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ABBREVIATIONS

ART/ARV –antiretroviral therapy

HIV/AIDS – human immunodeficiency virus/ human immunodeficiency virus

VL– viral load

HEI– higher education institution

WHO– World Health Organization

EG – experimental group

STD – sexually transmitted diseases

SMT– substitution maintenance therapy

STI – sexually transmitted infections

CG– control group

ICF– International Charitable Foundation

MOH– Ministry of Health

NGO– non-governmental organization

LEA– law enforcement agencies

SROI– social return on investment

UNDP– UN Development Program

PWID – people who inject drugs

PF– penitentiary facilities

UCDC– Ukrainian Center for Socially Dangerous Diseases (Ministry of Health of Ukraine)

FGD– focus group discussion

1. General description of the intervention

7 Steps intervention is based on the results of the research carried out by the Central University of the Caribbean, School of Medicine, Center for Narcological Studies (Puerto Rico) with the support of the National Institute on Drug Abuse (2001). *Psychosocial intervention model* is a cognitive behavioral intervention aimed at HIV prevention among active PWIDs, which combines recruiting the participants from the most-at-risk populations, individual counseling and comprehensive case management of the clients. Such combination promotes change in the behavior, which results in reduction of risks of infection with HIV/STI/viral hepatitis, general health improvement and further commitment to healthy life style. The intervention includes 7 structured modules carried out during 3-6 months.

Seven steps elements:

Session 1: Induction

This first session introduces participants to the intervention, including objectives and roles and responsibilities. It helps determine a participant's eligibility for "Seven steps" and obtain baseline information on the participant's current sex and drug-related HIV risk behaviors. Through a series of activities, Session 1 identifies participant's most important health, social service, and educational needs and assesses the participant's current stage of change.

Session 2: Taking care of your health

The second session motivates and prepares the participant to seek health services and provides active referrals and follow-up, including making appointments. If the participant is not ready to progress to the next session, more contacts under this session can be planned. Sequence of sessions 2-6 can be modified based on the participant's needs.

Session 3: Readiness for entering drug treatment

The third session helps participants acknowledge the need for drug treatment and motivates and prepares them to seek appropriate treatment services. This session also provides active referrals and follow-up, including making appointments. This session would be tailored to retention and successful completion of treatment if the participants is already enrolled in treatment. If the participant is not ready to progress to the next session, more contacts under this session can be planned. Sequence of sessions 2-6 can be modified based on the participant's needs.

Session 4: Relapse prevention

Based on the high probability of recidivism of risk behavior or dropping out of treatment, this session helps participants develop skills to prevent relapse. If the participant is not ready to progress to the next session, more contacts under this session can be planned. Sequence of sessions 2-6 can be modified based on the participant's needs.

Session 5: Reducing drug related HIV risk

This session orients participant to drug risks and builds risk reduction skills. A safety kit distributed with tools appropriate for the participants (new syringes, cleaning supplies, etc.). If the participant is not ready to progress to the next session, more contacts under this session can be planned. Sequence of sessions 2-6 can be modified based on the participant's needs.

Session 6: Reducing sex-related HIV risk

This session strengthens the participant's awareness and skills in sex risk reduction. A safety kit is also provided based on sexual risk behaviors (condoms, lubricants, etc.). If the participant is not ready to progress to the next session, more contacts under this session can be planned. Sequence of sessions 2-6 can be modified based on the participant's needs.

Session 7: Booster

The final session allows the participant to review and evaluate their behavior change goals and accomplishments and develop a long term plan to maintain positive behavioral changes. Counselors ensure that the participant is linked to mental health services and social support networks that encourage and sustain risk reduction efforts.

The following are the goals of the intervention:

- reduction of risky behavior which may result in HIV/STI/viral hepatitis infection as a result of injection drug use and unprotected sexual contacts;
- enrollment of the clients in treatment of drug dependency and medical care;
- increase in self-efficiency of the clients to ensure changes in their behavior and to prevent relapses.

Implementing agencies– were community-based HIV service organizations:

- ✓ *Vid Sertsia do Sertsia (From Heart to Heart)* (Cherkasy);
- ✓ *Volia (Freedom)* (Uman)
- ✓ *Hromadske Zdorovya (Public Health)* (Poltava)
- ✓ *Svitlo Nadii (Light of Hope)* (Kremenchuh, Komsomolsk, Lubny)
- ✓ *Spodivannia (Hope)* (Zaporizhzhia)
- ✓ *Vse Mozhlyvo (Everything Is Possible)* (Melitopol)

Project implementation period: July 1, 2014, to December 31, 2015 (18 months)

Donor: USAID RESPOND project implemented in Ukraine by Pact Inc. in partnership with FHI360 under the financial support of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

Scope of finance: UAH 9 954 806.

Target populations:

- ✓ PWIDs who received services in the framework of intervention (men and women at age 18 and older who use injection drugs).
- ✓ PWIDs from the control group who received the basic services provided by the NGOs but not the intervention-related services.
- ✓ NGO staff implementing the intervention.
- ✓ HIV service NGOs implementing the intervention.

Expected outcomes of the intervention are the following: to help the clients to begin reflecting on their lives and to articulate their goals in a number of domains (health, drug use, HIV, daily life, employment, social support, leisure time). Even though the long-term reduction of HIV infection risk and initiation of drug dependency treatment are the priorities, the intervention also covers the pressing medical needs of the clients.

To assess efficiency of the intervention, upon the request of USAID RESPOND the NGO "Analytical Center *Socioconsulting*" carried out a sociological research in the period from July 1, 2014, to March 31, 2016.

The goal of the research was to study diligence of implementation of the intervention as well as the potential of the implementation of the intervention in Ukraine and its efficiency (*Summary of evaluation study is attached*). One of the research objectives was to assess economic feasibility of the *7 Steps* intervention using the method of social return on investment (SROI).

The research design was experimental using randomization, or random selection of the clients, who were willing and eligible to participate, to two groups: experimental (received services

in the framework of the intervention) and control (could receive other HIV services but not the intervention-related).

Research methods:

1) three stages of the questionnaire survey of the PWID: the baseline - in the beginning of the intervention implementation; intermediate - 4 months after the baseline survey, and the final - 7 months after the baseline;

2) FGD with the intervention clients who have successfully completed it;

3) FGD, in-depth interviews with the NGO staff involved in the implementation of the intervention;

4) analysis of the audio recording of the consultations;

5) analysis of the documentation and data base of the services provided to the clients;

6) assessment of economic feasibility using the social return on investment (SROI) method.

Sampling. Keeping in mind the needs of the statistical research, including identification of discrepancies between EG and CG based on all the surveys (baseline, intermediate and final) and such characteristics as terms of service use or the territorial and administrative status, it was decided that an appropriate number of participants in both the experimental and control groups should be at least 100 recipients in each city during the final survey. The sample number was based on the data of the similar research carried out in Puerto Rico, in which only 65 per cent of the intervention participants made it through all the modules while 15 per cent took part only in a part of the intervention (one to five modules)¹. Due to that, it was recommended to each NGO to enroll at least 130 persons in the experiment in the experimental group. Similar sample size was recommended for the control group. Based on the previous research experience described above, the forecasts of the sample sizes were developed for all research stages: 1560 respondents for the baseline survey, 1200 - for the intermediate, and 976 for the final survey. However, the number of the respondents turned out to be bigger (see Table 1).

Table 1

Planned and actual sample size, by the survey stages

	<i>Baseline</i>		<i>Intermediate</i>		<i>Final</i>	
	<i>EG</i>	<i>CG</i>	<i>EG</i>	<i>CG</i>	<i>EG</i>	<i>CG</i>
Planned sample size, resp.	780	780	600	600	488	488
Actual sample size, resp.	781	784	669	697	468	512
%	<i>100</i>	<i>101</i>	<i>112</i>	<i>116</i>	<i>96</i>	<i>105</i>

Among the key **limitations of the research**, it is important to mention the following:

✓ time limits, since the period of observation over a particular client totaled to 7 months which is not enough to assess sustainability of changes in behavior of drug dependent persons;

✓ lack of the biological component (observation over the clients was carried out without such control as HIV, STI and viral hepatitis testing); in other words, findings regarding effectiveness of the intervention were based using only the answers of the respondents about their behavior while seroconversion was not monitored;

¹ Effects of combined counseling and case management to reduce HIV risk behaviors among Hispanic drug injectors in Puerto Rico/ Journal of Substance Abuse Treatment 27 (2004). P. 145-152.

✓ contamination of the control group resulting from the fact that its participants received wider range of services compared to the basic package of the HR projects funded by the GF;

✓ behavioral specificities of the clients (the clients attending the interview were not always sober and thus could not fully understand the questions of the interviewers) which influenced the quality of the received data.

It is also necessary to discuss the limitations related to the specific feature of the intervention such as limited access of the intervention participants to the medical and social services recommended to them in the framework of the intervention. A need in increase of use of the medical and social services was often limited by real possibilities to receive these services at the specific sites thus influencing the efficiency of the intervention. The biggest problem was unsatisfied demand of the clients for the detox and SMT programs due to the limited capacities of the NGOs to facilitate access to such programs. The job placement center also has exceptionally limited possibilities to provide employment to the clients.

SPSS, in particular the special statistical methods of data processing including calculation of two-dimensional distribution with identification of presence of the statistically significant differences, was used to analyze the quantitative data.

Method of social return on investments was used to assess economic feasibility of the project, taking into consideration the social and psychological changes, changes in the health status etc., in particular project outcomes/results not related to finances but experienced by the intervention participants.

The goal of SROI was to assess effectiveness of the intervention "*7 Steps: Psychosocial Intervention Model* for injection drug users in Ukraine" which includes provision of the high-quality prevention service package to the injection drug users as a response to the HIV/AIDS epidemic in Ukraine.

SROI objective: to calculate social return on investment for the *7 Steps* intervention

Methods to assess social return on investment (SROI):

- Analysis of the results of the baseline and intermediate (4 months after the beginning of the intervention) surveys conducted among the intervention participants - PWIDs (*questionnaires are attached*);
- FGD with the intervention clients who graduated from the program successfully (*guides are attached*);
- FGD with the sexual partners of the PWIDs who were the intervention participants (Poltava) (*guide is attached*);
- FGD, in-depth interviews and on-line poll with the NGO staff involved in the intervention implementation (*guides are attached*);
- analysis of the documentation and data base of the services provided to the clients;
- phone interviews with NGO staff not involved in the intervention but trained accordingly;
- consultations with experts (drug procurement experts, doctors-narcologists, dermatovenerologists and infectionists).

Sample: eligibility criterion for inclusion in the SROI analysis was PWIDs who underwent 5 or more *7 Steps* intervention modules in 6 NGOs (691 persons)

SROI limitations

Besides the limitations of the SROI implementation research mentioned above, a number of additional difficulties arose:

- Limits in the geographic scope of the research, in particular, one of the sites which implemented the intervention was not included in the study (Lubny) and the results of the survey carried out among PWIDs in other cities were extrapolated to the Lubny participants. The reason this site was included in the study is the fact that money was provided by a donor to the NGO working in three cities and it proved impossible to determine how much money was spent on the intervention implemented in Lubny. This limitation is partially neutralized by the results of the additional consultations with the NGO staff in Lubny regarding the results achieved by their clients. The results demonstrated by the intervention participants in Lubny were no different from the results demonstrated by the experimental group in other cities, and data analysis proved that.
- Limitations related to failure to involve all stakeholders in the discussion of the intervention results. Due to their psychological specificity, PWID aim at giving the socially expected answers, which cannot be fully objective. That is why we have not discussed with them the effectivity period and reduction of the intervention's influence. It is the NGO staff and doctors, who worked in the project framework, who can give answers that are more objective, as well as the doctors-narcologists, who can assess duration of remission in PWIDs. All other results of the intervention were discussed directly with the stakeholders.
- Analysis of the changes in behavior was based on the data of the baseline and intermediate survey of PWIDs, the results of the final survey was not used for the purpose of the analysis due to loss of the respondents at the stage of final survey. A number of the respondents who participated in the final survey totaled only to 62.6% (due to the limited time frame of the project or due to the fact that they did not complete the intervention). This fact might have resulted in increase of the indicators used in the analysis.



2. Setting the scope of work and identification of the stakeholders

9 key stakeholders were identified at the first stage of the economic efficiency assessment (see Table 2).

Table 2

Reasons for inclusion of the stakeholders in SROI

#	Stakeholders	Activities they participated in and reasons for inclusion in SROI	Key changes	Sources of information
1.	PWIDs who participated in the intervention	NGO clients, key beneficiaries of the project services: went through 7 steps with a psychologist and a case manager (counseling and case management); received the basic services provided by the NGO (syringes, condoms, information materials) Period: August 1, 2014, to December 31, 2015	<ul style="list-style-type: none"> - Reduction of injection drug use; - abstinence from injection drug use; - change of injection behavior to a safer one; - change of sexual behavior to a safer one; 	<ul style="list-style-type: none"> - survey and FGDs with PWIDs; - FGD, in-depth interviews and online poll with the project staff
2.	Sexual partners of PWIDs	Did not participate in the activities included in the intervention but could indirectly benefit from it through their partners who participated in the intervention. Persons closest to the clients who are PWIDs. On the one hand, are at the higher risk of HIV and other STI from PWIDs, who are their sexual partners, on the other hand, they have significant levers to motivate their partners to attend the NGO and to receive services from the project.	Safer behavior of the PWID clients result in reduction of HIV, STD infection risks, health improvement, health improvement of their sexual partners, who are not clients of the project, and possibly in less risky behavior of the latter. Besides, savings of PWIDs from drug-related expenditures improved wellbeing of the partners.	<ul style="list-style-type: none"> - survey and FGDs with PWIDs; - FGD with the partners of PWIDs; - FGD, in-depth interviews and online poll with the project staff
3.	Children of the PWID clients	Did not participate in the activities included in the intervention but could indirectly benefit from it through their parents. Immediate families of the PWID clients depend on their parents financially and emotionally and thus will be impacted by the intervention.	<ul style="list-style-type: none"> - Improvement of social and psychological wellbeing and thus reduced risks of violence in the families; - Improvement of wellbeing of children due to reduction of expenses of PWIDs on drugs. 	<ul style="list-style-type: none"> - survey and FGDs with PWIDs; - FGD with the partners of PWIDs; - FGD, in-depth interviews and online poll with the project staff

4.	NGO staff implementing the intervention.	Actual project service providers, as well as its recipients, since they underwent the relevant training (training to build their professional capacities (a total of 8 trainings), distant training and supervision). Period: June 17, 2014, to December 31, 2015	<ul style="list-style-type: none"> - Increased competitiveness in the labor market; - improvement of the living standards of the employees since there is financial remuneration for participation in the project; - satisfaction with the job; - professional and emotional burnout due to high volumes of work and length of the intervention (negative outcome). 	FGD, in-depth interviews and online poll with the staff
5.	NGO which implemented the <i>7 Steps</i> intervention	Financial administrators of the USAID RESPOND Project grants. Organized all intervention-related activities in the cities. Period: June 17, 2014, to December 31, 2015	<ul style="list-style-type: none"> - Capacity building, development of the positive image among other HIV service NGOs which work with the PWID population; - PWIDs who successfully graduated from the intervention, were involved in work of the NGO as volunteers as a result of which the latter expanded its workforce capacity and reduced its human resources expenses. 	In-depth interviews with the project coordinators
6.	NGO staff not involved in the intervention but trained accordingly	Underwent relevant training in the Project framework: 20 employees from 9 NGOs in 5 regions of Ukraine: Cherkasy, Dnipropetrovsk, Odesa, Zaporizhzhia, Mykolayiv. Period: February 3-5, 2015	<ul style="list-style-type: none"> - Strengthening of professional skills thus increasing competitiveness in the labor market. 	Telephone interviews with the NGO staff who went through the trainings
7.	PWID who are HIV service users and did not	NGO clients, key beneficiaries of the HIV services. Have received, and are still receiving, the services from the staff involved in the intervention. Period: August 1, 2014, to present day	Receive assistance of better quality, which may have positive and effective influence over their lives.	<ul style="list-style-type: none"> - FGD, in-depth interviews and online poll with the staff; - survey among PWIDs who got services in the NGO

	participate in the intervention			before intervention
8.	The Government	Ensures implementation of the National Program for HIV Prevention, Treatment, Care and Support of people living with HIV and AIDS patients which is aimed at stabilization of the epidemiological situation and reduction of morbidity and mortality. Period: August 1, 2014, to present day	<ul style="list-style-type: none"> - Reduction of the new HIV cases, improved health of the general population which will make it possible for the Government to reduce expenses on HIV treatment; - the clients find regular official paid jobs thus increasing revenues of the Public Budget; - increased expenses on SMT for the clients who are trying to stop using injection drugs, which is an additional burden for the budget (a negative outcome). 	<ul style="list-style-type: none"> - survey among PWIDs; - FGD with the clients; - FGD, in-depth interviews and online poll with the staff
9.	Donor (USAID RESPOND)	Provided a financial possibility to implement the intervention, the necessary education, carried out the trainings and supervision, general coordination and management. Period: August 1, 2014, to March 31,		Consultation with USAID RESPOND staff

Other stakeholders which will indirectly benefit from the intervention include the local governments and local communities, local employers, LEA and PF and the judiciary as well as health care facilities etc. Thus, due to successful intervention implementation, the crime rate will drop in the society (PWIDs will stop stealing and participating in robberies etc.), as a result, the cities will be safer and the expenses necessary to hold PWIDs accountable and to execute their sentences will be reduced. Successful intervention implementation will promote wider socialization of PWIDs, which, in its turn, might stimulate their wish to be employed. Thus the PWIDs will become a potential lowly paid workforce, productivity of their work will increase and their health will improve, thus reducing a need in sick days. However, the changes listed above and influence of the mentioned stakeholders on the project activities in general is rather indirect, and there is not enough data to pin it down.

The key changes that might be the result of the intervention are presented in the figure hereafter (Figure 2).

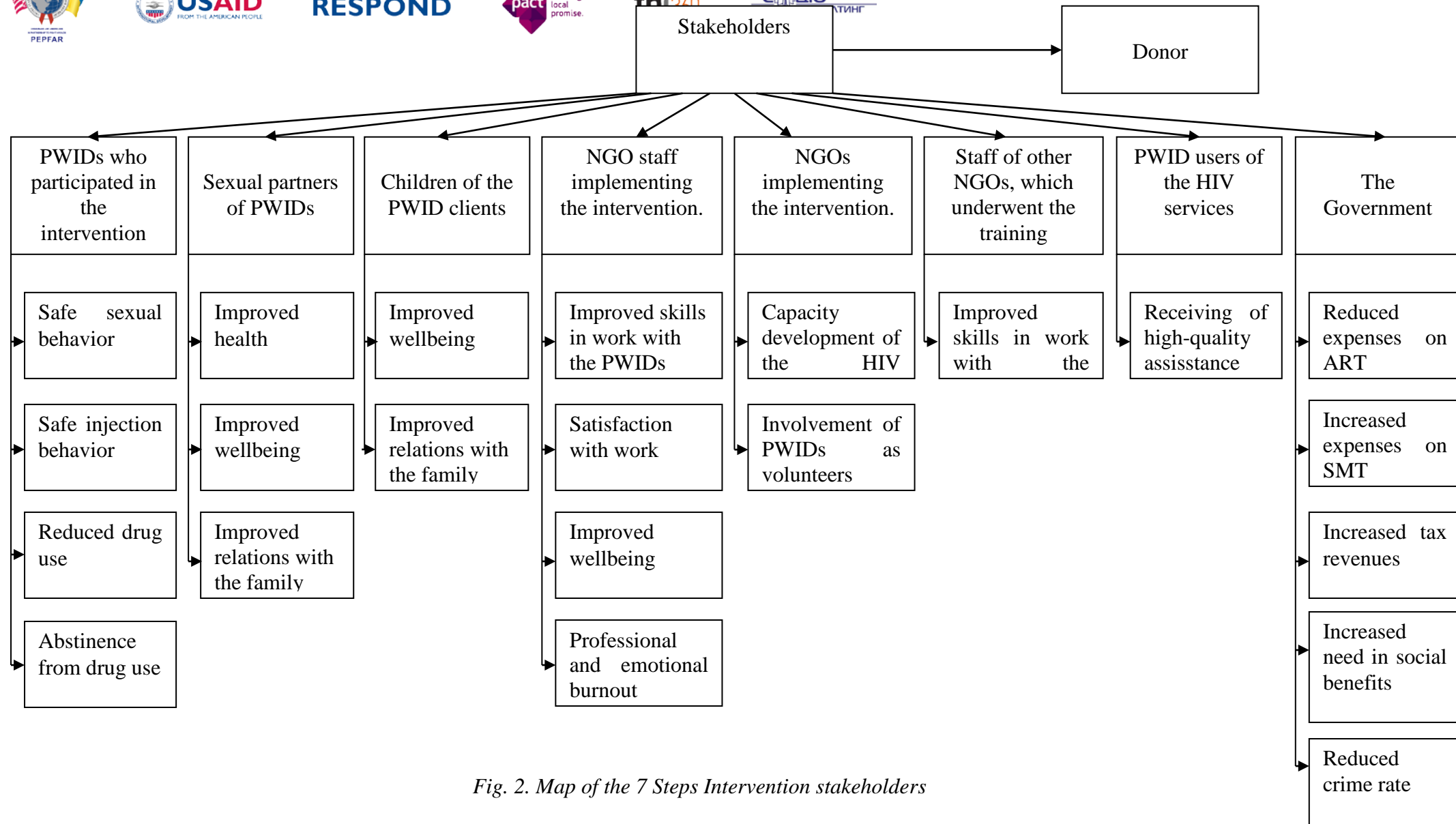


Fig. 2. Map of the 7 Steps Intervention stakeholders



3. Developing a project impact map

All funds to implement the project were provided by the donor which contributed significantly. Donor funds covered the following expenses:

- Salaries of staff members involved in the intervention implementations;
- Purchase of equipment necessary to implement the intervention;
- Rent of the offices where the clients received the services, and payment for the utility services in these offices;
- Payment for cell phones, stationary, courier and transport services;
- Motivational kits for the clients;
- Research;
- Training for the staff implementing the intervention;
- Supervision and monitoring of the intervention implementation;
- Training for the NGO staff, which did not implement the intervention but provided the HIV services.

Additionally, the NGOs used the available resources to provide the services to their PWID clients in the framework of the Global Fund to Fight AIDS, TB and Malaria projects (dissemination of syringes, condoms, lubricants, informational materials, alcohol wipes, chlorhexidine, HIV rapid tests). These services were used by the participants from both experimental and control groups.

PWIDs, who participated in the experimental group, invested their time in the intervention (they attended consultations conducted by psychologists, went through medical screening etc). Since a majority of the target population does not work, and those who work receive the minimum wages, their contribution was calculated as UAH 109 using the following formula: minimum hourly wages in Ukraine * an average number of hours spent by the clients to participate in the intervention.

NGO staff also invested time in the intervention implementation but it was compensated by the Donor through salary and coverage of all training expenses.

Partners and children of PWID who did not participated in the intervention did not contribute anything to it but benefited from it.



Table 3

Developing an impact map, project outcomes

Stakeholders	Groups		Inputs		Outputs	Outcomes	How this has been informed by stakeholder involvement
	Who was influenced? Who influenced us?	Size of the group	Consequences caused by the project	Description : What was invested	Volumes, in UAH	Activity description, in numbers	
PWIDs who participated in the intervention	796 PWIDs participated in the intervention	Abstinence from drug use, reduced frequency of use; safer sexual and injection behavior	Time	109	<ul style="list-style-type: none"> • UA H 9 954 806 were spent; • Carr ied out: 8 training for 39 NGO employees; 12 meetings and round table' training for 20 employees of other NGOs; • 1 258 PWIDs received 	1) reduction of risky sexual practices (reduction of risk of STI, HIV, unwanted pregnancy); 2) reduction of risky injection use (reduction of risk of viral hepatitis C, HIV) 3) reduction of drug use frequency (reduction of risk of viral hepatitis C, HIV; improvement of financial situation due to reduction of drug expenses/registration to receive social benefits, drop in a number of offenses, improvement of mental health, improvement of relation with the family, new social contacts, better education) 4) abstinence from injection drug use (reduction of risk of viral hepatitis C, HIV, renouncing of negative social contacts, improvement of financial situation due to reduction of drug expenses/job placement/registration to receive social benefits, drop in a number of offenses, improvement of mental health, improvement of relation with the family, new social contacts, better education, replacement of drug use with alcohol use)	- survey and FGDs with PWIDs; - FGD, in-depth interviews and online poll with the project staff

Sexual partners of PWIDs	311 PWIDs had sexual partners and went through at least 5 intervention modules	Improvement of health and wellbeing; solution of social and psychological problems	-	-	<p>services in the NGOs;</p> <ul style="list-style-type: none"> 7307 6 working hours were completed; Diss eminated 642271 syringes, 26812 condoms, 4792 	<p>1) improved health (reduction of risk of viral hepatitis C, STI, HIV)</p> <p>2) improvement of their wellbeing due to reduction of PWIDs' expenses on drugs, job placement, registration to receive social benefits</p> <p>3) solution of social and psychological problems - improved relations with the families, reduction of risk of violence in the families</p>	<p>- survey and FGDs with PWIDs;</p> <p>- FGD with the partners of PWIDs;</p> <p>- FGD, in-depth interviews and online poll with the project staff</p>
Children of the PWID clients	145 PWIDs had children and went through at least 5 intervention modules	Improved wellbeing, solution of social and psychological problems	-	-	<p>lubricants, 1554 information booklets, 18500 alcohol wipes, 248 HIV rapid tests, 250 chlorhexidine packets;</p> <ul style="list-style-type: none"> two SMT sites were 	<p>1) improvement of their financial situation due to reduction of PWIDs' expenses on drugs, job placement, registration to receive social benefits</p> <p>2) solution of social and psychological problems - improved relations with the families, reduction of risk of violence in the families</p>	<p>- survey and FGDs with PWIDs;</p> <p>- FGD with the partners of PWIDs;</p> <p>- FGD, in-depth interviews and online poll with the project staff</p>

NGO staff implementing the intervention	39 employees		-	-	opened;	1) improved skills of work with PWIDs 2) satisfaction from their work; 3) professional and/or emotional burnout; 4) improved wellbeing	FGD, in-depth interviews and online poll with the staff
NGOs which implemented the intervention	6 NGOs in 8 cities		-	-		1) improved capacities to provide HIV service to PWIDs, higher value of the organization and its employees in the market; 2) involvement of the clients, who successfully graduated from the intervention, as volunteers thus reducing expenses on outreach workers	In-depth interviews with the project coordinators
NGO staff not involved in the intervention but trained accordingly	20 NGO employees in 5 cities		-	-		1) improved capacities to provide HIV service to PWIDs, higher value in the market	Telephone interviews with the NGO staff who went through the trainings
PWIDs who are HIV service users and did not participate in the intervention	3406 PWIDs receive services in 6 NGOs		-	-		1) higher quality assistance received from the HIV service NGOs which underwent the relevant training	- FGD, in-depth interviews and online poll with the staff; - survey among PWIDs who

							got services in the NGO before intervention
The Government			-	-		<ul style="list-style-type: none"> 1) reduction of expenses on ART due to reduced risk of HIV among PWIDs; 2) increased need in SMT; 3) increased need in social benefits due to increase in demand from the target population; 4) reduction of a number of offenses; 5) increase in tax revenues due to official job placement of the PWIDs 	<ul style="list-style-type: none"> - survey among PWIDs; - FGD with the clients; - FGD, in-depth interviews and online poll with the staff
Donor (USAID RESPOND)		Provided funds to implement the intervention, carried out supervision, control and general management.	Money, in UAH	UAH 9 954 80 6			Consultation with USAID RESPOND staff



4. Corroboration of evidence and valuing outcomes

In order to clarify and have quantitative estimation of the results, the key indicators reflecting the changes, which took place as a result of the project, were developed (Appendix 2).

4.1. Corroboration of evidence and value of outcomes to the PWID users of the intervention

The key sources of information to assess the intervention outcome for PWIDs were the following:

- survey among PWIDs prior to the beginning of the intervention (the baseline survey) and right after its completion (in 4 months, intermediate);
- FGD with the clients who successfully completed the intervention;
- database of the services provided to the clients;
- interviews and online poll with NGO staff.

Taking in consideration the fact that the social and demographic characteristics of PWIDs do not significantly differ in the cities and there are no significant differences in changes in different subgroups, all the results were calculated for the experimental group in whole.

During the first stage, it was made known that 691 PWID clients of the intervention made through at least 5 intervention modules and were included in the analysis.

In order to identify the changes that took place under the influence of the intervention, the survey results were updated using the results of the survey among the control group in a way that made it possible not to take into account influence of other possible factors (for instance, change in the regional drug scene etc.)

Change to safe sexual and injection behavior

Changes in sexual and injection behavior made it possible to:

- ✓ reduce HIV infection risk (result #1);
- ✓ reduce viral hepatitis C infection risk (result #2);
- ✓ reduce STD infection risk (result #3);
- ✓ reduce a risk of unwanted pregnancy;
- ✓ reduction of a number of abortions.

See description of the results #1-3 hereafter.

As for *reduction of risk of unwanted pregnancy* and *reduction of a number of abortions*, there were no statistically significant changes identified for these indicators. Prior to the intervention, among female PWIDs in EG, 48 per cent practiced safe sexual behavior; at the end of the intervention, their number totaled to 45% ($p>0,05$). Since the changes that occurred are statistically insignificant, they were not included in the analysis.

Result #1: Reduction of HIV infection risk

62 PWIDs reduced their HIV infection risk due to safe injection and sexual behavior.

HIV infection risk reduction was assessed using the following indicators:

- a number of PWIDs who did not use a syringe to use drugs during the last 30 days **or** dutifully used sterile paraphernalia during the last 30 days **and**

- a number of PWIDs who did not have sexual contacts during the last 30 days **or** dutifully used a condom during each sexual intercourse during the last 30 days.

The data received demonstrated that during the project implementation (18 months), in the EG, a number of PWID clients practicing safe behavior grew by 17%, from 12% in the beginning of the project to 29% in 4 months. In the CG, a number of PWID clients practicing safe behavior grew 8%, from 12% in the beginning of the project to 20% in 4 months after the baseline survey. The difference in the indicators is significant ($p < 0,05$). Thus, extrapolating the received data on the group of the clients who participated in the intervention, it is possible to state that thanks to the 7 *Steps* intervention, 9%, or 62 persons, out of 691 PWID project clients reduced their HIV infection risk.

	<i>EG</i>	<i>CG</i>	<i>Dynamics</i>
Baseline survey	12	12	<u>+9%</u> $p < 0,05$
Intermediate survey	29	20	
<i>Dynamics</i>	+17%	+8%	

Result #2. Reduction of viral hepatitis C infection risk

73 PWIDs reduced their viral hepatitis C infection risk due to safe injection behavior.

Reduction of viral hepatitis C infection risk was assessed using the following indicators:

- a number of PWIDs who did not use a syringe to use drugs during the last 30 days

or

- dutifully used sterile paraphernalia during the last 30 days.

The data received demonstrated that during the project implementation (18 months), in the EG, a number of PWID clients practicing safe injection behavior grew by 24%, from 21% in the beginning of the project to 45% upon the completion of the intervention ($p < 0,05$); in other words, 166 PWIDs improved their injection behavior. However, taking into consideration the prevalence rate of viral hepatitis C among PWIDs (55.9%)², of them, only 44.1%, or 73 PWID, are probably not infected with viral hepatitis C. Accordingly, 73 PWIDs reduced their infection risk.

Result #3. Reduction of STI risk

35 PWIDs reduced their STI risk due to safe sexual behavior.

Reduction of STI risk was assessed using the following indicators:

- a number of PWIDs who did not have sexual contacts during the last 30 days

or

- dutifully used a condom during each sexual intercourse during the last 30 days.

The data received demonstrated that during the project implementation, in the EG, a number of PWID clients practicing safe injection behavior grew by 5%, from 50% in the beginning of the project to 55% upon the completion of the intervention ($p < 0,05$). No significant changes occurred in the CG. Thus, extrapolating the received data on the clients who participated in the intervention, it is possible to state that thanks to the 7 *Steps* intervention, 5%, or 35 persons, out of 691 PWID project clients reduced their STD infection risk.

² According to the data of the biobehavioral study, carried out at the commission of the ICF *Public Health Alliance*, as of 2015.

	<i>EG</i>	<i>CG</i>	<i>Dynamics</i>
Baseline survey	50	p>0,05	<u>+5%</u> p<0,05
Intermediate survey	55		
<i>Dynamics</i>	+5%		

Reduction of frequency of injection drug use

Reduction of frequency of injection drug use made it possible to:

- ✓ improve wellbeing by
 - increase in savings (result #4);
 - registration to receive social benefits;
- ✓ improved relation with the family (result #5);
- ✓ improved mental health;
- ✓ reduction of crime rate among PWIDs;
- ✓ renouncing of old 'negative' contacts;
- ✓ establishing new social contacts;
- ✓ improved education.

See description of the results #4, 5 hereafter.

During the focus groups, the clients stated that as a result of the *7 Steps* intervention PWIDs reduced frequency of drug use and thus expenses on them and so stopped *raising the money by committing crimes* (for instance, thefts/robberies, commercial sex work). However, the sociological data demonstrates that prior to the intervention and right after it, only 1% of PWIDs committed crimes. Since the changes that occurred are not statistically significant, we have not included this result in the analysis. Similarly, due to lack of significant changes we have not included a number of changes reported by the clients during the FGD, in particular:

- *improved mental health;*
- *renouncing of old 'negative' contacts;*
- *establishing new social contacts;*
- *improved education* (undergoing career development courses);
- *registration to receive social benefits.*

Result #4. Improved wellbeing by increased savings

28 PWIDs reduced drug use frequency and thus increased their savings.

Reduction of drug use frequency was assessed using the following indicator:

- reduction of drug use frequency to once a week or less frequently by those PWIDs who used syringe for drug use during the last 30 days.

The data received demonstrated that during the project implementation, in the EG, a number of PWID clients who use drugs rarely grew by 10%, from 28% in the beginning of the project to 38% upon the completion of the intervention. In the CG, a share of PWID clients who practice safe behavior grew 6%, from 29% in the beginning of the project to 35 % in 4 months after the baseline survey. The difference in the indicators is significant (p<0,05). Thus, extrapolating the received data on the clients who participated in the intervention, it is possible to state that due to the *7 Steps* intervention, 4%, or 28 persons, out of 691 PWID project clients reduced drug use frequency.

	<i>EG</i>	<i>CG</i>	<i>Dynamics</i>
Baseline survey	28	29	<u>+4%</u> p<0,05
Intermediate survey	38	35	
<i>Dynamics</i>	+10%	+6%	

Result #5. Improved relations with the family

62 PWIDs improved relations with their family because they started using drugs less frequently.

The changes were assessed using the following indicators:

- a number of PWIDs who reduced use of drugs to once a week or even less frequently **and**
- insisted they worked to improve relations with the members of their families.

The data received demonstrated that during the project implementation, in the EG, a number of PWID clients working to improve relations with the member of their families grew by 9%, from 21% in the beginning of the project to 30% in 4 months (p=0,000). No significant changes occurred in the CG. Thus, extrapolating the received data on the clients who participated in the intervention, it is possible to state that thanks to the *7 Steps* intervention, 9%, or 62 persons, out of 691 PWID project clients improved relations with their families.

	<i>EG</i>	<i>CG</i>	<i>Dynamics</i>
Baseline survey	21	p>0,05	<u>+9%</u> p<0,05
Intermediate survey	30		
<i>Dynamics</i>	+9%		

Abstinence from drug use

Abstinence from drug use made it possible to:

- ✓ improve wellbeing by
 - increase in savings (result #6);
 - job placement (result #7);
 - registration to receive social benefits;
- ✓ improved relation with the family (result #8);
- ✓ improved mental health;
- ✓ reduction of crime rate among PWIDs;
- ✓ renouncing of old 'negative' contacts;
- ✓ establishing new social contacts;
- ✓ improved education;
- ✓ replacement of drug use with alcohol use (negative outcome) (result #9).

See description of the results #6-9 hereafter.

Contrary to the results of other surveys carried out among PWIDs in Ukraine, in this study an indicator of *improved mental health* due to reduced drug use or reduction of drug use frequency proved to be statistically insignificant. Statistical analysis confirms it because improving mental health doesn't significantly depends on reduction of drug use on baseline and 4-month follow-up

($p=0,139$). Explaining this fact, during the focus groups the clients stated that their psychological and physical conditioned worsened following abstinence from drugs because of objective physiological reasons. Nevertheless, the clients experience improvement of their mental health much later, after they get used to abstinence from drug use. However, the research protocols did not include assessment of sustainability of changes due to limited project timeframe.

Similarly, due to lack of significant changes we have not included a number of changes reported by the clients during the FGD, in particular:

- *improved mental health;*
- *reduced crime rate;*
- *renouncing of old 'negative' contacts;*
- *establishing new social contacts;*
- *improved education (undergoing career development courses);*
- *registration to receive social benefits.*

Result #6. Improved wellbeing by increased savings

111 persons stopped using drugs and thus increased their savings.

A indicator of the result of increased savings due to abstinence from drug use was the following:

- a number of PWIDs who did not use drugs using syringes during the last 30 days.

The data received demonstrated that during the project implementation, in the EG, a number of PWID clients who stopped injecting drugs grew by 26%, from 4% in the beginning of the project to 30% upon the completion of the intervention. In the CG, a share of such clients grew 10%, from 5% in the beginning of the project to 15% in 4 months after the baseline survey. The difference in the indicators is significant ($p<0,05$). Thus, extrapolating the received data on the clients who participated in the intervention, it is possible to state that thanks to the *7 Steps* intervention, 16%, or 111 persons, out of 691 PWID project clients stopped using drugs and their financial situation improved as a result of that.

	<i>EG</i>	<i>CG</i>	<i>Dynamics</i>
Baseline survey	4	5	+16% $p<0,05$
Intermediate survey	30	15	
<i>Dynamics</i>	+26%	+10%	

Result #7. Improved wellbeing due to job placement

122 persons succeeded in finding regular or temporary jobs because they stopped injecting drugs or reduced drug use frequency.

The changes were assessed using the following indicators:

- increase in a number of persons who have regular or temporary jobs out of a number of clients who reduced drug use frequency to once a week or even less frequently or did not inject drugs during the last 30 days.

The data received indicated that during the project implementation period a number of PWID clients who found jobs increased. Thus, in accordance with the reports of the NGO staff, due to changes in the injection drug use (reduced frequency of drug use or abstinence from injection

drug use) 122 clients succeeded in finding regular or temporary jobs. NGO staff did not record similar changes in the CG, that is why it is not possible to take them into account.

Result #8. Improved relations with the family

111 persons improved their relations with their families as a result of abstinence from injection drug use.

The changes were assessed using the following indicators:

- a number of PWIDs who did not use drugs using syringes during the last 30 days

and

- insisted they worked to improve relations with the members of their families.

The data received demonstrated that during the project implementation, in the EG, a share of PWID clients working to improve relations with their families and reduced drug use frequency grew by 24%, from 3% in the beginning of the project to 27% upon completion of the intervention ($p=0,000$). In the CG, a share of such clients grew 8%, from 4% in the beginning of the project to 12% in 4 months after the baseline survey. Thus, extrapolating the received data on the clients who participated in the intervention, it is possible to state that thanks to the *7 Steps* intervention, 16%, or 111 persons, out of 691 PWID project clients improved relations with their families.

	<i>EG</i>	<i>CG</i>	<i>Dynamics</i>
Baseline survey	3	4	<u>+16%</u> $p<0,05$
Intermediate survey	27	12	
<i>Dynamics</i>	+24%	+8%	

Result #9. Replacement of drug use with alcohol use

146 persons replaced drug use to alcohol use due to their abstinence from drug use or reduced frequency of injection drug use.

The changes were assessed using the following indicators:

- number of PWIDs who replaced injecting drugs with alcohol use.

The data received indicated that during the project implementation period in EG, a number of PWID clients who use alcohol increased. Thus, in accordance with the reports of the NGO staff, due to changes in the injection drug use (reduced frequency of drug use or abstinence from injection drug use) 146 clients replaced injection drug use with alcohol use. NGO staff did not record similar changes in the CG, that is why it is not possible to take them into account.

4.2. Corroboration of evidence and value of outcomes to PWID families

The key sources of information to assess the intervention outcome for the families of PWIDs were the following:

- FGD with the partners of the intervention participants;
- FGD with the PWIDs who successfully completed the intervention;
- survey among PWIDs;
- in-depth interviews with the intervention implementers.

At the first stage, it was made known that 311 PWIDs who received services in the framework of the *7 Steps* intervention (participated in at least 5 modules) have a husband/wife/partner while 145 live with their children of the partner's children.

The following was identified as the intervention outcomes for the PWID families:

- ✓ reduction of viral hepatitis C, STI, HIV infection risk (result #10);
- ✓ improved wellbeing due to job:
 - reduction of PWIDs' expenses on drugs (result #11);
 - employment of PWIDs (result #12);
 - registration to receive social benefits;
- ✓ resolving of the social and psychological problems resulting in the risk of violence in the families (results #14, 15).

See description of the results #10-15 hereafter.

As for improvement of wellbeing through *registration to receive social benefits*, these changes proved to be statistically insignificant for the PWIDs, too, that is why they were not included in the analysis.

Result #10. Reduction of viral hepatitis C, STI, HIV infection risk

28 partners of PWIDs reduced their HIV, STI, viral hepatitis C infection risk due to safer injection and sexual behavior of the PWIDs.

Reduction of infection risk was assessed using the following indicators:

- a number of PWIDs who did not use a syringe to use drugs during the last 30 days **or** dutifully used sterile paraphernalia during the last 30 days **and**
- did not have sexual contacts during the last 30 days **or** dutifully used a condom during each sexual intercourse during the last 30 days.

The data received demonstrated that during the project implementation (18 months), in the EG, a number of PWID clients who have partners and practice safe behavior grew by 10%, from 15% in the beginning of the project to 25% upon the completion of the intervention ($p < 0,05$). No significant changes occurred in the CG. Thus, extrapolating the received data on the clients who participated in the intervention, it is possible to state that thanks to the *7 Steps* intervention, 10% of PWIDs, or 28 partners of the PWIDs, reduced their HIV, STD, viral hepatitis C infection risk.

	<i>EG</i>	<i>CG</i>	<i>Dynamics</i>
Baseline survey	15	$p > 0,05$	<u>+10%</u> $p < 0,05$
Intermediate survey	25		
<i>Dynamics</i>	+10%		

Result #11. Improvement of wellbeing due to reduction of PWIDs' expenses on drugs.

This outcome was analyzed separately for the PWID's partners and children. However, for the children of PWIDs this indicator proved to be statistically insignificant and therefore was not included in this analysis.

37 partners of PWIDs improved their wellbeing due to reduction of PWIDs' expenses on drugs.

Reduction of drug use frequency was assessed using the following indicator:

- a number of PWIDs who have partners and did not use a syringe to use drugs during the last 30 days

or

- who reduced use of drugs to once a week or even less frequently

The data received demonstrated that during the project implementation, in the EG, a share of PWID clients who had partners and reduced their drug use frequency or stopped injecting drugs grew by 20%, from 33% in the beginning of the project to 53% upon the completion of the intervention ($p < 0,05$). In the CG, a share of such clients grew 8%, from 40% in the beginning of the project to 48% in 4 months after the baseline survey. Thus, extrapolating the received data on the clients who participated in the intervention, it is possible to state that thanks to the *7 Steps* intervention, 12% of PWIDs, or 37 partners of the PWIDs, improved their wellbeing.

	<i>EG</i>	<i>CG</i>	<i>Dynamics</i>
Baseline survey	33	40	<u>+12%</u> $p < 0,05$
Intermediate survey	53	48	
<i>Dynamics</i>	+20%	+8%	

Result #12. Improved wellbeing of partners due to employment of PWIDs

47 partners of PWIDs improved their wellbeing because the PWIDs found employment.

The following was selected as the outcome indicator:

- increase in a number of PWIDs who have partners and found regular or occasional jobs.

The data received demonstrated that during the project implementation, in the EG, a share of PWID clients who have partners and found jobs grew by 15%, from 69% in the beginning of the project to 84% upon the completion of the intervention ($p < 0,05$). No significant changes occurred in the CG. Thus, extrapolating the received data on the clients who participated in the intervention, it is possible to state that thanks to the *7 Steps* intervention, 15% of PWIDs, or 47 partners of the PWIDs, improved their wellbeing as a result of PWIDs' employment.

	<i>EG</i>	<i>CG</i>	<i>Dynamics</i>
Baseline survey	69	$p > 0,05$	<u>+15%</u> $p < 0,05$
Intermediate survey	84		
<i>Dynamics</i>	+15%		

Result #13. Improved wellbeing of children due to employment of PWIDs

17 children of PWIDs improved their wellbeing because the PWIDs found employment.

The following was selected as the outcome indicator:

- increase in a number of PWIDs who have children and found regular or occasional jobs.

In the EG, a number of PWID clients who work and have children grew by 14%, from 63% in the beginning of the project to 77% upon the completion of the intervention ($p < 0,05$). No significant changes occurred in the CG. Thus, extrapolating the received data on the clients who participated in the intervention, it is possible to state that thanks to the *7 Steps* intervention, 14% of PWIDs, or 17 children of the PWIDs, improved their wellbeing as a result of PWIDs' employment.

	<i>EG</i>	<i>CG</i>	<i>Dynamics</i>
Baseline survey	63	p>0,05	<u>+14%</u> p<0,05
Intermediate survey	77		
<i>Dynamics</i>	+14%		

Result #14. Reduction of violence risk for partners of PWIDs

Violence risk reduced for **25 partners** of PWIDs because 25 PWIDs improved relations with their families.

The changes were assessed using the following indicators:

- increase in a number of PWIDs who have partners and claim that they are working to improve relations with the family members.

In EG, out of all PWIDs who said they had partners prior to the intervention, 73% stated that they were working to improve relations in their families, and right after completion of the intervention their share totaled to 84%; in other words, the share of such clients grew 8%. No significant changes occurred in the CG. Thus, extrapolating the received data on the clients who participated in the intervention, it is possible to state that thanks to the *7 Steps* intervention, 8% of PWIDs, or 25 partners of the PWIDs, improved relations in the families and correspondingly the violence risk dropped for them.

	<i>EG</i>	<i>CG</i>	<i>Dynamics</i>
Baseline survey	73	p>0,05	<u>+8%</u> p<0,05
Intermediate survey	81		
<i>Dynamics</i>	+8%		

Result #15. Reduction of violence risk for children of PWIDs

Violence risk reduced for at least **15 children** of PWIDs because 15 PWIDs improved relations with their families.

The changes were assessed using the following indicators:

- increase in a number of PWIDs who have children and claim that they are working to improve relations with the family members.

In EG, out of all PWIDs who had children prior to the intervention, 76% stated that they were working to improve relations in their families, and their share increased to 86% right after the intervention was completed; in other words, the share of such clients grew 10%. No significant changes occurred in the CG. Thus, extrapolating the received data on the clients who participated in the intervention, it is possible to state that thanks to the *7 Steps* intervention, 10% of PWIDs, or 15 children of the PWIDs, improved relations in the families and correspondingly the violence risk dropped for them.

	<i>EG</i>	<i>CG</i>	<i>Dynamics</i>
Baseline survey	76	p>0,05	<u>+10%</u> p<0,05
Intermediate survey	86		
<i>Dynamics</i>	+10%		

4.3. Corroboration of evidence and value of outcomes to NGOs

The key sources of information to assess the intervention outcome for this group of stakeholders were the following:

- FGD and in-depth interviews with the staff implementing the intervention and project coordinators;
- NGO reports;
- Telephone interviews with the NGO staff who underwent the trainings.

The following outcomes were identified for the NGO staff implementing the intervention:

- ✓ increased competitiveness in the labor market (result #16);
- ✓ satisfaction with the job (result #17);
- ✓ improvement of wellbeing of the staff (result #18);
- ✓ professional and/or emotional burnout (a negative outcome) (result #19).

See description of the results #16-18 hereafter.

Result #16. Increased competitiveness in the labor market

Competitiveness of **28 employees** in the labor market increased.

The changes were assessed using the following indicators:

- a number of fulltime and/or part-time employees trained in the project framework;
and
- worked in the framework of the intervention for at least three months;
and
- continue using the skills and knowledge they gained.

In according with the survey results, there are 28 persons (72%) out of 39 employees who fall under these indicators.

Result #17. Satisfaction with the job

31 employee was satisfied with the job due to the interesting content of the intervention and successes achieved by the clients.

The changes were assessed using the following indicators:

- a number of fulltime and/or part-time employees who worked in the framework of the intervention for at least three months;
and
- reported themselves satisfied with the job.

In accordance with the received data, 31 out 39 employees (80%) reported their satisfaction with the intervention.

Result #18. Improved wellbeing of the staff

Quality of life of **39 employees** improved since they received remuneration (salary) for their work monthly.

The changes were assessed using the following indicators:

- a number of fulltime and/or part-time employees who worked in the framework of the intervention for at least three months;
and
- received salary in the intervention framework.

According to the NGO reports, there is a total of 39 persons like that (100%).

Result #19. Professional and/or emotional burnout

15 employees experienced professional and/or emotional burnout due to high workload in the framework of the intervention.

The changes were assessed using the following indicators:

- a number of fulltime and/or part-time employees who worked in the framework of the intervention for at least three months;
- and**
- stated they experienced professional and/or emotional burnout.

To cope with this condition, the employees had to take additional days off, to rest and to take additional step to recover. To reduce the burnout syndrome, USAID RESPOND Project even organized an additional psychological training for the employees. Nevertheless, 15 out of 39 employees (38%) stated that they experienced professional and/or emotional burnout.

The following outcomes were identified for the NGOs implementing the intervention:

- ✓ strengthening the capacities of the NGOs and their employees in the market (result #20);
- ✓ reduction of the expenses on human resources (result #21).

See description of the results #20-21 hereafter.

Result #20. Strengthening the capacities of the NGOs and their employees in the market

47 employees have succeeded in improving the skills and knowledge in working with PWIDs.

The changes were assessed using the following indicators:

- a number of fulltime and/or part-time employees of the NGOs;
- and**
- a number of employees who were trained through their colleagues who attended the trainings.

Many NGOs extensively use a practice of teaching the employees who did not have a possibility to attend a training. Through the trainings organized in the framework of *7 Steps*, NGOs carried out additional training of 47 employees; as a result, the latter improved their skills and knowledge in working with PWIDs while the NGOs strengthened their capacity.

Result #21. Reduction of the expenses on human resources

69 PWID were involved as volunteers; due to that, the NGOs cut their expenses on human resources.

The changes were assessed using the following indicators:

- a number of PWIDs who successfully completed the intervention;
- and**
- worked in the NGO for some time as volunteers.

Quite a few successful clients of the *7 Steps* worked as outreach workers for some time, helped involving other PWIDs in the intervention and provided HIV-services to some clients. In accordance with the NGO reports, they have succeeded in thus engaging 69 PWIDs.

The following outcome was identified for PWIDs who used HIV services and were not the intervention participants:

- ✓ provision of higher-quality assistance (result #22).

See description of the result #22 hereafter.

Result #22. Getting higher-quality assistance that lead to more effective changes in PWIDs life

3406 PWIDs received better-quality assistance as a result of advanced training of the NGO staff.

The changes were assessed using the following indicators:

- a number of PWIDs who use services of the HIV service NGOs implementing the intervention.

Due to advanced training of the NGO staff, PWIDs receive assistance of better quality which promotes effective changes in their behavior to safer behaviors, reduction of drug use frequency or abstinence from drug use. Thanks to the intervention, our employees have acquired a structured protocol for working with IDUs with an accurate description for establishing positive behavioral changes. According to our employees, their work before the “7 Steps” intervention was rather chaotic and non-oriented on any particular result. And now they act in conformity with the “service-result” scheme. Also, thanks to the intervention, our employees have earned the skills of long-term work with an IDU-customer. For instance, in Zaporizhzhya city, NGO employees drafted a unique journal for their customers to note their needs and register for an interviewing and consulting session with a specific expert. Also, the employees have elaborated and established a motivational interviewing tool to improve persistent changes in an IDU’s behavior. This point was also confirmed by the results of the survey among the clients who received the services for the NGO staff before the intervention was introduced. They highly assessed work of the case managers and psychologists while during FGD they stated that the motivational counseling conducted by the staff (case managers and psychologists) became more effective. In accordance with the NGO reports, 3406 PWIDs receive services from the employees who attended the trainings and implemented the intervention.

For the NGO employees who were not involved in the intervention but attended the relevant trainings, the following outcome was identified:

- ✓ increased competitiveness in the labor market (result #23);

See description of the result #23 hereafter.

Result #23. Increased competitiveness in the labor market

20 employees who were training in the intervention framework but were not involved in the intervention implementation had a possibility to increase their competitiveness in the labor market.

The changes were assessed using the following indicators:

- a number of trained NGO employees

and

- a number of employees who stated that they improved their skills in work with the PWIDs

and

- a number of NGO employees who stated that they used knowledge acquired during the training.

After the training the employees were twice asked whether they used the acquired knowledge in their everyday work. All 20 employees who attended the trainings gave positive answers. Correspondingly, 20 employees have increased their competitiveness in the labor market due to advanced training they received.

4.4. Corroboration of evidence and value of outcomes to the Government

The key sources of information to assess the intervention outcome for the Government were the following:

- survey among PWIDs;
- FGD with the clients who successfully completed the intervention;
- FGD, in-depth interviews and online poll with the staff implementing the intervention.

The following was identified as the intervention outcomes for the Government:

- ✓ reduction of the expenses on ART (result #24);
- ✓ increase in tax revenues to the budget (result #25);
- ✓ increase of expenses on SMT (negative outcome) (result #26);
- ✓ reduced expenses on penalties;
- ✓ increased need in social benefits.

See description of the results #24-26 hereafter.

As for *reduction of expenses on penalties*, there were no statistically significant differences identified, since during both the baseline and intermediate surveys only 4% of PWIDs confessed to have been involved in the illicit activities to improve their wellbeing. Similarly, the indicator *increased need in social benefits* was not included in the analysis due to higher demand for them of the project key population, since prior to the intervention 12% of PWIDs from the EG stated they received social benefits while upon the completion of the intervention, their number totaled to 11%. Since the changes that occurred are not statistically significant, we have not included this result in the analysis.

Result #24. Reduced expenses on ART

62 PWIDs reduced their HIV infection risk, therefore treatment expenses reduced by 62 persons.

The changes were assessed using the following indicators:

- a number of PWIDs who did not use a syringe to use drugs during the last 30 days **or** dutifully used sterile paraphernalia during the last 30 days **and**
- did not have sexual contacts during the last 30 days **or** dutifully used a condom during each sexual intercourse during the last 30 days.

Since the Government ensures implementation of the National Program for HIV Prevention, Treatment, Care and Support of people living with HIV and AIDS patients which is aimed at stabilization of the epidemiological situation and reduction of morbidity and mortality, they key outcome of the *7 Steps* intervention for the Government of Ukraine is reduction of the expenses on ART. The data received demonstrated that during the project implementation (18 months), in the

EG, a number of PWID clients who practice safe behavior grew by 9%, from 30% in the beginning of the project to 39% upon the completion of the intervention ($p < 0,05$). No significant changes occurred in the CG. Thus, extrapolating the received data on the clients who participated in the intervention, it is possible to state that thanks to the *7 Steps* intervention, 9% of PWIDs, or 62 PWIDs, reduced their HIV infection risk.

	<i>EG</i>	<i>CG</i>	<i>Dynamics</i>
Baseline survey	30	$p > 0,05$	<u>+9%</u> $p < 0,05$
Intermediate survey	39		
<i>Dynamics</i>	+9%		

Result #25. Increase in tax revenues to the budget

43 persons succeeded in finding legitimate jobs and began paying taxed to the budget.

The changes were assessed using the following indicators:

- a number of PWIDs who succeeded in finding legitimate jobs.

In accordance with the information provided by the NGOs, 43 clients have thus succeeded.

Result #26. Increased expenses on SMT

73 PWIDs succeeded in enrolling in the SMT programs or to register for the relevant waiting list.

The changes were assessed using the following indicators:

- a number of PWIDs who succeeded in enrolling in the SMT programs or to register for the relevant waiting list.

In accordance with the NGO reports, due to the intervention, 73 PWIDs have succeeded n enrolling in the SMT programs or to register for the relevant waiting list (in Ukraine, demand for SMT program is much higher that the capacities of the public health care facilities to satisfy it; that is why some PWIDs have be on a waiting list for a while to receive it).

5. Monetizing the outcomes and understanding the impact

This stage includes calculating financial proxies of the project outcomes for each stakeholder (Appendix 3). In accordance with the SROI principles, financial proxies of each outcome is calculated for a period of 1 year. To monetarize the outcomes, the following was carried out:

- ✓ an additional FGD with the clients who successfully completed the intervention in Poltava;
- ✓ FGD with the sexual partners of the PWIDs who successfully completed the intervention in Poltava;
- ✓ online poll with NGO staff;
- ✓ consultations with the experts from UCDC, ICF *All-Ukrainian Network of PLH*, ICF *Public Health Alliance*;
- ✓ consultations with the medical doctors (dermatovenerologists, infectionists).

As for the outcomes that proved impossible to monetarize, an additional FGD was carried out with the clients in Poltava; a game to identify the clients' values was conducted during that FGD. Its results are presented hereafter ranging from the most significant values to the most insignificant. Using the game, we assigned financial proxies (rent of an apartment with European-style renovations and home appliances in the center of Poltava for one year and alternative calculation of purchase of such apartment) to such intervention outcomes as *reduction of HIV infection risk* and *improvement of relations with the relatives*.

1. Reduced HIV infection risk.
2. Improvement of relations with the relatives.
3. Rent of an apartment with European-style renovations and home appliances in the center of Poltava for one year / purchase of the apartment.
4. Dental care.
5. A BMW passenger car.
6. Renovations in the apartment and all necessary home appliances for it.
7. A rubber motor boat.
8. A computer.
9. Two-week trip to the States.

5.1. Monetizing the outcomes and understanding the impact on PWIDs who participated in the intervention

Outcome #1. Reduced HIV infection risk.

UAH 9 762 739. – financial impact of the Outcome #1 during 1 year. **UAH 26 694 990** – aggregate financial impact of the Outcome #1 during 4 years (see Table. 5.1).

Based on the findings of the game, it was identified that this outcome is the most valuable one for PWIDs, since the financial impact of this outcome can be assessed as high as:

UAH 14 000/month. * 12 months. * 62 persons = UAH 10 416 000 (in case of rent of the apartment for a year)

or

UAH 1 410 000. * 62 persons = UAH 87 420 000 (in case of purchase of the apartment).

However, the more reliable financial proxies of this outcome is the cost of lifelong ART treatment needed by persons diagnosed with HIV.

To calculate the cost of ART, we used the 2016 public procurement prices assuming that this is the sum that the PWID could potentially save. Average age of the intervention clients is 35,54 years; thus, they would have to pay for ARV therapy for 35,83 years (average life expectancy in Ukraine is 71,37 years).

To initiate ART, the patient needs to undergo medical screening (CD4 and viral load which need to be done twice a year), counseling on initiation and adherence to ART. In Ukraine, CD4 and VL testing kits are procured from foreign producers that is why the prices differ significantly and depend on the sellers. In 2016, UNDP is responsible for the procurements since it managed to negotiate the most favorable price. Nevertheless, it is worth keeping in mind that in the following years this price may change.

As a result of the consultations with the UCDC and ICF *All-Ukrainian Network of PLH* experts, we have calculated the financial volume of the ART-related expenses:

1. The cost of one regimen (AZT+3TC+EFV) per one patient adjusted for the logistical costs = UAH 2 919.97

2. The cost of CD4 screening per patient per year = (UAH 297.3 + 9,33% (logistical costs) * 2 screenings = UAH 650.08

3. The cost of VL screening per patient per year = (UAH 423.11 + UAH 331.20) + 9,33% (logistical costs) = UAH 824.69

4. Financial expenses on ART per one person = 35.83 years * (UAH 2 919.97 + UAH 650.08 + UAH 824.69) = UAH 157 463.54 per person.

5. Total financial expenses per 62 clients who changed their behavior to a safer one = UAH 157 463.54 /person * 62 persons = UAH 9 762 739

It is worth keeping in mind that these calculations do not include: equipment depreciation costs, salaries of the medical doctor and nurse, other direct and indirect expenses, since that requires additional study.

Result #2. Reduction of viral hepatitis C infection risk

UAH 4 723 100 – financial impact of the Outcome #2 during 1 year. **UAH 12 914 727** – aggregate financial volume of the Outcome #2 during 4 years (see Table. 5.1).

This outcome can be assessed through the potential treatment-related expenses of the PWIDs. In Ukraine, there are free-of-charge viral hepatitis C treatment programs but access to them is extremely limited, especially of the most-at-risk populations. That is why today the treatment expenses are passed on to the patients.

Viral hepatitis C treatment regimen is at least 3 months long (cost of 1 month of treatment totals to UAH 20 000). Beside the direct treatment expenses, the patients need to additionally pay for the following:

- ✓ screening prior to initiation of treatment (using the home produced testing kit) as well as screening during weeks 4, 12 and 24 (using the test produced by a foreign manufacturer which is more expensive) (the cost of screening totals to UAH 500 + UAH 1 200 + UAH 1 200 + UAH 1 200 = UAH 4 100);
- ✓ during weeks 12 and 24 it is necessary to take ANA blood test (the cost of one test is UAH 300).

Financial expenses for one viral hepatitis C treatment regimen per 1 person = UAH 20 000. * 3 months. + UAH 4 100 + + UAH 300 * 2 times = UAH 64 700.

Total financial volume per 73 clients who changed their behavior to a safer one = UAH 64 700 /person * 73 persons = UAH 4 723 100.

Result #3. Reduction of STI risk (chlamydia, gonorrhea, syphilis)

UAH 87 220 – financial volume of the Outcome #3 during 1 year. *UAH 238 492* – aggregate financial volume of the Outcome #3 during 4 years (see Table. 5.1).

This outcome can be assessed through the treatment-related expenses of the PWIDs. In Ukraine STD treatment is officially free-of-charge; however, after discussing this issues with the experts and the clients, we found out that in fact it is the patients who pay for treatment of these illnesses. The starting cost of screening for, and treatment of, chlamydia, is UAH 2 325, gonorrhea – UAH 1 890 and syphilis – UAH 3 260. So, on the average, the patient will have to spend UAH 2 492 for STD treatment.

During one year, financial volume of expenses on STD treatment for 35 persons who changed their sexual practices for the safer ones total to³:

UAH 2 492/person* 35 persons = UAH 87 220.

Results #4, 6. Improved wellbeing due to increased savings

UAH 1 111 152 – financial volume of the Outcome #4 during 1 year. *UAH 3 038 306* – aggregate financial volume of the Outcome #4 during 4 years (see Table. 5.1).

UAH 7 620 372 – financial volume of the Outcome #6 during 1 year. *UAH 20 836 955* – aggregate financial volume of the Outcome #6 during 4 years (see Table. 5.1).

Prior to the intervention, on the average, a person would spend UAH 5 721 per month on drugs. Upon the completion of the intervention, PWIDs who continued to use drugs but reduced frequency, went on spending UAH 2 414 per person per months. As a result, on the average, 1 person could save UAH 3 307 per months on drug-related expenses.

Financial volume of decrease of the expenses (savings) per year for 28 PWIDs who reduced frequency of drug use: UAH 3 307/person/months* 12 months * 28 persons = UAH 1 111 152. (*Outcome #4*).

PWIDs who stopped using drugs (n=111) have succeeded in saving UAH 5 721 on a monthly basis.

Financial volume of decrease of the expenses (savings) per year for 111 PWIDs who did not use injection drugs during the last 30 days: UAH 5 721/person/months* 12 months * 111 persons = UAH 7 620 372. (*Outcome #6*).

Outcome #7. Improved wellbeing due to job placement

UAH 4 050 888 – financial volume of the Outcome #7 during 1 year. *UAH 11 076 647* – aggregate financial volume of the Outcome #7 during 4 years (see Table. 5.1).

Financial proxy of this result is the average wages of the PWIDs per month totaling to UAH 2 767 in accordance with the survey among PWIDs.

Financial volume of the improved wellbeing of 122 clients who succeeded in finding the jobs:

³ Here we mean one treatment regimen per person while in practice some patients seek treatment twice a year or even more frequently.

UAH 2 767/month * 12 months. * 122 persons = UAH 4 050 888

Outcomes #5, 8. Improved relations with the family

UAH 10 416 000 – financial volume of the Outcome #5 during 1 year. **UAH 28 481 250** – aggregate financial volume of the Outcome #5 during 4 years (see Table. 5.1).

UAH 18 648 000 – financial volume of the Outcome #8 during 1 year. **UAH 50 990 625** – aggregate financial volume of the Outcome #8 during 4 years (see Table. 5.1).

This outcome was identified by PWIDs as one of the most important outcomes of the intervention and its value was regarded as higher than the apartment rent price (UAH 14 000/month) or even purchase of the apartment (UAH 1 410 000). For 62 PWIDs who reduced frequency of their drug use, financial gain totaled to:

UAH 14 000/month * 12 months. * 62 persons = UAH 10 416 000 (*Outcome #5*).

It is worth mentioning that the financial proxies could have been even higher in case of purchase of the apartment:

UAH 1 410 000 * 62 persons = UAH 87 420 000

For 111 PWIDs who stopped using drugs, financial gain totaled to:

UAH 14 000/month * 12 months* 111 persons = UAH 18 648 000. (*Outcome #8*).

It is worth mentioning that the financial proxies could have been even higher in case of purchase of the apartment:

UAH 1 410 000 111 persons = UAH 156 510 000.

Outcome #9. Replacement of drug use with alcohol use

- **UAH 2 154 960** – financial volume of the Outcome #9 during 1 year. - **UAH 5 892 469** – aggregate financial volume of the Outcome #9 during 4 years (see Table. 5.1).

What turned out to be a negative outcome of the intervention is that 146 PWIDs replaced drug use with alcohol use, financial proxies of which can be calculated as expenses of PWIDs on alcohol (on the average, a total of UAH 1 230 per person per month). Financial volume of alcohol-related expenses:

- UAH 1 230 * 12 months. * 146 persons = UAH -2 154 960

For final estimates of the gain, which is a financial equivalent of the outcomes for PWIDs, it is necessary to take into consideration a number of factors.

A.B. Deadweight, Displacement. EG and CG had the same socio-demographic characteristics, at the beginning had the same family support and got basic services of NGO, like getting syringes, condoms, consultations. The only difference of EG from CG is that they had interventional services. While calculating a number of PWIDs who experienced certain changes, we assessed impact of the intervention, not of other probable factors (changes in the regional drug scene, limited access to medical services), which is possible due to availability of the control group. We have calculated the changes that occurred both in EG and CG and have included only a number of PWID who changed their behavior as a result of the intervention, not under the influence of other factors. We have additionally calculated the statistical indicators of significance of changes by groups during the intervention implementation period and have included in the analysis only the outcomes that were statistically significant. Thus, we have already effectively taken into account the

changes that would have occurred if the project activities would not have been implemented, therefore, for the PWID group we assess deadweight and displacement as 0%.

C. Attribution. Medical doctors (narcologist, dermatovenerologist, infectionist, primary care physicians etc.), which did not work together with the Project, for instance, or other persons of importance for the PWIDs could have had some impact resulting in positive changes in their behavior. However, due to availability of the CG at the same Project sites, we can state that influence both on EG and CG was similar, and thus was taken into account in such indicator as a number of PWIDs who changed their behavior. Thus, significance of this factor for PWIDs we assess as 0%.

D. Duration and drop off. Due to their psychological specificity, PWID aim at giving the socially expected answers which cannot be fully objective. That is why we have not discussed with them the effectivity period and reduction of the intervention's influence. It is the NGO staff and doctors, who worked in the project framework, who can give answers that are more objective, as well as the doctors-narcologists, who can assess duration of remission in PWIDs. Doctors-narcologists involved in the intervention implementation estimate that the effectivity period will be as long as 4 years while reduction of usefulness will total to 25% each year (see Table 5.1). Explaining that the experts referred to increased motivation to changes in the behavior of their clients who graduated from the *7 Steps*. The best results may be demonstrated by the clients who received support of the changes from their social environment, at the self-help groups, in the treatment programs of the rehabilitation center, while receiving SMT, during the counselling sessions with the NGO psychologist. It is necessary to support a client for at least one more year to shape strong behavioral skills.

Table 5.1

Financial gains for PWIDs, by years, in UAH

By years	Year 1	Year 2	Year 3	Year 4	Total
<i>Reduction of influence</i>	<i>100%</i>	<i>75%</i>	<i>50%</i>	<i>25%</i>	
1. Reduction of HIV infection risk	9 762 739	7 322 054	5 491 541	4 118 656	26 694 990
2. Reduction of viral hepatitis C infection risk	4 723 100	3 542 325	2 656 744	1 992 558	12 914 727
3. Reduction of STI risk	87 220	65 415	49 061	36 796	238 492
4. Improved wellbeing through increased savings (reduction of drug use frequency)	1 111 152	833 364	625 023	468 767	3 038 306
5. Improved relations with the family (due to reduction of drug use)	10 416 000	7 812 000	5 859 000	4 394 250	28 481 250
6. Improved wellbeing through increased savings (due to abstinence from injection drug use)	7 620 372	5 715 279	4 286 459	3 214 844	20 836 955
7. Improved wellbeing due to job placement	4 050 888	3 038 166	2 278 625	1 708 968	11 076 647

By years	Year 1	Year 2	Year 3	Year 4	Total
<i>Reduction of influence</i>	<i>100%</i>	<i>75%</i>	<i>50%</i>	<i>25%</i>	
8. Improved relations with the family (due to abstinence from injection drug use)	18 648 000	13 986 000	10 489 500	7 867 125	50 990 625
9. Replacement of drug use with alcohol use	-2 154 960	-1 616 220	-1 212 165	-909 124	-5 892 469
					148 379 523

Therefore the financial proxies of the 7 Steps intervention impact for PWIDs during four years totals to **UAH 148 379 523**

5.2. Monetizing the outcomes and understanding the impact on families of the PWIDs

Outcome #10. Reduction of viral hepatitis C, STI, HIV infection risk

UAH 2 096 780 – financial volume of the Outcome #10 during 1 year. **UAH 5 733 383** – aggregate financial volume of the Outcome #10 during 4 years (see Table. 5.2).

This outcome can be assessed through potential expenses of the partners of the PWIDs on lifelong ARV therapy and treatment of STD and viral hepatitis C. For detailed description of the cost of screening and treatment see Par. 5.1.

The average cost of the treatment regimen per 1 person = (UAH 157 463.54 (ART) + UAH 2 492 (STD) + UAH 64 700 (viral hepatitis C)) / 3 = UAH 74 885

The aggregate financial volume of expenses for a year for 28 partners who reduced their infection risk:

$$\text{UAH } 74\,885 * 28 \text{ person} = \text{UAH } 2\,096\,780$$

Outcome #11. Improvement of wellbeing due to reduction of PWIDs' expenses on drugs.

UAH 1 805 748 – financial volume of the Outcome #11 during 1 year. **UAH 4 937 592** – aggregate financial volume of the Outcome #11 during 4 years (see Table. 5.2).

On the average, PWIDs managed to save UAH 4 067 by reducing drug use frequency or by abstinence from drug use.

Financial volume of decrease in expenses for a year for 37 partners:

$$\text{UAH } 4\,067/\text{month} * 12 \text{ months.} * 37 \text{ persons} = \text{UAH } 1\,805\,748$$

Outcomes #12, 13. Improved wellbeing of the partners/children due to employment of PWIDs

UAH 1 560 588 – financial volume of the Outcome #12 during 1 year. **UAH 4 267 233** – aggregate financial volume of the Outcome #12 during 4 years (see Table. 5.2).

UAH 564 468 – financial volume of the Outcome #13 during 1 year. **UAH 1 543 467** – aggregate financial volume of the Outcome #13 during 4 years (see Table. 5.2).

It was decided that the financial proxies of this result is the average wages of the PWIDs per month totaling to UAH 2 767.

Financial volume for a year for the partners totals to:

$$\text{UAH } 2\,767/\text{person/month} * 12 \text{ months.} * 47 \text{ persons} = \text{UAH } 1\,560\,588 \text{ (Outcome \#12).}$$

Financial volume for a year for the children totals to:

UAH 2 767/month * 12 months. * 17 persons = UAH 564 468 (*Outcome #13*).

Outcomes #14, 15. Reduction of violence risk for the partners/children of PWIDs

Value of this outcome for the partners and children of PWIDs resulting in improvement of relation with the family was discussed during the focus groups with the partners. However, the partners said that this was of no importance for them; therefore the financial proxies of such outcome totals to **UAH 0**. It is important to keep in mind that only one focus group was carried out to assess the value of various outcomes of the intervention; it is plausible that it was attended by the partners who did not face the problem of domestic violence; thus the financial proxies of this domain could be higher (but this hypothesis requires additional research).

A,B,C,D. Deadweight, Displacement, Attribution, Duration and Drop off. Since all the outcomes for the partners and children of PWIDs were calculated based on the changes in behavior of the intervention clients, these indicators were calculated similarly to the indicators for the PWIDs. This situation was also promoted by the fact that there were no significant differences between the EG and CG regarding existence of the partners or children. Thus, the indicators of non-prejudicial consequences, replacement and attribution were set as 0%, the effectivity period is expected to be the next 4 years while the tendency to the result reduction by years is expected at the level of – 25% (see Table 5.2.)

Table 5.2

Financial gains for the partners and children of the PWIDs, by years, in UAH

By years	Year 1	Year 2	Year 3	Year 4	Total
<i>Reduction of influence</i>	<i>100%</i>	<i>75%</i>	<i>50%</i>	<i>25%</i>	
10. Reduction of viral hepatitis C, STI, HIV infection risk	2 096 780	1 572 585	1 179 439	884 579	5 733 383
11. Improvement of wellbeing of the partners due to reduction of PWIDs' expenses on drugs	1 805 748	1 354 311	1 015 733	761 800	4 937 592
12. Improved wellbeing of the partners due to employment of PWIDs	1 560 588	1 170 411	877 831	658 373	4 267 233
13. Improved wellbeing of the children due to employment of PWIDs	564 468	423 351	317 513	238 135	1 543 467
14. Reduction of violence risk for the partners of PWIDs	0	0	0	0	0
15. Reduction of violence risk for the children of PWIDs	0	0	0	0	0
					16 481 675

Therefore the financial proxies of the *7 Steps* intervention impact for the families of PWIDs during four years totals to **UAH 16 481 675**.

5.3. Monetizing the outcomes and understanding the impact on NGOs

Deadweight (A), displacement (b), attribution (c), duration and drop off (D) are calculated based on the answers given by the NGO staff.

Outcome #16. Increased competitiveness in the labor market

UAH 147 000 – financial volume of the Outcome #16 during 1 year. **UAH 411 716** – aggregate financial volume of the Outcome #16 during 4 years.

To calculate the financial proxies for this project outcome for the fulltime/part-time NGO employees, we applied the notional value method. This method is used to assess the gained skills by answering the question "How much would you pay for the skills you have mastered during the training offered as a part of the project?" In accordance with the answers, fulltime/part-time employees assessed such training as high as UAH 5 250.

Financial volume of the outcome for 28 employees who underwent the training and continued to use the skills learned there throughout the year:

$$\text{UAH } 5\,250 \text{ /person} * 28 \text{ persons} = \text{UAH } 147\,000.$$

A. Only 25% of the fulltime/part-time employees would have paid out of pocket for such training.

$$\text{UAH } 147\,000 - 25\% = \text{UAH } 110\,250$$

B. It was not possible to replace the project activities by any other activities so this indicator was set at 0%.

C. A certain contribution that can result in positive changes and advance the professional training of the NGO staff could be made through self-teaching or working in the NGO while undergoing the relevant training in the HEI. 2 out of 39 employees involved in the intervention implementation attended the training but at the present moment they stopped work in HIV/AIDS that is why the attribution indicator is set at 0%.

D. The outcome effectivity period was assessed as 4 years, while the effect of the professional skills developed in the course of the project implementation will annually reduce by 25%:

<i>By years</i>	<i>Year 0</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Total</i>
Reduction of influence	100%	100%	75%	50%	25%	
Financial gain, in UAH	110 250	110 250	82 688	62 016	46 512	411 716

Outcome #17. Satisfaction with the job

UAH 5 537 592 – financial volume of the Outcome #17 during 1 year. **UAH 4 983 833** – aggregate financial volume of the Outcome #17.

This outcome was assessed by the employees as high as UAH 14 886.

Financial volume of the outcome for 31 employee who were satisfied with their jobs throughout the year:

$$\text{UAH } 14\,886 \text{ /person} * 12 \text{ months} * 31 \text{ persons} = \text{UAH } 5\,537\,592$$

A. The indicator value is set at 0%.

B. Only 10% of the fulltime NGO employees are as satisfied working in the framework of the Harm Reduction programs:

$$5\,537\,592 - 10\% = \text{UAH } 4\,983\,833$$

C. The employees took pleasure in positive changes, which occurred in the lives of their clients, interesting job etc., but this is already included in the financial proxy of this indicator. Thus, the attribution indicator is set at 0%.

D. Keeping in mind the fact that the project staff took pleasure from the activities, which were part of the intervention, the outcome for them was over at the time the project came to its finish. Correspondingly, the effectivity period is – 0 years.

Outcome #18. Improved wellbeing of the staff

UAH 1 979 172 – aggregate financial volume of the Outcome #18.

This outcome was assessed as high as UAH 4 229, which is the monthly average wages of the staff in the intervention framework. Financial volume of the outcome for 39 employee who participated in the project implementation throughout the year:

$UAH\ 4\ 229/\text{person}/\text{months} * 12\ \text{months} * 39\ \text{persons} = UAH\ 1\ 979\ 172$

A, B, C, D. The NGO staff work only in this project; in other words, if it were not for the project they would not have received their salaries. Thus, the indicators are set at 0%.

Outcome #19. Professional and/or emotional burnout

- UAH 42 000 – aggregate financial volume of the Outcome #19.

This outcome was valued as an amount of money spent by the employees for the purposes of recovery: on the average, UAH 2 800 to cover art therapy groups, psychological trainings, time management trainings, additional days off, sick leave.

Financial volume of this negative outcome for 15 project employees who experienced professional and/or emotional burnout throughout the year"

$- UAH\ 2\ 800 /\text{person} * 15\ \text{persons} = - UAH\ 42\ 000$

A, B, C, D. The NGO staff involved in the project activities experienced burnout specifically due to the intervention. Thus, the indicators are set at 0%.

Outcome #20. Strengthening the capacities of the NGOs and their employees in the market

UAH 90 851 – financial volume of the Outcome #20 during 1 year. **UAH 170 345** – aggregate financial volume of the Outcome #20 during 2 years.

This outcome was assessed using the notional value method. The coordinators valued training of their staff as high as UAH 1 933 per 1 person. Financial volume of the Outcome for 47 employees during 1 year:

$UAH\ 1\ 933 /\text{person} * 47\ \text{persons} = UAH\ 90\ 851.$

A. Only 25% of the fulltime/part-time employees would have paid out of pocket for such training. Thus, taking into account non-prejudicial consequences, the outcome gain for the NGO staff for 1 year will total to:

$UAH\ 90\ 851 - 25\% = UAH\ 68\ 138$

B. It was not possible to replace the project activities by any other activities so this indicator was set at 0%.

C. A certain contribution that can result in positive changes and increase in the value for labor market could be made through self-teaching or additional training. However, the project coordinator are unaware of such activities; thus, the attribution indicator is set at 0%.

D. Since, in accordance with the expert estimates, the outcome effectivity period was assessed as 2 years, the effect of the professional skills development will annually drop 50%:

<i>By years</i>	<i>Year 0</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Total</i>
Reduction of influence	100%	100%	50%	
Financial gain, in UAH	68 138	68 138	34 069	170 345

Outcome #21. Reduction of the expenses on human resources

UAH 3 484 224 – financial volume of the Outcome #21 during 1 year. **UAH 8 623 455** – aggregate financial volume of the Outcome #21 throughout 2 years.

This outcome was valued as high as UAH 4 208, which is the monthly average wages of the NGO outreach workers implementing the intervention.

Financial volume of the outcome for 69 PWIDs who worked as volunteers throughout the year: UAH 4 208/person/months* 12 months * 69 persons = UAH 3 484 224

A. Usually NGO involve no more that 1% of their clients as volunteers. Thus, taking into account non-prejudicial consequences, the outcome gain for the NGO for 1 year will total to:

UAH 3 484 224 – 1% = UAH 3 449 382

B, C. The project activities did not replace any other activities and it is due to the intervention that this number of volunteers was involved. Thus, the indicators are set at 0%.

D. Only 50% of PWIDs continued working as volunteer for over 1 year, thus the reduction indicator is set at 50%. On the average, PWIDs worked as volunteers for approximately 1.2 year (5 to 18 months), 6 volunteers worked for 5 months, 4 – for 6 months, 3 – for 8 months, 2 – for 11 months, 6 – for 14 months, 35 – for 15 months and 13 – worked for 18 months. The length of the result was calculated as the weighted mean.

<i>By years</i>	<i>Year 0</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Total</i>
Reduction of influence	100%	100%	50%	
Financial gain, in UAH	3 449 382	3 449 382	1 724 691	8 623 455

Outcome #22. Getting higher-quality assistance that lead to more effective changes in PWIDs life

UAH 36 553 192 – financial volume of the Outcome #22 during 1 year. **UAH 37 481 300** – aggregate financial volume of the Outcome #22 during 4 years.

To assess value of this result objectively, the deemed cost method was used: “What is a real cost of effective case management of 1 client in Ukraine?” After consultations with NGO staff this result was valued by PWIDs receiving the services from the NGOs as high as UAH 10 732 at the level of average expenses per one PWID client case throughout the year.

Financial volume of the Outcome for 3 406 NGO clients during 1 year:

UAH 10 732 /person* 3 406 persons = UAH 36 553 192.

A. 25% employees said they were willing to undergo additional training independently and thus would be able to provide better-quality services. Thus, the indicator of the deadweight for the NGO clients are set at 25%:

UAH 36 553 192 – 25% = UAH 27 414 894

B. It was not possible to replace the project activities by any other activities so this indicator was set at 0%.

C. A certain contribution that result in getting higher-quality services for PWIDs made by GF. The survey in the control group demonstrated that only 8% of PWIDs experienced positive changes in such key parameters as safe injection and sexual behavior through the basic NGO services provided at the expense of the GF. That is why influence of other factors, in particular, of GF, can be assessed as 8%.

$$\text{UAH } 27\,414\,894 - 8\% = \text{UAH } 25\,221\,702$$

D. In accordance with the expert estimates, the effectivity period for both the HIV service users and fulltime/part-time NGO staff is as long as 4 years while the effect of the professional skill development during the project implementation period will drop 25% annually.

By years	Year 1	Year 2	Year 3	Year 4	Total
Reduction of influence	100%	75%	50%	25%	
Financial gain, in UAH	25 221 702	18 916 277	14 187 208	10 640 406	68 965 593

Outcome #23. Increased competitiveness in the labor market

UAH 105 000 – financial volume of the Outcome #23 during 1 year. **UAH 196 875** – aggregate financial volume of the Outcome #23 throughout 2 years.

This outcome for the NGO staff who were not involved in the intervention but received the relevant training due to the development of their professional level was assessed using the notional value method as high as UAH 5 250.

Financial volume of the Outcome for 20 employees who underwent the training throughout 1 year:

$$\text{UAH } 5\,250 / \text{person} * 20 \text{ persons} = \text{UAH } 105\,000.$$

A. Only 25% of the fulltime/part-time employees would have paid out of pocket for such training.

$$\text{UAH } 105\,000 - 25\% = \text{UAH } 78\,750$$

B. It was not possible to replace the project activities by any other activities so this indicator was set at 0%.

C. A certain contribution that can result in positive changes and advance the professional training of the NGO staff could be made through self-teaching or working in the NGO while undergoing the relevant training in the HEI. However, it is not known for sure whether any of the staff members underwent additional training that is why the attribution indicator is set at 0%.

D. In accordance with the expert estimates, the outcome effectivity period is 2 years long while the effect of the professional skills development will annually drop 50%:

By years	Year 0	Year 1	Year 2	Total
Reduction of influence	100%	100%	75%	
Financial gain, in UAH	78 750	78 750	39 375	196 875

Therefore the financial proxies of the *7 Steps* intervention impact for the NGOs total to **UAH 85 288 987**.

5.4. Monetizing the outcomes and understanding the impact on the Government

Outcome #24. Reduced expenses on ART

UAH 272 490 – financial volume of the Outcome #24 during 1 year. **UAH 745 091** – aggregate financial volume of the Outcome #24 during 4 years (see Table. 5.4).

This outcome was valued as the cost of one-year ART regimen for one patient. The cost of one-year ART regimen for one patient (including CD4 and VL screening) totals to UAH 4 395. (see Par. 5.1 for detailed description of the cost of screening and treatment).

Financial volume of ART-related expenses for 62 partners who reduced their infection risk:
 $UAH\ 4\ 395/\text{person} * 62\ \text{persons} = UAH\ 272\ 490.$

Outcome #25. Increase in tax revenues to the budget

UAH 662 121 – financial volume of the Outcome #25 during 1 year. **UAH 1 810 487**– aggregate financial volume of the Outcome #25 during 4 years (see Table. 5.4).

The outcome *increase in tax revenues* resulting from the legitimate job placement of the PWIDs is valued as the size of wage tax. If the legitimate average monthly wage totals to UAH 3 092, such wage charges as the Unified Social Tax totals to 22% while such salary deduction as the Individual Income Tax totals to – 18% and the military tax to – 1,5%. Thus, UAH 680.24 are transferred to the public budget (UST) + UAH 602.94 (IIT + military tax) = UAH 1 283.18

Financial volume for 43 PWIDs who succeeded in finding legitimate job placement:
 $UAH\ 1\ 283.18 * 12\ \text{months} * 43\ \text{persons} = UAH\ 662\ 121$

Outcome #26. Increased expenses on SMT

- **UAH 189 873** – financial volume of the Outcome #26 during 1 year. - **UAH 519 185** – aggregate financial volume of the Outcome #26 during 4 years (see Table. 5.4).

In Ukraine, there are two types of the SMT programs: methadone and buprenorphine. In accordance with the Ordinance of the MOH #572 of 15.09.2014,⁴ 95% of the patients in the regions covered by the project (Zaporizhzhia, Poltava and Cherkasy regions) receive methadone while 5% of the patients receive – buprenorphine. In order to estimate the cost of the SMT medications, we used data provided by the ICF *Public Health Alliance* which procures the medications through financial support of the GF.

The cost of the *Ednok* (buprenorphine therapy) totals to UAH 6 313 per one patient per year (medication) + UAH 696 (logistical costs) = UAH 7 009

Methadone products ("InterKhim" and "Zdorovya Narodu") are procured in practically same volumes.

The cost of the *InterKhim* medication totals to UAH 1 447 per one patient per year (medication) + UAH 696 (logistical costs) = UAH 2 143

The cost of the *Zdorovya Narodu* medication totals to UAH 1 898 per one patient per year (medication) + UAH 696 (logistical costs) = UAH 2 594

Thus, in the project regions the average cost of SMT per one patient per year totals to: $0.475 * UAH\ 2\ 143 + 0.475 * UAH\ 2\ 594 + 0.05 * UAH\ 7\ 009 = UAH\ 2601$

Aggregate financial volume for 73 PWIDs who succeeded in entering the SMT program or are on a waiting list: - $UAH\ 2\ 601/\text{person} * 73\ \text{persons} = - UAH\ 189\ 873$

⁴ http://www.moz.gov.ua/ua/portal/dn_20140915_0572.html

A, B, C, D. Since all the outcomes for the Government were calculated based on the changes in behavior of the intervention clients, these indicators were calculated similarly to the indicators for the PWIDs. (see Table 5.4).

Table 5.4

Financial gains for the Government, by years, in UAH

By years	Year 1	Year 2	Year 3	Year 4	Total
<i>Reduction of influence</i>	<i>100%</i>	<i>75%</i>	<i>50%</i>	<i>25%</i>	
24. Reduced expenses on ART	272 490	204 368	153 276	114 957	745 091
25. Increase in tax revenues to the budget	662 121	496 591	372 443	279 332	1 810 487
26. Increased expenses on SMT	-189 873	-142 405	-106 804	-80 103	-519 185
					2 036 393

6. Calculation of social return on investment for the 7 Steps intervention

The results of the analysis of the economic feasibility of the intervention demonstrated its substantial significance (see Table 6.1).

Table 6.1

Social return on investment for the 7 Steps intervention, in UAH

	PWIDs	Families of the PWIDs	NGO	The Government	Donor	Total
<i>Contribution</i>	109	0	0	0	9 954 806	9 954 915
Year 0	0	0	10 627 525	0	0	
Year 1	54 264 511	6 027 584	28 928 222	744 738	0	
Year 2	40 698 383	4 520 688	20 797 099	558 553	0	
Year 3	30 523 788	3 390 516	14 249 223	418 915	0	
Year 4	22 892 841	2 542 887	10 686 917	314 186	0	
Total	148 379 523	16 481 675	85 288 987	2 036 392	0	258 183 586

After the indicators listed in the Sections 2, 3, 4, 5 were assessed and the mathematical calculations were carried out in Excel SW using the formulas, developed by Social Value UK network, social return on investment for this project was estimated at UAH 23.63. In other words, each UAH 1 invested in the project by the donor returns as UAH 23.63.

To calculate social return on investment for the 7 Steps intervention, we have used sensitivity analysis; to do that, we primarily ranged the list of the intervention outcomes by their contribution in the general social return on investment in the project (see Table 6.2).

Table 6.2

Sensitivity range of the intervention outcomes

<i>Stakeholders</i>	Outcome	<i>Financial proxy, in UAH</i>	<i>%</i>
PWIDs who did not participate in the intervention	Provision of higher-quality assistance	68 965 593	27
PWIDs	Improvement of relations with the family due to abstinence from drug use	50 990 625	20
PWIDs	Improvement of relations with the family due to reduction of drug use	28 481 250	11
PWIDs	Reduction of HIV infection risk	26 694 990	11
PWIDs	Improvement of wellbeing due to abstinence from drug use	20 836 955	8
PWIDs	Reduction of viral hepatitis C infection risk	12 914 727	5
PWIDs	Improved wellbeing due to job placement	11 076 647	4
Implementing NGOs	Reduction of the expenses on human resources	8 623 454	4
Sexual partners of PWIDs	Reduction of viral hepatitis C, STI, HIV infection risk	5 733 383	2

<i>Stakeholders</i>	<i>Outcome</i>	<i>Financial proxy, in UAH</i>	<i>%</i>
NGO staff implementing the intervention	Satisfaction with work	4 983 833	2
Sexual partners of PWIDs	Improvement of wellbeing due to abstinence from, or reduction of, drug use by PWIDs	4 937 592	2
Sexual partners of PWIDs	Improved wellbeing due to employment of PWIDs	4 267 233	2
PWIDs	Improvement of wellbeing due to reduction of drug use	3 038 306	1
NGO staff implementing the intervention	Improved wellbeing	1 979 172	1
The Government	Increase in tax revenues to the budget	1 810 487	1
Children of the PWIDs	Improved wellbeing due to employment of PWIDs	1 543 467	1
The Government	Reduced expenses on ART	745 090	0
NGO staff	Increased competitiveness in the labor market	411 715	0
PWIDs	Reduction of STD infection risk	238 492	0
NGO staff not involved in the intervention but trained accordingly	Increased competitiveness in the labor market	196 875	0
Implementing NGOs	Increased competitiveness in the labor market	170 346	0
Partners of the PWIDs	Reduction of violence risk	0	0
Children of the PWIDs	Reduction of violence risk	0	0
NGO staff implementing the intervention	Professional and/or emotional burnout	-42 000	0
The Government	Increased expenses on SMT	-519 184	0
PWIDs	Replacement of drug use with alcohol use	-5 892 469	-2

In accordance with the analysis we propose including only the outcomes contributing 2% and more to the general financial value of the project (Appendix 4). Thus, the social return on investment for the *7 Steps* intervention was assessed as high as UAH 22.72. In other words, each UAH 1 invested in the project by the donor returns as UAH 22.72.

Alternative calculations (sensitivity analysis)

1. If we use such *purchase of an apartment in the city center* instead of its rent (as was indicated by the PWIDs during the focus group) as a value for *reduction of HIV infection risk*, *improvement of relations with the family due to abstinence from drug use* and *improvement of relations with the family due to reduction in frequency of drug use* then the social return on investment increases up to UAH 98.31. (Appendix 5).

2. Remission period for drug use depends on years of experience of drug use, frequency, dose and many other physiological and social factors. That is why there are no distinct remission limits. In accordance with the doctors-narcologists who were not involved in the service provision to the intervention clients, this period may vary from few weeks to few years. A number of experts

indicated that on the average the remission is 6 months. Under such pessimistic scenario, it is worth reducing continuance of the outcomes for the PWIDs, their families and the Government, calculated for PWIDs who reduced frequency of drug use or stopped injecting drugs down to 0.5 year while the tendency to result reduction by years should be set at 0%. As a result, social return on investment drops down to UAH 16.66. (Appendix 6).

3. If attribution rate for PWIDs, their families and the Government set on the level of behavior changes in the control groups' participants (Appendix 2) and for other stakeholders use 25% as attribution rate (*other organizations and people have some minor role to play in generating the outcome*) then SROI will decrease to 21,91 UAH (Appendix 7).

4. If attribution rate for all stakeholders is equal to 25% (*other organizations and people have some minor role to play in generating the outcome*) SROI decreases to 18,15 UAH (Appendix 8).

In other words, the social return on investment is estimated at UAH 23 while it varies from UAH 17 to UAH 98 if the alternative calculation methods are used. In any case, the intervention demonstrates high feasibility in the context of Ukrainian HIV service.

Findings and recommendations

Evaluation of the intervention "*7 Steps: Psychosocial Intervention Model* for injection drug users in Ukraine" was carried out, using the method of social return on investment, upon the request of the USAID RESPOND project implemented in Ukraine by Pact Inc. in partnership with FHI 360 under financial support of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). 6 NGOs, which implemented the intervention during 18 months (1.07.2014 – to 31.12.2015) in the cities of Cherkasy (*Vid Sertsia do Sertsia*), Uman (*Volia*), Poltava (*Hromadske Zdorovya*), Kremenchuk/Komsomolsk/Lubny (*Svitlo Nadii*), Zaporizhzhia (*Spodivannia*), and Melitopol (*Vse Mozhlyvo*) were selected for the purposes of the evaluation.

Evaluation carried out using the SROI method demonstrated substantial return of investment for the *7 Steps* intervention (UAH 23 and UAH 17 to UAH 98, if the alternative calculation methods are used). In other words, UAH 9 954 915 invested in the project by the donor returns as UAH 252 186 578.

It was the PWIDs clients who benefited most significantly from the project outcome (by financial proxy) by a number of components:

- ✓ improvement of social wellbeing due to improvement of relations with their families;
- ✓ improvement of wellbeing due to abstinence from drug use and/or job placement;
- ✓ improved health due to reduction of HIV and viral hepatitis C infection risk and correspondingly reduction of treatment-related expenses;
- ✓ replacement of drug use to alcohol use (negative outcome).

The intervention also demonstrated its substantial effectiveness for the PWIDs' sexual partners who did not participate in the intervention directly but benefitted from it by:

- ✓ saving on potential HIV, STD, viral hepatitis C treatment-related expenses due to safer behavior of the PWIDs;
- ✓ improvement of wellbeing due to reduction of PWIDs' expenses on drugs and/or job placement of the latter.

For the NGO employees who implemented the intervention satisfaction with their intervention-related work proved to be the most significant outcome. NGOs that were the key implementers of the project succeeded in involving the PWIDs, who successfully graduated from the intervention, as volunteers, which made it possible for them to cut human resource related expenses. Other PWIDs who did not participate in the intervention but receive the services provided by these NGOs will now receive better-quality assistance due to strengthened capacity of their staff and the organizations in general. This result proved to be the biggest financial outcome of the intervention (27%).

The calculations and outcomes presented in the report are rather tentative since many assumptions were made both by the researchers and the NGO staff who evaluated the intervention in the process.

Based on the experience of SROI of the *7 Steps* intervention, we would like to stress that application of this method is feasible and appropriate in the national context. At that same time, piloting of this model make it possible to regard the resulting financial indicators as rather crude. An important obstacle to evaluation was lack of non-prejudicial indicators of the sustainability of the achieved results. It would be possible to increase reliability of the evidence by conducting the second study in a certain long period of time and also by using a biological component, in particular: testing the PWID clients with HIV, STI, viral hepatitis C rapid tests (currently we have

used only the results of the sociological survey while the respondents from the most-at-risk populations quite often fudge the truth by answering the questions 'correctly'). Nevertheless, the recorded intervention outcomes are quite acceptable in view of the sentinel biobehavioral studies carried out in Ukraine on the most-at-risk populations.

Based on the carried out SROI evaluation, it is possible to offer a number of recommendations.

1. It is necessary to begin planning the SROI study in conjunction with the intervention activities. It is advisable to have the evaluation methodology, including the tools, monitoring and evaluation plan, its indicators, key indicators to record the project outcomes etc., designed and approved by the donor prior to the beginning of the project.

2. To receive more reliable SROI data, the study should use not only sociological tools but also biological component. At that, when estimating the changes, the priority should fall on the epidemiological indicators.

3. To assess sustainability of the achieved changes, it is necessary to conduct the research not only prior to the intervention and upon its completion but also after a certain lengthy period of time (at least in a year), which will make it possible to receive more reliable data.

4. To increase feasibility of the intervention, it is necessary to pay particular attention to the social component since it is the most important one for the clients who are PWIDs. We propose adding a number of modules on relations with the social environment and on job placement.