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**Final report on the research “Young, wild and... free?  
Community-based participatory research among young  
PUDs, SWs and MSM.”**

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## **Executive summary**

### *Problem*

The young representatives of the key populations vulnerable to HIV infection in Russia – people who use drugs (PUDs), sex workers (SWs) and members of the LGBT community, particularly men having sex with men (MSM) – aged 18 to 24, face difficulties in the access to the services in the field of sexual and reproductive health and rights, HIV prevention and harm reduction. To identify barriers of the young KPs in the access to such services, a community-based participatory research (CBPR) in the three regions of the Russian Federation – Moscow, Novosibirsk and Rostov-on-Don – was conducted.

### *Purpose of the research*

To gather and analyze data and develop practical recommendations for the service providers – non-governmental organizations (NGOs) working with key populations in the three regions of the Russian Federation: Moscow, Novosibirsk and Rostov-on-Don.

### *Methods*

A community-based participatory research (CBPR) comprised of in-depth interviews and focus-groups was conducted.

### *Results*

Despite the convenience of obtaining information about the services of organizations through social media and instant messengers, word of mouth was mentioned by respondents from all key populations as the source they trust most. Attention was also drawn to the general request for interactive events on SRHR, HIV prevention and harm reduction as convenient ways of receiving information and, at the same time, getting to know organizations working in this area. But, perhaps, the main general recommendation is that the staff of NGOs should have employees who themselves belong to the young key populations of PUD, SW or MSM and have the appropriate training to work with these KPs.

## *Introduction*

Young key populations (KPs) – for the purposes of this research, defined as people who use drugs (PUD), including injecting people who use drugs (IDUs), sex workers (SWs) and members of the LGBT community, predominantly men who have sex with men (MSM), aged 18 to 24 – are at increased risk of HIV infection, as well as viral hepatitis and other sexually transmitted infections (STIs). This is due to various social, psychological and structural factors inherent in certain stages of personal development [1].

Among KPs, unprotected sex, transmission of STIs including HIV, unwanted pregnancies, violence, mental illness and substance use are more common than among older key populations and among young people in general. KPs face significant barriers to accessing various services (such as the services in the field of sexual and reproductive health and rights, HIV prevention and harm reduction), and coverage of these services remains low, mainly due to stigma and discrimination at both the health system and public policy levels [2].

As of September 30, 2020, 1,476,023 citizens of the Russian Federation were registered with a diagnosis of HIV infection, including 378,841 deaths. In recent years, HIV infection has been diagnosed in older age groups. In 2000, 86.7% of HIV-infected people were diagnosed at the age of 15-29; by 2010, this proportion had dropped to 44.3%. In 2020, 84.0% among people newly diagnosed with HIV were over the age of 30. In 2020, HIV infection was diagnosed mostly in Russians aged 30–49 (70.9% of new cases). The share of adolescents and young people decreased in 2020 to 0.9%; in 2000 they accounted for 24.7% of new HIV infections, and in 2010 – for 2.2%. HIV infection has been actively spreading in the general population. Most of the patients, first diagnosed in 2020, became infected through heterosexual contacts (65.0%), the proportion of people infected with HIV through drug use decreased to 31.5%. 2.5% of patients became infected through homosexual contacts. The number of people infected during sexual intercourse is increasing annually [3].

A study conducted in 2017 in seven regions of the Russian Federation – the cities of Moscow, St. Petersburg, Yekaterinburg, Krasnoyarsk, Kemerovo, Tomsk and Perm – showed that the prevalence of HIV infection among IDUs ranged from 48.10% in Krasnoyarsk to 75.20% in Kemerovo. The prevalence among SWs ranged from 2.32% in St. Petersburg to 15.01% in Perm. The

prevalence among MSM ranged from 7.10% in Moscow to 22.80% in St. Petersburg. Assessment of the number of new HIV infections showed a high rate of HIV infection among IDUs in all cities except St. Petersburg, a relatively high rate - from 1.6% per year to 4.6% per year among MSM and up to 12.3% of infected per year among SWs [4].

According to a survey conducted in 2015 in St. Petersburg, Russia, among 743 students of 15 higher educational institutions, 65.17% of respondents did not use a condom during their last sexual intercourse, 58.43% reported irregular use of a condom, 30.81% never used a condom for the last 3 months. Childhood sexual abuse has been significantly associated with unprotected sex during last intercourse and irregular condom use over the past 3 months [5].

According to a 2018 study in St. Petersburg and Orenburg, Russia, female sex workers who started to engage in sex work before they reached the age of 18 were significantly more likely to use drugs, engage in pornography, and experience childhood violence than women who started to engage in sex work in adulthood [6].

This community-based participatory research (CBPR) is aimed at identifying barriers of the young KPs in the access to services in the field of sexual and reproductive health and rights, HIV prevention and harm reduction, analyzing the gathered data and developing practical recommendations for the service providers - non-governmental organizations (NGOs) working with the above-mentioned key populations in the three regions of the Russian Federation: Moscow, Novosibirsk and Rostov-on-Don.

In 2020, the prevalence rate of HIV infection in the Novosibirsk region was one of the highest in Russia and amounted to 1,315.4 per 100,000 people. The incidence rate of HIV infection in Moscow was 40,8 new cases per 100,000 people in 2020 [3]. In the Rostov region, there were 16,655 PLWHIV as of June, 2020.

There are several pre-existing barriers to receiving services in the field of sexual and reproductive health and rights, HIV prevention and harm reduction by the young KPs. People under the age of 15 can receive medical help (including testing for HIV and STIs) with the consent of their parents or legal guardians only. Since 2020, parents and legal guardians can receive medical records of adolescents over the age of 15 upon written request to the healthcare facility [7].

Also, there is a law prohibiting “the propaganda of homosexuality” among children under the age of 18. A fine for breaking this law has been established for citizens in the amount of 4,000 to 5,000 rubles, for officials - from 40,000 to 50,000 rubles, for legal entities - from 800,000 to 1,000,000 rubles. Also, a violation may entail an administrative suspension of the activities of legal entities for up to 90 days. The punishment for such propaganda using the media or the Internet is stricter. The fine for citizens is from 50,000 to 100,000 rubles, for officials - from 100,000 to 200,000 rubles, and for legal entities - 1,000,000 rubles or suspension of activities for up to 90 days [8]. In 2018, The European Court of Human Rights deemed this law “discriminatory and violating the right to freedom of expression.” [9] According to some Russian LGBT-activists, “As we can see from the statistics, the law is not really applied... But this is a tool for repressions against specific LGBT activists... The law was originally introduced to give people the impression that propaganda is something very scary, bad and wrong. Many believe that there is even criminal liability for propaganda, although these are just fines. In practice, this does not lead to anything, except for the creation of an aura of illegality around everything related to LGBT people.” [10]

Meanwhile, all the harm reduction programs implemented by the members of the Outreach Coalition are aimed at people over the age of 18 specifically to avoid attracting unwanted attention from the law enforcement agencies.

The research has been carried out within the framework of the project “Young, wild and... free?”, which, in turn, is a part of the international program “Bridging the Gaps” financed by the Government of the Netherlands. In 2018, an average age of 30% of people who had been receiving services through the partners of this program was less than 24 years old. All the same, the partners of this program noted that young people often did not associate themselves with the generation which the most prevention projects are aimed at and did not identify themselves as members of the communities of the key populations. This serves as an additional factor in favor of conducting this research.

### *Methods of the research*

Preparations for the research started in January 2020 with selecting three young researchers (aged 18 to 24) representing key populations - PUDs, SWs and LGBT. Announcements about the search for the researchers were promoted in the Telegram channels and social media of the Russian charitable organizations “Humanitarian Action” (Saint Petersburg) and The Andrey Rylkov Fund (Moscow), as well as in the inner mailing list for the Coalition Outreach members. Following the review of the received questionnaires, young researchers from the following regions of Russia were chosen: Moscow (PUDs), Novosibirsk (LGBT-MSM) and Rostov-on-Don (SWs). Researchers were affiliated as volunteers with NGOs - members of the Outreach Coalition: The Andrey Rylkov Fund (Moscow), regional public organization “Humanitarian Project” (Novosibirsk) and regional public organization “ARK - AntiAIDS” (Rostov-on-Don).

In March 2020, a group of researchers, including the coordinator from the Outreach Coalition, took part in the 3-day training in Amsterdam (Netherlands). During the training they became familiarized with the project “Young, wild and... free?”, with the basic provisions of the community-based participatory researches and the methods of conducting in-depth interviews and focus groups with the young KPs representatives. Besides that, training participants that included not only representatives from Russia but also young researchers from Kenya, South Africa and Vietnam, jointly approved the format of the research: A qualitative research based on the in-depth interviews and focus groups. The Russian group has additionally mentioned that this research is, first of all, of an applicable nature, with the main aim being the development of specific recommendations for the organizations they are affiliated with as volunteers, therefore, they decided not to apply for an ethical committee approval, as well as use the special software for the analysis of focus-groups and interviews.

Upon their return to Russia, the researchers have jointly developed a form of informed consent, as well as scripts of the in-depth interviews and focus-groups.

The main aim of the in-depth interviews was to gain data on:

- the level of awareness of respondents on the available services in the field of sexual and reproductive health and rights, HIV prevention and harm reduction;
- the accessibility of these services for respondents;
- the acceptability of these services for respondents;
- the quality of these services;
- the legislation related to these services;
- additional factors helping or complicating the receiving of these services by respondents.

Focus-groups were aimed at discussing topics that seemed the most repeated and relevant in the context of the theme of the research: HIV testing and dissemination of information about HIV infection; informing about the services for the MSM community, their availability and relevance; creating a new service – psychological assistance for people who use drugs.

Gathering of qualitative data has been carried out during June-July 2020. Initially, it had been thought that the in-depth interviews would be done in person, however, due to the spread of coronavirus and related restrictions, the researchers decided to conduct them remotely, using mobile phones, Zoom application or WhatsApp messenger.

The researcher from Rostov-on-Don conducted 12 in-depth interviews and 1 focus-group (the amount of participants - 7, including the facilitator). Participants were 18 to 24 years old. 1 participant is HIV positive.

The researcher from Moscow conducted 9 in-depth interviews and 1 focus-group (the amount of participants - 6, including the facilitator). Participants were 19 to 24 years old. All the participants were people who use stimulants – amphetamines and/or synthetic cathinones. There were no HIV positive participants.

The researcher from Novosibirsk conducted 8 in-depth interviews and 1 focus-group (the amount of participants - 5, including the facilitator). Participants were 18 to 24 years old. 2 participants are HIV positive.

The recruiting of participants for in-depth interviews in Moscow was carried out by distributing a questionnaire on social networks, such as Instagram and

Telegram (the channel of the Andrey Rylkov Fund), with questions to identify potential interviewees.

The recruiting of participants for in-depth interviews in Novosibirsk was carried out by distributing the questionnaire of a potential participant in social networks (VKontakte, Instagram, Telegram), information channels and group chats that are popular among the LGBT community.

The recruiting of participants for in-depth interviews in Rostov-on-Don was carried out by attracting representatives of the key population of SWs who had previously received the services of the organization, for the subsequent transfer of information about the interview to each other through word of mouth, as well as with the help of recruiters (psychologist and outreach worker of the organization).

The duration of in-depth interviews ranged from 15 to 45 minutes and averaged 30 minutes, while focus groups averaged 60 minutes.

The study followed the principles of voluntariness, anonymity and confidentiality. All study participants expressed their voluntary informed consent to participate in it. The procedure for conducting an in-depth interview / focus group included: informing the participant / participants about the goals and objectives of the project, obtaining oral consent and the conversation itself. At the end of the research procedure, the participant / participants was given a compensation gift (gift certificate or bonus card) for the time spent.

All interview and focus group participants were assigned codes according to the following principle: the first two letters of the client's name, the first two letters of the client's mother's name, full date of birth (in DDMMYY format), gender ending (M - male, F - female, P - other). All the interviews and focus groups were recorded on a dictaphone with the consent of the interviewees. After transcription, the recordings were destroyed.

The analysis of the data obtained was carried out by the researchers themselves and, separately, by the coordinator of the research group (based on the results of reading the transcribed records). The researchers compiled their own drafts of the results and sent these documents to the coordinator who edited the materials and compiled a draft final report. When this draft version was read and agreed upon by all the researchers, it had been sent to the representative of a donor organization with experience in participating in research. Upon receiving suggestions from this person and discussing them among the researchers and

coordinator, the final version of the report was compiled and translated into English by the coordinator.

## ***Research results***

### ***Key population: sex workers (SW), Rostov-on-Don.***

#### *1. Questions about the level of awareness of respondents about the services available in the field of SRHR, HIV prevention and harm reduction*

All respondents are aware of the protection against sexually transmitted infections (STIs), including HIV, by using a condom. A number of participants identified testing and counseling as a service known to them. In addition, specific drugs were named - "Chlorhexidine", "Miramistin" and "Trichopol". At the same time, it was not specified whether the respondents were aware that these drugs do not protect a person from HIV infection.

Almost all respondents know that a public organization "ARK-AntiAIDS" operates in their city, where they can get free condoms, get tested for HIV and get counseling. A number of respondents have heard about the organization, but have not yet contacted it. One interviewee did not know about the organization.

Many respondents apply to the state healthcare institutions - polyclinics, antenatal clinics and the AIDS Center (if they are HIV-infected), some - to private medical clinics. The most common reasons for appointments: to pass various tests including for STIs, to get advice from a gynecologist, to get advice from another specialist, including in relation to an existing HIV infection.

The main ways of getting information about the above-mentioned organizations: from friends (word of mouth), on the Internet (without specifying sources), from clients.

#### *2. Questions about the availability of these services for respondents*

Seven respondents indicated that they had no problems accessing these services. Five indicated that it is not always possible to get services when and where it is convenient for them, mainly due to inconvenient working hours (for example, of the AIDS Center) or the territorial remoteness of the healthcare facility. One respondent indicated that she lives in another city, and one way trip takes at least 4 hours.

### *3. Questions about the acceptability of these services for respondents*

The set of questions on the acceptability of services included questions about feelings when visiting medical institutions / organizations, as well as about cases of denial of medical care.

Most of the respondents answered that they were afraid when undergoing tests, but in general they simply seek services because they consider it necessary. Also, all respondents noted that they do not indicate their belonging to the key population, so as not to face stigma from the medical staff. Two respondents faced stigma in the healthcare facilities. The majority prefer to go to private medical clinics, because there is a more convenient schedule of appointments and "no one asks unnecessary questions."

### *4. Questions about the quality of services provided*

The set of questions on the quality of the services provided included questions about the professionalism of employees of various organizations, recommendations for attracting the younger generation to HIV and SRHR prevention services, as well as the convenience of using online counseling.

The majority of the respondents are satisfied with the professionalism of the doctors whom they consulted with. Two respondents noted "boorish treatment" by the junior medical staff. The respondents who received the services of the organization "ARK-AntiAIDS" are satisfied with the competence of the specialists and the services provided by the organization.

As for attracting the younger generation to services, the majority of respondents consider it best to disseminate information about organizations and services provided at a wider level: on the Internet, by holding mass events in shopping centers, or city events.

Online counseling was highlighted by the majority of the respondents as a positive moment in the provision of HIV and SRHR prevention services, but they noted that they will not replace a full-fledged "face-to-face" consultation. Online consultation can become a "bridge" for establishing communication and

motivation for a personal meeting. Three respondents also noted a lack of confidence in online counseling related to the issue of personal data disclosure.

#### *5. Questions about legislation relevant to these services*

None of the respondents faced legal restrictions on access to services. Most are unaware of the existing restrictions.

Three respondents indicated that migrants do not have access to services. Most believe that it is necessary to increase public awareness of HIV and SRHR prevention services. It was also noted that it is necessary to introduce mandatory HIV testing for the entire population. These topics were selected for discussion in a focus group.

***SW focus group: number of participants - 7 people, including the facilitator.***

Focus group topic: “HIV Testing and Dissemination of Information about the Disease: How to Exercise Best.”

Two participants had information that there are special drugs for the treatment of HIV infection and that people no longer die from this disease. However, none of the participants knew that HIV treatment is provided free of charge.

Answering the questions about how and where it would be best to conduct HIV testing, the participants suggested the following options: to conduct testing during dispensation, at workplaces / educational places, during mass cultural events.

In addition, the participants propose to spread information about HIV more widely by engaging Internet bloggers to raise awareness of this issue and reduce stigma in society.

All participants spoke in favor of the introduction of mandatory testing for HIV infection. The researcher believes that this is due to the following fact: when the participants delved into the problem of HIV infection and understood all the associated risks, they wanted to reduce these risks and saw the introduction of mandatory HIV testing as one of such measures. The issues of possible

restrictions and violations of human rights related to mandatory testing were not discussed at the focus group.

***Key population: people who use drugs (PUD), Moscow***

*1. Questions about the level of awareness of respondents about the services available in the field of SRHR, HIV prevention and harm reduction*

Almost all respondents are aware of the services for HIV prevention and harm reduction provided by the Andrey Rylkov Fund (ARF) in Moscow, they know that in this organization you can get consultations, sterile injection equipment, and get tested for HIV. Two people noted that they also sought consultations from a psychologist and a narcologist, and attended the Fund's events (for example, the "Summer 228" art marathon, despite the fact that the initiator of this event was not the AFR itself, but the artist Katrin Nenasheva).

One respondent noted that he visited the non-profit organization Krasnye Vorota (Moscow Oblast), which also offers HIV testing and harm reduction services. One respondent had not heard of ARF. Two respondents are aware of the services provided by the Centers for the Fight against AIDS and Infectious Diseases (AIDS Centers).

*2. Questions about the availability of these services for respondents*

The territorial accessibility of the Andrey Rylkov Fund office was characterized by all respondents as satisfactory. One respondent noted that it is difficult to find the address of an organization on the Internet.

Many respondents noted the convenience of the presence of a mobile point (minibus) of ARF at events (such as "Summer 228"), some of them got acquainted with the services of the Fund this way.

One respondent noted that she has some difficulties and fears due to government pressure on the organization, as it gives her a sense of insecurity.

*3. Questions about the acceptability of these services for respondents*

The majority of respondents noted that the opportunity to get tested for HIV, as well as receive harm reduction materials, is very useful for people who use drugs and for themselves, but sometimes they do not see the relevance of this issue in relation

to themselves personally, since they have other, more prevalent problems related to drug use.

Four people, according to their words, need psychological help or the help of a psychiatrist, since the use of psychostimulants causes certain mental health issues. At the same time, all respondents noted that such specialists should not be negatively disposed towards people who use drugs.

Several people expressed a desire to participate in workshops on drug harm reduction and HIV education.

One respondent indicated that he would like the Fund to distribute “vitamins” that could reduce the harm from using drug. Another respondent expressed interest in receiving heparin.

#### *4. Questions about the quality of services provided*

The quality of the services provided by the Fund satisfied all respondents. Many noted the friendliness and professionalism of the organization's employees.

A number of respondents, according to them, initially felt fear and some discomfort, but when they met the social workers of the Fund, negative feelings disappeared, since the employees of the organization managed to create trusting and positive relationships with respondents.

Regarding the quality of service delivery by other organizations - public and private - respondents most often talked about their experience of interacting with psychologists, psychiatrists and psychotherapists, and most often this experience turned out to be negative.

All respondents noted that they use various social networks and messengers, such as VKontakte, Instagram, Telegram, to obtain information about the services of various organizations, as well as to search for information on harm reduction. The latter can most often be found on Telegram.

#### *5. Questions about legislation relevant to these services*

Almost none of the respondents faced legal restrictions regarding these services. At the same time, several interviewees suggested that they might have heard

something about broader restrictions in this context - for example, “something about limiting HIV testing” and “drug propaganda law”.

Many respondents noted that they had heard about stigma and discrimination against HIV positive people.

*6. Questions about additional factors that help or hinder the receipt of these services by respondents*

As noted earlier, the presence of ARF or any other HIV prevention organization at youth events (without specifying) often helps people to seek services due to their “low-threshold” accessibility, as well as the opportunity to get to know the organization in an informal setting.

At the same time, a number of respondents noted that the reputation of the Fund as an organization that primarily provides assistance to “heavy injecting people who use drugs” discourages them from receiving services personally, since “others need it more”.

***PUD focus group: number of participants - 6 people, including the facilitator.***

*Focus group topic: “Creating a new service - psychological assistance for people who use drugs - in order to draw attention to the Andrey Rylkov Fund and improve involvement in the services provided by the organization”.*

During the in-depth interviews, it became obvious that young people are sufficiently aware of the scale of the problem of the spread of HIV infection, however, in their opinion, they lack new services and functions to involve them in the services of the Andrey Rylkov Fund.

Most of the respondents separately noted that they need psychological help or the availability of seminars and activities dedicated to harm reduction.

At the focus group with the respondents, it was discussed how such a service as psychological assistance for people who use drugs might look like. Participants stressed the importance of creating a hotline to support people who use drugs, noting that such a service would help build trust between the Fund and people who use drugs, and, inter alia, promote the introduction of HIV prevention services. At the same time, it was noted that when providing services on such a line, it is necessary to maximally ensure the

anonymity and confidentiality of participants and conversations, as well as competently provide counseling for people who, perhaps, call in an altered state of consciousness and therefore may be unnecessarily verbose and say "not to the point".

In addition, participants felt that activities and workshops on HIV prevention and harm reduction, such as first aid for drug overdose or psychological topics, could be of great benefit.

As a way to disseminate information about the availability of such services, the participants were almost unanimous that this should be done through channels in the Telegram messenger.

According to the participants, the main barrier to receiving HIV prevention services is the low involvement of young people in supporting their own health.

**Key population: men who have sex with men (MSM), Novosibirsk**

*1. Questions about the level of awareness of respondents about the services available in the field of SRHR, HIV prevention and harm reduction*

The overwhelming majority of respondents believe that services in the area of SRHR, HIV prevention and harm reduction are limited to testing, treatment, distribution of prevention kits (lubricants, condoms) and sexual health education. A minority of the respondents included activities aimed at developing the community (leisure, support groups, etc.) among these services.

Almost all respondents know that a public organization “Humanitarian Project” operates in their city, where you can get free condoms, get tested for HIV and get counseling. A number of respondents have heard about the organization, but have not yet contacted it. In addition, it turned out that several respondents use the services of this organization, but they did not know about it (for clients, there was no connection between individual programs of the "Humanitarian Project" with the organization as a whole). With this in mind, the respondents named the following organizations:

"Humanitarian project",

Test-Mobile (“Humanitarian Project” program aimed at rapid testing of the population, including key populations of MSM and PUD),

"MSM Club" (program of the "Humanitarian Project" aimed at testing, HIV prevention among a key population of MSM),

Novosibirsk Community Center (project of the Novosibirsk branch of the Russian LGBT Network, collaborating with the “Humanitarian Project” in HIV prevention).

Many respondents apply to public health institutions - polyclinics (routine examinations, treatment of diseases not related to HIV and STIs), the AIDS Center (if they are HIV infected), some - to private medical clinics / laboratories (mainly dentistry, HIV tests / STIs).

The main ways of obtaining information about these organizations: from friends from the community (word of mouth), on the Internet (Test-Mobile, city media, specialized resources on HIV infection, social networks).

The most popular social networks: VKontakte, Instagram, Telegram.

### *2. Questions about the availability of these services for respondents*

HIV-negative respondents generally do not experience problems with receiving services. Several respondents indicated the inconvenient location (it takes a long time to get there from remote areas of Novosibirsk) and the opening hours of HIV service organizations (for those who work outside the standard working hours) as the main barrier.

One respondent identified embarrassment as a barrier to accessing leisure and community development services.

As for HIV positive respondents, the main problems are:

- Inconvenient work schedule,
- Long queues in the treatment rooms of the AIDS center,
- Difficulties with changing the ARV therapy regimen related to the side effects (for example, the infectious disease doctor may suggest to wait "another month"),
- Restrictions in receiving treatment for citizens of the Russian Federation without registration (the so-called "propiska") in this subject of the Russian Federation.

### *3. Questions about the acceptability of these services for respondents*

According to the respondents, the most acceptable organizations (in the context of the absence of discrimination and condemnation) for receiving services are public organizations and the Novosibirsk AIDS Center.

The respondents do not trust state healthcare institutions (except for the AIDS Center) in situations where it becomes necessary to discuss issues related to their intimate life. Some respondents were forced to hide the truth, answering such questions, as they feared manifestations of homophobia and condemnation from medical personnel. At the same time, the respondents did not encounter

obvious manifestations of homophobia and condemnation. Most likely, this indicates that Russian state healthcare institutions have a “by default” low reputation among the MSM community in terms of non-discrimination and condemnation.

#### *4. Questions about the quality of services provided*

In general, the majority of respondents are satisfied with the quality of the HIV prevention services provided to them.

One respondent told about cases of discrimination and incorrect attitude of staff at the AIDS Center of the region, where he was registered earlier. The respondent did not encounter such problems in the Novosibirsk AIDS Center.

Respondents assess the practice of online remote HIV testing positively as an addition to face-to-face testing (which was suspended due to quarantine restrictions due to the spread of the new coronavirus infection).

#### *5. Questions about legislation relevant to these services*

Most of the respondents do not see legal restrictions that would be applicable to them personally.

Some respondents listed the following legal restrictions:

- Lack of free (or government subsidized) pre-exposure and post-exposure HIV prophylaxis for key populations.
- Law on “Prohibition of the promotion of homosexuality among minors”, which prevents minors who belong to MSM community from receiving reliable information and services.

#### *6. Questions about additional factors that help or hinder the receipt of these services by respondents*

As additional factors, the respondents indicated the absence of a wide information campaign on the topic of HIV prevention and the absence of employees of NGOs specializing in working with young people.

***MSM focus group: number of participants - 5 people, including the facilitator.***

*Topics for discussion at the focus group: "Informing about the services intended for the MSM community, their availability and relevance."*

The main sources of information about such services: social networks, word of mouth, to a lesser extent, urban media. Gay dating message board sites (gaynsk, bluesystem) are also an indirect source of information.

Trust in the source of information can be formed based on the following criteria:

- The reputation of the person who is the source of information,
- The ability to double-check information based on data from trusted or official sources,
- Priority to official sources (for example, the official club page on social networks, from where MSM learn information about the club's events).

Questions about communication on HIV prevention services:

The main source of information about such services for focus group participants is their acquaintances (word of mouth). Accordingly, the intensity of informing depends either on the needs of the person himself or on the involvement in HIV prevention (as a client or as a volunteer) of his social circle.

The most intensive and diversified information about the existing services for MSM and services for HIV prevention in Novosibirsk respondents received from their friends who are volunteers of HIV service organizations.

The most popular and demanded events and services among young representatives of the MSM community were:

- Leisure activities (quizzes, game libraries, etc.),
- Lectures on sexual health and HIV,
- HIV / STI testing,
- Getting preventive kits (lubricants, condoms).

As possible options for attracting young MSM, the focus group participants suggested:

- Quoting the number of permanent participants in leisure activities - for more comfortable entry of new participants into the team,
- Studying the needs and preferences of young MSM by event organizers,
- Advertising targeted campaigns in social networks (as a positive example, they mentioned the campaign "Surrender your fear", developed by the organization "Humanitarian Project"),
- Implementation of the Safebox program for the distribution of self-testing kits for HIV (for those KPs representatives who experience discomfort when communicating with peer HIV counselors),
- Campaigning with the involvement of community leaders (owners of nightclubs and gay saunas, LGBT activists, etc.) and popular Instagram bloggers ("boys from the pictures", "bodybuilders"),
- Advertising of services in profile groups for gay dating on social networks (VKontakte) and on message board sites (gaynsk, bluesystem).

***Conclusions and recommendations for non-profit organizations (NGOs) with which young researchers are affiliated***

*SW key population*

The main problems faced by representatives of the key population, according to the interviewer:

- Lack of information about organizations providing HIV / SRHR prevention services (no advertising in the city);
- Lack of services provided by state medical institutions;
- Inaccessibility of HIV prevention services in state medical institutions for migrants on the territory of the Russian Federation (treatment, regular tests);
- High prices for services provided by private medical clinics.

Specific interventions that NGOs could implement and which could be promoted in other organizations and institutions:

- Introduce STI testing on the basis of a non-profit organization;
- Post information about HIV prevention services in polyclinics, antenatal clinics, private medical clinics;
- Post information about HIV prevention services on city facades, in public transport, in elevators, on billboards;
- Conduct large-scale events with the assistance of government agencies (AIDS Center, Ministry of Health) in shopping centers, at city events (City day, Youth day);
- Promote the website of the organization and the AIDS Center on the Internet (for example, through contextual advertising);
- Promote information from public and government organizations through bloggers, pop stars, movies;

- Negotiate with the AIDS Center to expand services for people living with HIV (PLHIV): ultrasound, ECG, dentist, dermatologist;
- Take part in PR trainings for HIV service organizations.

*MSM key population:*

The research identified the following gaps of the “Humanitarian Project” organization when working with young representatives of the key population of MSM:

- Insufficient awareness of MSM about all projects and services of the organization. Most often, clients’ knowledge is limited only to those services and projects that they themselves and / or their close circle use.
- Insufficient effectiveness of communication through social networks. Despite the work of the organization on those social networks and websites that are popular among the MSM community (VKontakte, Hornet, Gaynsk, Instagram), the respondents consider word of mouth to be the most effective way of receiving information (informing through loyal clients and with the help of volunteers of the organization among their acquaintances).
- Lack of events, the format of which will be attractive and comfortable for young MSM. Some respondents from among the clients of the "Humanitarian Project" said that at the leisure activities of the "MSM Club" project they were uncomfortable with the obsessive offers.

During the focus group, participants suggested the following ways to increase awareness and engagement:

- Quoting the number of permanent participants in leisure activities - for more comfortable entry into the team of new participants,
- Studying the needs and preferences of young MSM by event organizers,
- Advertising targeted campaigns on social networks,
- Implementation of the Safebox program for the distribution of self-testing kits for HIV for those KPs representatives who experience discomfort when communicating with peer counselors,
- Campaigning with the involvement of community leaders and popular Instagram bloggers,

- Advertising of services in profile groups for gay dating in social networks and on websites with ads.

Based on the results of the research, the following recommendations can be formulated for the organization "Humanitarian Project" in terms of working with young representatives of the MSM community:

- An increase in the volume of targeted advertising on social networks (mainly on VKontakte and Instagram) of testing services and leisure activities as the most demanded by the community,
- Conducting professional media campaigns with the involvement of specialists in the field of PR, marketing and advertising (there is already a positive experience),
- Implementation of the practice of mass surveys on the needs for services and activities among young MSM, and especially among those who did not use the organization's services before or stopped using them. Such surveys can be carried out during outreach work in clubs, saunas and during events in MSM-friendly organizations (for example, the Novosibirsk Community Center).
- Active work with opinion leaders (popular bloggers, club owners, drag queens, etc.), including on a commercial basis.
- Selecting a separate specialist from the organization's staff (or attracting a third party) for working with youth, whose tasks will include the development and implementation of attractive event formats for young MSM.

*PUD key population:*

During the in-depth interviews, the researcher identified a number of needs and barriers to receiving HIV and SRHR prevention services at the Andrey Rylkov Fund.

Needs:

- Workshops on HIV and harm reduction,
- Dissemination of information about possible psychological assistance,
- Creation of an easily accessible knowledge base about all the available services of the Fund,

- High-quality, relevant content on harm reduction and HIV prevention.

Barriers:

- Difficulties in accessing information on available services, office location,
- Lack of understanding among young people of the importance of regular HIV testing.

During the focus group, possible solutions to overcome barriers were discussed:

- The respondents see the need to create a psychological assistance hotline for young people who use drugs. The ideal option is the ability to get in contact online with a psychologist for short conversations and consultations. In their opinion, this will create a trusting relationship between youth and the Fund, as well as form a new bridge of interaction with other services.
- It was also proposed to conduct thematic seminars and events similar to the Summer 228 art marathon, where young people could listen to interesting speakers on the topic of harm reduction, learn about how to help in cases of overdoses, get tested for HIV in the atmosphere of a general meeting, as well as conduct psychological trainings relevant to people who use drugs.
- In addition, it seems justified to create a web page (landing) with basic information about all HIV / SRHR prevention organizations, with hyperlinks to channels in the Telegram messenger, where a harm reduction knowledge base is formed.

## *Conclusion*

The community-based participatory research has identified the main barriers that hinder young people from key populations - people who use drugs (PWUD), sex workers (SW) and LGBT people, especially men who have sex with men (MSM) - from accessing services in the field of sexual and reproductive health and related rights (SRHR), HIV prevention and harm reduction in three regions of the Russian Federation, as well as to develop possible solutions to the stated issues.

The involvement of representatives of key populations as interviewers made it possible, on the one hand, to use their expertise and lived experience in developing proposals for nongovernmental organizations providing services in the field of SRHR, HIV prevention and harm reduction. On the other hand, it allowed to quickly establish contact and rapport with respondents during in-depth interviews and focus groups, “being on the same wavelength with them”.

At the same time, it is worth noting a number of limitations inherent in this study. Firstly, as a result of the spread of the new coronavirus infection, face-to-face interviews became impossible, so all interviews and focus groups were conducted online. All researchers noted that it was unusual for them to conduct online interviews, and this format imposed certain restrictions on communication - in particular, the inability to “read” non-verbal signals from respondents. In addition, some potential research participants who initially agreed to become respondents were unavailable on the day of interviews or focus groups or experienced technical difficulties connecting to the online session, which negatively affected the total number of research participants.

Secondly, the very fact that researchers belonged to key populations, as well as their affiliation with nongovernmental organizations, could contribute to a certain bias, leading questions and focusing attention on those answers that could affect them personally and NGOs. Thus, a key population researcher must have a certain level of self-reflection and preparation in order to be able to track and correct such moments.

It should be noted that, despite the convenience of obtaining information about the services of organizations through social media and instant messengers, word of mouth was mentioned by respondents from all key populations as the source they trust most. Attention is also drawn to the general request for interactive events on SRHR, HIV prevention and harm reduction as convenient ways of receiving information and, at the same time, getting to know organizations working in this area. But, perhaps, the main general recommendation is the presence in the staff of organizations of employees who themselves belong to the young key populations of PUD, SW or MSM and have the appropriate training to work with them.

Also, some interesting observations were made by the researchers themselves. The NGO in Rostov-on-Don has been working for more than 15 years, so most of the respondents have already heard about HIV prevention programs, or have used them before. Female sex workers from this city are young women for whom sex work is the main source of income, which provides housing rent, food, and the purchase of clothes. 30% of respondents use drugs. Stigma towards SWs in the region remains high, therefore, when seeking medical help, young women hide information about their work, or they go to paid medical clinics. As a result, KPs deny themselves comprehensive medical care.

Harm reduction programs in Russia face great difficulties and every year, due to the government's obstacle to the development of these projects, it becomes more difficult to distribute the services of funds that are financed from abroad due to the law on "foreign agents." This law prevents the dissemination of information about the activities and policies of the funds, as it is viewed by the state as a threat to the security of Russia. Consequently, harm reduction programs are deprived of public support. After the adoption of this law, the Andrey Rylkov Fund had to close the website providing information about its' activities, archives with printed materials and information on the topic of harm reduction. Also, the tightening of the law on the "promotion of drug use" influences the format of work of the Andrei Rylkov Fund. Earlier, at its own peril and risk, the Andrei Rylkov Fund produced and distributed printed materials on harm reduction and received an 800,000 rubles (around 10,000 Euros) administrative fine. Therefore, it's harder for PUD to have access to information on harm reduction.

The recommendations developed by young researchers are practical and will be communicated to the nongovernmental organizations with which they are

affiliated. The rest of the Outreach Coalition members will also have the opportunity to familiarize themselves with the research results, which can contribute to the development of new approaches in interaction with young representatives of key populations, to expanding work with young representatives of the KPs and to generalizing the best practices of such work.

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**Informed consent form**

I, (full name ...), confirm that the personal data I entered (date of birth, my personal mobile phone and e-mail address) are correct; I confirm that all data are provided voluntarily; I agree to the use of my data (collection, storage, processing, destruction) to keep in touch with me in any way, including phone calls and messages, including through instant messengers, to the specified mobile phone, as well as to communicate information necessary for protection my life, health and other vital interests.

Consent is provided by me for an unlimited period and is valid from the moment the questionnaire is submitted via electronic communication channels. I have been informed that consent can be revoked at any time by sending an email with my personal code to the email address: ...

### **In-depth interview questions**

#### **(Awareness) of young key populations related to youth friendly SRHR / HIV services available**

What kind of HIV / SRHR prevention services (*list examples of services*) have you heard about?

What HIV / SRHR prevention services are available in your city that you know about?

What HIV / SRHR prevention services do you need?

Which of the services you need are available to you, which would you like to receive, but they are not in the city?

Do you know about organizations that provide assistance on HIV and reproductive health issues? (*Public organizations, government agencies.*)

If so, which ones and where? What services are provided there (testing, information, counseling, condoms, syringes, hygiene products)?

Have you contacted these organizations? What services did you receive? Paid / Free of charge?

Where did you get information about these organizations?

Do your friends apply for services to these organizations?

Where do you usually look for information about HIV / SRHR (facts, information about testing, etc.)?

What messengers and social networks do you primarily use?

#### **(Accessibility) of services for young key populations**

What difficulties do you face in accessing HIV / SRHR prevention services?  
(*Examples of barriers / difficulties: time, money for transport, location, documents.*)

Did you need to receive HIV / SRHR prevention services when you were between 15 and 18 years old? If so, have you received the services you needed? If not, what difficulties did you encounter?

**(Acceptability) of services for young key populations?**

What feelings did you experience before / during / after visiting these organizations (discomfort, fear)?

What doctors have you seen recently? Is it easy for you to discuss intimate issues with them, and if not, what prevents you from doing so?

Have you ever been denied medical care or service when you applied for it? On what grounds? Have you ever been abused in these organizations? What exactly did you do or say? What was the most annoying thing for you to hear? What emotions did this evoke in you? (*Evaluate the answer in terms of manifestations of discrimination and stigmatization.*)

Will you still go to this medical institution for services? Why not? Why yes? Are the unpleasant emotions you have experienced hindering you?

**(Quality) of service delivery providers**

How do you rate your doctor (if you are HIV +)? On the Satisfied / Not Satisfied scale?

- Professionalism (competence)
- Humanity in communication, ethics
- No discrimination / stigma towards my core group (SW, MSM, PUD)

How do you assess the work of these organizations / AIDS center? Will you come there again? Would you recommend the organization / AIDS center to your friends / acquaintances?

How do you assess the professionalism of the staff of the organizations / AIDS center?

Have you encountered inappropriate attitude (insults, discriminatory, disparaging remarks, etc.) towards you from the organization / AIDS center employees? If so, which one?

What can be improved in the work of the organizations / AIDS center? What services would you like to receive?

Where do you think it is better to place information about organizations / AIDS center?

What will make the organization / AIDS center more attractive to young people so they can willingly seek services?

Evaluate the reputation of the organization / AIDS center when working with the community (friendly, non-judgmental, confidential).

What can be done to improve the reputation of the organization / AIDS center?

How do you rate the practice of online consulting? Is it necessary? Can it replace personal counseling? (*Similar questions for all community activities carried out by the AIDS center and organization.*)

**(Legislation) in the countries having an enabling effect or a barrier on services**

Are you aware of any legal restrictions on HIV / SRHR prevention?

What legal restrictions have you personally faced in connection with receiving HIV / SRHR prevention services?

What do you think can be changed or added to legislation to improve access to HIV / SRHR prevention services?

What do you think would need to be changed / added to existing HIV / SRHR prevention services at the country level?

**(Other enabling factors or barriers) that affect accessing services**

Anything else you would like to add?

### **Questions for focus group among MSM**

#### Questions about sources of information related to the MSM community:

Could you, please, tell from what sources do you learn about gay life in Novosibirsk?

What sources of information do your friends use to learn about the gay life of the city?

Based on your experience, what sources of information about gay life in Novosibirsk do you trust and why?

Are there any you don't trust? Why?

#### Questions on communicating about HIV prevention services:

Now let's move on to the topic of HIV prevention. How often do you hear about the possibility of HIV testing at lectures / information meetings held in Novosibirsk?

#### Questions about community involvement in HIV prevention activities:

Which of the following have you ever visited? (*Examples of events.*)

If you haven't visited any of these events, why?

Which of the following formats are you most interested in and why?

You said that you have never attended ..... What could have prompted you to participate in this event / meeting / testing? What is needed for this?

How often do your friends participate in tests / meetings?

Have they ever invited you to such an event?

What do you think could have prompted young gay men in Novosibirsk to get more HIV tests?

**Questions for focus group among PUD**

How do you see the implementation of psychological or mental health services within the framework of the ARF?

Which practice is most preferable for you - the practice of online consultations or face-to-face meeting with a specialist?

Would this service involve you in the activities of the foundation? Would you be more willing to seek other services, such as HIV testing?

Do you know about the online seminars that the foundation conducts? Would you be interested in seminars and events related to psychological assistance for PUD?

**Questions for focus group among SWs**

1. What do you know about the availability of HIV treatment in Russia. Is it paid or free? How often should you take the pills? Is it possible to give birth to healthy children if you are HIV infected?
2. How do you think it is worth conducting the HIV testing procedure?
3. Do you think it is necessary to introduce mandatory HIV testing in Russia?
4. What, in your opinion, are the pros and cons of mandatory HIV testing?