and even to spend leisure time – that's what they dream about.*
>
> *FGD participant, Sloviansk*

> *The first problem is the lack of a place where young people could gather and receive services.*
>
> *FGD participant, Myrhorod*

> *The problem is that we don't really have a place where teenagers can spend time together. Ordinary teenagers and those who use alike. There is no such place...*
>
> *FGD participant, Pyriatyn*

Moreover, in small settlements there is a lack of qualified staff to work with adolescents, people who have the knowledge and skills to work with such a target group.

> *We do not have enough specialists with such high qualifications as those guys have (author's note: we are talking about social workers of regional NGOs). They have a lot of experience in building trust with teenagers.*
>
> *FGD participant, Pervomayskyi*

> *The problem is the small number of specialists and their large workload. There is a lot of work, and the number of specialists is decreasing and decreasing in the organization and they still do not have the physical capacity to provide such services. Workload there is so heavy that it is probably an obstacle.*
>
> *FGD participant, Novoselytsia*

During the discussion on issues related to adolescents' access to services, participants reported cases of adolescents being denied HIV testing and reproductive and sexual health services. In Ukraine, adolescents from the age of 14 have the right to receive services without parents, but in practice not all medical workers and even heads of medical institutions know about this provision. However, if teenagers had project cards from the partner NGO, the anonymous consulting room did not refuse them in testing.

> *That is, there were a lot of unfounded refusals, like "you are still very young, leave, come with your parents.*
>
> *FGD participant, Kharkiv*

> *When we checked this as an experiment, what is available in our settlement and whether the health staff knows where a teenager can get tested for HIV. Well, we found that… not all our health workers are aware that our teenagers are generally allowed to take such tests without their parents.*
>
> *FGD participant, Slobozhanske*

The small number of people in the project teams was sometimes called a barrier to successful work, because the work would be more successful with a larger team.

> *A team of four is a very small team that can provide access to HIV prevention services among three districts only. Of course, we need a larger team. And in this regard, we did not have regular events in each district, we went there 2-3 times a month, the first week Berezivka district, the second week Bilhorod-Dnistrovskyi district, the third week Lyman district. That is, if there are seven educational institutions in Bilhorod-Dnistrovskyi, then the first institution we visited could host the next lesson, a lecture or a quest, a few months later.*
>
> *FGD participant, Odesa*

In a small town, the problem of confidentiality is common it is difficult for a teenager to contact a health worker for testing, counseling or assistance so that no one knows about their issue.

> *We once talked to teenage girls about safe sex... A girl raises her hand and says, "Yes, my mother talked to me... Well, she said that if, you see, I get pregnant before I graduate from school, then I am no longer welcome home"… Teenagers simply have nowhere to seek help with their problems. For many reasons they are not understood, they are afraid of disclosure, they are afraid of condemnation... Near Kupiansk there is Kovsharovka, the largest settlement of the district, where everyone knows each other, and teenagers actually have nowhere to go to talk about their problems.*
>
> *FGD participant, Kharkiv*

The generalization of barriers gives grounds to determine the MAIN RISKS regarding the continued existence of services after the project.

Some participants reported that after the formal completion of the project, it was difficult to predict whether further cooperation would be successful given the lack of resources on the ground.

According to the participants in the discussions, such an area of work with adolescents as outreach will be threatened after the end of the project, given the lack of staff for such work in state social support institutions.

> *During the work of this project, we, the social workers, learned about the possibilities of outreach, street work, such methods... we will be able to do it, but I do not think that the local government will be interested and introduce positions to replace organizations that work in this area... I have seen many staffing schedules, many institutions are being created, there is no such function anywhere.*
>
> *FGD participant, Lyman*

If information and education services (primarily on the basis of educational institutions, within extracurricular activities) are likely to remain after the project, other services that require consumables and additional funding will be reduced. This applies to HIV testing, condom distribution, etc.

> *But, unfortunately, as for HIV testing, handouts, or even more serious services, it seems to me that after the project closes, it will all stop because funding is not allocated, I will just carry it on my own shoulders. Therefore, in our educational institution, only preventive and educational work will be covered.*
>
> *FGD participant, Znamianka*

SECTION 3
"UNDERAGE, OVERLOOKED" PROJECT: ACHIEVEMENTS AND OUTCOMES

3.1. Brief description and key results of the project

Project description

The project "Underage, overlooked: Improving access to integrated HIV services for adolescents most at risk in Ukraine", implemented by ICF "AIDS Foundation East-West" (*AFEW-Ukraine*) in cooperation with ICF "Alliance for Public Health" (Alliance), is designed to improve the access of adolescents who have experience of illicit drug use and their sexual partners to HIV prevention and treatment services in remote and rural areas. The project was implemented for 3.5 years from December 2017 to March 2021 in 7 oblasts of Ukraine: Kyiv, Odesa, Kharkiv, Kirovohrad, Poltava, Chernivtsi and the territory of Donetsk oblast controlled by the Government of Ukraine. Within 7 oblasts, 29 settlements were selected as project sites.

The overall goal of the project is to help reduce HIV infection among adolescents with drug use experience and their sexual partners by improving access to quality HIV prevention, treatment and support services in rural/small localities in Ukraine.

The project envisaged the implementation of the following tasks:

Task 1. Improve access to HIV prevention services for 9,000 adolescents with drug experience and their sexual partners by introducing innovative youth-friendly outreach models.

Task 2. Strengthen the potential of the project implementing partners in order to provide quality services to adolescents with experience in illicit drug use and their sexual partners.

Task 3. Improve current policies and procedures to overcome barriers to access to HIV prevention, treatment and support services.

At the regional level, the project is implemented by 9 partner organizations (NGOs) working to prevent the spread of HIV and reduce the harm from drug use. Project implementers in the regions: CF "Return to Life" (Kirovohrad oblast), PRCF "Public Health" (Poltava oblast), CO "Light of Hope" (Poltava oblast), CO “KhCF "Blago" (Kharkiv oblast), CO “KhCF "Parus" (Kharkiv oblast), CF “New Family” (Chernivtsi oblast), AUCO “Convictus” (Kyiv oblast), OCF “Way Home” (Odesa oblast) and CO “Nasha Dopomoga” Donetsk region).

Coverage

In total, during the period from December 1, 2017 to September 30, 2020, 8101 unique clients received at least a basic package of services within the project. The process of recruiting new clients was non-linear and had its own characteristics for each regional NGO. Given that regional NGOs mainly attracted new clients through educational and informational activities in vocational schools on the project sites, the number of new clients was primarily determined by the school season: majority of new clients joined the project in early autumn, lowest numbers were observed in summer.

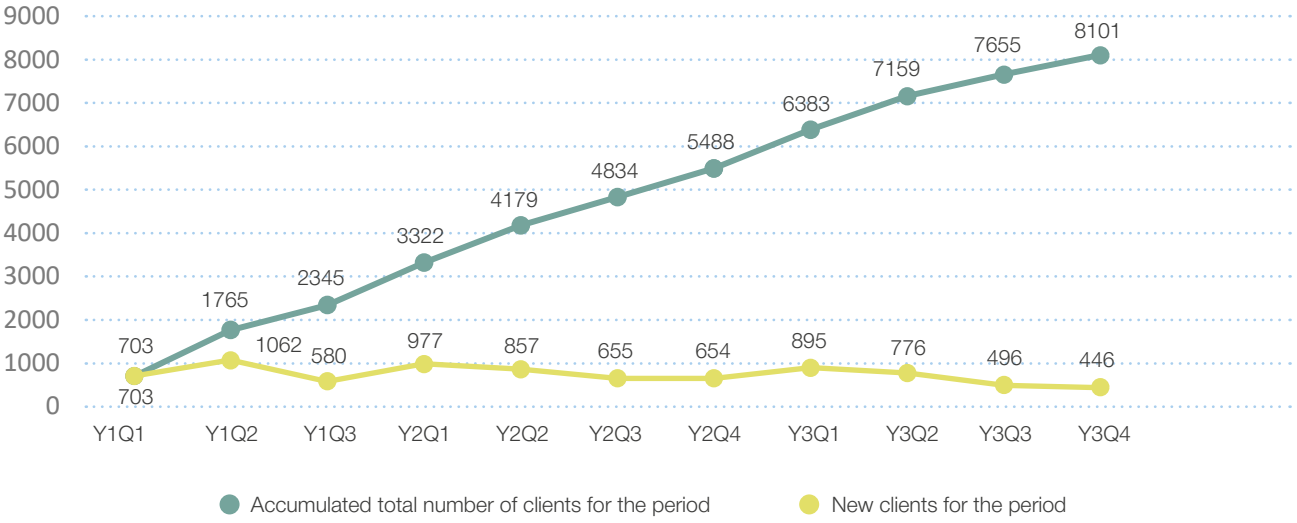
Number of new project clients in the period from December 1, 2017 to September 30, 2020

Indication	Timeframe	Total number of new clients for the period
Y1Q1	01.12.2017 – 31.03.2018	703
Y1Q2	01.04.2018 – 30.06.2018	1 062
Y1Q3	01.07.2018 – 30.09.2018	580
Y2Q1	01.10.2018 – 31.12.2018	977
Y2Q2	01.01.2019 – 31.03.2019	857
Y2Q3	01.04.2019 – 30.06.2019	655
Y2Q4	01.07.2019 – 30.09.2019	654
Y3Q1	01.10.2019 – 31.12.2019	895

Indication	Timeframe	Total number of new clients for the period
Y3Q2	01.01.2020 – 31.03.2020	776
Y3Q3	01.04.2020 – 30.06.2020	496
Y3Q4	01.07.2020 – 30.09.2020	446
Total		**8101 unique clients**

The lowest growth of the number of new clients is observed in the period from April 1 to September 30, 2020. First of all, this happened due to quarantine measures, which did not allow for regular outreach visits of the team, for holding mass events, including educational ones in educational institutions, which had been the main place to attract new clients to the project. During this period, special attention was paid to maintaining the existing client network and ensuring the continuity of services.

Distribution of increase in the number of new clients according to the reporting period, 01.12.2017 – 30.09.2020, persons



The results related to the number of clients indicate a great workload on the teams of NGOs and partners, constant work towards attracting new clients, the formation and maintenance of a network of clients based on the definition of their needs. The ongoing increase in the total number of clients indicates that the partner networks have been able to build an environment of trust, and that despite the successful operation of the project for 3 years, further identification and attraction of new clients and client groups remains relevant for years to come and should take place on a regular basis.

Key project results

From December 2017 to September 2020, the project managed to achieve the following results:

- About 300 organizations in 7 oblasts of Ukraine joined regional partner networks to strengthen work with adolescents and provide comprehensive services.
- All adolescents who became clients of the project received access to a wide range of services, including HIV testing, counselling on HIV/TB/STI/SRHR/rights protection and drug use, access to condoms, social support services, and referrals. In addition, the NGO partners of the project carried out prevention events to raise awareness among the general population.
- At the beginning of the project, the Free2Ask mobile application created by the CO "Fulcrum" was significantly improved, in particular, a convenient database of friendly services was created and the work of online consultants was supported.
- In 2018, social workers and psychologists from all project teams underwent basic training during a five-day event "Peculiarities of providing harm reduction services to adolescents who use drugs from rural and remote areas."
- In 2019, 72 teenagers from among the clients of the project were trained in leadership and advocacy during seven one-day trainings in the regions, held by peer consultants of the Teenergizer partner youth organization. The 10 most active trained leaders assessed the availability of HIV testing in public health facilities in 8 small towns in Kharkiv Oblast. 33 young activists took part in the Adolescent Summer Camp, which was organized in August 2019 in Chernivtsi in partnership with the Charitable Foundation "New Family" and in cooperation with the project "Bridging the Gaps: Health And Rights For Key Populations".

- During 2019, 33 representatives of NGO teams and their partner networks from the project implementation sites, including service providers and local administrations, had the opportunity to share experiences and best practices within 9 exchange visits between different cities and towns of the project sites.
- 36 participants from NGO teams and partners of the partner networks that provide services to AUDs were trained on modern forms of work with young people using virtual platforms and social media during the five-day summer school "Virtual Reality School", which took place in June 2019.
- On September 15-17, in cooperation with the project "Bridging the Gaps: Health and Rights For Key Populations", the first Conference for and about teens “Through virtual to real” was held, which consolidated all the best practices in working with adolescents. 2,029 participants registered to participate in the Conference, of which 569 were teenagers (under 19) and 1,459 were adults. Conference website: https://conf2020.afew.org.ua.
- In 2020, also in partnership with the project "Bridging the Gaps: Health and Rights For Key Populations", (*AFEW-Ukraine*) and the EdEra online education studio have developed an online course "All you need to know to ensure human rights of adolescents in Ukraine". As of March 31, 2021, 6,321 students registered for the course, of which 3,112 students completed the course and received a certificate of successful completion. Course link: https://courses.ed-era.com/courses/course-v1:AFEW+1+2020/about.

Advocacy for access to services

In order to ensure the sustainability of services for adolescents, the project supported a separate component of budget advocacy: specialists of regional NGOs were trained in advocacy practices and implemented gained skills both on their project sites and on the level of their regions. However, the outcomes of this component differ significantly between the project sites, and in the third year of the project this work got more complicated due to the onset of the COVID-19 pandemic. Nevertheless, some partner NGOs still managed to achieve results. Thus, the CO “KhCF "Parus" entered into an agreement with local authorities for the social contracting of prevention services in Kupiansk, Kharkiv region. Similarly, the contract for the provision of interactive training services on preventing drug use and risky behavior at the expense of the local budget in Horishni Plavni was concluded by PR CF "Public Health". In Lubny and Pyriatyn, the CO "Light of Hope" received permission to implement a program for

the prevention of risky behavior among adolescents, which became part of the local youth program. CO “KhCF "Blago" has also developed a draft rehabilitation program for adolescents who have developed dependence on psychoactive substances which has become part of the state program for work with adolescents. Unfortunately, the mechanism of social contracting is currently not yet an established practice, and successes in this area can be attributed to the persistence and initiative of individual teams.

3.2. Key achievements of the project

Development of new services for adolescents

At the beginning of the project, services for adolescents who use drugs in selected settlements (especially villages and remote settlements) were extremely limited. The availability of treatment and harm reduction services is much lower than in central cities. In villages and small towns where only primary health care services were available, there were no special services for young people related to sexual and reproductive health, harm reduction, or treatment and counseling. In the baseline assessment of 2018, adolescents expressed the need for moral support and anonymous mental health services, noting that live counseling is better than online communication, although online support is still important.

During the discussion of new services for adolescents that appeared in the communities due to the project activities, FGD participants mentioned a list of services similar to the services provided within the basic model of the project, namely:

- Voluntary counseling and HIV testing (which is especially important in the context of access to youth-friendly services in small settlements).
- Providing condoms.
- Providing pregnancy tests, gynecological examination kits, hygiene products, lubricants, etc.
- Providing information materials on HIV, drug use, harm reduction, etc.
- Lectures (including video lectures) by social workers and psychologists, conversations with narcologists.

- Meetings with a psychologist. This is especially important given that adolescents are becoming aware that they can actually receive psychological help rather than being left to cope with their problems on their own.
- Organization of quests, flash mobs and quizzes for teenagers.
- Adolescent leadership development programs (trainings and summer camp for adolescents).
- Peer-to-peer work, where adolescents can share experiences with each other.

> *Still, this [HIV test] was something unknown in our school 10 years ago, no one even understood what should happen at that moment. Now, this is a fairly common thing for our students.*
>
> *FGD participant, Znamianka*

> *They now know who the psychologist is, where he/she is, what to talk to them about it's simple and cool, and they can just have a chat, take condoms and get counseling. I believe that if they are not afraid and they come to us, it is already a great achievement, and I hope they will continue to come.*
>
> *FGD participant, Novoukraiinka*

> *Parents, children themselves, students, school kids of our town and from nearby villages and territories began to apply to us, asking for personal protection equipment. This was the period when senior students from our town's 3 schools came to us, they knew that they could get condoms and lubricants.*
>
> *FGD participant, Novoselytsia*

An important area of activity was the wide coverage of the project in the local media, thanks to which teenagers began to contact the network. In addition, recognizing and highlighting existing problems is always the first step in solving them.

> *With the advent of this project, the NGO "New Family", I realized that people stopped hiding this problem. People began to seek help, they realized that this is not something to hide from. Communications were established so well. You realized that if schools, kids, our medical college started talking about it out loud, then I think it was a breakthrough....*
>
> *FGD participant, Novoselytsia*

New activity formats and challenges during the quarantine

Under the quarantine restrictions caused by the COVID-19 pandemic, the provision of services to adolescents from remote areas has become more complicated. At that time, it was the local community leaders who helped maintain the continuity of service to adolescents, even during the most severe restrictions related to face-to-face activities. Communication between regional NGOs and service providers on project sites was supported through telephone and video calls, and local community leaders maintained communication with adolescents on project sites. The training of local service providers has been translated into an online format in the form of webinars, online courses and virtual conferences. Thus, during the quarantine, the project participants were forced to find new activity formats, i.e., to provide a certain range of services online. These included online meetings, instant messaging, remote learning, online quests and consultations, engaging adolescent leaders, and building online communications with project clients.

> *And the toolkit of digital instruments which we learned through online events within this project is precious. These are Kahoot!, Quiz, Zoom rooms functionality and a lot of other things.*
>
> *FGD participant. Krasnohrad*

During the project implementation, an effective system of interaction between regional NGOs and project sites was built online through youth leaders and service providers on specific project sites. As a result, adolescents and project partners were able to quickly adjust to the quarantine measures imposed

in connection with the spread of COVID-19 in March 2020. During 2020, the schedule of outreach visits depended on the epidemiological situation in a particular region and locality, however, such visits were not encouraged. Counseling and information services (both individual and group) were provided remotely by telephone, video (Zoom) and through social media and messengers (Instagram, Telegram, Viber, Facebook). If necessary, clients received condoms, protective masks, and other necessary supplies by mail or during personal meetings by prior arrangement for personal safety.

Network sustainability and survival of services after the completion of the project

An important result of the project is the establishment of all necessary prerequisites to ensure the sustainability of the network and the provision of services. The participants of the study (FGD) emphasized the importance of sustainability of services and described their activities in this direction. The key point is to attract funds from local budgets to support work with adolescents. For example, in Odesa oblast the work is underway on allocating funding for work to support adolescents, in Poltava oblast funding has been allocated from the city budget, an ATC (amalgamated territorial community) in Chernivtsi oblast had also allocated money for a program to work with adolescents who use drugs. Kyiv demonstrated a successful experience of opening a youth center.

> *"We are now focusing on sustainability of services and we have included some activities in the regional public health program. Perhaps we will receive support from there. In addition, I have now been appointed as the Secretary of the Public Health Coordination Council, and we will initiate the development of district programs, city programs in the Odesa region and we will look for opportunities to allocate funding from all budgets local, regional, district, territorial communities for this activity.*
>
> *FGD participant, Odesa*

> *I am glad that we managed to reach one local community, namely, the city territorial community. They heard our problem because Novoselytsia ATC has the largest number of children who use drugs and psychotropic substances. So far, they have allocated us a certain amount of money, we have adopted a program at their level... There is hope that every community will hear us, every community will understand that there is a problem, and it is real.*
>
> *FGD participant, Novoselytsia*

The issues of future cooperation, support and development of a network of services for adolescents of target groups were discussed at the FGDs. All participants are convinced that this is necessary and feasible. To ensure the sustainability of the network of partners and services, all organizational conditions are created, coordination mechanisms are in place, joint planning experience is developed, the level of professional qualification of service providers is improved, advocacy and fundraising experience is formed (although it is developed to different levels on different sites).

Overall impact of the project

Most FGD participants noted the great positive impact of the project on the provision of services to adolescents who use drugs in local communities. Many participants said that it was due to this project that the very existence of such a target group as adolescents who use drugs first came to the spotlight for authorities.

> *Only when CF "Parus" started operating in our city and such employees of this sphere, the authorities ... learned about such a category of young people as youth at risk ... There are teenagers, and seems like there are many services for them, such as leadership schools, various competitions for talented, gifted youth. But actually there is nothing at all for young people at risk. They generally conceal the fact that there are such children and teenagers. And it is the main achievement, for which I thank you, it even attracted my attention, I began to do it more effectively, after meeting with representatives of the Charitable Foundation...*
>
> *FGD participant, Kupiansk*

The problem of drug use by adolescents has also become actualized for parents. General education of parents and other adults about the use of psychoactive substances, reproductive health, etc. in the long run will help to involve parents as allies to help those teenagers who need it.

> *When we started working, we had a few obstacles from the parents of teenagers who were against the involvement of children in our projects. But by raising the awareness of not only children but also parents, as well as some teachers, at our additional meetings, we were able to persuade them that it is very important for children to be aware of these issues, to have access to testing, counseling, that they can also be aware and explain to those who do not know why all this is done.*
>
> *FGD participant, Berezivka*

> *Children and parents began to contact us, they understood where to seek help, they know who to turn to, who will help them. I believe that this is a success... If they come, then probably we have largely prevented some bigger problems.*
>
> *FGD participant, Novoselytsia*

Involving adolescents as active subjects, and not just objects of re-education, also plays a very important role in their further life.

> *The biggest achievement was to attract teenagers who... had a more antisocial, deviant behavior, and by getting involved in this project, they changed their behavior, became more responsible, wanted to participate, wanted to involve other children, came up with suggestions, i.e., actively participated, and they liked it, they changed their attitudes, changed their behavior, and in the future, apparently, their fate changed, because they already saw some plans for the future...*
>
> *FGD participant, Berezivka*

> *In this project, the big advantage was that the young people engaged in it themselves, teenagers became leaders, attracted their peers to the project... And these leadership skills that they received are a very good positive experience for the kids themselves.*
>
> *FGD participant, Odesa*

Raising the awareness of adolescents is also a very important result of the project. In addition, teenagers have learned that there is a place where they can seek help.

> *I think that the greatest value of this project is that children start to trust adults and, most importantly, they do not stay silent about the problem. It is stigmatized in society. And the children now, after this project, they start asking, "My friend uses drugs, what to do?" public health professionals give advice, refer them to the anonymous consulting room.*
>
> *FGD participant, Horishni Plavni*

The project managed to reduce injecting drug use in some adolescents, and some adolescents reduced drug use in general.

> *Within the framework of this project, we have a lot of teenagers who have stopped using injecting drugs, switched to light non-injecting drugs following the principles of harm reduction.*
>
> *FGD participant, Sloviansk*

> *And when you observe that someone didn't drown in all this, with his head, but someone helped them, and the child began to build a different life, a different relationship with the parents... Several children have already grown up and found work.*
>
> *FGD participant, Kyiv*

In addition, participants in the discussions noted that not only adolescents received assistance, but also service providers significantly increased their awareness and competence.

> *Self-development, new information was important. You know, at some instances when I joined training, it was really educating for me. There were certain issues with which I was not very familiar, I felt less than confident. It helped a lot, not even in terms of working with adolescents who are addicted to drugs, but also with ordinary adolescents.*
>
> *FGD participant, Znamianka*

Due to the project the partners of local networks gained increased awareness of the need to conduct research among adolescents, including the one of risky practices. The research should be conducted both in educational institutions and in the social media, in order to understand the real situation in youth environment.

CONCLUSIONS

The results of the final study convincingly demonstrate that the project has had a positive impact on improving the access of adolescents who use drugs and their sexual partners to HIV prevention services, and on strengthening the capacity of all implementing partners; provided a positive example of a comprehensive model of prevention work in small settlements, contributed to development of a positive experience of overcoming barriers in adolescents' access to services for HIV prevention, treatment and support at the local level, even in conditions of insufficient development of the necessary infrastructure; drew public attention to the problems of AUD at the national and local levels and laid the foundations for future work with AUD. At the same time, it is important to have a flexible and local needs-oriented approach in the work of NGOs and partners of the service providers network, which creates conditions for capacity development, introduction of innovative forms of work, improvement of dialogue, cooperation and coordination; establishing mechanisms for referral of adolescents; formation of adolescents' trust in service providers.

The obtained data once again proved the importance of sustainable prevention work with adolescents, as their involvement in drug use occurs mainly at the age of 14-16. For the vast majority of adolescents who use drugs, the first attempt is smoking (usually cannabis), which is quite difficult for parents and teachers to control and therefore requires a concerted effort by all stakeholders and service providers to develop informed attitudes towards healthy living and critical thinking skills, as well as resisting the influence of peer environment.

The positive impact of the project is that there is a trend of mono-use among the surveyed adolescents: 73% of surveyed adolescents regularly use only one drug (56.7% in 2018). A comparison of the channels for obtaining non-injecting drugs over the last 30 days of the first wave of the survey and the final study showed a significant decrease in "hand to hand" purchases, from dealers or buying from friends. At the same time, the share of those who buy drugs through the "cache", over the phone and via Internet has increased, which is important to take into account in the activities of prevention services providers. The share of adolescents who reported cases of drug overdose in the last 12 months before the survey has slightly decreased among those who had experience of drug use (from 8.8% to 7%). Only 1% of respondents had experienced injecting drug use.

The following data on sexual intercourse practices among adolescents were obtained: three quarters of adolescents had sexual experience; the average age of sexual debut is 15.2 years; a quarter had a sexual debut before the age of 15; adolescents change sexual partners and have parallel relationships; a small proportion (mostly girls) practice sexual intercourse for a reward (money, food, housing, drugs, alcohol, clothing, shoes, etc.); the practice of alcohol consumption before sexual intercourse is common (especially among adolescents aged 18-19); less than half of teenagers always use a condom, etc. These data demonstrate the need for increased education and prevention in the field of sexual and reproductive health, taking into account age and gender-sensitive approaches.

During the three years of development of preventive services and the network of service providers within the project, there was a significant improvement (in 2.5 times) of the possibility of obtaining free condoms, primarily through the activities of social workers, points of condoms distribution, and outreach routes in certain settlements.

According to the results of the survey, it can also be concluded that the needs of adolescents are much greater than the prevention and formation of a healthy lifestyle, and this is important to consider for the development of attractive and sustainable services. In particular, every fifth teenager works, but mostly informally. More than a third of 18-19-year-olds work, with three out of four working unofficially. Therefore, in order to work effectively with such adolescents, it is necessary to have partner organizations that can help/provide advice in employment and career guidance/retraining/obtaining a profession.

High level of access to Internet resources, messengers, online communication opens new opportunities for service providers, but also creates new challenges. Approximate rating of thematic goals of Internet use among the surveyed adolescents is as follows: study/work – dating – drugs – sex. At the same time, during three years the share of teenagers who use the Internet for communicating, flirting, dating has significantly increased, as well as who use the Internet to exchange experiences / impressions about sexual contacts or looking for a partner for sex. Therefore, the formation of skills of safe online behavior (or online behavior) is becoming an important topic for prevention work with adolescents.

The findings of the research on received services allow us to identify the most popular ones (condoms, HIV, viral hepatitis and STIs testing, medical consultations, leisure services that were more in demand among younger age groups) and confirm the importance of a gender-oriented approach – girls are more likely to use all the services, and reaching boys will require extra effort and finding additional ways to motivate them.

The importance of active involvement of educational institutions (half of the surveyed adolescents received services at the place of study), as well as work on outreach routes to reach adolescents at risk (40% of adolescents were reached by social workers and NGOs) was confirmed. Youth centers/ hubs/ spaces have significant potential. Adolescents of all ages have a high demand for offline services – 40.5% prefer them, while another 40.3% said they need different formats of services both online and offline. So only 18.6% of the respondents preferred online services. According to the results, it is important for teenagers to receive useful information for themselves, including health, relationships, events, etc., both in direct communication with service providers, professionals, and in remote and online formats.

A comparison of the obtained results with the first wave of the survey shows that the demand of adolescents for obtaining relevant information in almost all forms has significantly increased. The positive experience of receiving services within the project significantly (2.1 times) increased the share of adolescents who would like to receive information on health, relationships, new or difficult life situations, etc. in lectures or conversations in schools. The share of adolescents who wanted to receive information from friends and peers increased by 1.6 times. The share of those who focus on communication with volunteers and social workers has also increased (from 56% to 74%). The share of teenagers who would like to receive information via a smartphone has increased 1.5 times, and the request for online consultations with specialists and receiving an SMS to a mobile phone has increased by 1.4 times.

Thus, public policy should single out a group of adolescents (10–19 years) as an age group requiring special attention; it is necessary to include a group of adolescents (inter alia, adolescents at risk) in the system of monitoring and evaluation of the national response to the HIV epidemic; it is important to strengthen the organizational, technical and human resources of organizations that work with adolescents; develop a system of effective referral of adolescents in accordance with their medical and social needs and psychological characteristics; providing focused prevention services that meet the needs of adolescents according to their belonging to a certain risk group, as well as take into account their age, gender and socio-economic characteristics; work with specialists and teachers; advanced training of specialists who provide services to adolescents at risk; involvement of adolescent leaders and development of regional networks of adolescent leaders; availability and quality of medical services and harm reduction programs.

The analysis of key achievements helps to summarize the LESSONS LEARNED:

1. The importance of planning and conducting a baseline evaluation (baseline study) in the initial phase, which provides a basis for planning interventions, as well as an intermediate (if necessary) and final evaluation of activities. It is recommended to provide targets and mechanisms for internal monitoring of the implementation of prevention programs.
2. Strong partnership with the definition of "area of responsibility" of each partner and forms of cooperation. Existence of clear mechanisms of coordination and information sharing and constant adjustment of joint activity of the partner network is necessary to find appropriate forms of their participation and motives for maintaining interest on their part should be found.
3. The advocacy component should be a continuous activity from the very beginning (and even at the preparatory phase) of the project which requires ongoing support. The search for financial and non-financial resources (fundraising) should be planned as an activity at all stages of the project.
4. Successful activities at the local level largely depend on policies at the national and regional levels, with the direct interest and support of central authorities being the key to success in Ukraine's cultural environment.
5. Various forms of training, professional consultations of specialists, volunteers, and project leaders should be planned and implemented throughout the project period, as well as the exchange of experiences and discussion of achievements and mistakes or failures. An important aspect is to increase the level of knowledge about the legal framework related to working with adolescents and providing them with services.
6. Adolescents prefer a combination of forms and methods of preventive work conducted in offline and online formats with use of innovative technologies and approaches.
7. It is important to ensure the attractiveness and friendliness of places for providing services to adolescents, communication and interaction, for which it is necessary to create youth centers, spaces, etc.

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