

Extreme Vulnerabilities: Qualitative Evaluation of the Programs Targeting Most-at Risk Adolescents (MARA) for HIV Infection

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Abstract. *In Romania social work/outreach programs addressing hard-to-reach groups whose behaviours are criminalised such as female sex workers (FSW) and injecting drug users (IDU) or blamed by the public such as men having sex with men (MSM) are implemented only by NGOs and financed by international donors (UNICEF, UNODC, GFATM). Between 2007-2010 a program financed by Irish Aid Fund through UNICEF targeting most-at risk adolescents (MARA) for HIV was carried out. The program started with a baseline research to explore the access to harm reduction services and risk behaviours of female sex workers and injecting drug users aged less than 25 years. Based on these results seven NGO's in four cities (Bucharest, Timisoara, Iasi and Constanta) providing outreach services for marginalised groups have been financed by UNICEF to specifically target MARA. As a final stage of the overall program an evaluation of the projects implemented was carried out (July-September 2010) against 6 indicators: relevance, efficacy, efficiency, impact, sustainability and replicability. The research used a qualitative approach and included in-depth interviews with 45 MARA clients (15 FSW, 20 IDU, 10 MSM) and 11 interviews with programme managers from each NGO in each location. Outreach programs were considered by their users as relevant, useful for them, helping them stay healthy and to find support when needed. The major challenge for organisations is long-term sustainability due to lack of public funding of such programs. The way forward to ensure sustainability is within a public-private partnership.*

Keywords: HIV/AIDS, evaluation, FSW, IDU, MSM, Romania

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Context

Romania is one of the Central and Eastern European countries with a significant number of people affected by HIV/AIDS. According to the Report released by the Department Monitoring and Evaluating HIV/AIDS Infection in Romania at “Matei Balș” NIID, the number of people living with HIV/AIDS reported at the end of 2010 is 10,404.

Since 1995, there has been a constant rise in the number of heterosexual transmission cases, namely three quarters of the new cases. Around 50% of the new HIV/AIDS cases diagnosed in 2009 and 2010 are people aged 15-29 years. UNICEF programs are targeting most-at-risk adolescents (MARA), defined as 10-24 years old (UNICEF, 2010, ILO et al, 2008). MARA are considered injecting drug users (IDU), commercial sex workers (CSW) and men having sex with men (MSM) (UNAIDS, 2007, Inter-Agency Task Team on HIV and Young People, 2008). Latest data from National Agency against Drugs (ANA, 2010) estimates some 17,400 injecting drug users in Bucharest.

Between 2007 and 2010 the incidence of HIV transmission by sharing needles and having sex with same sex persons increased by three times (see table 1).

Table 1. *Evolution of newly diagnosed HIV infections by way of transmission 2007-2010*

Way of transmission	2007 N (%)	2008	2009	2010
Vertical/Mother-To-Child	9 (2.44%)	12 (2.7%)	22 (5%)	21 (4.8%)
Same sex/MSM	14 (3.8%)	33 (7.5%)	34 (8%)	46 (10.5%)
IDU	3 (0.8%)	3 (0.7%)	5 (1.1%)	12 (2.7%)
Hemophilly				
Transfusion*	20 (5.34%)	33 (7.56%)		
Heterosexual	278 (75%)	302 (69%)	324 (75%)	329 (74.8%)
Unknown	44 (12%)	53 (12%)	43 (10%)	32 (7.3%)
Total	368	436	428	440

* Recipients of transfusion with untested blood products in 1988-1990 newly diagnosed.

Source : National Institute for Infectious Diseases, “Prof. dr. Matei Balș”

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

In Romania, no on and off the record estimates have been made regarding the number of people with homosexual orientation, the only data are registered indirectly by the Ministry of Public Health with the monitoring of sexually transmitted infections. “Men who have sex with men” (MSM) are a category grouping men based on their sexual behaviour, not based on the identity they assume for themselves or on their sexual orientation. The term MSM means any man who has any type of regular or occasional sexual intercourse with another man. It includes various sexual orientations (MSM may be gay, bisexual and even straight men) and various gender identities (some MSM are also transgender people).

The report recently published by TAMPEP (Brussa, 2009) indicates that 7% of commercial sex work in Europe is performed by transgender people. The UNGASS Report (UNAIDS, 2010) shows that only 42.7% of MSM used a condom at last sex, which skyrockets the risk of HIV and STI infection. According to the Department Monitoring and Evaluating HIV/AIDS Infection in Romania at "Prof. Dr. Matei Balș" NIID, the number of new HIV/AIDS cases among MSM in 2009 was 34 and in 2010 of 46, whereas the total number of cumulative cases of HIV transmission among MSM between 1985 and 2010 is 166. These data reflect the situation of HIV infections among MSM who got tested between 1985 and 2009 and who declared their risk behaviour or sexual orientation.

Purpose of Evaluation

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

Objectives

The objectives of this research aim at :

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

Methodology

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

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

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

Figure 1. *Typology of services provided by the evaluated organisations*

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

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

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

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

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

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

Figure 2. *Evaluation matrix* (Dan, 2009 ; Bellamy & Georgescu, 2008)

Evaluation Results

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

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

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

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

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

Project and Service Relevance

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

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

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

From friends:

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

From outreach workers:

They found me in the street, at the station, and they explained to me about diseases, they said they could help me with tests or something, to...medical tests, to call them if I needed

help, to ...with condoms ...if ...They help me find a job if... I need one ; ok, first I have to do some courses and then... (FSW, 20 years, ARAS Iași)

On TV and on the Internet :

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

By accident :

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

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

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

The fear of getting infected :

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

The need for syringes and hygiene and sanitary items :

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

For school integration :

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

For medical examination :

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

The need for information and condoms :

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

The beneficiaries have good and very good opinions about service delivery conditions and also about the staff delivering these services (social worker, nurse, medical doctor, psychologist, outreach worker). We come across answers like : *"everything is OK ; they are all nice ; they are OK and nice, they help me ; they are good people who understand me*

every time I come here ; ...they are very nice ; ... they have been very nice to me” ; “they are the right people for this”.

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

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

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

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

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

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

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

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

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

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

Things are more specific in the case of MSM :

Well, I think the services we have developed have a pretty high relevance because otherwise... usually, when you develop a project, services, they start from a problem, you don't develop them because you had a dream last night and you have nothing else to do at work. So, it is clear... we started from their risk behaviours which led to these activities – outreach, group meetings, anyway all of them were linked to HIV/AIDS and sexually

transmitted diseases. I don't know how relevant they are to their families because, usually, MSM and gay people have a more special relationship with their families, meaning that they don't come out in their families and consequently they don't talk about the services they seek. So, I don't think it is relevant to their families at all. Especially that our services are confidential, we don't ask about their relationship with their family. So, practically, we don't know their families and I think their families don't know them. (Bogdan Istrate, ACCEPT)

Project and Service Effectiveness

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

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

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

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

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

Female sex workers (FSW) appreciate free condoms which would otherwise incur high costs.

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

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

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

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

The information materials handed out are also appreciated.

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

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

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

They appreciate counselling services and the support they provide.

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

Men who have sex with men (MSM) appreciate the information provided about health risks associated with specific behaviours, the possibility of doing a HIV test, and also talking openly about their sexual orientation.

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

For some the most important support was the material one.

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

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

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

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

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

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

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

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

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

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

ACCEPT offered a wide range of MSM-specific services :

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

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

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

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

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

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

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

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

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

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

countries from the Balkan region, between 2007-2008, namely in Montenegro, Albania, Bosnia and Herzegovina, and Kosovo. (Valentin Simionov, RHRN)

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

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

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

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

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

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

Project and Service Efficiency

IDU believe that the services received helped them a lot.

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

The services were delivered without discrimination.

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

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

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

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

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

MSM found medical, HIV and hepatitis tests are most welcome.

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

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

Project and Service Impact

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

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

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

They are better informed :

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

They use condoms more often :

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

They know who to turn to in case of emergency :

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

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

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

Partnership agreements should be developed between hospitals and local social work directorates that provide specialised services to juveniles and organisations that provide harm reduction services or outreach programmes that allow to identify juveniles, to build, based on such a partnership, a referral system where a client enrolled in a syringe exchange programmes is sent to a specialised service based on an evaluation ; national

standards should also be implemented for this group of beneficiaries, which, at the moment, are not covered from this point of view. (Valentin Simionov, RHRN)

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

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

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

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

Project and Service Sustainability

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Beneficiaries feel protected by these services :

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Project and Service Replicability

With regard to project and service replicability in other towns, the managers from the evaluated organisations believe that they could be implemented in other towns just as well. The main element required for this is funding. Some organisations (ARAS, ACCEPT) are running or have run similar projects in other locations.

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

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

Conclusions

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

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

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

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

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

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

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

If in Bucharest several organisations supply harm reduction services to FSW, in Iași there is one other programme addressed to street children and run by Save the Children,

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

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

The services were promoted among vulnerable groups mainly through outreach programmes, based on a referral system set in motion by the beneficiaries themselves. Leaflets and websites were also a tool. The role played by peers/former users involved in direct services was also remarkable. Besides direct activities with beneficiaries, the projects also included advocacy activities, drafting standards for working with MARA, as well as participation in regional research. Although work has been done to draw up working standards and a draft has been made, not all organisations comply with them.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A vital issue for project replication is ensuring their sustainability through partnerships concluded with public agencies from the very start, stipulating service takeover when funding comes to an end. Another solution would be outsourcing services to organisations that hold expertise in working with this group of beneficiaries.

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

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