

Centre of Social Services for Families, Children and Youth

Service for Children

Medical institutions

**AN ANALYSIS OF THE PROJECT
STAKEHOLDERS, MAPPING AND CAPACITY
ASSESSMENT OF SERVICE PROVIDERS
WORKING WITH
MOST-AT-RISK CHILDREN
AND ADOLESCENTS
(case studies of selected cities)**

Civil Society Organizations

International Organizations

MARA

Charity Organizations

Decision-makers

Criminal Police for Minors

Youth Friendly Clinic

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AND ADOLESCENTS
(case studies of selected cities)**

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INTRODUCTION

The capacity assessment and analysis of stakeholders is one of the components of the «**HIV Prevention among Most-at-Risk Adolescents**» Project, that is being implemented by the Ukrainian Institute for Social Research after Olexander Yaremenko, with technical support of the United Nations Children's Fund (UNICEF) in Ukraine.

The analysis of stakeholders is part of the analysis model of assessing the situation of HIV prevention among Most-at-Risk Adolescents (MARA) within the scope of the UNICEF Project. As a part of the research, it provides the joint structure of the project with the characteristics of the main stakeholders that provide services or are responsible for making decisions in the sphere of HIV/AIDS prevention among MARA.

This research can be compared with a similar analysis of stakeholders, which was carried out by the Ukrainian Institute for Social Research after Olexander Yaremenko in Donetsk, Kyiv and Mykolaiv in 2008 within the scope of «HIV Prevention among Most-at-Risk Adolescents (MARA) in Ukraine and South-Eastern Europe» Project (2007–2009).

This analysis also contains information on the results of the research in Mariupol and Odessa – these cities participated in the research of stakeholders for the first time.

The main goal of this analysis is to assess the stakeholders, while singling out specific aspects that relate to the provision of services to most-at-risk adolescents and conduct mapping of services. It also identifies changes that took place during the last four years in regard to competence and possibilities of stakeholders in the cities of the project.

Analysis focuses on changes in three cities since 2008 – in Donetsk, Mykolaiv and Kyiv and on capacities of Odessa and Mariupol. It does not include analysis of the capacities of governmental organizations, which provide or are ready to provide services to adolescents, including most-at-risk adolescents, due to the social sector reform in 2010–2011. Main focus of the analysis is on service providers among non-governmental organizations.

Stakeholders are understood to be entities that provide or plan to provide (directly or indirectly) services to most-at-risk adolescents (MARA)

Most-at-risk adolescents (MARA) are children and adolescents who are most exposed to risk of contracting HIV infection due to their behaviour¹:

- Boys and girls who use drugs by injection and use non-sterile instruments for injections

¹ According to UNICEF definition (2006): *UNICEF Central Eastern Europe and Commonwealth of Independent States. Guidance on Programming to prevent HIV in most at-risk adolescents, Second draft, May 2006.*

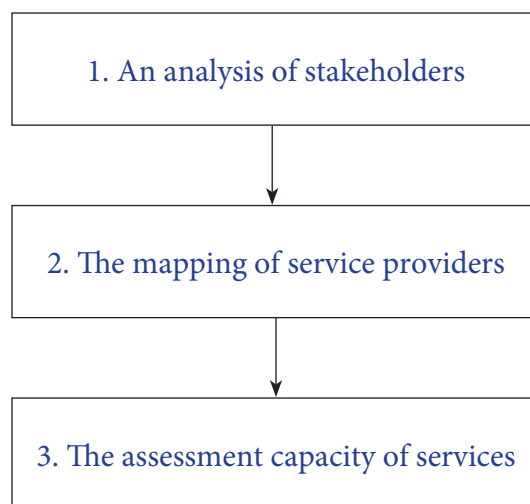
- Boys and girls who have unprotected sexual contacts due to sex exploitation and also those who have become a victim of human trafficking and have unprotected (forcible) sex for remuneration
- Boys who have unprotected anal sex with men
- Boys who have unprotected sex with female sex workers

Also MARA representatives can be found among the following groups:

- Children and adolescents who live and work on the street
- Children and adolescents who systematically do not attend educational institutions (do not study and do not work)
- Children and adolescents who have been brought up in state residential institutions
- Children and adolescents who stay at shelters
- Children and adolescents who are kept at/have been released from places of deprivation of liberty
- Children and adolescents who live in dysfunctional families
- Children and adolescents who use drugs by injection
- Children and adolescents who have sexually transmitted infections
- Girls and young women who are forced into provision of commercial sex services
- Children and adolescents who are orphans due to HIV and who live with HIV

For this analysis, a research group of *UISR after Olexander Yaremenko* developed innovative instruments based on international models and experience in conducting similar studies concerning the provision of preventive services in the context of HIV/AIDS. For this reason the applied methodology is new in Ukraine.

Three separate, yet inter-related components were carried out within the scope of the project:



The analysis of stakeholders included the collection of information and data from many sources. This was done in the following order:

1. Preparation of a list of stakeholders in a selected city of the research
2. Analysis of the service providers' internal documentation

3. Collection and analysis of qualitative primary data, obtained as a result of focus group interviews, meetings and dialogues with key stakeholders.
4. Collection of data (assessment of competence and opportunities) by conducting semi-structured interviews with potential service providers to MARA.

The research was carried out in two main stages: during the first stage, focus groups were held with stakeholders in each cities involved in the survey. During the second stage, organisations that directly provided services to MARA were surveyed.

During the focus groups, an analysis of stakeholders was carried out under the following directions:

1. Preparation of a complete list of stakeholders in each city of the project (mapping)
2. Discussion of stakeholder functions
3. Discussion of resources (available and necessary ones)
4. Discussion of stakeholder interests
5. Discussion of the importance and impact of stakeholders
6. Relationships between stakeholders and the dynamics of these relationships
7. Discussion of strengths and weakness, opportunities and risks for stakeholders
8. Preparation of a short list of organisations that provide or plan to provide services to MARA for the next stage of the research, which is assessment of capacity of services

Within the scope of the analysis a participant-oriented approach was applied. This was chosen because it:

- Is necessary for the sustainable development of stakeholders
- Facilitates and increases their sense of responsibility
- Provides information for stakeholders about their strengths and weakness, opportunities and risks, etc

Such an approach allowed us to take into account, the opinions of all stakeholders, including most-at-risk adolescents (MARA). It also helped to improve awareness of HIV prevention among MARAs, and provided an opportunity to exchange information and establish contacts between stakeholders.

1. CHARACTERISTICS OF STAKEHOLDERS

1.1. List of stakeholders

In general, the list of stakeholders included MARA, local legislative bodies of authority (responsible for decision-making), local executive bodies of authority (responsible for fulfilment of decisions), and service providers (governmental and non-governmental organisations).

Group	List of defined stakeholders ²	City
Responsible for making and implementing decisions (at the city council and city administration)	<ul style="list-style-type: none"> • Deputy corps (including permanent operating commissions); • Executive bodies: <ul style="list-style-type: none"> – Administration for Families, Youth and Sports – Healthcare Administration – Education Administration – Department of Internal Affairs – City (Oblast, Regional) Coordination Council for Fighting HIV/AIDS 	Donetsk, Kyiv, Mariupol, Mykolaiv, Odessa
	<ul style="list-style-type: none"> – Social Protection Administration 	Kyiv, Mariupol, Mykolaiv, Odessa
	<ul style="list-style-type: none"> – Culture and Tourism Administration 	Donetsk
	<ul style="list-style-type: none"> – Department for Humanitarian Issues 	Mariupol
Service providers (governmental organisations)	<p>Governmental organisations and services:</p> <ul style="list-style-type: none"> • City and Regional Centres of Social Services for Families, Children and Youth; • Criminal Police for Minors (city and regional level); • City Service for Children; • Social and educational institutions: residential institutions for orphans and children, deprived of parental care, city shelters, Centres of Social and Psychological Rehabilitation of Children, Social Dormitory for Orphans, Centre of Re-integration of Youth, Child Centre, educational institutions (school, vocational schools, technical school) and others; • City and Oblast Centres for Prevention and Fighting AIDS • Medical institutions (polyclinics, hospitals, maternal welfare centres etc) 	Donetsk, Kyiv, Mariupol, Mykolaiv, Odessa
	<ul style="list-style-type: none"> • The pre-trial detention centre • Criminal-executive inspection 	Mariupol
	<ul style="list-style-type: none"> • Youth-friendly clinic • City Health Centre 	Donetsk, Kyiv
	<ul style="list-style-type: none"> • Narcological dispensary 	Donetsk, Kyiv,
	<ul style="list-style-type: none"> • Skin and Venereologic Dispensary 	Mariupol, Odessa
	<ul style="list-style-type: none"> • Centre of Re-socialization of Drug-dependent Youth 	Donetsk, Mariupol

² The list was defined directly by the participants of the focus groups

Continuation of the Table

Group	List of defined stakeholders ²	City
International organisations	<ul style="list-style-type: none"> • United Nations Children's Fund (UNICEF) Office in Ukraine; • ICF International HIV/AIDS Alliance in Ukraine 	Donetsk, Kyiv, Mariupol, Odessa
	<ul style="list-style-type: none"> • Red Cross • Christian Mission «Svit-New» 	Mariupol
Most-at-risk adolescents	<ul style="list-style-type: none"> • Children/adolescents – IDUs; • Children/adolescents-FSWs; • Children/adolescents-MSM; • Street children/adolescents; • Children/adolescents with HIV; • Incarcerated children/adolescents; • Children/adolescents, incarcerated in the past 	Donetsk, Kyiv, Mariupol, Mykolaiv, Odessa

Number of service providers (non-governmental organizations) in the city

	Service providers (non-governmental organizations)	Private organizations (possible sponsors, donors)
Donetsk	7	2
Kyiv	23	0
Mariupol	8	1
Mykolaiv	11	0
Odessa	14	0

The list of the main stakeholders involved in provision of services to MARA did not really change in Donetsk, Kyiv and Mykolaiv, compared to 2008. Some changes took place among the non-governmental organisations since this sector is mobile.

The AIDS Centre, a health centre, a narcological dispensary and a skin and venerological dispensary were added to the list of governmental service providers in Donetsk. These entities operated in 2008 too but at that time participants did not mention them. The following entities were additionally mentioned among state institutions in Mykolaiv: an anti-tuberculosis dispensary; an oblast skin and venerological dispensary; maternal welfare centres.

Participants of focus groups in these cities noted that, by far, not all the organisations which provide services for MARA came to the focus groups and that the participants did not have complete information. This leads to the conclusion that there is no coordination between the work of such organisations, or at least that there is no such work on the part of governmental service providers. The participants primarily mentioned those organisations, which they represent.

Governmental service providers

Organisation Name	Target group													
	IDUs		FSWs		MSM		Street children		HIV-positive		Incarcerated		In the past	
	under 18	over 18	under 18	over 18	under 18	over 18	under 18	over 18	under 18	over 18	under 18	over 18	under 18	over 18
Centres of Social Services for Families, Children and Youth	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Centres for Prevention and Fighting AIDS	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Youth-friendly Clinics	+	+	+	+	+	+	+	+	+	+	-	+	+	+
Centres of Re-socialization of Drug-dependent Youth (from 14 years of age)	+	+	-	-	-	-	-	-	-	-	-	-	-	-
Health Centre	+	+	+	+	+	+	+	+	+	+	-	-	-	-
Narcological dispensary / hospital	+	+	+	+	+	+	+	+	+	+	-	-	+	+
Skin and venereologic dispensary	+	+	+	+	+	+	+	+	+	+	-	-	+	+
General education school for children with deviant behaviour;	+	-	+	-	-	-	+	+	+	+	-	-	-	-
Education Administration;	+	-	-	-	-	-	+	+	+	+	-	-	-	-
Oblast (City) Criminal Police for Minors;	+	-	-	-	+	-	+	+	-	-	+	-	-	-
Oblast (City, Regional) Service for Children;	+	-	-	-	-	-	+	+	+	+	-	-	-	-
Centre of Social and Psychological Rehabilitation;	+	+	+	+	-	-	+	+	-	-	-	-	-	-
Oblast Children's Hospital;	+	-	-	-	-	-	-	-	-	-	-	-	-	-
Anti-tuberculosis Dispensary	+	+	+	+	-	-	+	+	-	-	-	-	-	-
Oblast (City) Criminal Police for Minors	-	-	+	-	-	-	-	-	-	-	-	-	+	-
Oblast (City) Service for Children;	-	-	+	-	+	-	-	-	-	-	-	-	+	-
Maternal welfare centres	-	-	+	-	-	-	-	-	-	-	-	-	-	-
Centre of re-integration of youth	-	-	-	-	-	-	+	+	+	+	-	-	-	-

Non-governmental service providers

This table shows a number of non-governmental organisations that work in each city covered by the research (according to the results of focus groups with stakeholders).

City	Target group													
	IDUs		FSWs		MSM		Street children		HIV-positive		Incarcerated			
	under 18	over 18	under 18	over 18	under 18	over 18	under 18	over 18	under 18	over 18	under 18	over 18	In the past	
													under 18	over 18
Donetsk	4	2	1	1	1	1	2	2	–	1	–	–	–	–
Odessa	4	8	–	6	1	2	3	3	7	10	2	3	–	2
Mykolaiv	1	5	2	2	–	–	2	–	4	4	–	1	1	1
Kyiv	10	12	3	7	1	1	7	7	16	14	1	3	1	3
Mariupol	1	3	–	2	2	3	3	2	6	7	2	2	2	4

Participants in the focus groups who represented the state sector in Odessa did not divide the target groups among stakeholders and indicated that the services are provided to everyone who is referred to them.

There is poor or no coordination between governmental organisations, or between non-governmental and governmental institutions in the cities where focus groups were conducted. Participants from our focus groups had practically no information about who works with each MARA target category. It is therefore impossible to draw any real conclusions about the coverage of services for the MARA target group, or the services that they have access too. However, based on our research, MARA groups are almost never covered by the non-governmental sector. In some cities they are not covered by this sector at all.

1.2 Stakeholder functions

Stakeholder functions, those which were mentioned during the focus groups with stakeholders, are provided below.

Most-at-risk adolescents:

- Dissemination of information among their acquaintances and friends
- Knowledge about ways of HIV transmission and means of its prevention
- Visiting places and offering help
- The provision of information about places for help
- Working as a volunteer, including also in the process of conducting various campaigns and events and according to the principle ‘peer-to-peer’.

Participants in Mariupol indicated that MARA are also involved in the development, planning and assessment of services. In Odessa, unfortunately, possible functions of MARA were not mentioned and this demonstrates insufficient involvement of clients into the process of planning and provision of services.

Local representative bodies:

- Carry out legislative initiatives and adoption of legislative decisions and acts in the sphere of HIV/AIDS, aimed at MARA
- Work with executive bodies
- Support various measures
- Facilitate implementation of state policy in the sphere of social protection of population, develop healthcare, family, motherhood and childhood spheres according to the current legislation (Odessa)
- Provide proposals on carrying out anti-epidemiological measures (Odessa)
- Facilitate social establishment and development of youth, organisation of health-improvement measures, recreation for youth, development of sports sphere (Odessa)
- Cooperation with charity and public organisations (Odessa)

Local executive bodies of authority:

- Initiatives regarding improvement of state programmes in the sphere of HIV/AIDS
- The implementation of social policies
- Organising meetings with participation of different structures for making decisions and coordination
- Initiatives regarding financing programmes, devoted to MARA (in Mykolaiv, it was noted that this function is not carried out)
- Monitoring and assessment of fulfilment of programmes
- Social assistance (Mariupol)
- HIV/AIDS prevention (Mariupol)
- Promotion of healthy lifestyle (Mariupol)
- Provision of staff employees for working in institutions of the oblast (Odessa)
- Introduction of 'friendly services' in healthcare institutions (Odessa)

For several years, not a single local regulatory document regarding MARA problems has been adopted in Donetsk or Mykolaiv, while two programmes containing measures, aimed at MARA were adopted in Kyiv.

Criminal Police for Minors:

- Revealing delinquents among MARA
- Removing MARA from the street, putting them on record, placement into institutions
- Preventive work with MARA
- Search for children (raids) who left their families themselves or specialised educational institutions, bringing them to their legal representatives (Odessa)
- Referral to NGOs and social services (Odessa). Positive experience of Odessa is close cooperation of NGOs and criminal police

Service for Children:

- Informing MARA about ways of transmission and prevention of sexually transmitted infections
- Informing MARA about harm, related with risky behaviour
- Work with the family, including removal the child from their family
- Keeping children on record and their placement into residential institutions (Mariupol)

Centre of Social Services for Families, Children and Youth:

- Information services
- Services on HIV/AIDS prevention
- Social and psychological services
- Social and medical services
- Legal services
- Development and implementation of a referral system
- Social support for families in vulnerable circumstances (Mariupol)
- Trainings for parents and preventive work in summer camps (Kyiv)

Social and educational institutions:

- Protecting and creating safe conditions for MARA to live
- Informing about harmful habits, ways of HIV transmission and means of HIV prevention

Centre for Preventing and Fighting AIDS:

- Informing MARA about HIV
- HIV/AIDS prevention among MARA
- Social and psychological services
- Social and medical services
- Preventive medical examination of HIV-positive persons (Donetsk)
- Medical and social supervision of 'street children' (without documents and from another town) (Kyiv)

Medical institutions:

- Providing information about the risk of harmful habits, ways of HIV transmission and prevention
- Preventive programmes, forming healthy lifestyles etc
- Medical examination and provision of medical services to MARA

- Testing for HIV (Odessa)
- The provision of a friendly approach to healthcare by providing free counselling assistance to youth in regard to contraception, mental health and general medical issues (Odessa)
- Treatment of sexually transmitted infections, HIV/AIDS, prevention of drug use (Odessa)

Youth Friendly Clinics usually provide medical services taking into account different risky behavioural practices and their impact on health of MARA. Other medical institutions do not take them into account due to lack of focus on MARA, absence of relevant staff and informational materials.

Non-governmental organisations:

Participants in the focus groups in Donetsk, Kyiv and Mykolaiv noted that NGOs provide a broad range of services in the sphere of HIV/AIDS prevention and MARA rehabilitation.

In Odessa, the respondents mentioned the following functions:

- The provision of a broad range of psychological, legal, outreach, social and economic services, social supervision, counselling, educational and developmental (art therapy) programmes
- In certain organisations (for example, Caritas-Odessa and Odessa Charitable Foundation «Doroga do domu» (Path to Home) – provision of medical services
- Cooperation with governmental service providers, carrying out referral services, VCT (for example, cooperation of «Mobile Patrol» and AIDS Centre)
- Advocacy of work with adolescents, including MARA, and of HIV prevention programs.

The functions, mentioned by respondents in Mariupol, are somewhat different

- Charitable activity
- Preventive activity
- Assisting and supporting MARA, changing their behaviour for a safer one
- Comprehensive support, including financial one
- Educational work

It is a characteristic of all cities that participants in the focus groups are unaware of or insufficiently aware of the functions of other organisations (not their own one) and they rarely mentioned or defined the functions of other organisations/structures.

1.3. Interests of stakeholders

	Personal	Functional	Social significance	Professional
MARA	<ul style="list-style-type: none"> – Health – Safety – Full-fledged life under 'normal conditions' (Donetsk, Kyiv, Mariupol) – Work – Availability of documents – Relationships with opposite gender 	<ul style="list-style-type: none"> – Receipt of quality services (information, everyday needs, preventive services) (Donetsk, Kyiv, Mariupol) – Training regarding 'how not to live at home in order not to be persecuted' – Rehabilitation – Socialization – Registration of documents – Medical care – Psychological support – Legal supervision (Kyiv). 	Not indicated	Not indicated
Local representative bodies	<ul style="list-style-type: none"> – Involvement of the electorate for electing for a new term – Public relations – Material interests – Career growth – Lobbying of interests of deputy groups (Donetsk, Kyiv, Mariupol); – Personal involvement in regard to the fate of children (Mariupol); 	<ul style="list-style-type: none"> – Desire to improve the situation in the country, including in the sphere of HIV prevention among MARA (Donetsk, Kyiv, Mariupol); – Implementation of state programmes (Mariupol). 	<ul style="list-style-type: none"> – Support of the structure and social mechanism – Retention and distribution of authority (Donetsk, Kyiv, Mariupol); – Covering MARA with programmes (Mariupol); 	Not indicated
Local executive bodies of authority	<ul style="list-style-type: none"> – Possibility of career growth – Material interest – Satisfaction of one's need for exercising power (Donetsk, Kyiv, Mykolaiv); 	<ul style="list-style-type: none"> – Exercising control over development and fulfilment of measures, aimed at improvement of life of MARA (Donetsk, Kyiv, Mariupol). 	<ul style="list-style-type: none"> – Support of the structure and social mechanism (Donetsk, Kyiv) – Improvement of social indicators, including the ones regarding HIV/AIDS (Mariupol); 	<ul style="list-style-type: none"> – Fulfilment of one's professional duties – Professional growth (Donetsk, Kyiv, Mykolaiv) – Fighting for spheres of influence (Kyiv)
City and Regional Centres of Social Services for Families, Children and Youth	<ul style="list-style-type: none"> – Personal development – Desire to help MARA – Avoiding criticism of governing bodies (Donetsk, Kyiv, Mykolaiv) 	<ul style="list-style-type: none"> – Improvement of the situation in every region (Donetsk, Kyiv) – Good-quality fulfilment of one's own functions, fulfilment of decisions of public authorities (Mariupol) 	Not indicated	<ul style="list-style-type: none"> – Increasing financing for every separate direction of work – Interest in effective work and real reporting – Development of sphere of services (Donetsk, Kyiv)

	Personal	Functional	Social significance	Professional
Centre for Prevention and Fighting AIDS	<ul style="list-style-type: none"> – Personal development – Desire to help MARA – Material interest (Kyiv, Donetsk, Mykolaiv); – Material interest (Mariupol); 	<ul style="list-style-type: none"> – Implementation of effective prevention and improvement of the situation for adolescents with HIV-infection (Kyiv, Donetsk, Mykolaiv); – Duties regarding social protection of children (Mariupol) 	<ul style="list-style-type: none"> – Decreasing the level of morbidity (Mariupol). 	<ul style="list-style-type: none"> – Fulfilment of one's professional duties – Professional growth (Kyiv, Donetsk, Mykolaiv);
Service for Children	<ul style="list-style-type: none"> – Career growth – Desire to help MARA – Avoiding criticism of governing bodies (Kyiv, Donetsk, Mykolaiv); 	<ul style="list-style-type: none"> – Improvement of the situation in every region (Kyiv, Donetsk, Mykolaiv); 	Not indicated	Not indicated
Criminal Police for Minors, Service for Children	<ul style="list-style-type: none"> – Personal development – Desire to help MARA (Kyiv, Donetsk, Mykolaiv) 	<ul style="list-style-type: none"> – Creation of conditions of safety and protection for living of MARA – Forming MARA educational skills (Kyiv, Donetsk, Mykolaiv) 	Not indicated	<ul style="list-style-type: none"> – Removal of MARA from the street – Decreasing the criminal situation, including the situation with MARA (Kyiv, Donetsk, Mykolaiv);
Social and educational institutions	<ul style="list-style-type: none"> – Personal development – Desire to help MARA (Kyiv, Donetsk, Mykolaiv) 	<ul style="list-style-type: none"> – Effective medical care for MARA – Improvement in regard to coverage of MARA in every district (Kyiv, Donetsk, Mykolaiv) 	Not indicated	<ul style="list-style-type: none"> – Increasing financing – Fulfilment of one's official duties (Kyiv, Donetsk, Mykolaiv)
Medical institutions	<ul style="list-style-type: none"> – Personal development – Desire to help MARA – Moral satisfaction (Kyiv, Donetsk, Mykolaiv) – Material interest (Kyiv, Mykolaiv) 	<ul style="list-style-type: none"> – Formation of MARA educational skills (Kyiv, Donetsk, Mykolaiv) – Effective medical care for MARA – Improvement in regard to coverage of MARA in every district (Kyiv, Donetsk, Mykolaiv) 	Not indicated	<ul style="list-style-type: none"> – Increasing financing of certain medical services (Kyiv, Donetsk, Mykolaiv) – Need for educational programmes (new interests – Kyiv, Donetsk)
Non-governmental organisations	<ul style="list-style-type: none"> – Self-fulfilment – Following one's enthusiasm (Kyiv, Donetsk, Mykolaiv, Mariupol) – Material interest – Moral satisfaction (Kyiv, Mykolaiv, Mariupol). 	<ul style="list-style-type: none"> – Improvement of the situation and resolving specific problems of most-at-risk children and adolescents (Kyiv, Donetsk, Mykolaiv, Mariupol); 	Not indicated	<ul style="list-style-type: none"> – Satisfaction of client's needs – Drawing attention to the organization – Involving new partners, employees and donors into the organization – Receipt of targeted financing for provision of services to MARA – Successful fulfilment of one's professional duties – For religious organisations – promotion of religious values (Kyiv, Donetsk, Mykolaiv, Mariupol);

	Personal	Functional	Social significance	Professional
Private organisations	<ul style="list-style-type: none"> – Private provision of help (Kyiv) 	<ul style="list-style-type: none"> – Public relations – Decreasing tax burden due to financing of social sphere (Kyiv) 	Not indicated	Not indicated
International organisations	Not indicated	Not indicated	<ul style="list-style-type: none"> – Resolving HIV/AIDS issues in Ukraine – Facilitation of development of state programme on HIV/AIDS prevention – Facilitation of development of licensing for working with MARA (Kyiv, Donetsk) 	Not indicated

The situation regarding the interests of stakeholders is similar to the situation regarding their functions: the participants were confused about interests of stakeholders and could not determine which of their interests prevail and only few participants indicated interests of stakeholders. For the most part, only those interests, which were indicated in the forms, were confirmed by the participants of the focus groups.

There are conflicts between the personal, professional interests and interests of social significance and in this case advocacy work must be aimed at bringing these interests closer to each other.

1.4. The importance and influence of stakeholders

Influence is the negative and positive power of impact a stakeholder has on development and improvement of work with MARA. This includes exercising control over key decisions. Usually, influence is determined by economic, social and political factors.

Importance is import to understanding how much each stakeholder wants to resolve a particular problem, and to what extent this problem concerns the stakeholder. The level of importance is determined by a stakeholder’s ability and readiness to provide certain resources.

Governmental and non-governmental service providers have the highest indicators in this regard: from 4 to 5 points both for influence and importance. They are followed by executive bodies of authority: 3–4 points – influence, 2–4 points – importance. It is important to note that there is a big difference in the assessment of influence and importance of MARA between different cities: the figures are so different that it is impossible to determine some general trend. In some cases, respondents indicate low influence and high importance of MARA, while the situation is the opposite in other cases.

1.5. Strengths, weaknesses, opportunities and risks of stakeholders

When working with MARA, it is important to take into account such aspects of analysis of stakeholders as their strengths and weaknesses, opportunities and risks that directly impact actions of service providers.

In Kyiv, Donetsk and Mykolaiv, the strengths and weaknesses did not primarily change, compared to 2008. The following are exceptions:

Strengths

	Governmental service providers	Non-governmental service providers
Structural	<ul style="list-style-type: none"> • Opportunity of official institutional influence on other structures; sophisticated network in terms of representation and of different kinds of activity • Receive and manage sustainable budget financing 	<ul style="list-style-type: none"> • Flexibility; opportunity to quickly change types of activity; opportunity to include new priority groups into provision of services • Opportunity to work as a social worker without having a specialized education • More trust and openness on the part of MARA because non-governmental organisations do not apply enforced actions in regard to them; flexibility; lack of bureaucracy

Continuation of the Table

	Governmental service providers	Non-governmental service providers
<i>Institutional</i>	<ul style="list-style-type: none"> • Influence, supported by institutional legitimate norms; opportunity to invite representatives of any structures 	<ul style="list-style-type: none"> • Lack of censorship, opportunity for the public to become acquainted with actual results of work with the help of dissemination of information in mass media
<i>Professional</i>	<ul style="list-style-type: none"> • Combining theory and practice of social work, scientific basis of the work • Certification of specialists; opening of youth-friendly clinics • Increasing the number of staff social workers due to the social initiative of the President • Training of specialists at the expense of the budget; • No turnover of staff; • High level of methodological provision; • Professionalism; • Trained specialists 	<ul style="list-style-type: none"> • Opportunity to engage more professional specialists, including former MARA (life experience + professional competence) • Experience; • Knowledge of work 'from the inside'; • Ability to transform oneself in regard to the new experience and use foreign experience; • Opportunity to easily establish partner and donor relationships
<i>Material and technical</i>	<ul style="list-style-type: none"> • Provision of methodological literature; sufficient information base • Availability of clientele 	<ul style="list-style-type: none"> • Availability of clientele, • Availability of territorial base (for example, community centre)
<i>Regulatory</i>	<ul style="list-style-type: none"> • Have the right to provide services according to clear regulatory framework 	–
<i>Personal</i>	<ul style="list-style-type: none"> • Work experience; • Optimism; • Humanity 	<ul style="list-style-type: none"> • Enthusiasm; personal interest; self-starter • Optimism; • Operational efficiency; employees' altruism

Weaknesses

Governmental service providers	Non-governmental service providers
<ul style="list-style-type: none"> • Non-positive perception of authority; attitude to bureaucrats • Limited by legislative framework • Lack of professionals, experience and additional training in terms of direct work with MARA • Lack of material resources, including financial resources for transportation needs and provision of targeted social support; insufficient financing • The necessity of working with a large number of documents • dominance of bureaucracy in the state sector: stakeholders have to work within the limits of their job descriptions; insufficient remuneration for employee's work • A lack of material incentives for employees while having a great amount of work to do • A lack of priority for MARA social problems on the state level • Mandatory inspection before provision of services, which decreases mobility of provision of support to the child 	<ul style="list-style-type: none"> • Barriers to cooperation with state structures due to lack of any unified standards of activity; non-governmental organizations' efforts are not always active • A lack of financial stability, dependence on the Global Fund and other donors • The shaky legal and material status of NGOs, activity of non-governmental organizations is not always legitimate • High frequency of burnout syndrome in employees, especially outreach employees • Authority of specialists are narrower than the one of specialists of state structures (in particular, legal authority) • A lack of state support programmes for NGOs; lack of the system of real contracting of social services, legal obstacles (NGOs are not guardians, legal representatives), state structures perceive NGOs as competitors, a lack of forms of informing due to high cost of social advertisement

Opportunities

	Governmental structures	Non-governmental structures
Personal	–	– Opportunities regarding the increased efficiency of work due to increasing motivation of employees
Structural and institutional	<ul style="list-style-type: none"> – Civil servants are representatives of non-governmental organisations and that allows to view MARA problems from different sides; – Creation of regional coordination councils on the level of towns and villages; – Increasing steady financing; – Support and protection on the part of the state 	–
Regulatory	<ul style="list-style-type: none"> – Effective use of legitimate levers of impact on work with MARA – Possibility to bring a person or entity to an account; – Authority regarding actions concerning the child; – The right to coordinate activity 	–
Functional	<ul style="list-style-type: none"> – Availability of informative materials – Methodological provision 	<ul style="list-style-type: none"> – Teach financial literacy and skills for managing resources, which MARA have available – Opportunity to provide humanitarian aid, temporary housing (NGOs provide MARA with the following material support: food products, clothes, other material resources) – Provision of pharmaceutical drugs to HIV-positive MARA – Access to target groups – Cooperation with state structures – VCT teams are created and trained
New opportunities	<ul style="list-style-type: none"> – Increasing the number of staff of Regional and City Centres of Social Services for Families, Children and Youth (Centres of SSFCY) – The provision of services on a higher quality level 	– More flexible requirements on the part of donors regarding methodological approach to provision of services
Professional	<ul style="list-style-type: none"> – Organization of preventive measures in the oblast – Organization of campaigns, conducting round tables, seminars, involvement of volunteers – Social supervision, provision of psychological and legal assistance. – Counselling and testing on HIV – Social support of HIV-positive children and youth – Social-preventive work, aimed at prevention of delinquencies and socially dangerous diseases, forming skills of healthy lifestyle 	<ul style="list-style-type: none"> – Opportunity to provide targeted assistance – Opportunity to implement innovations in work with MARA – Opportunity to have trust-based relations with MARA to increase clientele opportunity to apply 'peer-to-peer' principle – Opportunity to test new programmes, services, models (for example, art therapy)

For the most part, the same opportunities remained in the cities, which were studied in 2008. In 2012, several new opportunities appeared, such as higher quality services, and increased

number of staff at Regional and City Centres of SSFYS (for governmental structures), and more flexible requirements on the part of donors in regard to methodological approach to provision of services (for NGOs).

Risks

	Governmental structures	Non-governmental structures
Material and technical	<ul style="list-style-type: none"> – A lack of support on the level of business structures. <p>It was noted that the situation did not change.</p>	–
Regulatory	<ul style="list-style-type: none"> – Non-compliance of the regulatory framework with the needs for provision of services, age obstacles. <p>The situation did not change.</p>	–
Social and cultural	<ul style="list-style-type: none"> – Lack of social initiative, non-recognition of the threat of HIV/AIDS on the social level – Stigmatization and discrimination of MARA and people living with HIV – Target group's lack of information regarding service providers. <p>The situation improved to some extent.</p>	<ul style="list-style-type: none"> – Turnover of directors – Personal interests for making decisions in the organization. <p>The situation did not change.</p>
Institutional	–	<ul style="list-style-type: none"> – In particular, religious organisations cannot introduce their programmes in schools. <p>The situation did not change.</p>
Structural	<ul style="list-style-type: none"> – A lack of strategies on the state level for working with MARA, including in the sphere of HIV/AIDS prevention – Support of MARA as users of drugs and alcohol – Constant turnover of directors. <p>It was noted that the situation did not change.</p>	<ul style="list-style-type: none"> – Lack of standardization, contracting of social services – Subordination to donors – Turnover of directors – Personal interests for making decisions in the organization – Limited financial, human resources and other resources in NGOs in towns (therefore, it is impossible for small NGOs to compete with big ones in bids) – Reduction of financing from international organisations (impossibility to continue activity, loss of gained capacity, reduction of activity of NGOs will lead to loss of jobs). <p>The situation worsened.</p>

An analysis of the strengths and weaknesses shows that the situation is almost unchanged since 2008. Speaking about the strengths of governmental service providers, it should be noted that combination of practical and social work is important. Regarding non-governmental service providers, one should note flexibility in provision of social services and an opportunity to include new priority groups in a mobile manner. Both governmental and non-governmental organisations should learn from each other in terms of these strengths.

An analysis of stakeholder opportunities demonstrates that they are being implemented though these very opportunities, which were indicated in 2008, were not fully indicated at that time. New opportunities of stakeholders appeared in 2012.

An analysis of the risks shows that the situation for government structures has not changed since 2008. Positive changes were observed in the reduction of stigmatization and discrimination of people living with HIV. The risks with regards to non-governmental structures have either remained unchanged or became worse and that shows a necessity of stepping up efforts of the society and active position of NGOs regarding introduction of contracting social services.

1.6. Cooperation between stakeholders

Cooperation is a powerful instrument in creation of the system of working with MARA, especially under current conditions in Ukraine when state resources, aimed at this particular target group, are meagre compared to donor and international funds. However, governmental structures have other levers of influence and provided there is partner and mutually beneficial combination of these resources, MARA can be covered with necessary services. Cooperation can take place on different levels and between different entities.

Most participants of focus groups in Donetsk, Mykolaiv, Odessa and Kyiv indicated that during the last 3.5 years cooperation between governmental and non-governmental organisations improved in working with MARA. According to the experts interviewed, this happened due to the implementation of joint projects, agreements, and the completion of coordination work, etc. Regarding Mariupol, so far there is no progress in terms of cooperation between stakeholders, focused on HIV/AIDS prevention among MARA.

Regarding the problems of cooperation between the state and non-state sector, which were indicated in 2008, the following remain unresolved as of today:

Donetsk:

- The occurrence of conflict situations between organisations that act on the same territory in regard to provision of same services and involvement of clients
- Conflicts between service providers in regard to winning the same project
- Lack of interest and social responsibility of deputy corps
- Lack of a single mechanism of joint coverage of the target group and of an effective referral system
- Difficult relationships between the church and the state
- Lack of single ethical rules in working with MARA in regard to HIV/AIDS prevention

Kyiv:

- Lack of joint planning of measures and services
- Lack of joint monitoring
- Lack of a mechanisms for the redistribution of resources
- No unified database and information exchange
- No effective system for complete coverage of the target group

Mykolaiv:

- Lack of joint planning of measures and services
- Lack of joint monitoring
- Lack of mutual assessment
- Lack of a mechanism for the redistribution of resources
- Lack of agreement on statistical data
- Lack of a unified database and information exchange
- Lack of an effective system of complete coverage of the target group

Odessa:

- Lack of mechanisms for cooperation, regular (not less than one time per month) working meetings between different stakeholders
- No joint projects, format of cooperation
- Lack of a unified database and information exchange
- Conflicts between non-governmental and governmental service providers in regard to working with clients

The following were given as successful examples of cooperation: Cooperation between a narcological dispensary with different governmental and non-governmental institutions (Donetsk); the work of a multi-disciplinary team with MARA; resolving issues regarding referral of adolescents to different institutions as needed; the referral of MARA for rehabilitation from drug or alcohol use; agreements on cooperation (Kyiv); cooperation between representatives of the criminal police with NGOs; carrying out referral of clients to NGOs; exchange of information on the location of children, joint searches for children (Odessa).

Participants in the focus groups indicated internal and external barriers regarding different stakeholders. Internal barriers included the following: stigmatization; following stereotypes; intolerance to MARA on the part of local bodies of authority and lack of MARA desire to refer for help, their lack of trust to structures where they can receive services; MARA past negative experience of receipt of services. The external factors included the following: economic barriers (MARA are not a priority group for financing), political barriers (lack of political stability, constant change of directions of work), social barriers (lack of trust to structures that provide services to MARA; most MARA do not have documents). Representatives of NGOs noted such a barrier as dependence on financing from donors and inability to rent premises on beneficial conditions.

Thus, significant changes in regard to enhancement of cooperation between governmental and non-governmental organisations did not happen during the last 3.5 years. The remaining problems include lack of cooperation, conflict situations with regards to the duplication of services, including fighting for the same project or same clients, re-distribution of resources, information exchanges, etc.

GENERAL CONCLUSIONS TO SECTION ONE

In the 5 cities, covered by the research, the following were indicated among stakeholders: representative and executive bodies of authority, governmental and non-governmental service providers, international and private institutions and organisations.

Data, received from the participants in the focus groups, show that no significant positive changes took place with regards to working with MARA during the last 3.5 years since the previous analysis of stakeholders.

It should be noted that both governmental and non-governmental service providers work with different MARA target groups though their coverage is not even and not all MARA categories are sufficiently covered. Therefore, both governmental and non-governmental institutions and organisations should draw their attention to almost all MARA groups: IDU, MSM, FSW, incarcerated persons, and HIV-positive persons in age categories under and above 18 years.

There is lack of coordination both between governmental and non-governmental organisations and between non-governmental and governmental institutions. Therefore, all organisations, involved in working with MARA, should know about functions of each other and understand each other's interests in order to have levers of influence and take steps for uniting each other's efforts.

State bodies should be more active in implementing the state policy on HIV/AIDS prevention among MARA and the non-state sector should develop capacity of public organisations, jointly influencing the authorities in regards to active consideration of issues in regard to MARA at coordination councils, other events, etc.

Analysis of strengths and weaknesses, opportunities and risks should be used both by governmental and non-governmental organisations in working with MARA.

Regarding the strengths of governmental service providers, it should be noted that combination of practical and social work is important. Regarding non-governmental service providers, one should note the flexibility in the provision of social services and an opportunity to include new priority groups in a mobile manner. Both governmental and non-governmental organisations should learn from each other in terms of these strengths.

The positive changes are: a reduction of intolerant attitudes to MARA and of their stigmatisation, increasing social significance of HIV/AIDS problem. Negative aspects are: limits of resources of non-governmental organisations in small cities, lack of contracting social services, and fighting of NGOs between each other in regard to winning projects, new clients, etc. Regarding the risks, it should be noted that for the most part the situation did not change. The situation worsened due to reduction of international financing for projects in the sphere of HIV/AIDS prevention and it improved due to reduction in lack of information of the target group in regard to service providers.

To reduce the risks of MARA contracting HIV, all stakeholders should take effective and specific steps in terms of the following:

- Enhancement of cooperation between governmental and non-governmental service providers from the standpoint of joint planning, distribution of resources and mutual agreement of statistical and other indicators
- Establishing cooperation and coordination of efforts
- Regulatory and legal provision of this activity and functioning of a coordinated mechanism on the city level
- Direct provision of services to MARA and coverage of all target groups
- Creation of different models for planning of services for MARA
- Development of capacity of non-state sector
- Improvement of financing of governmental and non-governmental structures in terms of working with MARA, training of specialists, etc.

2. AN ANALYSIS OF GOVERNMENTAL AND NON-GOVERNMENTAL ORGANISATIONS THAT PROVIDE SERVICES TO MOST-AT-RISK ADOLESCENTS (MARA)

2.1. Organisations (services) that provide services to most-at-risk adolescents (MARA): activity, gaps, a range of services being provided

The goal of ‘capacity assessment’ of services is to assess the capacity of the existing public points for provision of services regarding HIV/health, social services for MARA, including prevention of risky behaviour, timely interventions and advocacy, and to reveal drawbacks in provision of services and determine possible ways to make these services more effective for children and adolescents.

Method for assessment of capacity of services:

- 1) Completing a certificate for an organisation by representatives: governing bodies, competent employees in the sphere of finance, staff/ human resources, etc. In addition to the certificate, other documentation is provided: the charter of the organisation, work schedules, record-keeping documentation, and agreements.
- 2) Semi-structured in-depth interviews with a representative(s) of the organisation in order to receive information about the organisation’s quality of provision of services, first and foremost, in regard to HIV prevention among most-at-risk children and adolescents, the organisation’s possibilities and problems, its plans for further development and that information will serve as an assessment of the competence of the organisation in this sphere.

Target groups: Public points providing services such as HIV/ health/ social services for MARA.

The assessment of potential and competence for each organisation includes the following informative directions:

1. Strategic planning
2. Financial management
3. Governing bodies
4. Staff
5. Infrastructure

6. Development of project proposals, participation in bids
7. Monitoring and assessment
8. Work experience in the sphere of HIV/AIDS
9. Development of networks of services and clients
10. Advocacy
11. Involvement of clients, including most-at-risk children and adolescents into the work of the organisation
12. Regulatory and legal barriers for provision of services

According to the results of the research in 2012, in particular, focus groups in 5 cities for the purpose of analysis of stakeholders, the participants determined a list of organisations which should be surveyed in more detail in terms of provision of services to most-at-risk adolescents.

Donetsk: Seven state institutions (2 x social and 5 x medical), two non-governmental organisations.

Kyiv: Four state institutions (2 x medical and 2 x social), seven non-governmental organisations.

Mykolaiv: Five state institutions (3 x social, 2 x medical), three non-governmental organisations.

Mariupol: Two state institutions (social), seven non-governmental organisations.

Odessa: Five non-governmental institutions, three state institutions (2 x medical and 1 x social) and one religious organization.

Target groups, to which organisations provide services on the prevention and/or treatment of HIV:

Target group	Number of organisations that work with target groups				
	Donetsk	Kyiv	Mariupol	Mykolaiv	Odessa
Girls – commercial sex workers under 18	8	9	1	3	–
Girls – commercial sex workers over 18	9	10	1	3	6
Boys – commercial sex workers under 18	8	8	1	3	-
Boys – commercial sex workers over 18	9	9	1	3	5
Children and adolescents – injecting drug users under 18	8	11	2	3	6
Injecting drug users over 18	7	9	2	3	–
Boys who have sex with boys, under 18	6	8	2	2	–
Boys who have sex with boys, over 18	7	7	2	2	5
Children who live and work on the street, under 18	8	8	3	4	–
Adolescents who live and work on the street, over 18	9	9	1	2	–
Children and adolescents who live with HIV, under 18	9	11	5	3	2
Adolescents who live with HIV, over 18	8	10	3	3	–

Continuation of the Table

Target group	Number of organisations that work with target groups				
	Donetsk	Kyiv	Mariupol	Mykolaiv	Odessa
Adolescents who are kept at juvenile correctional facilities, under 18	7	4	2	3	–
Adolescents who are kept at juvenile correctional facilities, over 18	6	6	2	2	–
Persons, who are kept at remand centres, over 18	2	–	–	–	–
Orphans	–	–	–	1	–
Children in vulnerable circumstances	–	–	–	1	1

The following conclusions can be drawn on the basis of the analysis of the table above:

- All target groups of most-at-risk adolescents and youth are covered
- Most organisations work with all MARA target groups at the same time
- The following groups have the maximum coverage: girls and boys – commercial sex workers over 18; adolescents who live and work on the street, over 18; children with HIV – focus on the last two groups is related due to the biggest number of projects, aimed at these issues; coverage of girls and boys, commercial sex workers over 18, is unlikely to be real because all state institutions indicated all categories of clients, meaning that they work with all population.

At the same time, it is planned to cover the following target groups:

Donetsk – boys who have sex with boys, under 18 (1 NGO);

Kyiv – girls and boys – commercial sex workers under 18 (2 NGOs); children who live and work on the street, under 18 (1 NGO); adolescents who are kept at juvenile correctional facilities, under/ over 18 (2 NGOs);

Mykolaiv – adolescents who live and work on the street, over 18 (1 NGO); adolescents who live with HIV, over 18 (1 NGO); adolescents who are kept at juvenile correctional facilities, over 18 (1 NGO);

Odessa – girls/boys – commercial sex workers (1 NGO); children and adolescents – injecting drug users (1 NGO); boys who have sex with boys (1 NGO); children who live and work on the street (1 NGO).

Record-keeping of number and structure of clients

Organisations keep a record of their clients, but their client lists were not structured according to any proposed criteria. There are no single standards for data collection and processing – some organisations/institutions do not collect indicators per age and education, which makes the issue of introduction of monitoring and assessment standards more acute. Introducing such standards would enable a comparison and assessment of the implementation of programmes and activities in general among different organisations/institutions.

There are certain differences with regards to the collection of data in different regions. In Donetsk, medical institutions keep a record of their clients with consideration of their gender, age, education and social status. The social service collects information but only record the clients age. Non-governmental institutions do not collect such information. According to data from medical institutions, adolescents (10–18 years) comprise a significant number of clients (18418 out of 20281 clients).

Data collection and processing is more widespread in Kyiv. Information on age, gender and social status is collected both by governmental and non-governmental structures. Information on the client's education is collected only by social services and non-governmental organisations. In terms of age, persons over 18 years prevail in Kyiv. According to data of a medical institution, its 1,676 clients are adolescents and the institution has a total of 16,412 clients. The main groups of clients were persons aged 18–19 years (3,693 clients) and 20–29 years (8,113 clients). The same situation is observed according to data of the social service and non-governmental organisations.

In Mariupol, governmental and non-governmental organisations collect and process information about the age, gender, social status and education of their clients. In terms of age structure of clients, persons aged from 18 years prevail (2,900 clients out of 4,964).

Regarding Mykolaiv, medical institutions collect information on gender and age. Non-governmental structures keep record of age, gender, education and social status. Persons aged from 18 prevail in the total number of clients in terms of age. Adolescents are almost not covered by activity of medical institutions (18 clients out of 6,285) and non-governmental structures (189 clients out of 3,829).

In Odessa, non-governmental and medical organisations keep records of age, gender, education and social status. According to information of medical institutions, there are 1,209 adolescents among 3,532 clients.

In general, record-keeping and processing of data according to criteria are carried out primarily by non-governmental structures. Medical institutions collect information about age and gender. Social structures almost never collect such information. In terms of the age structure of clients, there is a significant insufficient coverage of clients aged 10–18 years.

The issue of analysis according to gender, age and social indicators should be raised and discussed among all service providers in order to work out unified approaches for effective analysis in the future.

Data regarding the number of new and permanent clients were also provided only by medical institutions.

Organisation	Number		Number	
	New clients for 2011	MARA among them	Permanent clients for 2011	MARA among them
Centre of Social Services for Families, Children and Youth	10,207	2,560	3,000	1,100
Centre of Social and Psychological Rehabilitation	615	159	350	–
Non-governmental organisations	30,858	5,724	13,942	4,607
Medical organisations	40,802	425	136,838	210

The above quantitative data on new and permanent clients, in particular, among MARA, demonstrate that the percentage of work with MARA is rather low (from 0.1 to 4 %) despite that almost all medical institutions have stated about working with all MARA target groups.

Consideration for the specifics of MARA clients while providing them with services is an important assessment factor of the individual approach, aimed at MARA. The specific factors are age specifics of MARA clients, their gender, and schedule of working with MARA.

All the organisations surveyed indicated that they take into account age specifics of MARA clients and this is done as follows:

Age	How
10–13 years old	<ul style="list-style-type: none"> - Cooperation with education bodies and social protection bodies - Prevention and statistics - Development of methodological materials - Separate child's room - Relevant information materials and trainings - Individual approach - Relevant psychological support - Relevant training of specialists who have skills for working with this very age group - Availability of special preventive programme - Working not only with the child but with his/her family - Material and humanitarian support - Forming age groups - Relevant package of services
14–17 years old	<ul style="list-style-type: none"> - Availability of relevant specialists who know about individual specifics of this group - Due to specifics of dependence and co-dependence of minors - Due to communicative specifics - Targeted prevention according to age specifics - Relevant package of services - Specific trainings for adolescents, interaction groups
18–19 years old	<ul style="list-style-type: none"> - Prevention and statistics - Development of methodological materials - Relevant information materials and trainings - Availability of trained specialists and volunteers who know behavioural specifics of this age group - «Steps» Programme - Work with clients' social environment - Individual counselling - Material and humanitarian support
20–29 years old	<ul style="list-style-type: none"> - Counselling on family issues, relationships in the family - Development of methodological materials - Relevant information materials - Relevant trainings - Availability of relevant specialists who know about individual specifics of this group - Due to social status, risk factors - Involvement into volunteerism - Activity of interaction groups, social knowledge schools - Programmes for employment and supervision on the basis of one's place of work or study
30 years and older	<ul style="list-style-type: none"> - Development of methodological materials - Relevant information materials and trainings - Availability of relevant specialists who know about individual specifics of this group - Individual counselling - Material and humanitarian support - Relevant package of services - Family supervision

About half of organisations indicated a consideration for gender specifics in working with MARA and they are the following:

- The availability of specialists of female and male gender on staff
- The possibility of selecting a counsellor
- The availability of trained specialists for working with men and women
- The specifics of counselling
- Adapted topics depending on a client's gender, including topics on violence and reproductive health, on the basis of 'peer-to-peer' principle

In the future, governmental and non-governmental service providers should draw their attention to the consideration of gender specifics in working with MARA and, if necessary, take a relevant training and apply these approaches in their work.

Regarding necessity and availability of a separate schedule for working with certain MARA target groups, all organisations indicated that they do not have such a schedule and, in general, it is inexpedient to introduce one.

Development of client network

Development of client network is topical for all organisations, with which an in-depth interview was conducted.

The most widespread ways of development of client network have appeared to be the following:

- Giving lectures, conducting conversations; advertising and publications in mass media, dissemination of printed materials, conducting information and motivation events etc
- Exchange of information with other organisations
- Forming a database
- Expanding of services to new districts of the city with the help of district offices of the organisation
- Word-of-mouth (passing information during informal communication of MARA)
- Provision of information in a reference group through a client turned volunteer
- Involving clients during outreach work
- Search for clients in medical institutions, social and educational institutions
- 'Snowball' method, search for leaders among clients, creation of initiative groups for client search
- Volunteer movement (1 organisation)

It is clear that the organisations surveyed (those were primarily governmental institutions) apply more traditional ways for development of their client network, which is not always a more effective way. Regarding governmental service providers, one should work with them in terms of expanding forms of cooperation for involvement of clients, in particular, through use of outreach work and development of volunteerism.

Cooperation with other organisations is a necessary element in working with governmental and non-governmental organisations. The main forms of establishing this cooperation are:

- Written agreement
- Personal and informal arrangements
- Verbal agreement

Services

According to the Law of Ukraine «On Social Services», the main types of social services for families, children and youth are: social and educational, psychological, social and medical, social and economic, information and legal.

According to the results of the survey, governmental and non-governmental organisations provide the following services for MARA:

Services	Organisations that provide these services as their main ones				
	City				
	Donetsk	Kyiv	Mariupol	Mykolaiv	Odessa
HIV/AIDS prevention:					
Informing about HIV/AIDS issues	9	11	7	6	8
Informing about the rights of the child	8	11	6	5	9
Informing about sexually transmitted infections	9	11	7	5	8
Informing about consequences of drug use	7	11	7	4	7
Informing about reproductive health	8	11	4	5	8
Informing about healthy lifestyle	9	11	7	6	8
General counselling services	9	11	8	6	9
Pre-test counselling	6	10	3	4	7
Post-test counselling	6	8	3	3	8
HIV testing	4	4	2	5	5
Distribution of condoms	7	7	1	3	5
Distribution of means of contraception	1	3	1	1	2
Post-exposure prophylaxis (occupational injuries, rape, etc.)	3	5		2	5
Prevention of vertical transmission	3	5	1	3	4
Distribution of syringes, means of disinfecting	1	2	1	2	2
Substitution therapy	1	1		2	
First aid	5	11	2	2	3
Prevention and treatment of abscesses	3	5		1	2
Prevention and treatment of overdose	3	4		2	1
Prevention and detection of tuberculosis	5	7		4	5
Prevention and detection of viral hepatitis	5	6	1	2	4
Prevention of sexually transmitted diseases (STIs)	8	11	2	3	7
Diagnostics of STIs	6	5		3	4
Treatment of STIs	4	2	1	2	2
Antiretroviral therapy	1	2	1	1	1
Treatment of opportunistic diseases	2	2		1	1
Home care of persons living with HIV	2	4	2		3
Palliative care of persons living with HIV	2	4			2
Other services:					
Psychological services	8	11	7	3	9

Continuation of the Table

Services	Organisations that provide these services as their main ones				
	City				
	Donetsk	Kyiv	Mariupol	Mykolaiv	Odessa
Legal services	4	10	6	2	7
Social and educational services	6	7	7	2	5
'Peer-to-peer' counselling	6	8	5	3	7
Services on protection of children (advocacy, court representation)	2	4	6	3	5
Support after sexual violence (including rehabilitation)	4	8	2	1	3
Survival skills, resolving everyday problems	5	9	4		5
Refusal from injecting drug use (including motivational counselling)	4	10	4	2	5
Support of former IDUs (re-socialization)	4	7	2		3
Outreach services	2	6	1	2	2
Drop-in centres	3	8	2	1	4
Treatment of wounds, skin diseases, pediculosis	2	3		1	3
Provision of hot food and clothes	1	7	2	1	4
Social supervision	4	9		3	6
Services on adaptation	5	9		1	5
Services on physical rehabilitation	2	6			1
Services on professional rehabilitation (including occupational therapy)	2	7			2
Material and humanitarian aid	5	8		1	6

Having analysed the above list of services, one can make the following conclusions:

- It is possible to receive all this range of services in governmental and non-governmental organisations in Donetsk and Kyiv; most services are available for clients in Mariupol, Mykolaiv and Odessa.
- The specifics of the services depend in a certain way from the type of an institution. For example, the following are services, provided by one or two organisations in oblasts: the distribution of means of contraception, syringes, means of disinfecting; substitution therapy; anti-retroviral therapy; treatment of opportunistic diseases; home care of persons living with HIV; palliative care of persons living with HIV; services on protection of children (advocacy, court representation); outreach services; treatment of wounds, skin diseases, pediculosis; provision of hot food and clothes; social supervision; services on physical rehabilitation, on professional rehabilitation (including occupational therapy). Such a situation is related with that primarily governmental organisations are represented in the country's oblasts (that is why such services as outreach services, provision of hot food and clothes, etc. are less widespread among these organisations). Medical institutions are rather broadly represented (that is why social supervision services, services on protection of children, etc. are topical for them); 'friendly' clinics are broadly represented too (that is why ART services, home and palliative care services, etc. are not common);
- If we single out services provided by all organisations, we can make a 'standard list of MARA services', provided by any organisation (a medical, governmental and non-governmental one)

- Informing about HIV/AIDS
- Informing about the rights of the child
- Informing about sexually transmitted diseases
- Informing about consequences of drug use
- Informing about reproductive health
- Informing about healthy lifestyle
- General counselling services
- Prevention of sexually transmitted diseases
- Psychological services

2.2. Priority of activity, aimed at MARA, and covering MARA with services of the organisation

In terms of defining the work with MARA, in particular, HIV/AIDS prevention in charter documents is rather different in all organisations. Some organisations indicated that this activity is written in their charter documents but in reality it is not, and some organisations indicated that HIV prevention among MARA is not specifically written and they do not need that.

Youth-friendly clinics, whose provisions of activity have been written according to UNICEF requirements, are the only institutions, whose charter provisions more or less correspond to actual specific target and age groups.

One should note that an institution such as a health centre – today, operates according to its very old provisions which do not correspond to modern reality and those functions and roles, which this institution could serve.

There are a variety of charters and provisions and can be related with a number of factors:

- Provisions for governmental organisations have to correspond to certain rules and forms, which exclude a possibility of writing out a big number of categories and directions of activity
- There is no regulatory definition of «most-at-risk adolescents» and youths in the legislation (on the contrary, orphans and children, deprived of parental care, are defined in the law) and that provides a possibility either to use such a provision or not
- In general, donors do not impose such a requirement on non-governmental organisations and higher bodies of authority do not do that in regard to governmental organisations
- A detailed definition of this target group depends on desire and approaches of heads of organisations

Having compared the situation with those organisations, which were surveyed for the second time in 2012, it can be said that changes have not taken place.

2.3. Competence of leadership and staff in working in the sphere of HIV among MARA

For describing the staff in organisations, the following staffing elements have been summarised:

Governmental organisations	Non-governmental organisations
Staff requirements	
<u>Donetsk, Kyiv</u> <ul style="list-style-type: none"> Professional training Administrative discipline Team player <u>Mariupol</u> <ul style="list-style-type: none"> Higher education Work experience <u>Mykolaiv, Donetsk, Kyiv, Odessa</u> <ul style="list-style-type: none"> Set by job descriptions Work experience (Mykolaiv, Odessa) <u>Mykolaiv</u> <ul style="list-style-type: none"> Proficiency in the state language Computer literacy <u>Odessa</u> <ul style="list-style-type: none"> Psychological characteristics (ability to put barriers against 'burnout syndrome') Competency Desire to work Level of education, qualification 	<u>Donetsk, Kyiv, Mariupol</u> <ul style="list-style-type: none"> Decency Ability to work with people, humane attitude to clients <u>Kyiv</u> <ul style="list-style-type: none"> Professional qualities Experience of working with people's dependencies Personal motivation <u>Kyiv, Odessa</u> <ul style="list-style-type: none"> Education Compliance with job description <u>Mariupol</u> <ul style="list-style-type: none"> Relevant education (for medical workers, psychologists, lawyers) Strong inter-personal skills <u>Mariupol, Odessa</u> <ul style="list-style-type: none"> Work experience/employment history <u>Odessa</u> <ul style="list-style-type: none"> Belonging to the same target group (PLWH, MARA) for working on 'peer-to-peer' basis Training Psychological compatibility Absence of dependence on alcohol/drugs
Mechanisms for recruiting staff	
<u>Donetsk, Kyiv, Mariupol, Mykolaiv, Odessa</u> <ul style="list-style-type: none"> Competitive basis Through employment centre <u>Donetsk, Kyiv, Mariupol, Mykolaiv</u> <ul style="list-style-type: none"> Through personal contacts and recommendations <u>Donetsk, Kyiv, Mariupol</u> <ul style="list-style-type: none"> Through graduates of universities and colleges Among clients and volunteers of the organisation <u>Mykolaiv</u> <ul style="list-style-type: none"> Students after taking practical training Through job announcements <u>Odessa</u> <ul style="list-style-type: none"> Probationary period Involvement of university and college students 	<u>Donetsk, Kyiv, Mariupol, Mykolaiv</u> <ul style="list-style-type: none"> Competitive basis Among volunteers of the organisation Among clients of the organisation; Through personal contacts and recommendations <u>Mykolaiv</u> <ul style="list-style-type: none"> Through higher educational institutions – search for graduates Through employment centre Students after taking practical training Through job announcements <u>Odessa</u> <ul style="list-style-type: none"> Clients and volunteers of the organisation Vacancy announcement in employment centre Announcement through partner NGOs With the help of medical institutions that work with the organisation With the help of social networks With the help of church members of the Ukrainian Greek Orthodox Church

Governmental organisations	Non-governmental organisations
Means for assessment of staff competence	
<p><u>Donetsk, Mariupol, Kyiv, Mykolaiv</u></p> <ul style="list-style-type: none"> • Appraisal of civil servants • Personal communication of the head of the organisation with the staff • Questionnaire • Certification <p><u>Kyiv, Mykolaiv</u></p> <ul style="list-style-type: none"> • Testing, supervision <p><u>Mykolaiv</u></p> <ul style="list-style-type: none"> • Assessment • Interview • Sociometric methods <p><u>Odessa</u></p> <ul style="list-style-type: none"> • Appraisals (including by categories with previous training courses) • Quality of dispensary observation • Reporting 	<p><u>Donetsk, Kyiv, Mariupol, Mykolaiv, Odessa</u></p> <ul style="list-style-type: none"> • Testing, supervision <p><u>Donetsk</u></p> <ul style="list-style-type: none"> • Appraisal of social workers <p><u>Kyiv, Mariupol, Mykolaiv</u></p> <ul style="list-style-type: none"> • Personal communication of the head of the organisation with the staff; • Questionnaire <p><u>Kyiv, Mariupol</u></p> <ul style="list-style-type: none"> • Annual assessment <p><u>Mykolaiv</u></p> <ul style="list-style-type: none"> • Interview • Comments of participants/clients of the organisation <p><u>Odessa</u></p> <ul style="list-style-type: none"> • Condition and comments of clients (feedback) • Fulfilment of a work plan; coordinator's assessment of keeping documentation • Leadership's assessment of the level of effectiveness of implemented programmes • Questionnaire • Appraisals
System of staff motivation	
<p><u>Donetsk, Kyiv, Mariupol, Mykolaiv</u></p> <ul style="list-style-type: none"> • Possibility of professional growth • Moral support • Recognition of social significance • Good relationships among staff employees, corporate culture, conducting joint events • Spiritual growth • Raising employees' salary • Bonuses • Personal days off <p><u>Mykolaiv</u></p> <ul style="list-style-type: none"> • Participation in international conferences, training • Clients' gratitude • Gifts, system of incentives <p><u>Mykolaiv, Odessa</u></p> <ul style="list-style-type: none"> • Awarding certificates of appreciation <p><u>Odessa</u></p> <ul style="list-style-type: none"> • Improvement of labour conditions • Psychological methods • Financial methods, financial incentives, bonuses • Execution of a labour agreement 	<p><u>Donetsk, Kyiv, Mariupol, Mykolaiv</u></p> <ul style="list-style-type: none"> • Moral support • Personal days off • Raising employees' salary • Spiritual growth • Client's gratitude <p><u>Donetsk, Kyiv, Mariupol, Mykolaiv, Odessa</u></p> <ul style="list-style-type: none"> • Possibility of professional growth • Recognition of social significance • Gifts, system of incentives • Good relationships among staff employees, corporate culture, conducting joint events <p><u>Mykolaiv</u></p> <ul style="list-style-type: none"> • Participation in international conferences, trainings • Awarding certificates of appreciation <p><u>Odessa</u></p> <ul style="list-style-type: none"> • Provision of additional free education (courses, trainings, seminars) • Possibility for clients to become employees of the organisation • Prevention of burnout effect • Psychological incentives • Material incentives

Governmental organisations	Non-governmental organisations
System for staff promotion	
<u>Donetsk, Kyiv, Mariupol</u> <ul style="list-style-type: none"> Promotion according to employee's professional growth Employees are promoted for new open vacancies Promoting volunteers to employee positions <u>Mykolaiv</u> <ul style="list-style-type: none"> Sending employees to trainings on the level of the oblast Fulfilment of other specialists duties when they are absent Promotion in office due to employee's professionalism and competence 	<u>Donetsk, Kyiv, Mariupol</u> <ul style="list-style-type: none"> Promotion according to employee's professional growth Promoting volunteers to employee positions; Employees are promoted for new open vacancies <u>Mykolaiv</u> <ul style="list-style-type: none"> Fulfilment of other specialists' duties when they are absent Promotion in office due to employee's professionalism and competence Possibility for promotion and professional growth in new projects due to expansion of the organisation's project activity Fulfilment of more complex assignments and duties leads to increasing the level of employee's job duties Sending employees to trainings on the level of the oblast

Analysis of components of staffing in governmental and non-governmental organisations demonstrates that they have almost the same mechanisms for recruiting, assessment and promotion of employees.

Speaking about requirements, one should draw attention to that non-governmental organisations primarily indicated their employee's moral qualities and not their professional qualities at all and that narrows their capacity on the social services market. One should note that governmental organisations also started to apply such a recruiting mechanism as recruiting among volunteers of the organization. At the same time, non-governmental organisations do not look for specialists among graduates of higher educational institutions (except for Mykolaiv, where such a mechanism is applied) and NGOs should be advised to apply such a mechanism so that they would have professionally trained employees.

Taking potential candidates experience and education into account, non-governmental organisations consider no less important their personal motivation and attitude to clients while such consideration is less characteristic for governmental structures that are more inclined to consider candidates' work experience as civil servants.

Governmental structures should draw attention to using supervision as a viable instrument of assessment of staff competence.

Structure and number of the organisation staff that provides services

Data on the structure of both governmental and non-governmental organisations are different since their goals, tasks and functions are different: the provision of social services; a drop-in centre; a medical institution, etc.

Governmental organisations have clearer requirements for their structure and that is why these organisations have such a structure and can present it. Regarding non-governmental organisations, its employees do not understand the concept of structure in most cases and that is why they simply specify all departments in their organization, forms of work, etc.

The ratio of women and men among employees in both governmental and non-governmental organisations shows a general employment trend, characteristic for this sphere. There are more women than men on all levels of the organisations.

All the organisations surveyed showed that leading positions in their structures are filled by 100%.

High staff turnover is found in organisations in Kyiv and Mykolaiv. Organisations in other cities indicated that they do not have such a problem. The fact that organisations' positions are completely filled and lack of staff turnover is, first and foremost, related with a higher unemployment rate in oblast centres than in the capital of Ukraine.

Regarding the professions of specialists who work in the organisations, the latter indicated that they lack following specialists for working with MARA:

- Medical workers (gynaecologist, skin disease specialist, substance abuse professional, sexual health specialist, phthiatrician, STD and skin specialist);
- Psychologist (psychotherapist, child psychologist);
- Lawyer.

Training and competence of staff

Assessment of the level of staff training is uneven: organisations consider that they have sufficiently, insufficiently trained, and absolutely untrained staff. This confirms the fact that process of training is changing all the time and it is permanent.

Means for increasing the professional level of staff training are the same both in governmental and non-governmental organisations and sometimes specialists from both types of organisations are even trained together.

Such means are: seminars, training courses for increasing one's qualification, internships in organisations, additional education in colleges and universities (getting second higher education). Non-governmental organisations use such form of training as church schools and that is not characteristic to governmental institutions.

During the survey, organisations were offered to consider 22 seminar topics, related with MARA. The analysis showed that organisations had already had some training on different topics.

The organisations determined the following pressing seminar topics:

#	Topic	Number of organisations, for which the topic is pressing				
		Cities				
		Donetsk	Kyiv	Mariupol	Mykolaiv	Odessa
1	'Peer-to-peer' education among MARA	1	8	7	2	4
2	Prevention of violence among MARA	1	7	7	2	3
3	Mobilization of community and work with mass media in regard to MARA	2	5	6	2	2
4	Drug use among MARA	2	5	7	1	5
5	Prevention of STIs among MARA	2	5	8	1	5
6	Substitution therapy for MARA		5	6	2	1
7	Provision of outreach services for MARA	3	4	6	1	2

Continuation of the Table

#	Topic	Number of organisations, for which the topic is pressing				
		Cities				
		Donetsk	Kyiv	Mariupol	Mykolaiv	Odessa
8	Monitoring and assessment	1	4	7	4	3
9	Fundraising	1	4	7	3	1
10	Legal support of MARA	2	4	7	1	3
11	Advocacy for MARA	3	4	6	2	3
12	Motivational interview with MARA	1	3	8	2	5
13	Gender aspects of working with MARA	2	3	8	3	2
14	Health and development of MARA	1	3	8	1	3
15	Training counsellors on socialization	1	3	7	2	2
16	Rights of most-at-risk children and adolescents	2	3	8	1	4
17	HIV/AIDS problems among MARA	1	3	8	1	5
18	Educational programmes for MARA	1	2	8	1	4
19	VCT for most-at-risk children and adolescents	1	2	8	3	7
20	Forms of working, aimed at changing behaviour of most-at-risk children and adolescents	1	1	8	2	4
21	Psychological support of MARA	1	1	8	2	3
22	Preventive of negative phenomena among adolescents	-	-	-	-	1

It should be noted that the organisations surveyed in Donetsk and Mykolaiv did not show an interest in training of their specialists according to the presented topics and that raises concern since very pressing topics for working with MARA were presented to them.

Training under specialised topics for working with MARA requires specific detailed discussion with governmental and non-governmental organisations.

2.4. Preparedness of material and technical resources for work in the sphere of HIV prevention and among MARA

All the organisations surveyed keep records and have relevant databases in paper and electronic forms. Forms of records are forms, questionnaires, registration books, individual plans, clients' cards, etc. The goal of keeping a database is the same for both governmental and non-governmental organisations, in particular, for:

- Reporting to donors and governmental structures
- Organization of provision of services
- Determining necessary services for a specific client
- Monitoring and assessment
- Further planning of activity
- Creation of a database of clients with certain specifics
- Planning and provision of working with clients
- Analysis, taking measures, and improvement of the situation

- Improvement of quality of services
- Keeping record of fulfilled project assignments

Most organisations have their own office premises and other organisations rent premises. All the surveyed organisations have relevant equipment and services: computers and copiers, telephone communication, Internet access. More than half of organisations have web-sites; several organisations have their own transportation vehicles.

Regarding the availability of takeaway materials, organisations lack the following items: hygienic kits; sanitary napkins; disposable syringes, condoms, lubricants; gynaecological kits (in most cases, medical institutions need those items). This should be given attention since these materials are an integral part of provision of services to MARA.

2.5. Organisational activity: planning, financial management, development of proposals and projects, advocacy, monitoring and assessment

Planning

Effective planning for any organisation includes short-term and long-term planning. In Ukraine, this has not yet become a common practice both for governmental and non-governmental organisations and that is confirmed by the carried out survey.

None of the organisations surveyed in Donetsk have a long-term plan. One NGO in Mykolaiv and one NGO in Mariupol have such a plan and two NGOs in Odessa have it. Kyiv has the most number of NGOs with a long-term plan – six organisations.

Governmental organisations often noted that they also work within long-term plans, meaning the state programs, planned for several years, and those do not quite correspond to the essence of long-term planning.

Almost all organizations/institutions have short-term plans (half of the organizations in Mariupol and Mykolaiv) for the period of a year; a quarter and some organisations indicated that they have monthly plans. The main goal of short-term plans is effective fulfilment of organizational components within the scope of a specific project and activity in general: tasks, deadlines, performers, necessary expenses, monitoring of events, assessment of work of centres and quality of provided services.

Development of project proposals and participation in bids for working with most-at-risk children and adolescents

An important indicator is active participation of an organisation (that works with MARA) in development of project proposals for finding donors – the reason for carrying out such activity is an organization's necessity to expand its range of services, train relevant staff and the fact that financing is limited. However, the survey showed that an insufficient number of organisations carry out such an activity: Donetsk – 0, Kyiv – 2 NGOs, Mariupol – 1 NGOs, Mykolaiv – 2 NGOs, Odessa – 3 NGOs and the AIDS Centre.

This data demonstrates the passivity of governmental and non-governmental service providers or their lack of desire to work with MARA.

Financial management

Financing of governmental and non-governmental organisations is carried out from different sources.

In Donetsk, Mariupol and Mykolaiv, one can see clear financing of governmental institutions – from the state or city budget; non-governmental institutions are financed by sponsors and grants. Taking into account that organisations do not participate in bids, they do not have different sources of financing. If they had such, that would enable them to cover a bigger number of clients, provide a broader range of services, increase capacity of organisations and effectiveness of work.

In Kyiv and Odessa, the percentage of non-governmental organisations, financed from the local budget is very low and that shows the lack of contracting social services on the city level though there are regulatory and legal grounds for that (there are relevant provisions on conducting bids among public organisations); this also shows the low activity of non-governmental organisations. State organisations do not look for donors themselves though they have many additional needs.

Monitoring and assessment

All the organisations surveyed carry out monitoring of their activity by using statistics (record-keeping of clients and services) and questionnaires. Some organisations keep electronic databases. The frequency of monitoring is very different depending on the organization: from once a month to once a year. Also, range of objects of monitoring, indicted by respondents, is very different. They can regard the following:

- Financial planning: financial needs, budget, quality of fulfilment of budget items
- Organizational and technical activity: analysis of used premises and resources, possibilities of specialists and volunteers
- Provision of services: analysis of quantitative and qualitative indicators; effectiveness of provided services with getting feedback and conducting meetings with specialists
- Interest to the organization: publications in mass media; number of clients' referrals for the organization's services; number of publications and placement of news on the organization's web-site

Considering the data obtained, it can be assumed that monitoring and assessment remain weak areas both for governmental and non-governmental organisations though they do not see a need to take training in this type of activity.

2.6. Involvement of clients, including MARA, into the activity of the organization

The involvement of clients in the planning process and the provision of services is a rather innovative direction for Ukraine. Gradually learning from experience of international organisations in this sphere, Ukraine's service providers understand importance and necessity of client involvement into different stages of planning and provision of services. The involvement of MARA is even a more complicated task because they are hard to find, they have a great deal of mistrust of any institutions and low level of education and development, etc.

The survey showed that MARA in Kyiv are most involved into the process of planning and provision of services and the situation in Odessa is somewhat worse. In Donetsk, Mariupol and Mykolaiv, governmental and non-governmental service providers do not have sufficient knowledge about MARA involvement into the process of planning and provision of services.

Since the responses from the focus groups in Kyiv were the most complete, the table below shows goals and barriers for MARA involvement, which were indicated in this city.

	Goals of involvement	Barriers for involvement
Monitoring	<ul style="list-style-type: none"> - Understanding compliance of the current activity with project tasks - Improving the quality of provision of services 	Children's low motivation
Assessment	<ul style="list-style-type: none"> - Assess quality of provision of services 	-
Planning	<ul style="list-style-type: none"> - Planning joint activity - Provision of services per clients' needs - Consideration of opinion and wishes of MARA 	Mistrust to service providers
Outreach programmes	<ul style="list-style-type: none"> - Detection of new 'places', involvement of new clients; - Establishing contact 	Lack of a transportation vehicle; rides in the evening time
Peer-to-peer activity	<ul style="list-style-type: none"> - Involvement of new MARA - Forming trust to the organization - Establishing constant contact 	Possibility of interruption of 'a sober period'
Mutual support groups	<ul style="list-style-type: none"> - Possibility to form trust-based relationships - Joint resolution of problems - Provision of mutual support - Possibility 'to be heard' - Ability to work in a group and support others 	Need for a good professional for leading a group
Volunteerism	<ul style="list-style-type: none"> - Development of individual qualities - Development of leadership qualities - Involvement of new clients - Increasing social significance 	Adolescents' low motivation
Preparation of information materials	<ul style="list-style-type: none"> - Consideration of adolescents' opinion - Development of materials that would be understandable for MARA 	No barriers
Assistance in carrying out campaigns and events	<ul style="list-style-type: none"> - Opening up of one's creative potential - Obtaining organizational experience, new abilities and skills - Socially significant activity - Preventive function 	No barriers

Regarding organisations in Donetsk, Mykolaiv, Mariupol and Odessa, data on involvement of most-at-risk adolescents into their activity is critical: monitoring, assessment, planning, outreach programmes, 'peer-to-peer' activity. Among those NGOs that implement this activi-

ty, MARA involvement on the planning stage is more or less carried out actively (in the process of preparing projects for youth, it is necessary to get information from representatives of the target group to provide priority consideration of their needs). Such involvement is carried out on the stage of 'peer-to-peer' activity to establish contact, trust-based relations and effective provision of support.

Therefore, it is essential to initiate relevant programmes to an equal extent for both sectors (governmental and non-governmental) to increase MARA access and participation in different stages of planning and implementation of preventive interventions.

2.7. Achievements and problems for organisations that work with MARA

It is important to know about achievements and problems in the activity of service providers in order to analyse the development of organisations working with MARA, to support them, and plan measures that would allow prevention of ineffective provision of services.

Achievements can be used as experience that would be useful for other organisations or it can be generalised and disseminated in the form of models, etc.

Problems should be considered at different levels: internal and external. It might be possible to reveal systematic gaps.

The organisations surveyed have the following achievements and problems:

	Achievements	Problems
NGO	<ul style="list-style-type: none"> – Social supervisions of HIV-positive children and adolescents – Rehabilitation of drug-dependent persons, including free-of-charge rehabilitation – Adaptation – Implementation of effective forms of group work with clients – Targeted prevention for IDUs – Constant counselling of clients – Conducting lectures and conversations – Opening of a drop-in centre for children living with HIV – Provision of psychological support – Provision of legal support – Organization of camps for MARA – Regular functioning of outreach routes – Trust and cooperation with medical and social institutions – Clients' trust – Involvement of volunteers into the organization's work – Professional staff – Grantors' trust – Constant expansion of the organization's activity – Access to MARA and ability to work with this group – Increasing the number of the membership of the organization 	<ul style="list-style-type: none"> – Poor material and technical resources: lack of medicines for prevention projects, lack of spacious premises, limited financing, etc. – Lack of sufficient number of specialists and system for their educating and training – A lot of paperwork – Necessity for additional training of human resources for working with adolescents: lack of knowledge on working with juvenile drug users – Absence of medicines in the organization; – Problems in relationships with medical institutions (payment for services) – No insurance system for employees – Insufficient support from the state in development of social programmes – Absence of advertisements of the organization – Need for legal support in working with juvenile IDUs – Lack of information materials – Lack of sufficient cooperation with governmental organisations in the sphere of provision of services

Continuation of the Table

	Achievements	Problems
	<ul style="list-style-type: none"> – Decreasing general number of HIV-positive persons – Expansion of the zone of influence – Conducting campaigns for prevention of socially dangerous diseases – Dissemination of the obtained experience on the inter-regional level 	
Medical institutions	<ul style="list-style-type: none"> – Information support – Individual work with MARA – Psychological rehabilitation of MARA – Training programmes for the target group – Sanitary and educational work – Availability of video materials – Trust of organisations for PLWH and drug-dependent persons – Solid partner relationships with educational institutions – Possibility for referral to other organisations – Decreasing the number of HIV-positive people among IDUs – Training of specialists; – Proper work of multi-disciplinary team – Examination of MARA on HIV is provided – Model for referral to social services is created 	<ul style="list-style-type: none"> – MARA have no access to ART – Lack of material and technical resources for high-quality provision of services, in particular, lack of transportation vehicles and lack of humanitarian aid – No time for prevention activities; insufficient coverage of adolescents who do not study or work – Insufficient number of staff: insufficient training of specialists – Absence of express diagnostics – Financial problems – Insufficient number of information materials (reminder cards, leaflets, booklets) – No Internet access – Lack of financial support
Social services and institutions	<ul style="list-style-type: none"> – Development of the system of preventive services for MARA and their social environment – Social supervision of families with children in vulnerable circumstances – Conversations and lectures in educational institutions – Cooperation with relevant medical institutions and NGOs in work with MARA – Increasing the number of clients – Decreasing the number of 'difficult' adolescents – Decreasing the number of diseases among adolescents 	<ul style="list-style-type: none"> – Contradictions in regulatory framework – Lack of targeted budgetary financing and, consequently, insufficient financing – Absence of standards for working with MARA – Need for trainings – Limits of material resources, including lack of transportation vehicles; – Absence of necessary information materials

The achievements demonstrate that:

- Certain cooperation is established between organisations
- Organisations fulfil their professional functions and tasks

The indicated problems show, first and foremost, the following: poor materials and technical resources, and not enough information. This shows both technical issues and issues of systemic work on the current state. This is also directly related with that the organisations themselves are not willing to actively deal with these problems, including also through participation in different projects and bids. Some organisations should draw their attention to new forms of working with children and adolescents and reconsider their activity.

CONCLUSIONS

According to the results of the focus groups and surveys, all target groups of most-at-risk adolescents and youth are covered in most cities (the exception is Mariupol, where MARA category related with commercial sex is not covered at all). However, such coverage is often explained by the fact that organisations state that they cover all categories of population and do not focus on individual target groups. First and foremost, this concerns governmental social and medical institutions. NGOs work with groups of clients who practice risky behaviours.

The specifics of the 2012 survey in Donetsk are the reason why seven governmental and two non-governmental institutions were surveyed. In the future, one should draw attention to this fact from the standpoint of the market of non-governmental organisations that work or can work with MARA.

In Kyiv and Donetsk, service providers have a referral system and are aware of where, and what services MARA can access. However, sometimes organisations know very little about referrals for certain services. They are: the distribution of contraception, syringes, any means of disinfecting; substitution therapy; ART; home or palliative care of persons living with HIV; services on protection of children; provision of hot food and clothes; services on physical rehabilitation. This can show either that service providers do not know to which institution they can refer a person to, or there is no such a service in their city. One should also separately note about health centres, whose representatives for the most part did not indicate about referral services though according to their functions and tasks, such organisations provide broad coverage of the population, including provision of information services.

If we single out services provided by all organisations, we can make a 'standard list of MARA services', provided by any organisation (a medical, governmental and non-governmental one):

- Informing about HIV/AIDS
- Informing about the rights of the child
- Informing about sexually transmitted diseases
- Informing about consequences of drug use
- Informing about reproductive health
- Informing about healthy lifestyle
- General counselling services
- Prevention of sexually transmitted diseases
- Psychological services

As you can see from the list above, most of the services are information services and currently, such a range of services cannot satisfy the overall demand for different services in the sphere of working with MARA.

There are problems and gaps in working with MARAs. They are:

- The existence of systemic gaps in working with MARAs: i.e. a lack of desire to work with juvenile MARAs due to lack of knowledge on how to act in different situations; no clear standards for working with MARAs; barriers for MARAs when accessing certain services; the necessity of providing insurance for employees who provide services to MARA; lack of necessary financing for broad coverage of MARA with a sufficient number of services
- It is doubtful that gender specifics are actually taken into account during provision of services to MARA. In the future, governmental and non-governmental service providers should necessarily draw their attention to that and, if necessary, take relevant training and apply gender-based approaches in their work
- An absence of a clear definition of MARAs and HIV/AIDS prevention among this group in charter documents of the governmental and non-governmental service providers. This should be related to objective and subjective factors. One should note such an institution as health centre – today, it operates according to its very old provisions which do not correspond to modern reality and those functions and roles, which this institution could serve
- Governmental and non-governmental service providers are not interested in training their specialists according to different topics in working with MARA
- Governmental and non-governmental service providers lack long-term planning
- There is a lack of desire and participation from organisations (first and foremost, governmental ones) in the development of project proposals for finding donors, while such activity is necessary for expanding the range of services, training relevant staff and dealing with the problem of having limited financing
- Monitoring and assessment remains a weak area in activity of both governmental and non-governmental organisations though the latter do not see a need to take training in this area
- In most cities, organisations do not have such an area of work as involvement of MARA into the process of planning and provision of services
- There is no information exchange between governmental and non-governmental sectors, between different structures and organisations of the same type in the sector (especially during the reform processes), between governing bodies and staff of organisations

The following should be top-priority steps for working with MARAs:

Working with service providers in terms of consideration of age and gender specifics of MARAs; the development of the client network through different forms and methods; planning of activities in organisations and long-term planning is of top priority; carrying out systemic targeted monitoring and assessment; involvement of clients into processes of planning and provision of services; participation in development of project proposals, etc.

- The Involvement of governmental service providers into working with MARAs; the enhancement of cooperation between governmental and non-governmental service providers and an improvement in the cooperation between NGOs
- Training governmental and non-governmental service providers in terms of special issues in working with MARA, in particular, prevention of violence, HIV and STIs; drug use among MARA; provision of outreach services, legal and psychological support, VCT, educational programmes for MARA, conducting a motivational interview with MARA, etc.

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