

Research Report

Evaluation of Programmes for MARA (Most-at-Risk Adolescents)

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Acronyms:

AIDS – Acquired Immunodeficiency Syndrome
ALIAT – Alliance against Alcohol and Drug Addiction
ARAS – Romanian Anti-AIDS Association
CCM – Country Coordination Mechanism for the HIV/AIDS and Tuberculosis Programs funded by the Global Fund to Fight AIDS, TB and Malaria
DPECC – Drug Prevention, Evaluation and Counselling Centre
FSW - Female Sex Worker(s)
GDSCCP - General Directorate for Social Care and Child Protection
HIV – Human Immunodeficiency Virus
IAAC – Integrated Addiction Assistance Centre
IDU – Injecting Drug User(s)
LGBT - Lesbian, Gay, Bisexual, and Transgender People
MARA – Most-at-Risk Adolescents
MSM – Men who have sex with Men
NAA – National Anti-Drug Agency
NIID – National Institute of Infectious Diseases
NPA – National Prison Administration
RAA – Romanian Angel Appeal Foundation
STI – Sexually Transmitted Infection
UNAIDS – The Joint UN Programme on HIV/AIDS
UNGASS - United Nations General Assembly Special Session on HIV/AIDS
UNICEF – **United Nations Children’s Fund**
UNODC – United Nations Office on Drugs and Crimes
WHO – World Health Organization
YPLHIV – Young People Living with HIV

I. Evaluation Design

1.1 Background

Romania is one of the Central and Eastern European countries with a significant number of people affected by HIV/AIDS. According to the Report released by the Department Monitoring and Evaluating HIV/AIDS Infection in Romania¹ at 'Matei Bals' NIID, the number of people living with HIV/AIDS reported as of mid-2010 is 10,245.

Since 1995, there has been a constant rise in the number of heterosexual transmission cases, namely three quarters of the new cases. Around 50% of the new HIV/AIDS cases diagnosed in 2009 are people aged 15-29 years. In 2009, HIV/AIDS testing services targeting injecting drug users showed a slight increase of HIV infections in this group.

As regards commercial sex workers, no official data are available as prostitution is illegal in Romania. A research study from 2005 (ARAS, 2005) reveals that only 22% of commercial sex workers use a condom every time with their clients. Commercial sex is associated with injecting drug use (in over 20% of the interviewed people from Bucharest) and with human trafficking (in almost 50% of the interviewed people from Bucharest).

In Romania, no on and off the record estimates have been made regarding the number of people with homosexual orientation. The most recent HIV/AIDS data on men who have sex with men (MSM) are provided by the SIALON Project² carried out in 2009. The research included 398 subjects. The main findings of the research show that:

- 42.6% of MSM have been tested for HIV in the last 12 months and know their test result;
- 71.1% of MSM have been reached by HIV prevention interventions in the last 12 months;
- 42.7% of MSM declare they used a condom at their last anal sexual intercourse with a man;
- HIV prevalence comes to 4.6%, the highest ever recorded in Romania in a vulnerable group.

This evaluation is part of the Programme "HIV Prevention in Most-at-Risk Adolescents", with funding provided by the Government of Ireland (Irish AID Fund), while programme coordination and implementation fell under the aegis of UNICEF Romania. The evaluation methodology was designed by the Faculty of Sociology and Social Work at the University of Bucharest in collaboration with RHRN (Romanian Harm Reduction Network).

Targeted interventions for MARA featured:

- Harm reduction services (outreach services, drop-in centres). Based on the recommendations and findings of the *Research Report on Most-at-Risk Adolescents* carried out between December 2007 - March 2008³, interventions were developed to address most-at-risk adolescents – boys and girls;
- Evaluation of the capacities demonstrated by organisations and institutions to work with MARA and staff training to meet the needs of MARA;

¹ Available at www.cnlas.ro.

² Policy brief, SIALON Project, 2010

³ UNICEF, *Research Report on Most-at-Risk Adolescents*. Authors: Marian Preda (coordinator), Doru Buzducea, Vlad Grigoraş, Florin Lazăr, 2009

- Evaluation of access to sterile injection equipment in pharmacies;
- Increased cooperation between state agencies (health care and social services) and the nongovernmental sector;
- Development of minimum quality standards for services developed in the MARA Programme, and standardization;
- Capacity building for RHRN to coordinate at the level of organisations the monitoring and evaluation of targeted interventions for MARA by developing an electronic database comprising relevant information on the number of beneficiaries, services accessed, etc.

From 2009, 7 organisations working with vulnerable groups in 4 locations (Bucharest, Iași, Constanta, and Timișoara) have developed interventions for MARA, thus expanding their services to reach young people. The goal of HIV prevention programmes is to halt the epidemic rise and maintain it below 1% among most-at-risk groups, such as injecting drug users and commercial sex workers.

High numbers of injecting drug users and commercial sex workers are adolescents and young people. Most-at-risk adolescents are the target group of HIV/AIDS prevention programmes implemented by UNICEF Romania.

- Adolescent injecting drug users (IDU) -

- There is reduced recourse to medical care targeting drug users. Public hospitals were accessed only by 42% of respondents in the last 12 months, 40% went to the family physician, while 8% alone turned to a private clinic. Only 21% of female respondents with a gynaecological problem went to a state healthcare facility for examination and treatment.
- 51% of respondents have had an HIV test whilst 70% of them know where they can gain access to HIV counselling and testing services.
- IDU are faced with urgent health problems, such as the presence of sexually transmitted infections, skin ulcerations, or TB and hepatitis, which require treatment and constant medical surveillance. During the qualitative research, it was also mentioned that in spite of the fact that they had sought health care, they had been turned down and denied medical treatment.
- Poor service addressability may be explained by the fact that these services are not prepared to respond to the needs of injecting drug users and to work with them.
- Access to methadone services was reported by 21% of respondents, and 19% went through a drug detox programme in the last 12 months. Only 2% participated in after-treatment programmes and just 1% in rehabilitation programmes.
- They mentioned that, in general, they were familiar with the services but considered them insufficient – both syringe exchange drop-in centres and the ones providing substitution treatment.
- Only 4% of them declared that they had sought an anti-drug counselling service in the past year.
- IDU don't trust the institutions and the support they could receive from them. IDU believe that it is useless to ask for help to the authorities to solve any problems of a social nature (like homelessness, or precarious financial situation). The mistrust in institutions induces passivity, or even fatality in accepting their own fate. More than once, this mistrust comes from negative past experiences with the authorities.
- IDU have insufficient knowledge of their social rights, which alongside their mistrust in the authorities reduce their chances of social reintegration/inclusion.

Research Report on Most -at-Risk Adolescents

- Adolescent female sex workers (FSW) -

- 36 percent do not have a (permanent or provisional) identity card, and 30 percent do not even have a birth certificate. The lack of identity papers constitutes an obstacle to accessing health and social care.
- In the past year, 17% of FSW had lesions, unusual secretions in the genital area, infections. Only 29% of them went to a state-run healthcare facility for examination, check-up and treatment, 19% went to a private facility, while 7% went to the pharmacy to buy medicines, and 5% chose self-medication. Six percent did nothing to treat the diseases.

- Women's access to specialized social and health care is reduced. Thus, in the last year, only 20 percent accessed the services of a family physician's practice, 39% of a hospital, and 25% of a private clinic. 47 percent have never been tested for HIV.

- Psychosocial support services, such as after-treatment programmes, rehabilitation programmes, anti-drug counselling and therapy centres, etc., have not been accessed. From the qualitative research it results that the reasons for not accessing social services and benefits (counselling, guaranteed minimum income, etc.) are varied: lack of support from public service professionals, social exclusion, beneficiaries' failure to comply with legal provisions, etc.

- The sector of social services for female sex workers is extremely underdeveloped. This is due to the fact that the phenomenon is out of sight and that in Romania commercial sex is not legal, which makes it difficult for the state to establish institutions and services to monitor and support FSW in addressing the problems and the needs they experience.

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Inspired by the above-mentioned research work, specific recommendations were formulated as to:

- Increase the number of HIV prevention programmes both for FSW, and for IDU (harm reduction) and expand their scope, especially as concerns outreach programmes which play a key role in identifying most-at-risk adolescents;
- Intensify drug use prevention interventions;
- Assess capacities and training needs of existing medical and social services (including HIV testing and counselling) to respond to the needs of and to increase addressability for most-at-risk adolescents;
- Capacity building for HIV prevention services both for IDU (harm reduction), and for FSW so that they can become beneficiary age- and gender-friendly, thus ensuring access for most-at-risk adolescents;
- Set up health and social centres in vulnerable communities addressing HIV infection risk behaviours and delivering integrated services (social support, primary medical care, psychological counselling, vocational support and guidance, mediation and information, etc.);
- Support and expand drug use-related harm reduction programmes in the penitentiary system in order to cut back the risk of HIV transmission among drug users during their detention;
- Run information, communication and education campaigns targeting specifically adolescents and young people who are at high risk of HIV infection;
- Develop a referral system between service providers for most-at-risk adolescents.

Starting from the recommendations of the already cited research study, 7 nongovernmental organizations from Bucharest, Iași, Constanța, and Timișoara set off catering services to teenagers (10 - 19 years of age, boys and girls). The services delivered were paired with the interventions of the Global Fund to Fight AIDS, TB and Malaria and with those of the United Nations Office on Drugs and Crime.

Some of these interventions were: HIV/AIDS infection prevention work (condom and sterile injection equipment distribution, HIV/AIDS testing and counselling, information, education), social, psychological and health care and referral to other social or health services.

During three years of implementation, these 7 organisations reached to a number of 5,255 beneficiaries, out of whom 3,761 were IDU, 1,432 (in 4 locations) were commercial sex workers, and 152 were MSM.

1.2 MARA Programme in Romania

The MARA Programme, carried through with the financial support of Irish Fund and the technical support of the UNICEF Regional Office in Geneva and coordinated by UNICEF Romania, had as a strategic goal to complement and strengthen the national impact of the programmes endorsed by the Global Fund to Fight AIDS, TB and Malaria. Complementarity comes from area coverage (counties that have not been covered before), activity content (advocacy, research), and age group (10 – 18 years).

The goal of the programme in Romania was to prevent and reduce HIV infection in adolescents – boys and girls – with high risk behaviours.

In Romania, the MARA Programme included:

- Assessment of the behaviours adopted by adolescents (boys and girls) and young people (men and women) most at risk of HIV infection – injecting drug users (IDU), and young female sex workers (FSW) – and of the existing services for these adolescents and young people;
- Development of harm reduction services (outreach services, drop-in centres) based on the recommendations and findings of the *Research Report on Most-at-Risk Adolescents* carried out between December 2007 - March 2008;
- Evaluation of the capacities demonstrated by organisations and institutions to work with MARA and staff training to meet the needs of MARA;
- Evaluation of access to sterile injection equipment in pharmacies;
- Increased cooperation between state agencies (health care and social services) and the nongovernmental sector;
- Development of minimum quality standards for services developed in the MARA Programme;
- Capacity building for RHRN to coordinate at the level of organisations the monitoring and evaluation of targeted interventions for MARA by developing an electronic database comprising relevant information on the number of beneficiaries, services accessed, etc.;
- Evaluation of targeted interventions for MARA in terms of relevance, efficiency, effectiveness, sustainability and impact – which is actually the final stage, taking shape in this report.

1.3 Purpose of Evaluation

To evaluate the efficiency and effectiveness of harm reduction services addressing MARA (most-at-risk adolescents), boys and girls, as part of UNICEF's MARA Programme – services provided by eight nongovernmental organisations (ACCEPT, ALIAT, ARAS, INTEGRATION, PARADA, SAMUSOCIAL, SASTIPEN, RHRN).

1.4 Objectives

The objectives of this research aim at:

1. Evaluating the relevance, efficiency, effectiveness, impact, sustainability and replicability of the services catered to MARA by eight nongovernmental organisations, with technical and financial support from UNICEF, including specialised health care and social services. Performance indicators were tracked from a twofold perspective: the beneficiaries' perspective and an organisational perspective.

2. Formulating recommendations to feed into strategies for the sustainable development of specialised services needed by MARA.

1.5 Methodology

The research was conducted between July - September 2010 in Bucharest, Iași, Constanța, and Timișoara. The methodology includes:

- A documentary and legal analysis (minimum quality standards for the services addressing MARA, evaluation report regarding the capacities of the organisations to work with MARA, evaluation of the report on access to sterile injection equipment in pharmacies, the report of Romanian Angel Appeal Foundation on YPLHIV's social and professional inclusion; CCM reports, UNGASS report, the National HIV/AIDS Strategy, progress reports of implementing organisations and of RHRN);
- A qualitative component, based on semi-structured, individual and group interviews applied to beneficiaries and project managers from the eight NGOs which developed services for MARA with technical and financial support from UNICEF: ACCEPT, ALIAT, ARAS, INTEGRATION, PARADA, SAMUSOCIAL, SASTIPEN. They are joined by RHRN which played a coordinating role in the evaluation of service capacities to work with MARA, in the monitoring of disaggregated data (database with beneficiaries), in the drafting of the minimum quality standards for services and increasing cooperation between institutions and NGOs.

Figure 1: Typology of services provided by the evaluated organisations

| Organisation | Type of service | Location |
|--------------|----------------------------|--------------------------------------------|
| ARAS | Outreach | Bucharest, Iași, Timișoara, Constanța |
| | Drop-in centre | Bucharest (Colentina and Titan) |
| | Substitution centre | Bucharest (Matei Balș) |
| SASTIPEN | Drop-in centre | Bucharest - district 5/Ferentari |
| SAMUSOCIAL | Outreach | Bucharest |
| ACCEPT | Outreach | Bucharest |
| PARADA | Outreach | Bucharest |
| INTEGRATION | Outreach | Bucharest |
| ALIAT | Drop-in centre | Bucharest - Obregia Hospital |
| RHRN | Coordination Networking | - Bucharest, Iași, Timișoara, Constanța |

The choice for a qualitative methodology relies on the need to deeply understand the way in which beneficiaries recognize the effectiveness and efficiency of these services, if the latter realistically meet their needs, so that the final research suggestions and recommendations may contribute to the replicability and sustainable development of services for MARA.

45 individual interviews were conducted with beneficiaries of the services provided – 33 in Bucharest (20 with IDU, 3 with FSW, and 10 with MSM), and 12 with FSW in the other three locations: Iași, Timișoara, Constanța. Besides these, 11 interviews were run with programme managers from implementing organisations and an interview with NAA representatives. Moreover, three focus groups were planned for each target group of beneficiaries.

The services delivered by the above-mentioned organisations were evaluated from a twofold perspective:

- a). beneficiaries' perspective: IDU (boys and girls), FSW, and MSM from the four locations: Bucharest, Timișoara, Iași, and Constanța.
- b). organisational perspective by interviewing programme coordinators/managers, most of whom were also experts working directly with beneficiaries.

The research tools were semi-structured individual and group interview guidelines, drafted for each group of beneficiaries (IDU, FSW, MSM), and for project managers/social service coordinators. The tools were developed as to match the evaluation matrix (Figure 2).

Interview guidelines were tailored to MARA and services provided, and they were pre-tested and later revised. Interview operators were selected by RHRN and trained by the research team.

Figure 2: Evaluation matrix

The evaluation matrix features six indicators:

- a). *relevance*: whether the services developed have met the needs and priorities of the target group and the project is consistent with national social priorities and policies.
- b). *effectiveness*: whether the projects were properly designed so as to be conducive to objective achievement and whether the (financial, technical and human) inputs have contributed to or hindered the realization of initial objectives.
- c). *efficiency*: whether project costs are justified by the results attained.
- d). *impact*: whether the long-term effects are positive or negative, intentional or unintentional and consistent with the overall project goal.
- e). *sustainability*: whether the results and the impact will be sustained after external funding and technical support come to an end.
- f). *replicability*: whether successful parts of the project or the whole project can be replicated.

II. Development Stage of Programmes and Services Targeting Most-at-Risk Adolescents (Boys and Girls) – MARA⁴

A. Injecting Drug Users (IDU)

According to the latest data presented by NAA, nearly 17,400⁵ injecting drug users were estimated to be living in Bucharest in 2009.

As far as injecting drug use goes, studies have showed that users join an injecting group at an early age and that the great majority of drug users are male. Thus, the research on injecting and sexual behaviour of drug users conducted by *Operation Research (2004)* on a sample group of 500 IDU indicates the following:

Characteristics of injecting drug users (I)

- They are young people aged 14-22 years, living in households made up of 5 or more people at high risk of poverty;

⁴ The authors also included part of the analyses presented in this chapter in the Report of the Presidential Commission for Social and Demographic Risk Analysis.

⁵ EVALUATION REPORT 2009 on the Implementing Stage of Activities Planned for 2008 in the Action Plan for the Implementation of the National Anti-Drug Strategy 2005 – 2008 (National Anti-Drug Agency 2009)

- They are male (78%), single (63%) or in a common-law relationship (28%);
- They have primary school education or no education (49%);
- 67% of respondents stated that they had given, lent or sold a needle or a syringe that they had already used in the last month to an average number of 2.89 different people;
- 69.2% indicated that they had sex in the last month;
- Only 5% used a condom "every time".

The study conducted in 2009⁶ on a sample of 300 young people from Bucharest aged 15-25 years reveal the following characteristics and risks in injecting drug users:

Characteristics of injecting drug users (II)

- The great majority of drug users are male (81%), and the average age of first drug use is 16 years;
- 5% of respondents have never been in school and other 18% are primary school dropouts;
- Drug users fall into two categories: a) a high risk group, comprising individuals with no means and no education, including sex workers, people dealing with major crime problems, etc.; b) a moderate risk group, comprising people who are still in school, who have their own or their family's financial means, who are better informed, etc.;
- Most drug users are initiated into drug use by people they know (friends, neighbours, boyfriend/girlfriend, more rarely by a family member who is already an addict);
- Most respondents inject heroin, but they have tried other drugs too, especially cocaine (14% in the past year), heroin with cocaine (10%), Fortral (3%), benzodiazepine (4%), ecstasy (1.4%), or the substitute provided in various centres, methadone tablets (15%), while other drugs score insignificantly;
- Some users get exploited by other users through drug procurement mediation, as the exploited ones don't have direct connection to a dealer ("entry");
- The costs indicated during the qualitative research are huge for Romania, ranging between 30 million and 150 million ROL per month (800 – 4,000 EURO);
- They have various ways of "making" money: shoplifting, commercial sex, begging, selling drugs and selling their own goods or even their house;
- Half of the persons with whom the respondents injected drugs (19%) were 'new' injecting partners, which increases their vulnerability to hepatitis or HIV infections;
- Despite very good accessing of syringe exchange services, these are found to be offered solely by NGOs as public services don't run specific programmes;
- Half of drug addicts who have been in prison continued to use drugs while in detention;
- Problems are brought to light as regards access to services such as methadone substitution treatment: difficulty to reach them for those who live in other neighbourhoods or who work and don't have much time on their hands, strict appointment scheduling, co-payment, lack of sympathy for those who need to travel out of town or abroad and can't because if they want to carry on their treatment they must be in town everyday or almost everyday.

As for drug use in homeless street children/young people, the study carried out by Save the Children (2003) on a sample group of 148 subjects from Bucharest aged 7-30 years indicates high use of both legal and illegal drugs:

- 41% smoke at least one pack of cigarettes a day, 38% between 5-15 cigarettes a day
- 12% smoke every now and then and only 9% don't smoke at all
- 26% of subjects aged 7-10 years drink alcohol
- Things are even worse for the age group 24-30 years as 95% of them drink alcohol
- 18.9% do illegal drugs
- 11.5% say they used illegal drugs in the past but gave up
- A significant percentage (69.6%) don't use and have never used illegal drugs.

Source: Save the Children, 2003

The results of a BSS study carried out in Bucharest on HIV/HCV/HBV infection find an alarming increase in HCV infections (83%) and relatively low shares of HIV (1%) and HBV (5%) infections.

⁶ UNICEF, *Research Report on Most-at-Risk Adolescents*. Authors: Marian Preda (coordinator), Doru Buzducea, Vlad Grigoraş, Florin Lazăr, 2009

B. Female Sex Workers (FSW)

In Romania, the exact number of female sex workers remains unknown as prostitution is banned by law; police raids end in fines being applied to street prostitutes, whilst erotic massage salons, which are often just a front for commercial sex work, are tolerated. In 2003, WHO estimated a number of 23,000 to 47,000 male and female commercial sex workers in Romania.

A research carried out by ARAS (2005) on a sample of 395 female sex workers from 12 locations (Arad, Bacău, București, Cluj-Napoca, Constanța, Craiova, Drobeta - Turnu Severin, Filași, Iași, Piatra Neamț, Târgu-Jiu, Timișoara) centred on visible (street) prostitution indicates the following characteristics of the phenomenon:

Characteristics of commercial sex in Romania

- There are various types and forms of prostitution, from a visible/street prostitution, practised in the outskirts of towns, on beltways, in harbours or parking lots, to a hidden one, practised in hotels, discotheques, erotic massage salons, dating agencies;
- Most FSW depend on a protector/procurer who negotiates their service price, gives them protection and accommodation but they also cash in most of the earnings made from "patronising" one or several prostitution rings;
- FSW usually come from rural areas or from poverty-stricken towns and they migrate to developed towns or they may simply be recruited by procurers and thus become victims of various trafficking networks;
- Most FSW don't hold health insurance and have little access to health care;
- FSW's high exposure to HIV/STI risks is due to the great number of sexual partners;
- Drug dealing is associated with existing prostitution rings, and many times procurers are also drug dealers;
- Some FSW become drug users or even addicts. Drug use increases the risk of HIV/HBV/HCV transmission through injection equipment sharing.

Source: ARAS, 2005

Commercial sex workers are more frequently female than male, and start their sexual life, as well as this behaviour, in some cases at very young ages (14-15 years). The research study regarding the situation of FSW in Romania carried out by UNICEF (2009) on a sample of 300 people from Bucharest, Constanța and Timișoara finds the following characteristics of female sex workers:

| Female sex workers' characteristics |
|--------------------------------------------------------------------------|
| 46% had sex before the age of 15 years |
| 16% had commercial sex before the age of 15 years |
| 96% had sex before the age of 18 years |
| 78 % had commercial sex before the age of 18 years |
| The average number of commercial sex partners in the last month is 40. 4 |
| 50 % were coerced to have sex at least once |
| 27% declared they were Roma ethnics |
| 59% live alone, 37% are living with their partner, and 3% are married |
| 38% finished primary school, and 3% graduated from high school |
| 64% have an identity card and only 70% have a birth certificate |
| 21% are also injecting drug users |
| 17% declare to have had sexually transmitted diseases in the last year |
| 85% have had an abortion at least once |

⁷ HIV, HBV and HCV Behavioural Surveillance Survey among IDUs in Bucharest, Romania, UNODC, 2010

| |
|------------------------------------------------------------------------|
| 94% declare to have used a condom at last sex with commercial partners |
| Most of them didn't use a condom at last sex with steady partners |
| 99% have had normal/vaginal sex at least once |
| 24% have had anal sex at least once |
| 96% have had commercial oral sex at least once |

Source: UNICEF, 2009

The fact that ever so often female sex workers are in the streets looking for clients and the fact that prostitution is incriminated by law make them vulnerable to police raids. Hence, the above-mentioned research shows that, in the past year, only 13% of those who participated in the study had never been stopped or harassed by police, while 87% had been stopped at least once (this occurred 81 times on average to the others).

The sector of social services provided to female sex workers is extremely underdeveloped. Thus, FSW are socially excluded and unable to access social services and benefits awarded by the state to all of its citizens in need. Many female sex workers don't have a place to live and consequently a fixed address which makes it impossible for them to gain access to social services such as welfare that could bring them the guaranteed minimum income.

As a result, FSW's access to health and social care is limited. Some of them turn to health care alone and, as we have seen, only in case of emergency such as illness or unwanted pregnancy.

Services accessed by female sex workers in the last year

| Type of service | Percentage |
|-------------------------------------------------|-------------------|
| Family physician | 20% |
| Hospital | 39% |
| Private clinic | 25% |
| Shelter/centre for victims of human trafficking | - |
| Detox | 1% |
| Methadone | 2% |
| After-treatment programmes | - |
| Rehabilitation programmes | - |
| Syringe exchange programmes | 13% |
| District-based anti-drug centres | - |

Source: UNICEF, 2009

State authorities should set up specialised centres where female sex workers can benefit from free condoms, besides counselling.

C. Men who Have Sex with Men (MSM)

Even if international studies and research on MSM have multiplied these days, in Romania few relevant studies are available, and the scientific community does not mix up in their drafting mostly because of stereotypes and issues related to the stigmatization and discrimination of this social group, with the exception of the studies made by ACCEPT Association. International databases take in findings from research carried out including in some countries from the region, such as Serbia and Russia (Bozicevic, et. Al, 2009; Iguchi, et. Al, 2009).

Discrimination in Romania – Perceptions and Attitudes
(National Council for Combating Discrimination, 2009)

- When asked what was the first word that came to mind when hearing the word homosexual, **22%** of respondents indicated words like repulsion/disgust/disapproval, **15%** - disease/insanity, **8%** - abnormal/freak/eccentric and only **6%** normal/regular person/indifference.
- Over **55%** of Romanians believe that sexual minorities should be medically treated.
- **8%** of the population has engaged in a conversation with a person belonging to sexual minorities in the last six months.
- Over **57%** of the population feels some discomfort when hypothetically being around someone who belongs to sexual minorities, a percentage which is higher than for any other potentially discriminated group.
- Alongside the Roma, sexual minorities are the most stereotyped group in Romania as there is a significant homophobic potential in the population of Romania.

We don't have official statistics related to MSM, and the only data out there are those indirectly recorded by the Ministry of Health during STD monitoring, which makes it difficult to develop prevention and support services and work.

SIALON study made by ACCEPT (2010) contains the most recent data regarding the situation of MSM in Romania.

**SIALON – Develop capacities to estimate HIV/Syphilis prevalence using invasive methods
in MSM from South-East Europe, ACCEPT Association, 2010**
Data regarding the situation of MSM in Romania

- 42.6% of MSM having participated in the study had been tested in the last 12 months and knew their test result;
- 4.6% of them were HIV-positive;
- 6.5% declared to have contracted at least one STI in the last 12 months;
- they declared an average of 3.1 steady partners in the last 6 months, which is the highest number of partners from all the countries included in the research (Spain, Slovakia, Romania, Slovenia, The Czech Republic and Italy);
- 68.7% of respondents declared to have had unsafe anal sex with their steady partner in the last 6 months;
- 59.1% declared to have had unsafe anal sex with casual partners in the last 6 months;
- 31.7% declared to have received unsafe oral sex from casual partners (at last sex). This is the highest percentage reported in the 6 countries participating in the research for this HIV infection risk behaviour (compared to 4.3% reported in Barcelona);
- 31.3% used a condom with a steady partner, and 52.5% with a casual partner;
- 71.1% of respondents declared to have received free condoms in the last 12 months and knew where they could have an HIV test done.

“Men who have sex with men” (MSM) are a category grouping men based on their sexual behaviour, not based on the identity they assume for themselves or on their sexual orientation. The term MSM means any man who has any type of regular or occasional sexual intercourse with another man. It includes various sexual orientations (MSM may be gay, bisexual and even straight men) and various gender identities (some MSM are also transgender people).

Some male sex workers sell sex to women, but research shows that receiving unsafe anal sex is a higher risk sexual behaviour than unsafe vaginal sex, which means that it is paid more attention in HIV prevention programmes. Because many MSM have anal sex and most of the times they have multiple partners, man-to-man sexual transmission is a focal point of HIV prevention programmes.

There is no data for Romania regarding the number of MSM, the number of LGBT or of MSM who engage in commercial sex. The data collected by outreach teams indicate the fact that some MSM beneficiaries of the HIV/STI prevention programme resort to the practice of commercial sex from time to time, but no data are available about frequency, reasons, costs, etc.

According to the research made by the organisation Save the Children (Save the Children, 2003; Lazăr, 2005; Buzducea & Lazăr, 2008; Tudoran & Lazăr, 2010), in Romania a number of street children are known to have sex with men for money. The report recently published by TAMPEP (Brusa, 2009) indicates that 7% of commercial sex work in Europe is performed by transgender people.

MSM are considered a high risk group in the light of unsafe sexual relations. The UNGASS Report (2010) shows that only 42.7% of MSM used a condom at last sex, which skyrockets the risk of HIV and STI infection.

In Romania, unlike other parts of the world (Australia, New Zealand, North America), HIV transmission among MSM is not large-scale. According to the Department Monitoring and Evaluating HIV/AIDS Infection in Romania at 'Prof. Dr. Matei Balş' NIID, the number of new HIV/AIDS cases among MSM in 2009 was 34, whereas the total number of cumulative cases of HIV transmission among MSM between 1985 and 2009 is 120. But, the incidence of other STI is probably much higher, especially among commercial sex workers. These data reflect the situation of HIV infections among MSM who got tested between 1985 and 2009 and who declared their risk behaviour or sexual orientation. Due to stigma and serious discrimination faced both by MSM population, and by LGBT in the health care system, it is possible that a significant number of those who got tested between '85 – '09 did not declare their belonging to one of these groups. In this case, a part of MSM may have been classified as heterosexual.

The UNGASS Report (2010) makes reference to the fact that the civil society has developed *outreach* activities in 10 towns across the country, in MSM-attended clubs and bars, carrying out information, education, condom distribution and referral to medical, psychological and social services.

In Romania, only a few NGOs develop programmes and services for MSM. ACCEPT Association is the most renowned of them both for its national commitment to defend LGBT's rights and interests, and for its specific HIV/STI prevention services. Apart from ACCEPT Association, a few other organisations have developed activities for MSM, more exactly: ARAS – Romanian Anti-AIDS Association, PSI - Population Services International.

III. Evaluation Results

Evaluation results will be presented based on the evaluation matrix which comprises six performance indicators: project relevance, effectiveness, efficiency, impact, sustainability and replicability. We chose to showcase the results from a twofold perspective: that of beneficiaries and that of the leaders of the eight organisations involved in the MARA project, seven of which provide direct services to IDU, FSW, and MSM. In the results presentation from an organisational perspective, we also included two interviews made with NAA and UNICEF representatives.

The first type of information gathered during individual and group interviews with beneficiaries concern several socio-demographic issues:

- age, gender, ethnicity, place of origin;
- duration of injecting drug use in the case of IDU;
- duration of commercial sex work in the case of FSW;
- last form of education graduated;
- current job or whether they have ever had a job.

As far as IDU are concerned, it is found that most of the interviewed subjects are young people aged 13-21 years, their great majority are born in Bucharest, but we also encountered subjects coming from other counties (Dolj, Vâlcea), they are of Roma ethnicity, most of them have never been in school or they have finished only the first primary school years, they have been using injecting drugs for at least one year (and at most 12 years) and they have never worked on a contract basis (out of 20 IDU interviewed, only 3 landed occasional jobs as a bricklayer, a florist or an unskilled construction worker).

In the case of FSW, the age of the interviewed subjects varies from 14 to 20 years, they have been performing commercial sex work for 2-4 years (the 14-year-old girl declared to have been engaged in commercial sex for 8 months), they come from all over the country (Bucharest, Hunedoara, Vaslui, Baia Mare, Constanța, Iași, Timișoara) regardless their working area, most of them are Roma ethnics and have finished 6 to 12 years of school.

With regard to MSM, the age of the participants in interviews varies from 19 to 24 years, they are of Roma ethnicity, they come from various parts of the country (Bucharest, Buzău, Brăila, Tulcea), their level of education is high (higher education graduates), and most of them work in Bucharest in different lines of work (IT, real estate, hotel business, etc.).

3.1 Project and Service Relevance

We used the *relevance* indicator to see whether the services developed had met MARA needs and priorities and the projects developed were consistent with national social priorities and policies. For the first indicator dimension, we focused on beneficiaries' perspective, while for the second dimension we used the data gathered from the leaders of the organisations involved in the MARA Programme.

3.1.1 Relevance to beneficiaries

We wanted to find out if the services delivered by the seven organisations were useful to beneficiaries, if they matched their needs, if their delivery and type were appropriate for beneficiaries and if the service delivering staff were helpful to beneficiaries.

- What kind of support they have received from the organisation whose beneficiaries they are (e.g. counselling/someone to talk to about their problems, they received brochures, leaflets, hygiene and sanitary items, condoms, syringes, etc., assistance in getting identity papers/ID card, to go to a doctor or to another organisation, HIV/HBV/HCV testing);
- Where they first found out about the organisation from and for how long they have been its beneficiaries;
- The reasons for which they resorted to these services and if they were afraid or hesitant to ask for help;
- If they find the support they get useful, if it is according to their needs, what they would change about the services they get and what else they would need from the organisation;

- How they appreciate service delivery conditions (facilities, equipment, etc.) and their opinion about the persons who deliver these services (social worker, nurse, medical doctor, psychologist, outreach worker).

All the interviewed subjects say that the services offered by the evaluated organisations match their needs, they are useful and necessary. Each beneficiary received one or several MARA project services (counselling, brochures, leaflets, hygiene and sanitary items, condoms, syringes, etc., assistance in getting identity papers/ID card, to go to a doctor or to another organisation, HIV/HBV/HCV testing):

"They helped me with syringes, disinfecting alcohol, soap and they promised to help me get my identity card." (IDU, 14 years, Samusocial)

"With everything I need ... they helped me a great deal because I needed a lot of money for the surgery and I didn't have it. The doctors from ARAS took me to hospital and they operated on me ... with syringes and everything I needed so that I don't get sick." (IDU, 18 years, ARAS)

"... Someone came to talk us into quitting" (IDU, 17 years, PARADA)

"Medical tests, vaccines... free tests ...condoms, packages, food stamps." (FSW, 18 years, ARAS Bucharest)

"I received various leaflets with information about ... condoms, lubricants, counselling. I also had an HIV and HBV test. That's about it." (MSM, 20 years, ACCEPT)

"Well, I went to a few meetings, I received condoms and several booklets, all We had medical tests and the HIV test done, too." (MSM, 23 years, ACCEPT).

No differences are found between towns with regard to service delivery for MARA. The following answers show that in the towns where NGOs develop such services (Timișoara, Constanța, Iași), they are provided at the same standard:

"They gave us shampoo, condoms, pads, gel, Big They always talk to us if we want to have medical tests done." (FSW, 16 years, ARAS Constanța)

"They tested me for HIV, they gave me condoms, and many other things, they checked my blood pressure, and many other things." (FSW, 18 years, ARAS Timișoara)

"I received brochures, leaflets, I even had medical tests done ... shampoo, soap, condoms, we did those tests for AIDS....." (FSW, 20 years, ARAS Iași)

The interviewed beneficiaries found out about the organisations whose beneficiaries they are from different sources: friends, siblings, acquaintances, outreach workers, on the Internet, on TV or by accident:

From friends:

"From some girlfriends who were also shooting up like me and they told me about it; I went there with them and I enrolled." (IDU, 19 years, INTEGRATION)

"Hmm, a boy called Bilă took me there." (IDU, 13 years, PARADA)

"From girls and boys." (FSW, 18 years, ARAS Bucharest)

"I was new here and the girls came and told me about it." (FSW, 16 years, ARAS Constanța)

From outreach workers:

"Ah, many years ago. I was quite young. From a guy, Marian was his name, that I've been knowing for many years, but I've been shooting up for almost 5 years." (IDU, 18 years, ARAS)

"From workers in the street. I was in the street and they stopped near us and saw that we were prostitutes. They stopped and gave us condoms, they told us we could run tests and we were glad to because it's free." (FSW, 17 years, ARAS Bucharest)

"No, I was standing here and they came and asked me and told me if I wanted some condoms. 'Could we help you?' And I said 'Yes, of course'. And then they told me to go to their car and I did and I met everyone, they gave me condoms. They put me up here, they placed that thing on my arm, you know, and then they asked me what was wrong with me because my blood pressure was high and things like that. And we've been knowing each other since then. And they said they would come and see me again and the taller lady left me her phone number." (FSW, 14 years, ARAS Timișoara)

"They found me in the street, at the station, and they explained to me about diseases, they said they could help me with tests or something, to...medical tests, to call them if I needed help, to ...with condoms ...if ...They help me find a job if... I need one; ok, first I have to do some courses and then..." (FSW, 20 years, ARAS Iași)

On TV and on the Internet:

"The first time on TV, and then I found out a lot of information on the Internet and afterwards from a friend." (MSM, 20 years, ACCEPT)

By accident:

"I was just passing by one day and I asked what this was, what had opened there." (IDU, 20 years, SASTIPEN)

The period for which they have been beneficiaries varies a lot based on the beneficiary's history of drug abuse or commercial sex work, on when the services evaluated opened or on when they found out about them. Hence, we received answers like: *"ever since I've been doing drugs", "since it opened", "for a year", "for 5 years", "since I first came to Bucharest", etc.*

As regards the reasons for which they turned to the respective services, we come across various situations, but none of the IDU or MSM subjects say they were afraid to seek services from that organisation. Some of the reasons mentioned by beneficiaries are presented below:

The fear of getting infected:

"I didn't want to get infected. I didn't want to use the syringe after someone else had used it and get infected." (IDU, 14 years, SAMUSOCIAL)

The need for syringes and hygiene and sanitary items:

"Because we needed them. It was only normal that we used their services because I was shooting up, I needed new syringes, I needed gauze swabs, I needed vials like the old ones, wet wipes, so many things." (IDU, 18 years, ARAS)

"To stop paying for syringes, to..., they are very, very helpful, you know what I mean?" (IDU, 20 years, SASTIPEN)

"Because I needed syringes, vials, condoms, and many other things." (IDU, 19 years, INTEGRATION)

For school integration:

"... I went to them to ask for their help to go to school and they got me in a school from Ferentari [neighbourhood]." (IDU, 17 years, PARADA)

For medical examination:

"For all kinds of helpfor a doctor to see if I have any disease. And I'm fine except that he found that I had hepatitis B." (FSW, 17 years, ARAS Bucharest)

"To find out about medical tests, as I've told you ...to help me find a job after giving birth because ...well...for how long can you..? No one is doing these crazy things because they like itit's not good or healthy, or....hmmm...Christian-like so to speak" (FSW, 20 years, ARAS Iași)

The need for information and condoms:

"For several reasons. Like for information materials, to get easier access to information as it was a safe source where I could find the information I needed. With condoms, lubricants...we all know that condoms are pretty expensive and you can't always afford them. The same for medical tests, which are very costly. And, that's about it." (MSM, 20 years, ACCEPT)

"I loved what they were doing. The trust they inspire to you, we don't have to pay for condoms anymore ...they gave us pads, Big..." (FSW, 17 years, ARAS Constanța)

"Well, the first time, out of curiosity and then, given that I found out about various diseases, I said to myself that I should get information from them. Diseases that one can get by having sex and I preferred to come straight to source, to get informed through leaflets, discussions and that's all." (MSM, 19 years, ACCEPT)

The fear of first seeking MARA services is however present in two FSW from Timișoara and Iași. Both FSW feared the work they were doing would be disclosed to their parents or legal guardians:

"Yes, I was afraid when I first came to ARAS that my Mom and Dad would find out, but it's OK." (FSW, 16 years, ARAS Timișoara)

"At the beginning, I was afraid, they were new ...that they were maybe hand in hand with law enforcersbut then I got used to them because they are trustworthy." (FSW, 18 years, ARAS Iași).

All the beneficiaries say the support offered is useful and matches their needs, that they wouldn't change a thing about the respective organisation and that they are pleased with it, as we can see in their answers below:

"Yes, they help me with everything; the only thing I still want is an identity card." (IDU, 19 years, SAMUSOCIAL)

"... everything is OK." (IDU, 18 years, ARAS)

"...everything is OK." (IDU, 19 years, ALIAT)

"Yes. It is useful to us, even more than useful. Definitely." (FSW, 18 years, ARAS Bucharest)

"Very good. Very nice. They are excellent people." (FSW, 17 years, ARAS, Constanța)

"It is most useful to me." (MSM, 20 years, ACCEPT)

"I am very pleased and I wouldn't change a thing. I think it's perfect." (MSM, 20 years, ACCEPT)

Some beneficiaries would like to get more syringes and other types of aid:

"... the thing about syringes, they don't always have them, just one thingthat's all, I don't knowthey should be better equipped." (IDU, 18 years, SASTIPEN)

"To give us more gels and pads like these because they've been giving us enough condoms and soap." (FSW, 20 years, ARAS Constanța)

"What else could I tell youI talked to them about the baby, that I would like to..., how should I put it, when he grows up, when he is about 7-8 months old, I'd like to leave him somewhere in the care of someone until later in the afternoon so that I can look for a job orin a centre like this onebecause I have another one and I miss him" (FSW, 20 years, ARAS Iași).

The beneficiaries have good and very good opinions about service delivery conditions and also about the staff delivering these services (social worker, nurse, medical doctor, psychologist, outreach worker). We come across answers like: *“everything is OK; they are all nice; they are OK and nice, they help me; they are good people who understand me every time I come here; ...they are very nice; ... they have been very nice to me”*; *“they are the right people for this”*. Here are some illustrative examples from different locations:

“The doctors are fantastic. I even talked to them about the child. I mean everything I needed and any advice I asked for they gave it to me in no time. They are nice, easy-going, educated, I would really like to meet people like them everywhere.” (FSW, 18 years, ARAS Bucharest)

“They are great people, they talk to us with respect, they tell us to have medical exams, they give us as many condoms we need ...I haven’t had any problems with them ever since I met them five years ago.” (FSW, 20 years, ARAS Constanța)

“They have always been helpful and friendly....they always showed us how you get a disease, especially these diseases of the body, many diseases ...so, they would have disease charts with how they get transmitted to women, to men ...like some sort of pictures.” (FSW, 18 years, ARAS Iași)

“They have been very nice, indeed. They made me trust them and keep coming back to them in other circumstances with the same interest as the first time.” (MSM, 20 years, ACCEPT)

3.1.2 Relevance to implementing organisations

The second perspective going into the evaluation of MARA programme relevance is that of the implementing organisations, which will be highlighted through the processed information gathered during the interviews with 11 leaders of the organisations involved in the MARA Programme – 7 interviews with service coordinators from the organisations that implemented MARA services in Bucharest, 3 interviews made with local service coordinators (Timișoara, Constanța, Iași), and an interview with leaders from coordinating institutions (RHRN, NAA, UNICEF).

We were interested to find out:

- For how long the respective organisation had been active in the social field;
- For how long the organisation had been delivering services/activities targeting the specific needs of MARA as a vulnerable group;
- The reasons for which they applied for such a project;
- Project relevance to local realities (for the respective town, in the light of other services offered to MARA by NGOs/the public sector);
- Relevance of the services developed for direct beneficiaries, for their families and for the community.

Most of the evaluated organisations have long-standing experience in social service development, but MARA-specific services started to be developed at the initiative of and with funding from UNICEF since 2007.

The reasons for which these nongovernmental organisations engaged in MARA support activities are related to their accumulated experience of working with vulnerable groups and even with beneficiaries from MARA group.

“... first of all, since ’99 we have been working with and doing prevention for injecting drug users and with commercial sex workers, and we noticed that some of the drug users were underage or very young and that’s when we thought of developing this component too.” (Veronica Broască, ARAS Bucharest).

“The activities of such a project matched the objectives of the organisation and its goal to promote a *harm reduction* approach. The set of services or interventions proposed by UNICEF for this group of beneficiaries falls into the harm reduction approach” (Valentin Simionov, RHRN).

“.... the fact that the UNICEF programme came to cover certain needs of the traditional PARADA beneficiary. Then, we also made other developments. Besides the UNICEF project, we joined RHRN We also tried to find additional funds to run the projects, taking into account the fact that the project developed by UNICEF was strictly focusing on harm reduction, which means drug use-related risk reduction, without effectively addressing drug use, at least not in the first part of it.” (Ionuț Jugureanu, PARADA).

The relevance of the services addressing MARA derives from the fact that this is a public health programme, and that the services developed help prevent and reduce infectious diseases among MARA and in the general population.

“First of all, harm reduction services are of public health concern and of public need. More precisely, the society as a whole benefits from our work to a great extent, not just the users’ community. The users’ community is not a closed one. They have very diverse contacts, including sexual ones, with the general population and so any harm inside the users’ community can easily be transmitted to the general population. And when I say harm, I mean mainly sexually transmitted diseases. So, harm reduction services are definitely public utility services, services for public use.” (Bogdan Glodeanu, ALIAT)

“The programme helps to improve access for the population at risk to health care and social services and also to increase knowledge about and reduce HIV/AIDS/STI infection risk among drug users, commercial sex users, youth as well as in the general population within the community.” (George Rădulescu, SASTIPEN)

Project relevance is also traced from the perspective of public-private cooperation:

“We believe it is relevant to the public sector because it lays the basis for further public-private cooperation and because it draws the attention of public authorities to the need to bring services to clients who are at high risk of HIV infection, drug use and prostitution.” (Valentin Simionov, RHRN).

These services are important to the National Anti-Drug Agency as well:

“MARA programmes are important for NAA because they help create services that meet young people’s real needs.” (Mihaela Tomiță, NAA)

In the other 3 locations (Timișoara, Iași, Constanța), ARAS is the only organisation that caters such services at local level.

As regards relevance for direct beneficiaries, their families and the community, the interviews make a clear picture – the services developed are a real need; but we can make some distinctions according to different MARA groups as we can see from the answers below:

“It was important because we were there. If they needed us they knew where to find us, they were waiting for us, they knew we were coming. They knew they would get syringes. To us, it is important because it was an HIV/AIDS and hepatitis prevention project. It was important because, besides syringes, they would get hygiene items and medicines for classical diseases plus counselling and information.” (Elena Adam, SAMU Social)

Alternate services should also be developed:

“Yes! It is necessary, but not enough, meaning that the main component aims at drug use harm reduction. Of course, this intervention is needed, but not sufficient. Drug use is the result of living in the street. Let’s have a look at the causes – the main cause for glue sniffing is the child’s situation in the street. Drugs, drug use is an escape from reality, an escape ... good! I sniff glue and I don’t feel the cold or hunger anymore! Suddenly, reality doesn’t look that gloomy anymore.

That's why we have street people, with other characteristics, the isolated adults, but also street children who are drug fiends, so to speak, getting high on different opiates, like glue, inhalers or more recently hard drugs. And, if we wanted, if we could and if we had the will, if there were the political will and a will to finance projects... social intervention should be global, that is a social integration intervention twinning up with an intervention of alternative services." (Ionuț Jugureanu, PARADA)

Things are more specific in the case of MSM:

"Well, I think the services we have developed have a pretty high relevance because otherwise ... usually, when you develop a project, services, they start from a problem, you don't develop them because you had a dream last night and you have nothing else to do at work. So, it is clear ... we started from their risk behaviours which led to these activities – outreach, group meetings, anyway all of them were linked to HIV/AIDS and sexually transmitted diseases. I don't know how relevant they are to their families because, usually, MSM and gay people have a more special relationship with their families, meaning that they don't come out in their families and consequently they don't talk about the services they seek. So, I don't think it is relevant to their families at all. Especially that our services are confidential, we don't ask about their relationship with their family. So, practically, we don't know their families and I think their families don't know them." (Bogdan Istrate, ACCEPT)

3.2 Project and Service Effectiveness

The evaluation of project and service effectiveness aimed at seeing on the one hand the effect of services on beneficiaries, and on the other if reported results were consistent with the objectives and targets set by each organisation.

We also look at projects to see if they were properly designed so as to be conducive to objective achievement and if the (financial, technical, and human) inputs contributed to or hindered the realization of initial objectives.

3.2.1 Effectiveness from beneficiaries' perspective

Injecting drug users (IDU)

IDU find the services they receive useful, whilst the most significant help is considered to be the fact that, thanks to the syringes and sanitary products they get, they don't become infected/sick. They also appreciate counselling services and the support offered to get identity papers, the fact that they could run medical tests and benefit from health care when they needed it, often accompanied by outreach workers from implementing organisations.

R – Well, I've told you. Lately I've managed to protect myself, to be more hygienic in my drug use. (IDU, 22 years, ALIAT)

R – Well, they help us stay safe, I mean to be much more careful with what we are doing. I don't know, I'm thinking that maybe if there weren't for this service, you know, there are others who don't have much money and sometimes they resort to worse and unhygienic methods. I've told you, they use the same syringe, found on the ground, who knows what else. (IDU, 22 years, ALIAT)

I – What is the most significant support you have received here?

R – Counselling was the most important thing. I came here many times to just talk to them without taking syringes. (IDU, 22 years, ALIAT)

I: What is the most significant support you have received from the organisation?

R: It gave me the chance to stand on both feet. (IDU, 18 years, ARAS)

R:... the most important is that, as I've told you, the doctor, that they test us and give us condoms, syringes so that we don't get sick. (IDU, F, 19 years, ARAS)

R: Once when I shot dope, I didn't do it right, and my legs got all swollen and they helped me get better. (IDU, 21 years, ARAS)

I: Has the support received from the organisation been useful to you?

R: So, I'll say it again, if it weren't for this organisation ARAS, I could be having hepatitis C right now, that 85% of users I know they have, but I don't have it; I could have had a more serious disease, even AIDS, syphilis or who knows what else the others have. In a word, it is normal ...

I: How exactly did the service help you?

R: That I didn't get sick and that, I'll say it again, I always got insulin syringes so that..., so that I don't shoot up a second time with the same syringe, I would always have gauze swabs so that the wounds I got wouldn't get infected. (IDU, 20 years, ARAS)

R: I learned to stay away from diseases, I don't use the syringe after another user, I speak more nicely to people. (IDU, 17 years, SAMUSOCIAL)

R: I don't know, the syringes were very useful because I didn't have to use someone else's, I didn't have to beg for money to buy a syringe, the vial was mine and I didn't share it with anybody and stuff like this that helped me a great deal. I stopped picking paper off the ground to wipe my arm and get infected, instead I have gauze swabs, stuff like this. (IDU, 14 years, SASTIPEN)

R: I couldn't think of something in particular that mattered; everything mattered, I mean they helped me every time I needed help with whatever I had and that mattered. (IDU, 17 years, SASTIPEN)

R: Why? Because they are very helpful, I don't know, I think that, I don't know, who opened this here was smart, I mean it's very good because many end up in a coma, they help you with what they can, it's very good. (IDU, 20 years, SASTIPEN)

They also appreciate the services that cover their basic needs: food and clothes (PARADA beneficiary).

I: Could you tell me what is the most significant support you have received from PARADA?

B. Togs and food. (IDU, 13 years, PARADA)

Some benefited from support to go to school. Another aspect that gets a lot of appreciation is service accessibility as they are delivered in the area (in the neighbourhood) where beneficiaries live.

I: What is the most significant support you have received from PARADA?

R: With school. (IDU, 17 years, PARADA)

On a personal level, the interventions helped them become more open, more communicative, more self-confident and understand the need to use sterile equipment/new syringes, gauze swabs, hygiene and sanitary items to reduce harm and stay healthy.

R: If we share a syringe, if we do all these things we'll have health problems. But if they give us syringes, we don't have to take that guy's syringe after we have used it, no matter if we wash it after he has used it because there is still blood left on the needle and washing it won't do the thing; a new syringe, we use it once and that we dispose of it. If we know there is no place where we can get syringes from, we can't afford to pay 1 or 2 RON every day in order to get high because we can barely get money for drugs. (IDU, 18 years, PARADA)

B. Well, they opened our mind, we know now what we have to do because from all this doping we don't think straight anymore and yet they manage to open up our mind, they teach us a thing or two that we don't know because we don't know ourselves and maybe they know us. (IDU, 17 years, PARADA)

Female sex workers (FSW)

They appreciate free condoms which would otherwise incur high costs.

Yes, because I didn't have to pay for condoms anymore. That helped me spend less. (FSW, 20 years, ARAS Constanța)

Without these free condoms, they would have stopped using protection as some of them confessed to having had unsafe sex in the past.

Some of them are pregnant and have received health care or help to attend prenatal examinations (e.g. in Iași).

First of all, the medical tests. If I went to a ... to a hospital or a clinic I would have to pay for them. It is sometimes very hard for me. Here, I have them done for free. The condoms that I would have to pay for I get for free here and who knows what would happen without them. (FSW, 18 years, ARAS Bucharest)

R: Well, they gave me condoms, they tested us for HIV – of course who wanted it and the girls who didn't want to were not tested. (FSW, 18 years, ARAS Timișoara)

R: Well, first of all, they taught me ...to use protection, which I've always done (she laughs)...so...because there are too many risks, diseases, everything...so that's about it ...anyway, they helped me. (FSW, 20 years, ARAS Iași)

I: How exactly did these services help you?

R:...Well, for example, you don't have to pay a dime...how should I put it...you don't have to worry about needing money for this and for that...and...for making a...

I: Aha...you mean the fact that they saved you from paying some money and you could have those tests done for free...

R: Aha...and even with the pregnancy... I went to an exam for the first time...with them... (FSW, 20 years, ARAS Iași)

I: Do you find the support from ARAS helpful?

R: Of course. Because, I've told you, if they hadn't given us condoms, they cost a lot of money. So they save us money. And they also talk to us so that we know about things. (FSW, 20 years, ARAS Iași)

They taught us well 'cause they mean well so that we don't get sick or have to face serious consequences, like death, my Lord; I quiver every time I hear about AIDS. When I was in Austria, there was this girl with us in the same house, we were eating from the same plates and she was in the club where I was working and she had AIDS. And we didn't get it. (FSW, 20 years, ARAS Iași)

I: Do you appreciate it that they went with you to the doctor to get tested ...?

R: Yes, this comes first. I can say that that doctor... I can say that an ultrasound costs 60 RON these days and... I didn't pay a dime; they helped us, it was useful, we thank them...Maybe if they keep helping us, things will get better. I can't say more than that, than thank you and... (FSW, 20 years, ARAS Iași)

The information materials handed out are also appreciated.

I: How about the fact that you received leaflets...do you appreciate it that you received leaflets and brochures and...condoms?

R: You should know that I'm reading them almost every day. When they give them to me, I read them, until I finish them, I don't... (FSW, 20 years, ARAS Iași)

Sex education came with information material distribution, and some beneficiaries mention that they were taught how to use a condom correctly.

R: Well, the biggest support was that they tried to teach me... to teach me to be careful and not get the disease...even how to use the condom correctly, as I've said, they showed me how to do it... (FSW, 20 years, ARAS Iași)

The most appreciated aid:

Medical tests and condoms (FSW, 18 years, ARAS Bucharest)

R: Condoms. The fact that they give us condoms. They come here with the ambulance, they test us for AIDS, for that Hepatitis B, what's it called ... (FSW, 20 years, ARAS Constanța)

R: Well, they helped me the most when I wasn't feeling well and they gave me some pills, they checked my blood pressure. (FSW, 18 years, ARAS Timișoara)

They appreciate counselling services and the support they provide.

Through them I got to what I needed. (FSW, 20 years, ARAS Constanța)

Most of the times, they gave me advice. (FSW, 20 years, ARAS Constanța)

I: How did the service help you?

R: With condoms, with medication, with answers that helped me so that I don't have unsafe sex because I might get diseases, and these things were very helpful to me. (FSW, 16 years, ARAS Timișoara)

R: Because I didn't have to pay a thing and I'm healthy. (FSW, 16 years, ARAS Timișoara)

Men who have sex with men (MSM)

They appreciate the information provided about health risks associated with specific behaviours, the possibility of doing an HIV test, and also that of talking openly about their sexual orientation.

R: When I needed it they gave me syringes to do my thing, condoms, they explained to me how to do it, not to go with others so that I don't get who knows what disease and stuff like this, to stay safe, to take care of my body, to have a medical exam once a week or a month.

Information was of utmost necessity, the fact that I get condoms every time I need them and ... it was very, very useful when I had that vaccine for hepatitis B or C, I don't remember... (MSM, 21 years, ARAS)

What is the most significant support you have received from the organisation?

Honestly, everything. I think the most significant so to speak was the HIV test that I did about three months ago. I think that one, but as I've said, I found everything to be of great help. (MSM, 20 years, ACCEPT)

The most important support that has been given: *psychotherapy (MSM, 19 years, ACCEPT)*

I think the psychologist. (MSM, 23 years, ACCEPT)

To some, the most significant support was more material in nature.

I: What is the biggest support you have received from the organisation?

R: The only thing is that I was happy when they gave me that food stamp because I really didn't have anything to eat that day. (MSM, 19 years, ARAS)

To most of them, the most important thing was the fact that by gaining access to information they managed to stay safe. On the other hand, by participating in the group activities planned by the organisations they managed to socialise, to meet other people with the same sexual orientation that they could turn to for help in case of need.

- *Well. They helped me. First of all, I use protection and I don't have any STI or STD. Second of all, I got fully informed pretty quickly about everything and that's about it. (MSM, 19 years, ACCEPT)*
- *First of all, with very useful information and especially talking to and meeting new people at the events, they could offer me their help in case of need. That's all. (MSM, 20 years, ACCEPT)*

As I've already said, I was treated with professionalism, they offered me information that I appreciated and that I really needed as well as support every time I needed. (MSM, 19 years, ACCEPT)

Service beneficiaries considered the overall support from organisations important not only for what was strictly aimed in the project, but also on a personal level.

- *What is the most significant support you have received from the organisation?*
- *I think the information received is the most significant. Once I learned about it, it was very useful to me, as well as the fact that I could do that HIV test because other organisations didn't offer the same services, especially that here I could talk more freely about my orientation knowing that they deal strictly with this and that helped me a lot. (MSM, 19 years, ACCEPT)*

- How exactly did the services received help you?

In life. To find out who I really am, how to cope with certain situations. In general, they helped me with everything I asked their support for. (MSM, 20 years, ACCEPT)

They helped me. Saving time, as I've said, as well as a lot of money. And that's about it. I also met new people, I found out new information. (MSM, 22 years, ACCEPT)

Because every time I needed help, several people offered to help out, even sooner than I expected. That's about it. They always offered me the support I needed. (MSM, 22 years, ACCEPT)

Well, I don't know, I think it's a double benefit. First of all, I think I can stay healthy and then it helps me financially speaking. I take quite a lot of condoms and if I had to do the math on the long run ...I get a win out of this. (MSM, 24 years, ACCEPT)

... every time I came here and I needed condoms or booklets, they offered me everything I needed. Everything I needed at that time; I was also given information.

- What is the most significant support you have received from the organisation?

-Well, I asked for a booklet about HIV once to show to my mother and they gave it to me and it was quite easy to understand; here I found everything I had to, everything I thought I had to find. (MSM, 23 years, ACCEPT)

In general, I am a more pessimistic person and the fact that here I see happier, optimistic people helps me be more of an optimist like them, more cheerful, in a better mood, more I don't know how. I'll say it again, they helped me with information materials, with condoms. (MSM, 23 years, ACCEPT)

The quality of service delivery is appreciated as very good. A young man explains:

The staff and how they treated me and talked to me, they seemed great and very easy-going. I didn't feel uncomfortable at all. It was great. (MSM, 20 years, ACCEPT)

Confidentiality assurance is specifically mentioned by one of the beneficiaries as the most important help that he received:

Well, I think discretion would have to come first. (MSM, 24 years, ACCEPT)

I started to find the guts to stop hiding anymore so, I'll say it again, it helped me a lot at least with the problem that I talked about with the lady psychologist because, I repeat, in the past I would get very depressed. (MSM, 23 years, ACCEPT)

3.2.2 Effectiveness from implementing organisations' perspective

To evaluate the effectiveness of the MARA projects from implementing organisations' perspective, we looked into the following aspects: achievement of proposed objectives, specificity of each project, adequacy of services delivered for the beneficiaries' needs, means to promote the services offered to MARA, working conditions, staff involved and their specific training.

In general, the objectives featured common elements related to the implementation of HIV infection harm reduction programmes, as well as single elements, determined by the target group (IDU, FSW, MSM) and by the specificity and mission of the organisation. The projects addressed to MARA were part of general programmes run by the organisations.

The programmes addressed to MARA were ... actually, the services offered to MARA were integrated in more comprehensive harm reduction programmes that the organisations have on offer. For example, this gave the possibility to supply disposable syringes, under... under anonymity to some clients who may be underage. When working with an underage client, formally speaking, you need the legal guardian's approval in order to provide services. But, this is a barrier in general for syringe exchange programmes acting under urgency; the solution to this problem was to codify the name and with this codification we can't make clear distinction between adults and children from this point of view. (Valentin Simionov, RHRN)

All projects comprised outreach activities among the concerned vulnerable groups, which are the main means to get in touch with beneficiaries. Another common element were the counselling sessions to reduce harm associated with injecting drug use, commercial sex or men's sexual relations with men.

I think the major target was to change the behaviour of MARA as regards drug use, their ways of doing drugs, the use of a sterile syringe, sex education, condom use and so on. I think this was the major project target and I believe we reached it. Behaviour change is however harder to measure, but, from our point of view, we did it. (Veronica Broască, ARAS Bucharest)

Thus, the programmes addressed to IDU comprised syringe exchange activities, as well as sanitary product and condom distribution.

For adolescent commercial sex workers, the service package comprised distribution of condoms and hygiene and sanitary items.

In Constanța, Timișoara and Iași, a voucher system was tested to offer FSW the chance to access health care, but, from the interviews with coordinators, it seems that the system didn't work as the vouchers were never used.

If in Bucharest several organisations supply harm reduction services to FSW, in Iași there is one other programme addressed to street children and run by Save the Children, whereas in Timișoara a programme is implemented for the same target group by the organisation AVIS (Association for a Changing Life).

The programme ... I think was very important because nobody, besides ARAS, was reaching out to commercial sex workers and they didn't have access to any service; it's practically a bridge, we are a bridge between them and health and social care; being adolescents, they are exposed to a high risk of trafficking for example and using drugs – we had this case of a girl who was a commercial sex worker and using drugs – so practically nobody was reaching them. (Otilia Lăzărescu, ARAS Timișoara)

In Bucharest, targeted interventions for MSM were implemented by ARAS and ACCEPT. ARAS offered services as part of its overall harm reduction package.

ACCEPT offered a wide range of MSM-specific services:

The objectives were the following: information, HIV/AIDS and STI education through outreach, group and individual harm reduction meetings, increased access for MSM MARA to information about HIV/AIDS, sexually transmitted diseases, anti-discrimination legislation, HIV-positive people's rights, institutions that punish discrimination, and those who offer free legal aid – and I mean a website –, and gathering good practices in working with MSM MARA. (Bogdan Istrate, ACCEPT)

One of the organisations (PARADA) is more experienced in working with street children, so their services were adapted to these children's needs.

All MARA project coordinators considered that the projects were adequate for the beneficiaries' needs, but insufficient.

They are adequate for a small part of their needs, meaning that they are indispensable, but at the same time insufficient. (Ionuț Jugureanu, PARADA)

Adequate for their needs, I have no doubts that they are very adequate. That we don't manage to cover all their age-specific needs, I am aware of it as well as of the fact that the legislation does not allow us to move very much in that direction. The fact that we are doing syringe exchange or a test for them is somehow at the edge of legislation because, according to it, you are not allowed to test them without the parents' consent or ... (Veronica Broască, ARAS Bucharest)

The ARAS project coordinator from Iași suggested expanding services for FSW towards professional integration.

C: Besides ... they are adequate ...considering the way in which they mind about reproductive health or how they perceive sex life ...aa...when we talk about sex workers...a...that's absolutely necessary ...I can't imagine things otherwise. That's why our former project had this ...this component ...Probably some work should be done as regards professional integration ...aa...meaning to haveto offer a bit more intense services, more...I don't know how to put it, specialized, so that, especially for young people under 20, I think...we should focus a lot on the opportunities they would get if they left this industry ... (Beatrice Marcu, ARAS Iași)

The need to complement harm reduction services with other community services has also been mentioned.

The programme responds to some extent to the basic needs of the target group. But, for a comprehensive approach, the services delivered within this project need to "twin up" with integrated services (beneficiaries' complex needs require a set of multifunctional services). Social services for the target group must be dealt with from a dynamic angle, with key stakeholders' (local authorities)

participation in the achievement of the proposed objectives. The project “Sastipen Centre for Health and Social Care” benefited only from the involvement of the community, of direct beneficiaries and did not feature any sustainable partnership with local government. (George Rădulescu, SASTIPEN)

One of the things that were pointed out was the need for flexibility and innovation of the services offered, for unconventional working methods to increase intervention impact.

I. – How adequate are the services offered for MARA beneficiaries’ needs?

R– Very adequate and the problem of current services is that unfortunately they are out-of-date. There are people [...] in all these organisations that have been working there for “100 years” and who believe that if you go and talk to a guy on the street 100 times about the same thing, he will change his behaviour. No! It all needs to be groundbreaking – you catch that guy by surprise with all sorts of things to get a result. (Bogdan Istrate, ACCEPT)

The services were promoted among vulnerable groups mainly through outreach programmes, based on a referral system set in motion by the beneficiaries themselves. Leaflets and websites were also a tool. The role played by peers/former users involved in direct services was also remarkable.

In general, it was... information was done with leaflets distributed in those areas, in the communities. A method that always worked also with adults was “I give you services, but let’s see if you don’t have some friends that we can’t reach”. At the beginning, this is done in secondary exchange, meaning that I give you more syringes so that you can give them too, but maybe next time we can reach them directly, and so on. It was also the fact that ARAS teams included people who used to... former users. It helped a lot because they were very good at promoting the services to the target group and they managed to bring a lot of clients to ... our services. (Veronica Broască, ARAS Bucharest)

Community-based promotion, among public authorities, was also done via advocacy meetings.

They were promoted especially to public institutions through face-to-face talks that we had ...aaa...vis-à-vis these beneficiaries’ needs ...and then they were promoted especially during the debates, seminars, conferences we had ...aaa...and where we basically presented our Association and the services we offer ...and where MARA hold a special place... (Beatrice Manea, ARAS Iași)

Besides direct activities with beneficiaries, the projects also included advocacy activities, drafting standards for working with MARA, as well as participation in regional research, but in these activities RHRN was more involved than others.

The main objective was to step up service access for these clients, mainly to health care and social services, and we tried to reach this objective by holding local consultations. We planned three different series of consultations, from ... 2007 to 2010 inclusive. On the other hand, we documented standards for services addressed to underage clients that we split into three different types: outreach services, day-care centre services and syringe exchange services – for this, we worked closely with UNICEF and the National Authority for Child Protection or, well, this is its current name, but as far as I know it has been recently dissolved – training programmes that we offered to service providers, and also research. As regards this, we were also involved in research at regional level as we analysed MARA-related issues in four countries from the Balkan region, between 2007-2008, namely in Montenegro, Albania, Bosnia and Herzegovina, and Kosovo. (Valentin Simionov, RHRN)

Although work has been done to draw up working standards and a draft has been made, not all organisations comply with them.

Unfortunately, nongovernmental organisations don’t apply standards, while state agencies use the applicable laws, mainly child protection laws whose main provision is basically to provide services to the child with the legal guardian’s consent. Nongovernmental organisations don’t use interchangeable standards, so to speak, and their work is not standardised. (Valentin Simionov, RHRN)

For the staff involved in service delivery, some organisations resorted to specific training courses, while others considered that such training was no longer necessary.

Some of the staff at the centre is specialised in different fields (medical doctor, nurse, social worker), and others, such as outreach workers and health educators are community members with high school degrees, trained during a comprehensive training programme on methods and techniques to work with vulnerable groups, on harm reduction, sexually transmitted diseases (HIV/AIDS/STI), distribution of sanitary items, HIV/AIDS counselling, health mediation. (George Rădulescu, SASTIPEN)

All those who worked in the project were and are community members who had to face similar problems. I for one have been working in the field, in the nongovernmental sector, for 6 years, so I don't think I needed any training or... (Bogdan Istrate, ACCEPT)

As to workload, we came across mixed opinions. Some considered that it was very high (e.g. ARAS, probably due to the fact that it is a relatively big organisation (over 60 employees), with a great number of beneficiaries), while others didn't.

D.B. – How do you appreciate the workload of the professionals involved in the project?

Very high, very high! Then the supplies we have, I think they are too few for the very high number of clients that we have to work with. This kind of services are extremely limited and they are just a few in Bucharest right now, and the number of beneficiaries is much, much higher than we, the organisations delivering such services, manage to reach. (Veronica Broască, ARAS Bucharest)

Activity monitoring indicators were descriptive result indicators.

As far as activity monitoring is concerned, the following indicators were used:

Number of IEC beneficiaries (IDU, SW)

Number of information sessions that were carried out

Number of beneficiaries of primary health care services

Number of psychological counselling sessions that were carried out

Number of distributed materials (syringes, needles, condoms, leaflets, posters)

Number of persons referred to other services

Number of social investigations and inquiries that were carried out

Number of accompanied people

Number of people tested for HIV/AIDS during project implementation.

(Interview with George Rădulescu, SASTIPEN)

The interview with Eugenia Apolzan, UNICEF representative provides us with an overview:

"Indicators were proposed by organisations and agreed upon with UNICEF. Verifiable indicators were set (e.g.: the number of MARA who benefited from syringe exchange programmes; the number of sites where MARA interventions were developed, etc.) and reached to a great extent by all organisations. The indicators proposed by organisations focused on two levels of intervention: harm reduction and health, social and psychological care.

As regards the achievement of harm reduction indicators, the organisations have reached related objectives, whilst in terms of health, social and psychological care, the results were less significant as most organisations reported difficulties in providing social care owing in particular to cooperation problems with child protection directorates and to legal limitations (parents' consent, etc.).

Clients' access to MARA services was monitored through a RHRN database – every organisation that worked with MARA (except for ACCEPT) submitted information about: the number of clients; age; gender; services that they benefited from; number of syringes received/returned; condoms; HIV, HCV, HBV testing". (Eugenia Apolzan, UNICEF)

Projects addressed to MARA are preponderantly nongovernmental as public institutions supply services within more general programmes, targeting either homeless people (children and adults) or drug users (through NAA counselling centres).

Things even got to such a point that instead of having public institutions take over the services offered by NGOs, it was the NGOs that had to take on some of the local government's responsibilities.

C.P. – Yes and, in addition, the institutional intervention aimed at and focused on NGOs taking over services offered by institutions because [public] institutions always complain that they are understaffed, that they can't provide specialised services ... (coordinator, PARADA)

The employees benefited from in-house supervision, most of the times from the project manager. The staff from ARAS field offices mentioned that they had turned to their colleagues from Bucharest for this.

3.3 Project and Service Efficiency

The evaluation of MARA project efficiency aimed at highlighting if project costs were justified by the results attained.

3.3.1 Efficiency from beneficiaries' perspective

IDU believe that the services received helped them a lot.

Every time I was down and hopeless, they lent me a hand to keep going – you can do it, it can be done. They helped us not only with syringes, they stood by us when we didn't know what to do anymore and we couldn't think straight. (IDU, 20 years, ARAS)

I: How much did the things you received help you or your friends who are enrolled with this organisation?

R: Very much, I didn't get sick much anymore. (IDU, 17 years, SAMUSOCIAL)

They are all very good, but I just need an identity card and I would also like them to run a test for me because I don't know if I'm sick. (IDU, 19 years, SAMUSOCIAL)

The services were delivered without discrimination.

B: They helped me a lot. I mean they don't discriminate against a guy who is shabby or don't touch that guy or call him things because he's shabby, that a guy ...I mean they are nice people, they don't care about this, they don't discriminate. (IDU, 20 years, SASTIPEN)

Lack of financial means makes most of them say that they couldn't afford to pay for these services.

I: Would you be willing to pay for a service?

R: I don't have money. (IDU, 14 years, SAMUSOCIAL)

Some would be willing to pay though if they had money.

*I: For what services and what amount would you be willing to pay per month, per year or per meeting?
A rough amount.*

R: For this, for a discussion, I wouldn't pay, but for help with syringes, with this stuff, I would pay.

I: Give me an amount.

R: I don't know, 10 RON per month for, as I've said, syringes or something. (IDU, 14 years, SASTIPEN)

The amounts mentioned by some beneficiaries vary from 10 to 100 -200 RON per month.

The services for which they would pay are mainly related to syringe exchange or medical tests and less for counselling.

As for FSW, the services received from organisations are important and appreciated as such, and the support given is perceived as comprehensive.

Actually as far as I'm concerned they helped me a great deal and they help me every time. Everyone I talked to is pleased. So, all the girls that ... you saw how we queue up in front of the ambulance door. (FSW, 18 years, ARAS Bucharest)

R: For any problems I have, I go only to them. I call them and tell them and they come, we meet, we talk and they teach us good things, they tell us all that stuff, do this, go there, all that stuff they tell us. (FSW, 14 years, ARAS Timișoara)

They also mention the main types of interventions carried out by outreach teams.

They teach me where to go for medical tests, they taught me what to do, and they tell me all this stuff, they don't tell me all this stuff to hurt me, but to help me. They teach me what to do and to have safe sex. (FSW, 14 years, ARAS Timișoara)

Some say that even if they didn't always use a condom in the past, with this programme they started to use protection, but they might go back to risk behaviours in the absence of these programmes.

I: Do you think you could buy them every time, 'cause you were telling me earlier that...

R: No, they are expensive...well, not every time, but...how should I say it...I was losing a lot of money. (FSW, 20 years, ARAS Iași)

No, as far as I'm concerned, since I've been in the street, I can say that I used to do it without a condom, but not anymore for some time now. (FSW, 20 years, ARAS Iași)

MSM found medical, HIV and hepatitis tests most welcome.

I think medical tests are very important. Everyone should be tested in general and ... so that one knows what's wrong with them, I mean tested for HIV, for hepatitis and this... (MSM, 21 years, ARAS)

They would be willing to pay, most often for counselling services, amounts varying from 20 to 50 RON per session. Some specified a maximum threshold of 100 EUR per month.

One beneficiary mentioned that he would give 2% of his income tax to ACCEPT:

If I were employed, I would have liked to give that 2% to ACCEPT. You know about that 2% thing. I would have really liked to give them that 2% for the rest of my life, for as long as I was in Bucharest or as long as I was working. (MSM, 23 years, ACCEPT)

3.3.2 Efficiency from implementing organisations' perspective

When evaluating the efficiency of the projects implemented by organisations, the eye was on the role and place of the MARA project within more general projects of the organisation, including financial aspects related to service delivery costs, expense structure and staff structure or the possibility that beneficiaries pay for some of the services received.

In general, MARA projects were implemented alongside other projects of the organisations, with a variable and mostly reduced budget. Most often, the budget did not cover the full funding of harm reduction services and other funds were also used (The Global Fund).

As resulting from the interviews with coordinators, funding from UNICEF covered between 2% (ALIAT) and 40% (RHRN) of harm reduction service costs. The main budget lines were salaries and sanitary products (injection equipment, syringes, condoms, etc.). But some organisations didn't have a separate budget for MARA activities (e.g. ACCEPT).

In most cases, the organisations believe that beneficiaries could pay for harm reduction services only to a very small extent.

D.B. – Do you think they would be willing to pay for harm reduction services?

No! I think that if they didn't get those condoms, they wouldn't buy them at all. Simple as that! (Bogdan Istrate, ACCEPT Association)

MARA is a particularly vulnerable group in terms of risks, of the behaviours they engage in, but, on the other hand, they are also financially challenged. Most of them come from dysfunctional families, and there is little money in this kind of families. For this reason, an option would be to carry on free service provision for them and not charging any fee. (Valentin Simionov, RHRN)

The programmes are implemented by experts, some of whom have long years of experience in the field.

The MARA project represented just a small fraction of the programmes run by the implementing organisations, and the biggest part of the funding covered staff costs only partially.

As far as costs are concerned, some organisations worked out a cost per beneficiary, others didn't. Things vary in this department too according to each organisation (salary grid, type of services, delivery).

B.I. – ... the project budget was less than 10,000 USD and, consequently, the cost per beneficiary was probably very small. (Bogdan Istrate, ACCEPT Association)

D.B.– What is the cost per beneficiary for each service?

G.R. – 15 RON/day. (George Rădulescu, SASTIPEN)

C:....now with regard to the service ...social service delivery contract, I know that these integrated HIV/AIDS prevention services go up to 200-250 RON/month...as far as I know ... (Beatrice Manea, ARAS Iași)

I. Have you worked out a cost per beneficiary?

R. Yes, 155 EUR per year. (Bogdan Glodeanu, ALIAT)

UNICEF data indicate that, in the MARA Programme, the cost per beneficiary was 28 USD/year.

Project-specific changes were minor and generally regarded reallocation of small savings to other activities (direct work with beneficiaries) without affecting though activity implementation.

3.4 Project and Service Impact

The *impact* indicator was used to evaluate whether the long-term effects were positive or negative, intentional or unintentional, and if they were consistent with the

overall goal of the MARA project. We focused on the same twofold perspective: that of beneficiaries and that of project managers.

3.4.1 Impact from beneficiaries' perspective

With the questions asked during the interview we tried to find out if their life had changed due to the services offered by the organisation within the MARA project, how significant these changes were compared to their initial situation and if any unexpected changes had occurred as a result of benefiting from these services.

The interviews point to the fact that, after accessing these services, the beneficiaries know better where to go to in case of need, their health has improved, they know better how to stay safe, they are more self-confident, they have a better knowledge of their health, they have people to talk to when they face problems, they know who to turn to in case of emergency, they are better informed, they have easier access to condoms, they use condoms more often, etc.

They know better how to stay safe and they have a better knowledge of their health:

"The services offered by the organisation changed my life very much because I never had to use second-hand syringes so that helped me stay away from hepatitis, HIV and many other diseases." (IDU, 18 years, ARAS)

"I received treatment and I got well and I received syringes and I don't get sicker." (IDU, 14 years, SAMUSOCIAL)

"Well, ever since this centre opened up, I am feeling better, I don't have to pay for syringes and when I cut or hurt myself I come here and they help me get well, it's very good." (IDU, 20 years, SASTIPEN)

They are better informed:

"I was explained what could happen if we overdosed, that we could die; I was told not to shoot up with used syringes, ...they taught us many more things." (IDU, 21 years, ARAS).

"They open up your mind ...they...like...teach you what is right, what is wrong, what's ...which way to go ...to stay safe from diseases." (FSW, 20 years, ARAS Iași)

"Because it helped me learn about some stuff I didn't know. To give you some examples, it was important for me because I hadn't done the HIV test for months and I needed to. I found out about it and I thought it was a very interesting and useful thing. What we talked about at the meetings I thought it was very useful to me because there were some things I didn't know and I later learned about them here." (MSM, 20 years, ACCEPT)

"For the better, Madam. I didn't get any disease, psychologicallyto go and steal, to rob and so on ... only for the better." (IDU, 19 years, ALIAT)

They use condoms more often:

"So, they really changed my life. And I am looking at the other girls too ... they really changed our life. I always use a condom. But I think and from what I heard from the girls there were times when they didn't have any and they had to do without. It didn't happen to me, why lie about it, because I always had condoms from ARAS. I mean, always. I can open my bag right now and show you that it's full of condoms. But I know from older girls that there were times when they just didn't have any." (FSW, 18 years, ARAS Bucharest).

"Well, first of all, I don't have to buy condoms anymore or lubricants and stuff like that. Because they help us with condoms, with stuff like that, the HIV test, they tell us where to go, if some guy has a disease they showed us some papers about the disease." (FSW, 18 years, ARAS Timișoara).

"I use a condom at every sex act. Well, there where we are – on a hilltop, believe me I sometimes use two ...because they sometimes break and I'm afraid, so I sometimes use two. I never have intercourse without a condom, be it oral, be it normal, I always use it." (FSW, 20 years, ARAS Iași)

They know who to turn to in case of emergency:

"For any problems I have, I go only to them. I call them and tell them and they come, we meet, we talk and they teach us good things, they tell us all that stuff, do this, go there, all that stuff they tell us." (FSW, 14 years, ARAS Timișoara)

3.4.2 Impact from implementing organisations' perspective

Project managers' perspective regarding the impact indicator is described according to:

- Results achieved (how many of the beneficiaries enrolled with the organisation have received services through the UNICEF-financed project);
- Beneficiaries' profile (age, education, place of residence, etc.);
- Beneficiaries' progress and (expected and unexpected) difficulties encountered.

All organisations reached the indicators set for the implemented project, and service coordinators were able to tell the exact number of beneficiaries or of services delivered:

"We delivered services to 1,024 beneficiaries at the centre, out of whom 373 were MARA. Other 119 MARA benefited from sessions carried out in school, and other 1,307 beneficiaries were reached through mapping and outreach activities (752 OTH, 587 IDU, out of whom 183 were MARA). We also provided 325 medical check-ups to the overall population (OTH) and 412 medical check-ups to IDU, SW, MARA. We could also mention here 304 psychological counselling sessions to IDU, SW, MARA, 214 social work interventions, a number of 21 IDU, SW, MARA tested for HIV/AIDS and 1,274 information sessions that were carried out (George Rădulescu, SASTIPEN)

"The results were consistent and quantifiable: 39 MARA were accompanied to get identity papers, out of whom 33 from Bucharest, 6 from other towns; 79 received support to access emergency health care or medication – I mean prescriptions filled at pharmacies, and so on; 53 beneficiaries were accompanied to private or public social services; 240 beneficiaries received social counselling; 309 beneficiaries were awarded kits with hygiene and personal care products, toothbrushes, toothpastes, soap, towels, and so on; 250 beneficiaries received condoms; 41 received syringes ..." (Ionuț Jugureanu, PARADA)

Some organisations faced difficulties due to the fact that MARA is usually a hidden group, hard to identify and to monitor, as well as due to some alternate social support services:

"70% of quantitative indicators were reached. To me, this is not satisfying at all as we usually reach all the indicators set for a project because we have a very clear picture and we know exactly what group we work with. This was a new group and the team had some problems. We were supposed to find about 50 MARA and they found 4, despite their training and goodwill. And so we performed a reassessment to see why this was happening, why we had found so few people when everyone talks about drug users. We also changed the professionals in the team ... we invited Mr. Marian Ursan and that's when we found our beneficiaries. I don't know if it was all due to resistance, to lack of interest. 3-4 months in the project, everything was definitely on the rocks. After that, they got down to business." (Elena Adam, SAMUSOCIAL).

"The biggest difficulty, that we still don't have a solution for, is linked to under-16 MARA who are heroin addicts and who, basically, don't have many options for quitting; we are talking about rehab and about broken families where the parent can't or won't stay with the child in the centre. At Obregia [Hospital], they won't admit a juvenile unless accompanied by a parent. The only option is Titan policlinic where they get outpatient treatment. So practically, the options are very limited for under-16 addicts." (Veronica Broască, ARAS Bucharest)

“Partnership agreements should be developed between hospitals and local social work directorates that provide specialised services to juveniles and organisations that provide harm reduction services or outreach programmes that allow to identify juveniles, to build, based on such a partnership, a referral system where a client enrolled in a syringe exchange programmes is sent to a specialised service based on an evaluation; national standards should also be implemented for this group of beneficiaries, which, at the moment, are not covered from this point of view.” (Valentin Simionov, RHRN)

The results reached by the seven organisations involved in the MARA project are more than just plain figures, as the impact stands out from the positive effects of the services developed, such as HIV or hepatitis epidemic prevention in MARA and in the general population.

“Well, if we talk about outreach, clearly the indicator has been exceeded; if we talk about group meetings, the same, the indicator has been exceeded. All the results I think top the indicators because, if you go on site, you see how many problems they have with the police, how many times they get beaten and how they are ridiculed. And so you start to think about what you can do for them... for services that the project no longer covers and you have to think and see where you can get a lawyer or a legal adviser to go to the police and get them out of trouble. The results were many more and beyond ... maybe with the condoms and all the information materials we handed out and so on, we managed to halt an HIV or hepatitis epidemic among MSM MARA.” (Bogdan Istrate, ACCEPT Association)

In addition to all these, the organisation RHRN contributed to the development of a social network in the area through various coordinating activities and real support:

“The results reached in terms of products delivered I’d say are the three standards that I’ve already mentioned, the five country reports in the Balkan region, plus Romania and the Multi-Country Report which somehow summarizes the other reports. Then, the training of 60-70 pharmacists in syringe exchange programmes and of nearly 40-50 or even more professionals from public and private services, such as psychologists, social workers, outreach workers and managers. Let’s see what else? ... just a second ... we also developed the website of the organisation, also with UNICEF support, which highlights pretty much everything we have achieved in the last four years with the organisation and not only. Then, the research we have conducted and related research reports – one on service providers’ capacity to receive and attract MARA and another one on access to services.” (Valentin Simionov, RHRN)

There are no differences between locations as regards the impact indicator. In the other three locations (Iași, Timișoara, Constanța), the activities described in the project were also implemented:

“For us, the results come from the fact that they accessed health care for example, rapid testing for HIV and syphilis; the fact that they managed to get identity papers or to get back in touch with their family is another result, plus the fact that they use condoms.” (Otilia Lăzărescu, ARAS Timișoara)

As far as beneficiaries’ profile goes, we get an accurate portrayal from the features described by the organisation leaders that were interviewed. Thus, in Bucharest we talk about: MARA who come from very poor communities, from broken families, usually single-parent families and engaging in risk behaviours, drug use or unsafe sexual behaviours. Some of them are street children.

In Iași, we have the following profile:

“...they are usually people that don’t have a good relationship with their family and are homeless...and as regards commercial sex, they are usually young girls that do it for fun... very few of them are forced to do it as in the past. As for age, they are around 19-20 years and they come from rural areas.” (Beatrice Manea, ARAS Iași)

In Timișoara, things look like this:

"We have lots of girls and fewer boys who engage in commercial sex who are underage, but the juveniles usually have the street child profile; girls come from broken families, some of them are Roma ethnics or from very poor families that belong to communities where Roma make the majority, case files that the Child Protection Directorate is already dealing with, with parents whose parental rights were terminated or parents who migrated abroad and left their children under the care of relatives." (Otilia Lăzărescu, ARAS Timișoara)

As far as beneficiaries' progress is concerned, the interviews reveal some positive changes, meaning that MARA use protection (disposable syringes, condoms), they are better informed about high risk behaviour-associated harm, they know who to turn to:

"All of them evolve whilst improving their drug using behaviour. So they learn to use syringes and injection equipment, a condom every time they have sex, they learn to alternate the shooting up area and not shoot up ten times in the same spot or in vulnerable areas." (Bogdan Glodeanu, ALIAT)

"Improved health! Some of them got identity papers ... they got their identity card which they didn't have for various reasons. Either because they gave it to the policeman during a raid and didn't ask for it back...or they lost it, or it was withheld by the pimp, or, or... so their progress was pretty significant. As regards indirect beneficiaries, family, school....it's hard for me to say as long as we haven't run an evaluation of indirect beneficiaries, but only of direct ones. Probably in time, as far as family is concerned, if we talk about the nuclear family – husband, children – there could be major benefits as the child would face a smaller risk of contracting different diseases such as syphilis or who knows what else." (Beatrice Marcu, ARAS Constanța)

On a social level, the progress will be visible in time through a decrease in the STI prevalence among MARA and in the population as a whole:

"The effect on beneficiaries cannot be immediately quantified. In my opinion, it comes in time, based on the prevalence of diseases transmitted either through injection or through long-term sexual contact." (Ionuț Jugureanu, PARADA)

"I don't know if I can evaluate it. It is pretty complicated because I should rely on what they are saying. You know, from my outreach experience, I worked at ARAS too with commercial sex workers and whenever you would go to them and asked them: do you use the condom? "Always! Especially ever since you guys came around!" When asked "if a guy comes and pays you 10 RON more, do you still use it?" "No!" Same thing with these guys! They could tell me that they are desperately using condoms every day and so on. How can I tell that it's true? You can't evaluate this unless you breathe down their neck, which ... And on the long run, I think it will be obvious in the number of HIV cases reported by Balș [Institute], in the prevalence reported in the society as a whole, although they are not good friends with testing." (Bogdan Istrate, ACCEPT Association)

"Maybe openness to services; they realise they can turn to them if they have a medical problem. After we managed to talk to them they have realised that not everyone means them harm, especially when it comes to female sex workers who are always on their guard to defend themselves from the police and they are afraid of their family, they don't have anyone anymore except for their pimp or the people who accommodate them, procurers, or other girls that take them in." (Otilia Lăzărescu, ARAS Timișoara)

On the whole, the programme has reached its objectives:

"The objectives proposed for the programme were reached to a great extent, except for those related to drawing up minimum quality standards on which we are still working with NAA." (Eugenia Apolzan, UNICEF)

The adequacy of services for beneficiaries' needs is also high:

"MARA beneficiaries' needs were greatly covered, in terms of access to syringe exchange programmes, although the objectives regarding delivery of social and psychological assistance services were underachieved due, on the one hand, to the specificity of the services delivered by the organisation and, on the other, to legal barriers faced during service provision." (Eugenia Apolzan, UNICEF)

3.5 Project and Service Sustainability

We can talk about *sustainability* when project results and impact continue to be sustainable after external funding and technical support come to an end. In general, social service sustainability raises problems to local government, and state-run institutions are little likely to take over specific services for MARA.

3.5.1 Sustainability from beneficiaries' perspective

In order to evaluate the sustainability of implemented projects, we tried to find out beneficiaries' viewpoint on the chances for these projects to continue in the long term:

- To what extent they believe that the positive effects generated by the services they benefited from could be strengthened;
- If they will participate as beneficiaries in other similar projects;
- If they plan on sending other people in the same situation towards these services;
- If the team working with them ensured their confidentiality;
- What they think about the general perception of the community about their particular situation as people at high risk.

All interviewed subjects believe that it is highly necessary to continue to run these services and they say these are vital to them. Discontinuing these services is considered to be something of a personal and a community drama, especially to IDU and FSW beneficiaries.

"We would all get sick because we wouldn't have syringes and we would shoot up after another guy. If one guy has a disease, we would get it, one gives it to many and we could get AIDS." (IDU, 17 years, PARADA)

"Things would get ugly for us, they would get bad because we could catch some diseases, we could catch many diseases. When you know that you no longer have your own syringes as you used to, you have no choice but to shoot up with someone else's or to buy one, but you can't find them in every pharmacy, and not all pharmacies will give it to you." (IDU, 19 years, INTEGRATION)

"It would be a crime, to be honest. Many bad things would happen. First of all, for those who do dope. They would go back to shooting up with someone else's syringe, the diseases and the harm would spread againfirst of all, I couldn't have medical tests when I feel like it and when I need it. In other words, I would need to ... I would have to buy the vaccines that I received here and ... condoms, and so on. So it would be very bad, the worst. We would lose the only support we have in the street." (FSW, 18 years, ARAS Bucharest)

"Both for our life and health, and in general I think it would be very bad because it is the only source that, in my opinion, can help us right now with different problems, on a social and health level. We can get informed easier about everything we need to. If it goes away, it would be tough on us." (MSM, 23 years, ACCEPT)

In fact, beneficiaries can't imagine life without these services, they see their existence as the only option to stay away from infectious diseases, while syringes, condoms, counselling and the other types of help that is offered give them a chance to survival.

"I would feel very sorry if these services stopped working and this would harm the health of many of us, drug users, because they help us so much and they keep us away from many diseases; if they weren't there anymore, I don't know how we would get on." (IDU, 18 years, ARAS)

"Very bad, very bad because I wouldn't have any chance anymore to stay healthy in the first place." (IDU, 20 years, ARAS)

"It would be worse because I wouldn't have where to get syringes from and I would pick them off the ground." (IDU, 14 years, SASTIPEN)

"If I had unsafe sex again, it would be unpleasant, it would be bad, it would be harmful. And it would cancel out the two main reasons for which I come to this service, namely for health and financial reasons." (MSM, 24 years, ACCEPT)

All of them declare that they will participate in similar programmes and projects, that they have sent and will send new friends and acquaintances to the organisation whose beneficiaries they are. Beneficiaries look at sustainability through their own needs and they have less knowledge about the capacity of local government to technically and financially take over the further development of these services.

"Well, I don't want it to stop, I want to keep getting new syringes and soap, to be looked after by the lady doctor, because look at the sores on my legs, they get swollen all the time and they fester." (IDU, 14 years, SAMUSOCIAL)

"Well, is it really up to us? It is up to other people." (FSW, 18 years, ARAS Bucharest)

"It depends on them..." (MSM, 24 years, ARAS Bucharest)

They believe that the community has a negative perception of them:

"I don't know, maybe bad, maybe...I don't know what to say because not all people think the same way to say that I'm a prostitute or a junkie, that's my life because I had tons of problems. I have a kid so I have to do something for him and for me, that's it, 'tough it's wrong that I do drugs but that's it, maybe I'll quit some day." (IDU, 16 years, ALIAT)

"They give us bad looks, they would kill us if they could, no one can stand us... 'cause of these two guys who do drugs and then they pick on everybody, they sniff they don't shoot up; 'cause of those two we are also frowned upon." (IDU, 18 years, PARADA)

Beneficiaries feel protected by these services:

"It would be tough, it would be tough 'cause they come here every week and they help us at least with an answer, with syringes, they protect us." (IDU, 19 years, ALIAT)

"We would have no one to talk to anymore. They guide you, do this, go there, do that. You know where to seek help." (FSW, 20 years, ARAS Constanța)

"I wouldn't go to a doctor anymore ... Not...all the time if I don't have the identity card on me ...the doctor asks you for an ID card ...if you don't have it, you have to go to these guys 'cause it's free ...and second of all ...even if I had an ID card and I went to the doctor, I would pay as much as you pay there, but I wouldn't be pleased ...it's better this way ...to have this service all the time ..." (FSW, 19 years, ARAS Iași)

"...first of all, I wouldn't have a place where I could come with the same trust and benefit from the same services...I wouldn't have a safe place where I could come for an examination; the people here know what it is all about and help me directly." (MSM, 20 years, ACCEPT)

All beneficiaries say that their confidentiality was preserved, giving short answers like: "Yes, they preserved it"; "Yes"; "Yes, they kept my confidentiality"; "Yes, definitely"; "Yes, they didn't tell anyone about me".

3.5.2 Sustainability from implementing organisations' perspective

In order to evaluate sustainability from an organisational perspective, we tried to find out:

- To what extent the services developed could be further strengthened;
- If the financial sustainability of the project could be ensured after technical and financial support from UNICEF comes to an end;
- To what extent local government has taken over or is interested in taking over the developed services.

The perspective of MARA service coordinators from the organisations included in the UNICEF programme, based on their attempts to cooperate with local authorities with an eye to developing partnerships or handing over the services developed, is a rather pessimistic one due to the inertia and permanent refusal of the latter to take over at least some part of the funding for these harm reduction services:

"We had several meetings with local authorities and their reaction was negative as these vulnerable groups, that engage in drug use and commercial sex, are badly looked upon." (Otilia Lăzărescu, ARAS Timișoara)

"We have reached a point where we don't have funds. The Ministry of Health gave us hope that something could happen and we may get money, but right now we are short of it so we could say that they are not sustainable at all." (Bogdan Godeanu, ALIAT)

"I don't know! Frankly, it's been years that we've been trying to get funding from the local government and we have never managed to get any. We've received only a very small grant from the Ministry of Labour, extremely small, that is 7,000 syringes a year that we basically hand out in a few days." (Veronica Broască, ARAS)

"The financial sustainability of the project is uncertain. We want to continue because HIV prevention is important, but as we don't get any support from the state, from the government, we depend on all this external funding. Very few public institutions have the courage to have their name linked to the association ACCEPT or MSM-targeting prevention programmes. They don't understand that MSM are different than gay people and, well, there's so much to say about it. So, their image is more important to them than these people and, as a result, even if we applied for funding, I don't think we would get any." (Bogdan Istrate, ACCEPT Association).

In order to be able to further develop these services after the end of UNICEF funding, the organisations place their hopes in gaining access to European funds or donations:

"To develop complementary projects from EU funds. We are currently running at least two SOP HRD projects, and the beneficiaries are somewhat similar with the ones we had in the UNICEF project. So, let's hope that....." (Beatrice Marcu, ARAS Constanța)

Some organisations developed the project services within other programmes with wider addressability, such as information programmes where they distributed disposable syringes and condoms, or they offered free medical examinations:

"So, as I've said, at ARAS, the activities run in the project "It is your right to know" are those that used to be carried out in the past, outreach sessions, fieldwork, which means that we stay connected to and in touch with MARA beneficiaries on the field." (Beatrice Manea, ARAS Iași)

"In the short term, project sustainability is ensured from our organisational resources, but on the long run" (George Rădulescu, SASTIPEN)

If such projects were to stop, the short- and long-term effects would be extremely detrimental to MARA and to the society as a whole: increase in the number of HIV/AIDS, hepatitis B and C and other STI cases.

*“Given Romania’s current context, without UNICEF funding, the MARA project is not sustainable.”
(Ionuț Jugureanu, PARADA)*

Without technical and financial support from the state, the sustainability of MARA projects is hard to attain:

“These services may be strengthened only through partnerships with local authorities and organisations that are currently delivering services, or through the development or inclusion of this group of beneficiaries in relevant national strategies: National HIV/AIDS Strategy, National Anti-Drug Strategy plus the programmes run by the Ministry of Labour on child protection, but until now, local authorities haven’t come up with a clear answer regarding their intention to take over the financial responsibility for these services. At the level of local authorities, the General Directorate for Social Care and Child Protection features an emergency service for juveniles and we could say that some of their beneficiaries match the MARA profile, but we are talking here about the mere resemblance between services, not about an actual takeover of their financial costs or operation; and private donors, companies or individuals are not interested to invest in this because it is quite questionable from a moral standpoint if offering syringes to a juvenile helps them or not, and because this is a sensitive issue, it is very hard for us to get hold of private funding for MARA.” (Valentin Simionov, RHRN)

To UNICEF: “the project-developed services may be expanded/strengthened with sustainable funding from the budgets of the local authorities which identify the situation of MARA in the community”, as some of the consequences for discontinuing these services are:

- increase in the number of HIV, hepatitis infections and therefore increase in the HIV/AIDS treatment-related costs;
- increase in high risk behaviours;
- reduced contact with affected communities;
- losing out on the human resources trained at the level of organisations;
- infection.”
- (Eugenia Apolzan, UNICEF)

From NAA’s perspective, the project can become sustainable through cooperation with state-run institutions.

3.6 Project and Service Replicability from Implementing Organisations’ Perspective

To evaluate the replicability of MARA projects, we focused on several aspects:

- Identify the strengths/achievements of MARA projects;
- Identify project weaknesses;
- Assess if these projects could be replicated/implemented in other locations/towns;
- Identify issues that may pose problems for replication – in project design or implementation;
- Aspects that may be changed to prevent undesired effects.

With regard to project and service replicability in other towns, the managers from the evaluated organisations believe that they could be implemented in other towns just as well.

The main element required for this is funding. Some organisations (ARAS, ACCEPT) are running or have run similar projects in other locations.

The project can definitely be replicated. We have documented the needs and the intervention methods and, in addition, standards are available that we can apply immediately after they are approved. (Valentin Simionov, RHRN)

D.B. – *Do you think the project could be replicated in other towns, in other locations, in other parts of the country?*

B.I. – *Yes, yes, yes, definitely! But anyway we have already done it. I mean, we have carried out outreach work and this sort of meetings in other towns in 2009, 2008, 2007, and so on. So, it can be successfully replicated, if...*

D.B. – *In what towns could it be replicated for MSM?*

B.I. – *In at least nine towns apart from Bucharest...Iasi, Timisoara, Cluj, Brasov, Ploiesti, Buzau...*

D.B. – *Through ACCEPT Association or do you have ...*

B.I. – *In every one of these towns, we had local coordinators which no longer work for us because the Global Fund project ended and so we can't keep them anymore. Well, these local coordinators could be in charge of such a smaller-scale project, with more reduced costs, any time. It is important that UNICEF provide financing for it. (Bogdan Istrate, ACCEPT)*

An aspect to be considered for the sustainability of MARA projects is a partnership with public institutions and especially with local authorities, which need to be receptive and either subcontract these services or single-handedly provide them, adopting perhaps the nongovernmental methodology and expertise. Collaboration is the key.

The main issue is inter-institutional cooperation, both as regards cooperation with state-run institutions and as regards cooperation between NGOs. In this department, I have noticed that organisations demonstrate inconsistency and reluctance to working together. No matter if we talk about nongovernmental or public organisations, cooperation is relatively reduced and, where there is, it stays within the sector: public sector – public organisations work together more than with NGOs, while NGOs work more readily with each other than with state-run institutions. (Valentin Simionov, RHRN)

- *in the beginning: making local government aware of the need for intervention*

- *throughout implementation: local government accountability/direct involvement*

D.B. – *What should change in project design or implementation to prevent undesired effects?*

G.R. – *in the design/organisation: signing a "partnership agreement" with local government. For this project, Sastipen entered into partnership with the local government which however proved to be unsustainable.*

- *throughout implementation: continuing professional development for staff (George Rădulescu, SASTIPEN)*

As for actual activities, the selection of the personnel that will work for these services is considered important, as well as their initial training to ensure services are tailored to the needs of these groups.

I think it is very important to choose a good implementing team, with resolute people who have done this before or want to do it, but who don't want to do it to get rich. If you have associates, you need to choose them carefully and to decide on a methodology and frequency for each activity. All these in the beginning, relative to project design, right? When you are thinking the project through. In the implementation stage, constant and strict monitoring and evaluation from the donor or a direct supervisor. (Bogdan Istrate, ACCEPT)

For replication, the training of the staff who delivers direct services is considered to be very important.

Yes! The staff must be trained and ... (Veronica Broască, ARAS Bucharest)

*C: Aha...I think more attention....should be paid...to the methods of working with young people. And I mean that at least one more training course on these methods should have been provided. And ...aaa... another thing ...organisation, implementation...a more....precise monitoring system ...
By ...monitoring system, I don't mean daily, weekly evaluations... someone who comes in for that, but a reporting model where you can write all these activities, the quality and quantity indicators, etc. And maybe research too...well...I think there's a lot ...to be done ...in order to manage to somehow run research ...aa... among beneficiaries, at the beginning of the project...to see the situation ...their knowledge or behaviours ...and then another research at the end of the project ...in order to see ...
(Beatrice Marcu ARAS Iași)*

Staff supervision is also mentioned.

I: What should change in project design or implementation to prevent undesired effects on project organisation and implementation?

R: Staff supervision and outreach team training. (Otilia Lăzărescu, ARAS Timișoara)

At the same time, in order to reach beneficiaries, time and effort should go into building a trusting relationship with them.

Yes, but on one condition – those who run it in other locations, in other cities, as we talk about street children, must have already developed a relationship with them ... (Ionuț Jugureanu, PARADA)

Another major replication issue concerns service delivery that should not set expectations too high and should be paired with sustainability assurance strategies for furthering the activities.

I.J. – I think they should not set the hopes too high, which is very difficult because the street child is not extremely capable of having a perspective on a phenomenon, the fact that things end in a year, that they move on and so on. They live from day to day because they have to get food every day, so they don't have a ... and, second of all, they should not endanger the intervention of the organisation for traditional beneficiaries as this part of the harm reduction project will come to end and the expectations might be too great. (Ionuț Jugureanu, PARADA)

The strengths of the projects are synthetically pointed out as follows:

The strengths are the fact that we managed to document, to draw up standards that, if they became ministerial order and were applied, would definitely step up service quality and the possibility of accurately assessing service quality and therefore making distinctions between organisations capable of delivering services and those who are not. On the other hand, another strength was the promotion of effective working methods to all those who ... to all providers interested in this group of beneficiaries. The third one was the fact that we documented the situation of the providers that could accept users and, on the other hand, the situation regarding access to prevention equipment for injecting drug users and, last but not least, training of professionals. Practically, through the training programmes that we planned within the MARA project with UNICEF, we improved at least the understanding, if not the working skills of course participants, and I mean their understanding and not the skills because many of those who attended the courses hadn't had any direct contact with MARA, even if this group of clients existed in their towns, but it was not visible. (Valentin Simionov, RHRN)

I believe that one of the strengths was the effort to draw up standards and to basically jot down what we have been doing for over ten years as we always have other priorities on our hands than sit and write down the working methodology and I think this was a project strength. Weakness – the financial limitation of the project, which didn't let us ... (Veronica Broască, ARAS Bucharest)

Strengths ... I think that the activities in general are great and especially the group meetings which address different topics from sex on a first date, for example, and similar issues, to make people come, but they don't know that you will lead the discussions towards HIV/AIDS, you know? This was

something that helped us make them come and talk about things that ... they were thinking about, but that were not so ... You can do some manipulation with a catchy title. (Bogdan Istrate, ACCEPT Association)

Strengths

- *Services adapted to beneficiaries' needs*
- *Increase knowledge and reduce HIV/AIDS/STI infection risk among young people, activities which are overlooked by local governments*
- *Provide equal opportunities as regards access to social services and primary health care (George Rădulescu, SASTIPEN coordinator)*

Specializing the staff in working with MARA beneficiaries in particular, both through hands-on experience and through studying, training courses, and so on. Another strength was ... the development of a social and healthcare provider network and MARA encouraged such ...things ... network development. Another strength ... was the fact that the difference was made between the needs of the people who belonged to certain vulnerable groups ...we tried to implement special activities targeting specifically young people and teenagers, which are quite different than approaches to adults. (Beatrice Manea, ARAS Iași)

UNICEF points out the following strengths: *“the project design (from baseline to evaluation, it can be regarded as a good practice model); baseline and results reached; MARA programme consistency with GF and UNODC interventions; integration of MARA issues in the National HIV/AIDS Strategy”.*

Direct service providers think that the project didn't really show any weaknesses.

Weaknesses, I don't know, I don't know if there are any. Maybe the weather that prevented us from going on-site last winter, but this does not depend on us, as God does not ... answer to all. (Bogdan Istrate, ACCEPT)

At a more general level, that of RHRN, things are seen through different glasses, as work needs to be continued on the referral system and on measuring the impact of delivered services on beneficiaries and implementing organisations.

The weaknesses were the failure to build a referral system which basically halved the project impact. [...] another weakness would be impact-related data collection. We don't have, at least as far as I know, sufficient data to measure how the situation has evolved from the start of the project until now. (Valentin Simionov, RHRN)

The sustainability of these programmes is another issue that requires increased attention.

UNICEF also considers that some of the aspects above are deficient, alongside others that have to do with the general background and the approach to children/underage adolescents with risk behaviours:

“weaknesses: the MARA issue and especially that of people under 18 with high HIV infection risk behaviours were not a comfortable focus for the organisations; programme sustainability; the programme implementation context was negative in terms of political and economic commitment.” (Eugenia Apolzan, UNICEF)

One of the MARA project coordinators believes that the monitoring and reporting system could be improved if funding is continued.

B.I. – In the MARA project – UNICEF in general, I think monitoring and evaluation were a disaster, in my opinion, because going on the field to check things was useless ... if the grant-maker didn't require the implementing organisations to develop monitoring and evaluation tools that were applicable and

operational! So that they can see! Let's see how you did this, and why you are doing this and let's see what you can do to make it more efficient! There is monitoring and evaluation in every project! There's no point on having it on paper if nothing real is done! So, here ...

D.B. – *So, you're saying that there were no evaluation tools!*

B.I. – *There were no evaluation tools because they were not required! I did my evaluation and monitoring the best I could and because I wanted to, but I am not sure that the others are doing it right. (Bogdan Istrate, ACCEPT)*

For a more accurate evaluation of MARA project impact, a new assessment is suggested to be performed a year after the end of funding.

I think the results of the MARA project are not fully visible yet. Subjectively speaking, the project was a success, but I believe that it would be best to reassess it in a year and see what's left of it. Then we will be able to truly say ...

D.B. – *An evaluation of beneficiaries?*

V.S. – *An evaluation of beneficiaries and an evaluation of, how to say, of service providers to see if they are still running those services, how these are working and how many people they reach. If their number has increased it means that this three-year effort has made a difference, if the number of clients is constant or declining, then the impact is very low. (Valentin Simionov, RHRN)*

NAA, one of the agencies that play a firsthand role in this department envisages effective actions to develop MARA services, and it has taken or is taking relevant steps, such as:

- “Drawing up a methodology for assistance provision to underage drug users which is to be included in a joint order issued by the partaking institutions;
- Training of DPECC experts to work with MARA;
- Implementing good practices at local level, for example the project FRED GOES NET- Early interventions for young people who have been notified about drug use;
- Set up vocational centres, day care centres for MARA.” (Mihaela Tomiță, NAA)

IV. Conclusions

Drawing on the information gathered during the research, we can highlight the most important observations based on the evaluation indicators used: relevance, effectiveness, efficiency, sustainability and replicability of the services addressed to MARA. These indicators have been tracked from the perspective of both service beneficiaries, and implementing organisations.

MARA-targeting projects are considered to be **relevant** to the specific needs of these groups (IDU, FSW, MSM) both by beneficiaries, and by those who have managed the projects on behalf of each of the 8 organisations. Relevance comes from the fact that harm reduction services are considered of public health concern contributing to HIV and other sexually or parenterally transmitted infection spread prevention among these vulnerable groups, as well as in the general population. The risks are even higher among teenagers as many of them live in the streets, which increases health risks.

Services provided respond to real needs, mentioned by beneficiaries: their health is fostered through distribution of syringes, condoms and hygiene and sanitary items, they receive health care whenever needed, information about risks associated with the behaviours they engage in and school integration. In the beginning, some of them were fearing breach of confidentiality, but in time they ended up trusting the social workers working with the organisations. Trust is an important element for building relationships, which is also mentioned by MARA programme managers.

Each beneficiary received one or several MARA project services (counselling, brochures, hygiene and sanitary items, condoms, syringes, etc., assistance in getting identity papers/ID card, to go to a doctor, HIV/HBV/HCV testing). No differences between towns were identified regarding MARA service delivery. The interviewed beneficiaries found out about the organisations whose beneficiaries they were from different sources: friends, siblings, acquaintances, outreach workers, on the Internet, on TV or by accident.

All beneficiaries claim that the support offered is useful and according to their needs, that they wouldn't change a thing about the respective organisation and that they are pleased with the services they get. Beneficiaries have a good or a very good opinion about service delivery conditions and the staff who provides these services (social worker, nurse, doctor, psychologist, outreach worker).

Based on the **effectiveness** indicator, matching relevance-related answers, we find that beneficiaries appreciate the services as being useful, especially for staying healthy – thanks to the fact that they received medical products (sterile equipment, new syringes, condoms) – and that they were assisted when they needed specialised healthcare (medical examination, being accompanied to medical services, medical tests, HIV/hepatitis testing). They also value counselling services which changed many of them into more self-confident, more open, more communicative people, capable of coping in times of crisis. The differences in the types of beneficiaries arise from the specific needs of each group.

The type of aid that beneficiaries consider as most important depends on their specific needs. Thus, injecting drug users appreciate the syringes received, female sex workers – condoms and medical exams, and men who have sex with men – condoms and the information and psychological support received.

In general, the objectives featured common elements related to the implementation of HIV infection harm reduction programmes, as well as single elements, preponderantly determined by the target group (IDU, FSW, MSM) and by the specificity and mission of the organisation. The projects addressed to MARA were part of general programmes run by organisations. All projects comprised outreach activities among the concerned vulnerable groups, which are the main means to get in touch with beneficiaries. Another common element were the counselling sessions to reduce harm associated with injecting drug use, commercial sex or men's sexual relations with men.

MSM valued the psychological support received from organisations more than the other groups.

No beneficiary mentioned any breach of confidentiality as this is one of the terms for building a mutual trust relationship.

All MARA project managers considered that these projects were adequate for beneficiaries' needs, but insufficient.

If in Bucharest several organisations supply harm reduction services to FSW, in Iași there is one other programme addressed to street children and run by Save the Children, whereas in Timișoara a programme is implemented for the same target group by the organisation AVIS (Association for a Changing Life). In Constanța, no other MARA programmes were mentioned, therefore assuming that only those run by public agencies like GDSCCP were available. In Constanța, Timișoara and Iași, a voucher system was tested to offer FSW the chance to access health care, but from the interviews with coordinators it seems that the system didn't work as the vouchers were never used.

In Bucharest, there are several organisations working with IDU, but only ARAS has specific FSW objectives, while as regards MSM, ACCEPT Association is centred exclusively on this group of beneficiaries and ARAS includes them among its beneficiaries of harm reduction services catered to the community.

Coordinators' suggestions concerned: expansion of the services for FSW towards professional integration as well, the need to complement harm reduction services with other community services, flexibility and innovation in service delivery.

The services were promoted among vulnerable groups mainly through outreach programmes, based on a referral system set in motion by the beneficiaries themselves. Leaflets and websites were also a tool. The role played by peers/former users involved in direct services was also remarkable. Besides direct activities with beneficiaries, the projects

also included advocacy activities, drafting standards for working with MARA, as well as participation in regional research. Although work has been done to draw up working standards and a draft has been made, not all organisations comply with them.

Activity monitoring indicators were descriptive result indicators.

The evaluation of MARA project **efficiency** aimed at highlighting if project costs were justified by the results attained. A perfect assessment of this is hard to make since results are difficult to measure, although numerical indicators of the interventions made are available. We focused more on the type of results achieved both at organisational level and at the level of beneficiaries.

Thus, from beneficiaries' perspective, the services are appreciated as being of great help, as in their absence some of them wouldn't have known what to do to stay safe or could have engaged in risk behaviours. In general, beneficiaries don't have the means to pay for such services, but some of them declare that they would pay if they had money. The type of services they would pay for varies, namely IDU would pay for syringes, and MSM for counselling services, while FSW are not willing to pay for any.

When evaluating the efficiency of the projects implemented by organisations, the eye was on the role and place of the MARA project within more general projects of the organisation, including financial aspects related to service delivery costs, expense structure and staff structure or the possibility that beneficiaries pay for some of the services received.

In general, MARA projects were implemented alongside other projects of the organisations, with a variable and mostly reduced budget. Most often, the budget did not cover the full funding of harm reduction services and other funds were also used (The Global Fund).

As far as costs are concerned, they vary from one organisation to another (some of them though haven't worked out such a cost) from 200 - 250 (ARAS), 450 (SASTIPEN) RON/month (around 50-100 EUR/month) to 155 EUR/year (ALIAT).

The **impact** indicator was used to evaluate if long-term effects are positive or negative, intentional or unintentional and if they are consistent with the overall goal of the MARA project. We focused on the same twofold perspective: that of beneficiaries and that of project managers.

Beneficiaries feel that the project impact has been major, as they now know better where to go to in case of need, their health improved, they know better how to stay safe, they are more self-confident, they have a better knowledge of their health, they have people to talk to when they face problems, they know who to turn to in case of emergency, they are better informed, they have easier access to condoms, they use condoms more often, etc.

Organisations estimate project impact differently. On the one hand, some organisations that normally have a high number of service beneficiaries (e.g. ARAS Bucharest, ACCEPT) haven't previously run syringe exchange programmes targeting MARA in particular, while others feature outreach programmes for homeless adults (e.g. SAMUSOCIAL) or for street children

and youth (PARADA) with a relatively low (around 15%) share of MARA in the total number of beneficiaries; on the other hand, there are organisations with experience in harm reduction programmes for injecting drug users (ALIAT, INTEGRATION, SASTIPEN), which haven't previously implemented programmes focusing on MARA and whose share of MARA is more significant (20-40%).

The quantitative indicators set at the start of projects were generally reached, with one exception (SAMUSOCIAL) where the percentage of indicator achievement was nearly 70%. Beyond figures, the project impact stands out from the positive effects of the services developed, such as HIV or hepatitis epidemic prevention among MARA, and in the population as a whole. The development of the harm reduction network (RHRN) is another important outcome of MARA projects.

The impact felt by beneficiaries is also confirmed by the representatives of implementing organisations. On a social level, progress will be visible in time through diminished STI prevalence among MARA and in the population as a whole.

Sustainability is another evaluation indicator showing if the services developed can stand the test of time as alternative funding resources are identified. In general, social service sustainability raises problems to local government, and state-run institutions are little likely to take over specific services for MARA.

As far as beneficiaries are concerned, they like the services provided and they will keep using them, while discontinuing their delivery is considered to be something of a personal and a community drama, especially to IDU and FSW beneficiaries.

From an organisational perspective, things look different and rather pessimistic due to the inertia and permanent refusal of public local authorities to take over at least a part of the funding for these harm reduction services. The organisations place their hopes in gaining access to European funds, as ARAS is already running two SOP HRD projects started in 2010, aiming at the social and professional reintegration of vulnerable groups through facilitated access to healthcare (substitution treatment and syringe exchange programmes). Other organisations (SASTIPEN, ARAS Iași) included disposable syringe and condom distribution in other information programmes.

Without technical and financial support from the state, MARA project sustainability is hard to reach. If such projects were to stop, the short- and long-term effects would be extremely detrimental to MARA and to the society as a whole: increase in the number of HIV/AIDS, hepatitis B and C and other STI cases.

To evaluate the replicability of MARA projects, we turned exclusively to the viewpoints of project managers from each organisation. They believe that these services could be replicated in other towns/locations where most-at-risk adolescents are present. The main element required for this is funding. Some organisations (ARAS, ACCEPT) are running or have run similar projects in other towns.

A vital issue for project replication is ensuring their sustainability through partnerships concluded with public agencies from the very start, stipulating service takeover when

funding comes to an end. Another solution would be outsourcing services to organisations that hold expertise in working with this group of beneficiaries.

For better activity implementation, the representatives of implementing organisations refer to a few key elements: careful selection of personnel, initial and continuing staff preparation/training, staff supervision, patiently building a trusting relationship with beneficiaries, establishing a functional inter-institutional case referral system at local level, existence of an intervention monitoring and evaluation plan.

V. Recommendations

As pointed out in the interviews made with MARA harm reduction programme coordinators from all implementing organisations, in terms of **relevance** these programmes need to be viewed as public health services: *“More precisely, the society as a whole benefits from our work to a great extent, not just the users’ community. The users’ community is not a closed one.”* (Bogdan Glodeanu, ALIAT).

“The programme helps to improve access for the population at risk to health care and social services and also to increase knowledge about and reduce HIV/AIDS/STI infection risk among drug users, commercial sex users, youth as well as in the general population within the community..” (George Rădulescu, SASTIPEN)

Such services are also relevant for state-run social care institutions because they include as beneficiaries previously ignored groups, which also allows for increased cooperation between the public and the private sectors:

“We believe it is relevant to the public sector because it lays the basis for further public-private cooperation and because it draws the attention of public authorities to the need to bring services to clients who are at high risk of HIV infection, drug use and prostitution.” (Valentin Simionov, RHRN).

It is possible to increase intervention efficiency and effectiveness if:

- The institutions delivering such services adopt and apply quality standards:

V.S. – Unfortunately, nongovernmental organisations don’t apply standards, while state agencies use the applicable laws... Nongovernmental organisations don’t use interchangeable standards, so to speak, and their work is not standardised. (Valentin Simionov, RHRN)

- The number of experts and human resources is adequate for the number and needs of service beneficiaries through services developed by other organisations/institutions as well:

.. the workload of the professionals involved in the project..[is] very high, very high! Then the supplies we have, I think they are too few for the very high number of clients that we have to work with. This kind of services are extremely limited and they are just a few in Bucharest right now, and the number of beneficiaries is much, much higher than we, the organisations delivering such services, manage to reach. (Veronica Broască, ARAS Bucharest)

- The legislation is amended to allow, *under certain circumstances*, health care to be provided directly to the child without the parent’s presence required:

The biggest difficulty, that we still don’t have a solution for, is linked to under-16 MARA who are heroin addicts and who, basically, don’t have many options for quitting; we are talking about rehab and about broken families where the parent can’t or won’t stay with the child in the centre. At Obregia [Hospital], they won’t admit a juvenile unless accompanied by a parent. The only

option is Titan polyclinic where they get outpatient treatment. So practically, the options are very limited for under-16 addicts. (Veronica Broască, ARAS Bucharest)

For stronger service **impact**, it is recommended to aim at inter-institutional cooperation and observance of (public-public, public-private) partnership principles:

“Partnership agreements should be developed between hospitals and local social work directorates that provide specialised services to juveniles and organisations that provide harm reduction services or outreach programmes that allow to identify juveniles, to build, based on such a partnership, a referral system where a client enrolled in a syringe exchange programmes is sent to a specialised service based on an evaluation; national standards should also be implemented for this group of beneficiaries, which, at the moment, are not covered from this point of view.” (Valentin Simionov, RHRN)

Programme **sustainability** may be ensured through cooperation between public institutions and the nongovernmental sector, through public funding for these programmes – directly or through contracting:

“These services may be strengthened only through partnerships with local authorities and organisations that are currently delivering services, or through the development or inclusion of this group of beneficiaries in relevant national strategies: National HIV/AIDS Strategy, National Anti-Drug Strategy plus the programmes run by the Ministry of Labour on child protection, but until now, local authorities haven’t come up with a clear answer regarding their intention to take over the financial responsibility for these services. At the level of local authorities, the General Directorate for Social Care and Child Protection features an emergency service for juveniles and we could say that some of their beneficiaries match the MARA profile, but we are talking here about the mere resemblance between services, not about an actual takeover of their financial costs or operation.” (Valentin Simionov, RHRN)

Drawing on the above-cited recommendations made by those who delivered these services, and the conclusions of this evaluation on relevance, efficiency, effectiveness, impact and sustainability of pilot projects, this report draws attention to the following recommendations:

Recommendations for central authorities regarding:

A. Approval, implementation, monitoring and evaluation of the National HIV/AIDS Strategy:

1. Approve and implement the National HIV/AIDS Strategy 2011 – 2015 and the provisions prescribing the development of specific HIV infection harm reduction and social integration programmes and services addressing adolescent (10-19 years) injecting drug users;
2. Conduct regular research on risk behaviours and HIV, HBV, HCV prevalence in most-at-risk adolescents and use gathered evidence to monitor and evaluate the National HIV/AIDS Strategy;
3. a. Approve and develop monitoring and evaluation mechanisms for compulsory minimum standards of working with most-at-risk adolescents;

- b. Continue development of institutional capacity to scale up to national level the MARA programme, including funding for programmes aiming at most-at-risk adolescents;
4. Create and support National HIV/AIDS Strategy implementing tools and public prevention policies by local government.

B. Funding HIV/AIDS prevention programmes

1. Support and extend financing sources (including from structural funds);
2. Introduce a transparent funding mechanism ensuring access to state budget funds for private service providers;
5. Involvement of the Ministry of Public Health in the drawing up of plans for the National Development Programme 2011 – 2013 and for the National Development Programme 2014 – 2020, both financed by the European Union, to ensure that the provisions set forth in the National HIV/AIDS Strategy and other health strategies are included and will be eligible for funding from these programmes.

Recommendations for local authorities:

1. Integrate programmes addressing issues related to most-at-risk adolescents into public social care programmes carried out at local level;
2. Outsource prevention programmes to nongovernmental and community-based organisations;
3. Develop local MARA assistance strategies based on evidence and local situation analysis;
4. Continue capacity building for local authorities through cooperation with nongovernmental organisations and academic institutions;
5. Implement minimum quality standards for MARA services;
6. Run periodic activity assessments and use the related results to include these activities into National HIV/AIDS Strategy adjustments;
7. Involve beneficiaries in prevention and assistance programmes for MARA.

Recommendations for organisations:

1. Continue advocacy efforts to ensure NGO services are contracted by local authorities;
2. Run a campaign to promote policies and legislation adequate for the implementation of efficient harm reduction programmes among most-at-risk adolescents;
3. Present and promote methods for working with most-at-risk adolescents;
4. Explore additional funding sources for MARA prevention and assistance services;

Recommendations for the academic environment:

1. Collect evidence to support the implementation of the National HIV/AIDS Strategy;
2. MARA programme impact analysis and analysis of lack of funding for this kind of prevention programmes among vulnerable groups;
3. Promote good practice models at national and international levels.

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V. ANNEXES

Annex 1: National HIV/AIDS Strategy 2008-2013. Chapters on FSW, IDU, and MSM

1.1. Transmission prevention in commercial sex workers

Current situation: Commercial sex work has expanded and diversified despite maintained illegality of prostitution. The latest ARAS research from 2005 shows that only 22% of commercial sex workers always use a condom with clients. Commercial sex is often associated with injecting drug use (in over 20% of the interviewed subjects from Bucharest) and human trafficking (in nearly 50% of interviewed subjects from Bucharest). The same research study conducted by ARAS, CNLAS and UNAIDS indicates that 8.63% of the interviewed SW are underage, while 12% of them have never been in school. More than 20% of female sex workers spent some of their childhood in a childcare institution, an experience that increases their vulnerability to trafficking and to engaging in commercial sex.

Although SW have a high incidence of STI, a clear referral system to reproductive health services is not available. In addition, lack of medical and/or social insurance, and the illegal status of prostitution lead to a high number of SW not seeking services. Prevention programmes extended slowly and were present in 2006 only in 10 locations compared to 21 as it had been planned. The programmes were exclusively funded from external sources through grants and donations. Funding, legislation and programme implementation capacities were obstacles to programme expansion.

Specific objective: Reduce HIV/STI transmission in commercial sex workers and their clients and partners

Expected results:

A. Create the adequate framework for efficient programme implementation

Activities:

A1. Conduct research in many locations/counties to assess commercial sex work size and implications within the current legal framework

Indicator A1. By the end of 2008, research will have been conducted on HIV/STI transmission risk behaviours in at least 10 locations/counties

A2. Run a lobby/advocacy campaign to promote policies and laws adequate for the implementation of efficient programmes aiming at reducing commercial sex workers' vulnerability to HIV, STI, violence, human trafficking, drug use, etc. Active involvement of CSW in these campaigns.

Indicator A2. By the end of 2008, the Parliament review of the law on prostitution will have been kicked off

A3. Introduce mandatory announcements/warnings about HIV/STI transmission risks in all video footage and printed materials with sexual connotation

Indicator A3. By the end of 2008, the rules and methodology for writing warnings about HIV/AIDS/STI risks in all video footage and printed materials with sexual connotation will have been drawn up and applied

B. National scale-up of HIV/AIDS/STI prevention programmes for commercial sex workers

Activities:

B1. Include programmes addressing issues related to commercial sex workers in local programmes of public social care

Indicator B1. By the end of 2010, social intervention programmes having commercial sex workers as beneficiaries will exist in at least 20 county seats

B2. Run outreach programmes to prevent HIV/STI transmission in CSW and their clients and partners

Indicator B2. By the end of 2010, outreach interventions will be in place, including those aiming at HIV/AIDS prevention in commercial sex workers in at least 20 county seats. Increase to 35% by 2010 the number of CSW who declare they use a condom with all sex partners (including life partner)

B3. Facilitate access of commercial sex workers to testing and treatment services for HIV, STI and other transmissible diseases and to drug use harm reduction services and treatment and increase addressability of these services to the needs of CSW

Indicator B3. By 2010, in every location where HIV/AIDS prevention interventions are implemented among commercial sex workers, systems of referral to testing and treatment services for HIV, STI and other transmissible diseases and to drug use harm reduction services and treatment will be in place. By 2010, at least 80% of CSW who have done an HIV test in the last 12 months will know their test result.

B4. Information, education and communication campaigns on HIV/STI transmission prevention targeting potential commercial sex clients

Indicator B4. By 2010, specific IEC campaigns for CSW and clients will be run in every location where prevention outreach interventions are carried out.

B5. Develop specific HIV infection harm reduction and social support (protection and comprehensive

assistance) programmes and services addressing adolescent (10-19 years) commercial sex workers.

Indicator B5. By 2010, specific programmes and services for adolescent (10-19 years) commercial sex workers will exist in every location where HIV prevention work is being carried out among commercial sex workers.

1.2. Transmission prevention in injecting drug users

Current situation: Injecting drug use continues to be elevated in Bucharest - over 1% (24,000 people) of the capital city population were injecting drugs in 2005 – and it has started to massively penetrate into other parts of the country: Ilfov, Timiș, Iași, Cluj, Constanța, Lugoj, Brașov. Estimates for Bucharest reveal that over 12% of users are underage and that the number of female users is significantly increasing. Drug use is associated with high risk: in 2005, more than 55% of IDU were sharing injection equipment. This resulted in very high rates of hepatitis C infection: 60 – 80% and hepatitis B: 20 - 40% of IDU. HIV transmission seems to remain at a low level: in 2006, only one HIV test of 715 done by IDU turned out positive. Although syringe exchange programmes expanded, in 2006 they reached only to 27% of the estimated IDU in Bucharest, while only 9% of them had access to methadone substitution treatment. A significant percentage of IDU engages in commercial sex in order to provide for their drug use. Besides heroin, the most recent NAA study also reveals that 1% of Bucharest population has used cocaine. Few data are available about cocaine injection, but the phenomenon is expected to burst once the addiction sets off in current users. Syringe exchange programmes were exclusively funded from external sources.

Specific objective: Prevent the outbreak of an HIV epidemic among injecting drug users and reduce HBV, HCV and other STI infection rates. Diminish injecting drug use prevalence by 10% in 2010 compared to 2005 numbers

Expected results:

A.Reduce injecting drug use-associated risks

Activities:

A1. Expand the number and capacities of syringe exchange programmes through outreach work and pharmacy participation

Indicator A1. At least 60% of injecting drug users from Bucharest, Ilfov and other 5 big cities will have access to sterile injection equipment through outreach programmes and pharmacies by 2010

A2. Integrate IDU-targeting HIV prevention programmes into national and local public programmes

Indicator A2. By 2010, the syringe exchange programmes from Bucharest, Ilfov and other 5 big cities will be financed up to 90% from national and local public sources

A3. Develop specific HIV infection harm reduction and social support programmes and services addressing adolescent (10-19 years) injecting drug users

Indicator A3. By 2010, programmes and services specific to adolescent (10-19 years) injecting drug users will be implemented in every location where IDU-targeting HIV prevention interventions are run.

A4. Provide universal access for injecting drug users to HIV, STI, hepatitis B and hepatitis C testing

Indicator A4. By 2010, systems of referral to HIV, STI and other transmissible disease testing and treatment services will be available in every location where IDU-targeting HIV/AIDS prevention interventions are run. By 2010, at least 80% of injecting drug users who have done an HIV test will know their test result.

A5. Periodic revision of legislation and implementing tools, with the participation of users or former users, to ensure an adequate setting for developing HIV infection harm reduction programmes.

Indicator A5. By 2009, national legislation and implementing tools will be consistent with European best practices and relevant WHO and UNAIDS recommendations

B.Reduce injecting drug use

Activities:

B1. Estimate the size of the injecting drug using group in the areas of intervention

Indicator B1. Annual research for the estimation, rapid assessment of the IDU number will be conducted in every intervention location

B2. Run information, education and communication campaigns to prevent the start of injecting drug use

Indicator B2. By 2009, campaigns will be run to prevent the start of injecting drug use in every location where HIV prevention interventions are carried out among IDU

B3. Develop easy-to-access and sufficient substitution treatment programmes for heroin and opiate users

Indicator B3. By 2010, at least 50% of IDU (using heroin and opiates) qualifying as according to treatment guidelines will be included in substitution programmes

B4. Correlate and coordinate work in the area of drug use prevention, associated harm reduction and addiction

treatment.

Indicator B4. By 2008, a mechanism will be place for the coordination and integrated reporting on the situation and impact of interventions arising from the current strategy and the National Anti-Drug Strategy.

1.3. MSM transmission prevention

Current situation: In Romania, no studies have been conducted regarding bisexual and homosexual orientation prevalence in men. The data available were gathered only in those few areas where interventions have been made. According to them (ACCEPT), in 2005, only 28.3% of homosexual men were using the condom with casual sex partners. The risk behaviour is also highlighted by the high rate of STI, namely 35% of those who got tested had syphilis and 54% gonorrhoea. Moreover, 1.8% of those who had got HIV tested declared their test result had come out positive. Prevention work was carried out mainly in clubs, bars and in other locations attended by MSM in: Bucharest, Braşov, Cluj, Constanţa, Craiova, Galaţi, Iaşi, and Sibiu. These actions included STI prevention counselling, HIV/STI testing recommendations and accompanying them to testing centres, psychological counselling, outreach work, information sessions and health promotion through virtual communication. Access to mainstream services is often limited because of discrimination. Over 68% of those who participated in studies declare to have been discriminated against based on their sexual orientation when they wanted to seek certain public services.

Specific objective: Reduce homosexual people's vulnerability to HIV/AIDS and sexually transmitted infections through risk behaviour changes

Expected results:

A. Create the adequate setting for programme implementation

Activities:

A1. National and local campaigns run to reduce sexual orientation-based stigma and discrimination against HIV-positive people

Indicator A1. % of adult population exposed to the messages advertised through campaigns run to reduce stigma and discrimination against homosexual people

A2. Capacity building for social and health care services to provide discrimination-free and adequate services for homosexual people

Indicator A2. By 2009, develop and introduce standards and protocols for working with homosexual people in education, health and social services.

B. Reduce gay sex-associated risks

Activities:

B1. Run outreach programmes to prevent HIV/STI in MSM

Indicator B1. By the end of 2010, outreach interventions, including those aiming at HIV/AIDS prevention in MSM, will be carried out in at least 10 counties.

B2. Promote condom use and ensure access to quality condoms

Indicator B2. By 2010, at least 60% of MSM from programme-reached locations will always use the condom with casual sex partners. Increase by 15% the rate of condom use at last sex in 2010 compared to 2008 numbers in every area of intervention

B3. Ensure access for MSM to HIV, STI and other transmissible disease testing and treatment services

Indicator B3. By 2010, systems of referral to testing and treatment services for HIV, STI and other transmissible diseases and adequate services will be available in every location where HIV/AIDS prevention interventions are implemented among MSM. By 2010, at least 90% of MSM who have done an HIV test in the last 12 months will know their test result.

Annex 2: Interview Guidelines for MARA IDU

Beneficiary code _____

| Evaluation criteria | Questions to service beneficiaries |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Introductory questions | 1. For starters, <u>please</u> introduce yourself: how old are you, where are you from? 2. For how long have you been using injecting drugs? 3. What is your last form of education? 4. Do you currently hold a job/have you ever had a job? |
| Relevance | 1. In the past year, what kind of support have you received from the organisation whose beneficiary you are? (e.g. counselling/someone to talk to about their problems, they received brochures, leaflets, hygiene and sanitary items, condoms, syringes, etc., they were assisted in getting identity papers/ID card, to go to a doctor or to another organization, HIV/HBV/HCV testing) 2. Where did you first find out about this organisation from? 3. For how long have you been the beneficiary of this organisation? 4. Why did you seek their services? 5. Were you afraid or hesitant to ask for their help? If yes, what were you afraid of? 6. Is the support you get from this organisation useful? Is it according to your needs? (e.g. counselling/someone to talk to about their problems, they received brochures, leaflets, hygiene and sanitary items, condoms, syringes, etc., they were assisted in getting identity papers/ID card, to go to a doctor or to another organization, HIV/HBV/HCV testing, referral to substitution treatment/rehab clinic) 7. In the beginning, what would you have changed about the services you were benefiting from? What would you change about these services now? 8. What else would you need from this organisation? 9. How do you appreciate service delivery conditions (facilities, equipment, etc.)? Very Good, Good, Bad, Very Bad 10. What is your opinion about the people who deliver these services to you (social worker, nurse, medical doctor, psychologist, outreach worker)? How have they been treating you? 11. Do you benefit from other services provided by other organisations? Details _____ |
| Effectiveness | 1. Has the support you receive from the organisation been useful? 2. In what way have the services received helped you? 3. How do you appreciate the quality of the services you have benefited from? (assess each service received) (e.g. counselling/someone to talk to about their problems, they received brochures, leaflets, hygiene and sanitary items, condoms, syringes, etc., they were assisted in getting identity papers/ID card, to go to a doctor or to another organization, HIV/HBV/HCV testing, psychological counselling, hospital accompaniment, child protection, social care office, etc.) <i>Very Good Good Satisfactory Unsatisfactory</i> 1 2 3 4 Justify/exemplify _____ 4. What is the most significant/biggest support you have received from the organisation? |
| Efficiency | 1. On what level do you think the services received have been helpful? o On a personal level o On the level of the other beneficiaries o On a general level 2. Within the MARA project run by the organisation, could resources (money, time, materials, equipment, human resources, etc.) have been better capitalized to your benefit as a beneficiary? YES/NO – Please argue _____ 3. Would you be willing to pay for these services? For which services and how much per month/year/meeting? |

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| Impact | <p>1. How have the services offered to you by the organisation in the MARA project changed your life?</p> <p>a. How significant are these changes (compared to your initial situation)? (e.g. now you know better where to turn to in case of need, you know better how to stay safe, you are more self-confident, you have a better knowledge of your health, you have someone to talk to when you have problems, you have easier access to (free) condoms, you use condoms more often)</p> <p>2. Do you think that unexpected changes occurred after accessing these services? o Positive side effects/for the better _____ o Negative side effects/for the worse _____</p> |
| Sustainability | <p>1. To what extent do you think the positive effects of the services that you have benefited from may be further extended/strengthened?</p> <p>2. Will you participate again as beneficiary in other projects developed by this organisation? YES/NO – Please argue _____</p> <p>3. Do you plan on sending other people in your situation to this organisation?</p> <p>4. Has the team working with you kept your confidentiality?</p> <p>5. How do you appreciate the general perception of those around you/the community about your situation as an injecting drug user?</p> |

Annex 3: Interview Guidelines for MARA FSW

Beneficiary code _____

| Evaluation criteria | Questions to service beneficiaries |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Introduction | <p>1. For starters, <u>please</u> introduce yourself: how old are you, where are you from?</p> <p>2. For how long have you been engaging in commercial sex work?</p> <p>3. What is your last form of education?</p> |
| Relevance | <ol style="list-style-type: none"> 1. Since you started working in the street, what organisations have been helping you? 2. In the past year, what kind of support have you received from the organisation whose beneficiary you are? (e.g. counselling/someone to talk to about their problems, they received brochures, leaflets, hygiene and sanitary items, condoms, syringes, etc., they were assisted in getting identity papers/ID card, to go to a doctor or to another organization, HIV/HBV/HCV testing) 3. Where did you first find out about this organisation from? 4. For how long have you been the beneficiary of this organisation? 5. Why did you seek their services? 6. Were you afraid or hesitant to ask for their help? If yes, what were you afraid of? 7. Is the support you get from this organisation useful? Is it according to your needs? (e.g. counselling/someone to talk to about their problems, they received brochures, leaflets, hygiene and sanitary items, condoms, syringes, etc., they were assisted in getting identity papers/ID card, to go to a doctor or to another organization, HIV/HBV/HCV testing, referral to substitution treatment/rehab clinic) 8. In the beginning, what would you have changed about the services you were benefiting from? What would you change about these services now? 9. What else would you need from this organisation? 10. How do you appreciate service delivery conditions (facilities, equipment, etc.)? Very Good, Good, Bad, Very Bad 11. What is your opinion about the people who deliver these services to you (social worker, nurse, medical doctor, psychologist, outreach worker)? How have they been treating you? 12. Do you benefit from other services provided by other organisations? Details _____ |
| Effectiveness | <p>1. Has the support you receive from the organisation been useful?</p> <p>2. In what way have the services received helped you?</p> <p>3. How do you appreciate the quality of the services you have benefited from? (assess each</p> |

| | |
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| | <p>service received) (e.g. counselling/someone to talk to about their problems, they received brochures, leaflets, hygiene and sanitary items, condoms, syringes, etc., they were assisted in getting identity papers/ID card, to go to a doctor or to another organization, HIV/HBV/HCV testing, psychological counselling, hospital accompaniment, child protection, social care office, etc.)</p> <p><u>Very Good Good Satisfactory Unsatisfactory</u></p> <p>1 2 3 4</p> <p>Justify/exemplify _____</p> <p>4. What is the most significant/biggest support you have received from the organisation?</p> |
| Efficiency | <p>1. On what level do you think the services received have been helpful?</p> <p>o On a personal level</p> <p>o On the level of the other beneficiaries</p> <p>o On a general level</p> <p>2. Within the MARA project run by the organisation, could resources (money, time, materials, equipment, human resources, etc.) have been better capitalized to your benefit as a beneficiary?</p> <p>YES/NO – Please argue _____</p> <p>3. Would you be willing to pay for these services? For which services and how much per month/year/meeting?</p> |
| Impact | <p>1. How have the services offered to you by the organisation in the MARA project changed your life?</p> <p>a. How significant are these changes (compared to your initial situation)?</p> <p>(e.g. now you know better where to turn to in case of need, you know better how to stay safe, you are more self-confident, you have a better knowledge of your health, you have someone to talk to when you have problems, you have easier access to (free) condoms, you use condoms more often)</p> <p>2. Do you think that unexpected changes occurred after accessing these services?</p> <p>o Positive side effects/for the better _____</p> <p>o Negative side effects/for the worse _____</p> |
| Sustainability | <p>1. To what extent do you think the positive effects of the services that you have benefited from may be further extended/strengthened?</p> <p>2. Will you participate again as beneficiary in other projects developed by this organisation?</p> <p>YES/NO – Please argue _____</p> <p>3. Do you plan on sending other people in your situation to this organisation?</p> <p>4. Has the team working with you kept your confidentiality?</p> <p>5. How do you appreciate the general perception of those around you/the community about your situation as a commercial sex worker?</p> |

Annex 4: Interview Guidelines for MARA MSM

Beneficiary code _____

| Evaluation criteria | Questions to service beneficiaries |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Introduction | <p>1. For starters, please introduce yourself: how old are you, where are you from?</p> <p>2. What is your sexual orientation?</p> <p>3. What is your last form of education?</p> <p>4. In what line of business do you work/did you work?</p> |
| Relevance | <p>1. In the past year, what kind of support have you received from the organisation whose beneficiary you are? (e.g. counselling/someone to talk to about their problems, they received brochures, leaflets, hygiene and sanitary items, condoms, syringes, etc., they were assisted in getting identity papers/ID card, to go to a doctor or to another organization, HIV/HBV/HCV testing)</p> <p>2. Where did you first find out about this organisation from?</p> <p>3. For how long have you been the beneficiary of this organisation?</p> <p>4. Why did you seek their services?</p> |

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|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------|----------------|--------------|----------------|---------------------|---|---|---|---|---------------------------|---|---|---|---|
| | <p>5. Were you afraid or hesitant to ask for their help? If yes, what were you afraid of?</p> <p>6. Is the support you get from this organisation useful? Is it according to your needs? (e.g. counselling/someone to talk to about their problems, they received brochures, leaflets, hygiene and sanitary items, condoms, syringes, etc., they were assisted in getting identity papers/ID card, to go to a doctor or to another organization, HIV/HBV/HCV testing, referral to substitution treatment/rehab clinic)</p> <p>7. In the beginning, what would you have changed about the services you were benefiting from? What would you change about these services now?</p> <p>8. What else would you need from this organisation?</p> <p>9. How do you appreciate service delivery conditions (facilities, equipment, etc.)? Very Good, Good, Bad, Very Bad</p> <p>10. What is your opinion about the people who deliver these services to you (social worker, nurse, medical doctor, psychologist, outreach worker)? How have they been treating you?</p> <p>11. Do you benefit from other services provided by other organisations? Details _____</p> | | | | | | | | | | | | | | | |
| Effectiveness | <p>1. Has the support you receive from the organisation been useful?</p> <p>2. In what way have the services received helped you?</p> <p>3. How do you appreciate the quality of the services you have benefited from? (assess each service received) (e.g. counselling/someone to talk to about their problems, they received brochures, leaflets, hygiene and sanitary items, condoms, syringes, etc., they were assisted in getting identity papers/ID card, to go to a doctor or to another organization, HIV/HBV/HCV testing, psychological counselling, hospital accompaniment, child protection, social care office, etc.) <u>Very Good Good Satisfactory Unsatisfactory</u> 1 2 3 4 Justify/exemplify _____</p> <p>4. What is the most significant/biggest support you have received from the organisation?</p> | | | | | | | | | | | | | | | |
| Efficiency | <p>1. On what level do you think the services received have been helpful?</p> <ul style="list-style-type: none"> o On a personal level o On the level of the other beneficiaries o On a general level <p>2. Within the MARA project run by the organisation, could resources (money, time, materials, equipment, human resources, etc.) have been better capitalized to your benefit as a beneficiary? YES/NO – Please argue _____</p> <p>3. Would you be willing to pay for these services? For which services and how much per month/year/meeting?</p> | | | | | | | | | | | | | | | |
| Impact | <p>1. How have the services offered to you by the organisation in the MARA project changed your life?</p> <p>a. How significant are these changes (compared to your initial situation)? (e.g. now you know better where to turn to in case of need, you know better how to stay safe, you are more self-confident, you have a better knowledge of your health, you have someone to talk to when you have problems, you have easier access to (free) condoms, you use condoms more often)</p> <p>2. How do you appreciate the overall impact of the services you received on/in your life</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">V. Good</td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Satisfactory</td> <td style="text-align: center;">Unsatisfactory</td> </tr> <tr> <td>b. Short-term _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td>c. Medium/long-term _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> </table> <p>Comments</p> <p>3. Do you think that unexpected changes occurred after accessing these services?</p> <ul style="list-style-type: none"> o Positive side effects/for the better _____ o Negative side effects/for the worse _____ | | V. Good | Good | Satisfactory | Unsatisfactory | b. Short-term _____ | 1 | 2 | 3 | 4 | c. Medium/long-term _____ | 1 | 2 | 3 | 4 |
| | V. Good | Good | Satisfactory | Unsatisfactory | | | | | | | | | | | | |
| b. Short-term _____ | 1 | 2 | 3 | 4 | | | | | | | | | | | | |
| c. Medium/long-term _____ | 1 | 2 | 3 | 4 | | | | | | | | | | | | |

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|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sustainability | <ol style="list-style-type: none"> 1. To what extent do you think the positive effects of the services that you have benefited from may be further extended/strengthened? 2. Will you participate again as beneficiary in other projects developed by this organisation? YES/NO – Please argue _____ 3. Do you plan on sending other people in your situation to this organisation? 4. Has the team working with you kept your confidentiality? 5. How do you appreciate the general perception of those around you/the community about your choice to have sex with men? |
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Annex 5: Interview Guidelines for Service Coordinators from Nongovernmental Organisations

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|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Evaluation criteria | Name of organisation _____ |
| Relevance | <ol style="list-style-type: none"> 1. For how long has your organisation been working in the social field? 2. For how long has your organisation been running services/activities addressing the specific needs of MARA as a vulnerable group? 3. What were the reasons that made you apply for such a project? 4. How relevant is the project you have developed to local realities (for your town, in the light of other services offered to MARA by NGOs/the public sector)? 5. How relevant are the services you have developed to <ul style="list-style-type: none"> o direct beneficiaries o their families o community |
| Effectiveness | <ol style="list-style-type: none"> 1. What are the MARA-specific objectives/targets that you set to achieve in this project? 2. What are the measures and services developed in order to achieve these objectives? 3. What indicators have you used to monitor the activities? 4. To what extent have project objectives been achieved? 5. Are there standards and procedures available in this area and to what extent have you applied them? 6. Describe your service delivery (whether it is appointment-based, the professionals involved, whether you use information materials, how the services are tailored to the beneficiaries' needs and profile, etc.). 7. Do you know of similar projects addressing MARA that have been developed by other organisations? If YES, is your project similar/different to the other ones? 8. How adequate are the services offered for the MARA beneficiaries' needs? 9. How do you appreciate/comment on the quality of the services developed and offered to MARA in close connection to the needs of this group of beneficiaries? 10. How have MARA services been promoted (means, frequency, etc.)? 11. How do you appreciate service delivery conditions: facilities, equipment, etc.? 12. Has the staff involved in the MARA project benefited from training courses to acquire the skills needed to work with this group? 13. What are/were the responsibilities of the staff involved in the project? 14. How do you appreciate the workload of the professionals involved in the project? 15. How is supervision and support provided to project staff? 16. How is confidentiality of project participation ensured to beneficiaries? |
| Efficiency | <ol style="list-style-type: none"> 1. How many beneficiaries do you have in this programme? _____ 2. How about in other programmes? _____ 3. For this programme, what % of the funding is covered by UNICEF? _____ 4. What is the cost/beneficiary for each service? 5. How do beneficiaries appreciate the free services? Would they be willing to pay for harm reduction services? For which services would they be willing to pay? 6. What is the staff structure of your organisation? <ul style="list-style-type: none"> o Experts _____ (psychologist, social worker, medical doctor, etc.) o Administrative staff _____ |

| | <p>o Volunteers _____</p> <p>7. What is the project expense structure in general and that related to UNICEF funding in particular?</p> <p style="text-align: center;">Total UNICEF</p> <p>o Equipment _____%_____%</p> <p>o Salaries _____%_____%</p> <p>o Administration _____%_____%</p> <p>o Services _____%_____%</p> <p>8. Did you have to make any budget adjustments after your project proposal had been accepted?</p> <p>9. Did you add/remove/change a series of activities after the start of the project?</p> | | | | | | | | | | | | | | | |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|---------|---------|---------|---------|----------------------------|---------|---------|---------|---------|
| Impact | <p>1. What results have you reached? (How many beneficiaries enrolled in the organisation have received services in the UNICEF-financed project?)</p> <p>2. Is there a beneficiary profile (age, education, place of residence, etc.)? Does this profile differ according to location?</p> <p>3. What progress have beneficiaries made (compared to their initial situation) both from</p> <p style="padding-left: 20px;">a. their perspective, and that of</p> <p style="padding-left: 20px;">b. indirect beneficiaries: family, school, etc.?</p> <p>4. How often do beneficiaries seek the services you offer through this project?</p> <p>5. How do you appreciate the overall impact on beneficiaries?</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="border-bottom: 1px solid black;"></th> <th style="border-bottom: 1px solid black; text-align: center;"><i>V.Good</i></th> <th style="border-bottom: 1px solid black; text-align: center;"><i>Good</i></th> <th style="border-bottom: 1px solid black; text-align: center;"><i>Satisfactory</i></th> <th style="border-bottom: 1px solid black; text-align: center;"><i>Unsatisfactory</i></th> </tr> </thead> <tbody> <tr> <td style="padding-left: 20px;">a. Short-term _____</td> <td style="text-align: center;">1 _____</td> <td style="text-align: center;">2 _____</td> <td style="text-align: center;">3 _____</td> <td style="text-align: center;">4 _____</td> </tr> <tr> <td style="padding-left: 20px;">b. Medium/ Long-term _____</td> <td style="text-align: center;">1 _____</td> <td style="text-align: center;">2 _____</td> <td style="text-align: center;">3 _____</td> <td style="text-align: center;">4 _____</td> </tr> </tbody> </table> <p>Comments</p> <p>6. What unpredicted impact has taken place as a result of project implementation?</p> <p style="padding-left: 20px;">o Positive side effects _____</p> <p style="padding-left: 20px;">o Negative side effects _____</p> <p>7. What were the main (predictable and unpredictable) difficulties that you had to face and how did you address them?</p> <p>8. In what way have you noticed that MARA harm reduction projects are different than other projects targeting adults implemented by your organisation?</p> | | <i>V.Good</i> | <i>Good</i> | <i>Satisfactory</i> | <i>Unsatisfactory</i> | a. Short-term _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | b. Medium/ Long-term _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ |
| | <i>V.Good</i> | <i>Good</i> | <i>Satisfactory</i> | <i>Unsatisfactory</i> | | | | | | | | | | | | |
| a. Short-term _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | | | | | | | | | | | | |
| b. Medium/ Long-term _____ | 1 _____ | 2 _____ | 3 _____ | 4 _____ | | | | | | | | | | | | |
| Sustainability | <p>1. To what extent could the services developed in the project be further extended/strengthened?</p> <p>2. To what extent is financial sustainability ensured for the project in the short and medium term after the end of funding (from UNICEF and other sources)?</p> <p>3. If you think that the project is NOT SUSTAINABLE or difficult to sustain, what are the subsequent (negative) effects (for beneficiaries/community and for the organisation)?</p> <p>4. If you think that the project is SUSTAINABLE, what are the subsequent (positive) effects (for beneficiaries/community and for the organisation)?</p> <p>5. To what extent have local authorities (as well as the community, including companies) “endorsed”/taken over or are interested in taking over the services developed?</p> <p>6. What should be changed in MARA projects to make them sustainable?</p> | | | | | | | | | | | | | | | |
| Replicability | <p>1. What are, in your opinion, the strengths/achievements of the MARA project?</p> <p>2. What are the weaknesses of this project?</p> <p>3. To what extent do you think this project may be replicated/implemented in other locations/towns as well?</p> <p>4. If replicated, what (problem-raising) issues would require increased attention</p> <p style="padding-left: 20px;">- in the beginning _____</p> <p style="padding-left: 20px;">- throughout implementation _____</p> <p>5. What should change in project design or implementation to prevent undesired effects?</p> <p style="padding-left: 20px;">- in the design/organisation _____</p> <p style="padding-left: 20px;">- in the implementation _____</p> | | | | | | | | | | | | | | | |