CCC CREATIVE CENTER

EVALUATION REPORT

of the Free Kick programme

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ACRONYMS

CCC	**CCC Creative Center**
GRS	**Grassroot Soccer**
PC	**Peace Corps**
PCU	**Peace Corps Ukraine**
PCV	**Peace Corps Volunteer**
TOR	**Term of Reference**

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EXECUTIVE SUMMARY

The mixed-methods evaluation of the Free Kick programme was aimed at assessing the effectiveness of the project and develop strategies to improve its efficiency and effectiveness. Evaluation was conducted in seven communities out of 39 were programme events took place. These communities represent different parts of Ukraine and oblast and rayon towns as well. Selected for evaluation sites hosted the Free Kick events in 2013 (5 events) and 2014 (4 events). The target groups included youth from secondary schools and vocational schools, the representatives of the LGBT community and the juvenile detainees. Evaluation was conducted during August and September of 2014.

The Free Kick program consists of three major components including education program, soccer tournament, and testing. Despite different nature of all three types of activities, they all were focused on providing essential knowledge about HIV, changing attitudes of teenagers and youth towards the disease and making them do the testing. In the opinion of the participants of the focus group discussions, clearly the education program, to a large extent, and the entertainment programs and the testing, to a lesser extent, contributed to changing knowledge about HIV. Only fifty per cent of the participants of the focus group discussions commented on the importance of the soccer tournaments in terms of gaining knowledge. The partners noted that all project events were efficient when it came to sharing knowledge.

All respondents commented on the importance of the subject matter and the information about HIV for teenagers and youth. They noted that in the beginning of the project kids had doubts whether they needed all that information as they thought they already knew everything they should know about HIV. But after the trainings the children confessed that they received important information that helped them look at HIV from a different perspective, learn more about people who were HIV-positive and ways to cope with the disease. All information presented under the project was extremely critical to the young people.

The project participants are clearly changing their attitudes towards the people living with HIV. At the beginning the children might have criticized HIV-infected people. But after they learned about key reasons how people could get infected with HIV they changed their minds, perhaps, not all 100% of the participants, but the large majority. After the programme the participants were willing to share information about key HIV drivers, they understood how they could help other people.

Respondents noted that all types of activities offered by the project were effective. Case studies and education programs played a crucial role in communicating essential and true information about HIV to the young people and teenagers and equipping them with instrumental skills. Public events such as the soccer tournament and entertainment activities contributed to a wider engagement of the community members.

It should be mentioned that the Free Kick project contributed to an increase in the number of people who were willing to take the test. The increased number of people can be accounted for not only the project participants, but also for the partner organizations, teachers, friends and families of the project participants and also strangers who turned out to be interested in taking the test.

The evaluation has demonstrated that all respondents liked the Free Kick project. They highly rated the presented information about HIV, the HIV-infected people and what makes them special, ways of getting infected with HIV, associated illnesses, statistics about the disease in Ukraine and global statistics. Both the project participants and stakeholders commented about the training methods and combination of trainings with soccer tournaments and testing, in particular. Everybody seemed to like the methodology, which included lectures, games, role-plays, discussions and wide forums.

There are several lessons to be learned from the Free Kick programme. They concern target groups and communities selection; programme events preparation, content, and methodology; and role of stakeholders. As for strategies for reaching high-risk population it is important to maintain the Free Kick combined

approach which includes the education program updated in line with the needs of the target groups and the classes offered by the Free Kick program, the soccer tournament (or any other game that both girls and boys can play) and/or an entertainment program and the testing (held in any public place, offered during the entire duration of the project events in the community, accompanied by sufficient amount of rapid test kits).

The programme might benefit if the needs and expectations of the selected target groups are assessed and the channels to reach high-risk groups are identified; the representatives of the target groups and stakeholders (such as local authorities, parents, schools, non-governmental organizations) are engaged in the planning process; the questionnaire forms used to assess the participants' knowledge before and after the event are improved as well as the system for data collection, taking into consideration the previous experience; the PR-component of the program are strengthened by diversifying information channels starting from volunteers, participants of the previous program activities to social networks and public events; the program length and content are revised in line with the selected target groups and new topics are added to the curriculum and the existing ones need to be elaborated; the training materials are prepared and handed out to the program participants so they can use them once the program is finished; and various activities are proposed to the program participants when they finish taking part in the project events.

The evaluation had certain limitations. First, the timing of the focus group discussions and individual interviews coincided with the summer vacation of teenagers and young people and holidays of the partners and members of the community. Therefore, the number of focus group participants was lower than originally expected. Second, the negotiation with the Kremenchuk Juvenile Prison lasted more than one month, thus delaying site visit there and the preparation of the report on the findings of the evaluation. And, the Free Kick project's database was processed in the Excel program, which did not provide enough possibilities to ensure an in-depth and comprehensive analysis of the project's findings.

INTRODUCTION

Grassroot Soccer (GRS) and Peace Corps (PC) Ukraine have collaborated to launch "Free Kick," a soccer-based life skills and HIV prevention programme designed for implementation across Ukraine. Grassroot Soccer is an international non-governmental organization that uses the power of soccer to educate, inspire, and mobilize communities to stop the spread of HIV. Peace Corps is a volunteer programme run by the United States government and established in Ukraine in 1992, as a result of a bilateral agreement signed by former Ukranian President Leonid Kravchuk and former American President George Bush.

Free Kick programme goal is to mobilise communities for fighting HIV by conducting educational and sport events and HIV testing. Primary target group of the programme is youth of age between 14 and 18 years old. However, because of intention to involve marginalised youth such as gays and lesbians, young prisoners from correctional institutions, target groups were expand in order to cover those categories of youth. Free Kick programme consists of three major components namely, i) a 7-session curriculum training that is delivered during a 2- or 3-day camp, involving approximately 40-80 participants; ii) soccer tournament; and iii) an opportunity to undergo HIV counselling and testing for participants and community members. In addition, some communities conducted entertainment events.

Since its launch in January 2013, Free Kick has reached over approximately 1,300 youth ages 14-18. Twenty-eight Peace Corps Volunteers (PCVs) and 24 Ukrainian "counterparts" have been trained to deliver interventions. Over 2,400 community members have been tested and linked to appropriate referral and treatment services as necessary, through the HIV counselling and testing soccer tournaments.

Goal of a mixed-methods evaluation of Free Kick was to assess the effectiveness of the programme and develop strategies to improve its efficiency and effectiveness. Results from the evaluation will be used to: a) galvanize support from existing and potential partners, using a stronger evidence base; b) report back to stakeholders, including the government, schools, parents, and participants; and c) inform future programme development and expansion, both in Ukraine and across other Grassroot Soccer programme.

The purpose of this report is to present results and findings of the effectiveness of the Free Kick programme. The study assesses project performance by seeking answers to the primary and secondary objectives. Primary objectives is to assess whether Free Kick's football-based educational programme is effective in: a) Changing HIV-related knowledge, attitudes, and communication, pertaining to HIV testing, stigma, and key HIV drivers, including intravenous drug use; b) Increasing uptake of HIV testing and linkages to HIV support services; and c) Reaching and communicating effectively with youth populations at high risk for HIV infection. The secondary objectives are: i) To gather perspectives of stakeholders and beneficiaries on the programme, including its strengths and weaknesses; ii) To identify lessons that can be learned to improve programme quality, efficiency, and sustainability. iii) To outline strategies for reaching high-risk populations.

The study covers events conducted within Free Kick programme from February through May 2014.
Evaluation was conducted by the CCC Creative Center in close cooperation with Peace Corps Ukraine and Grassroot Soccer in July - September 2014.

The report consists of three chapters and three appendices. The first chapter describes the methodology of the study and presents information on the purpose of the study; site selection and sampling; data collection methods, sources and instruments; the data analysis approach; the study team; and concludes with study limitations.

Chapter two presents study findings and discussion. This chapter summarizes the results and discusses their meaning and includes an overview of the project sites and participants as well as evaluation respondents and findings and discussions for goal of the study.

Chapter three presents recommendations on strategies for reaching high-risk population.

Appendices include the evaluation ToR, evaluation instrument, and evaluation schedule.

CHAPTER ONE. EVALUATION METHODOLOGY

Purpose of the Evaluation

Purpose of the evaluation was to assess the effectiveness of the programme and develop strategies to improve its efficiency and effectiveness. Primary and secondary objectives of the study include the following:

Primary objectives

1. To assess whether Free Kick's football-based educational programme is effective in:
   a. Changing HIV-related knowledge, attitudes, and communication, pertaining to HIV testing, stigma, and key HIV drivers, including intravenous drug use
   b. Increasing uptake of HIV testing and linkages to HIV support services
   c. Reaching and communicating effectively with youth populations at high risk for HIV infection.

Secondary objectives

2. To gather perspectives of stakeholders and beneficiaries on the programme, including its strengths and weaknesses.
3. To identify lessons that can be learned to improve programme quality, efficiency, and sustainability.
4. To outline strategies for reaching high-risk populations.

Overview of the evaluation implementation

The evaluation implementation was divided into four phases.

Initial preparation stage. During this stage the following tasks were accomplished:

- Initial meeting with responsible for evaluation personnel in Free Kick programme (GRS and Peace Corps Ukraine);
- Review of project objectives and timelines during initial meeting with the programme staff;
- Collection and review of the Free Kick programme documents;
- Preparation of the evaluation instruments for: i) two types of focus group discussions, ii) in-depth interview questionairres for different stakeholders' groups, iii) participants observation. Getting feedback on instruments from the programme staff on their request;
- Selection of 2 interviewers to assist Senior Researcher in focus group discussions (FGDs) and in-depth interviews (IDIs) and participants' observation (POs) at 2014 Free Kick programmes; one interviewer will focus of FGDs while the other on the IDIs and both will conduct participants observations;
- Identification of Free Kick sites to visit; set up meeting schedule;
- Development of detailed logistics plan for the field work, including FGD and IDI participants' selection, lodging, transportation, and travel to selected sites;
- Conducting of training for interviewers according to program developed in coordination with the Free Kick programme;
- Conduct pilot interviews;
- Revision of the instruments as needed after the pilot interviews;
- Preparation of final version of the instruments with detailed instruction to both interviewers;
- Review of existing data sources (attendance registers, pre/post questionnaires, testing event forms);
- Regular communication with the Free Kick programme staff, GRC and Peace Corps Ukraine to inform them on the status of the project.

Initial preparation lasted **two weeks.**

Field work. During this stage the following tasks were accomplished:

- Qualitative data collection that includes:
  - Seven FGDs with youth participants from 2013 and 2014 Free Kick programme;
  - Three FGDs with community members participating in 2014 Free Kick events;
  - Seven IDIs with counterparts and 4 IDIs with youth leaders;
  - Four IDIs with local experts and partner organizations working with high-risk youth populations;
  - Participants observation (POs) at two events of 2014 Free Kick according to developed criteria;
- Collection of all data received during FGDs, IDIs and POs;
- Regular communication with the Free Kick programme staff, GRC and Peace Corps Ukraine on the status of the project.

Field work took **four weeks**.

Data analysis and draft report preparation. During this stage the following tasks were accomplished:

- Quality control of received data and data analysis;
- A draft project report in English produced and submitted to the Free Kick programme staff, GRC and Peace Corps Ukraine according to the agreed report format for comments;
- Regular communication with the Free Kick programme staff, GRC and Peace Corps Ukraine on the status of the evaluation report preparation.

This phase took **two weeks.**

Finalization of the evaluation report. During this stage the following tasks were accomplished:

- Comments of the Free Kick programme staff, GRC and Peace Corps Ukraine on a draft evaluation report were received;
- The draft report was revised based on the received comments and final evaluation report was prepared;
- Final version of the evaluation report in English was submitted to the Free Kick programme staff, GRC and Peace Corps Ukraine.

It is envisioned that this phase will take **a week**.

Site Selection and Sampling

At the time of the evaluation 58 events were conducted in 39 communities from 18 oblasts of Ukraine. The Project Coordinator from the Peace Corps proposed to conduct the evaluation in 7 communities from 6 oblasts (Please see Map 1).

Map 1. Evaluation sites of the Free Kick program

These communities were located in the Western, Eastern, Northern and Southern Ukraine. The selected communities were part of oblast (2) and district (5) centers of the country. In total, 9 events took place in these communities under the project; 5 events were held in 2013 and 4 were conducted in 2014. The evaluation specialists had a chance to attend two events. The target groups included youth from secondary schools and vocational schools, the representatives of the LGBT community and the juvenile detainees. The detailed information about the communities selected for the evaluation is available in Table 1.

Table 1. List of the selected for evaluation Free Kick sites

#	Community/ Oblast	Free Kick Event Dates	Target Audience	Notes
1	Cherkasy, Cherkaska	Aug. 12-13, 2014	College youth	This event will be the 4th event in Cherkasy. 3 previous events involved school youth, boarding school students, and teenagers from dysfunctional families.
2	Chernihiv, Chernihivska	Aug. 9-10, 2014	LGBT	Dates to be confirmed
3	Kharkiv, Kharkivska	May 18-19, 2013	School/college youth	Non-soccer event. Street-ball tournament took place.
4	Kremenchuk, Poltavska	August 7-9, 2013, July 21-25, 2014	Juvenile detainees	

5	Kryvyi Rig, Dnipropetrovska	August 28 – Sept. 20, 2013; May 18 – June 11, 2014	Boarding schools students (major part)/school youth	In Kryvyi Rig practice of multiple camps was used. 10 camps have been conducted within 2 projects.
6	Novyi Rozdil, Lvivska	Sept. 6-8, 2013	School youth	
7	Zhydachiv, Lvivska	Sept. 18-20, 2013	School youth	

Data Collection Methods, Sources, and Instruments

Data Collection Methods

For the purposes of this study, the evaluation employed two main types of data collection methods: (1) quantitative analysis of scorecard data that allowed valid generalization of the findings, and (2) qualitative methods to enable construction of a more comprehensive picture of the project results and the context of the sampled project' sites and target groups.

The findings of the evaluation conducted before and after the training programme demonstrates knowledge about AIDS the participants had acquired and what needs to be worked on in the future. The findings of the focus groups interviews and the in-depth individual interviews help understand better what impact the project had on its participants and the community members and provide answers to the ToR questions. When observing the participants during two project events we were able to see how the combination of the AIDS-related issues and such a popular game as soccer could communicate difficult but important issues about AIDS to teenagers.

Data Sources

The evaluation relied primarily on data collected by the PC project team from target audience and directly collected from beneficiaries and other actors in the selected project sites. These included: (1) teenagers participationg in various project activities at community level; (2) individuals who were involved into project implementation such as master couches, counterparts, youth leaders, trainers and experts; and (2) community members who have not participated in the project's activity directly but have a chance to observe football tournament or take part in testing.

A second major data source was documentation related to the Free Kick program in Ukraine. These included electronic databases of the original proposals for participating in the program, scorecards from individual events, and comprehensive collection of data connected to the program activities. Additional documentation included the Free Kick program presentation, publication, leaflets and other documentary data about many aspects of the program.

Important insight was provided by Directors of Programming and Training and Directors of Management and Operations (DMOs) of the Peace Corps Ukraine.

Data collection instruments

The following instruments were used, namely: 1) a focus group questionnaire/interview guide for participants of the Free Kick program; 2) a focus group questionnaire/interview guide for community members; 3) an interview guide for the Free Kick program counterparts, youth leaders, experts; 4) an observation card; and 5) a list of FG and IDI participants. All instruments are presented in the Attachments 2.

Data Collection

All data was obtained in-person by interviewers employed by CCC. Data collection took place in both individual and group settings in each sampled Free Kick program communities. Generally, the Peace Corps Volunteer's counterparts, youth leaders and experts were interviewed individually, while program

participants and community members were interviewed in groups. In the first case, individual interviews allowed sufficient time for counterparts, youth leaders and experts to fully explain their, presumably well-informed views about the Free Kick program. Group interviews, by contrast, were an efficient means of obtaining needed data about the program from participants and community members and required less individual time to share their more limited experience with the HIV prevention issues.

The number of focus group and individual interviews in each selected site varied due to data of the Free Kick program events, availability of program participants, community members, counterparts, youth leaders and experts. At least one focus group anf two individual interviews were conducted in each of the seven selected sites. Group size was limited to no more than 10 individuals in order to reduce inordinate differences in participation. In total, 82 individuals were interviewed. Each group interview session lasted 60-90 minutes, while individual interviews ranged from 30 minutes to 60 minutes in length. The fieldwork was implemented over 30 days and covered all selected Free Kick program sites efficiently. Each interviewer visited between 3 and 4 program sites. Before site visits, interviewers contacted all Free Kick program actors in order to allow for effective use of time and resources.

Field data collection was based on rigorous standards for accuracy, completeness, and reliability in interview sessions. First, field interviewers administered methodological instruments consistently across sessions. Second, interviewer records of responses to structured interview questions captured all details ensure accuracy and faithfulness to respondents' views. Third, respondents' confidentiality was carefully observed to encourage candidness about Free Kick program performance. Finally, in order to avoid the possible inaccuracies introduced by recording and translating notes between languages accurate translation and interpretation to English was ensured.

Data Analysis

Data Entry

Interviewers recorded all interviews that later were decoded. The decoded interviews and summarised questionnaires were sent to the CCC office for further analysis. CCC manager conducted quality control of received data and if needed more data was requested. CCC IT specialist prepared analysis of data from scorecard under supervision of the CCC Senior Researcher.

Data Analysis Procedures

CCC designed an approach to data analysis. The report's format was discussed and agreed upon by all parties involved in the evaluation's implementation.

Study Team

CCC research team included a Senior Researcher, Research Coordinator, and two interviewers. CCC President, Lyubov Palyvoda, served as a Senior Researcher. ***Lyubov Palyvoda*** is a founder and president of CCC Creative Center, Ukrainian charity foundation. She has nineteen years of experience of working with civil society organizations (CSOs) in the New Independent State countries. Her key classifications include project identification, design and implementation, organizational and project evaluation; in-depth knowledge and experience in the civil society sector; direct exposure of working with donor organizations in the planning and implementation of civil society programs/projects; design and implementation of grant projects for US, EU, and UN programs; experience with projects related to governance, elections and democratic development as well as charity, philanthropy and foundations, corporate and community philanthropy; extensive experience in institutional and capacity building, training and research; program and organizational evaluation, strategic and administrative management of the organization, fundraising and proposal writing, project report writing, communication with government officials, businesses, donor organizations, and local and international organizations. Furthermore, she works as an independent researcher/consultant and conducts program and organizational evaluation and provides consultation/training on institutional and capacity building, strategic and administrative management of the organization as well as undertakes different study/research/survey on variety of issues. Lyubov has Master of Science in Mathematics and

Mathematical Basis of Cybernetics (Kyiv State University), Master degree in Business Administration (MBA) from International Management Institute (Kyiv), and PhD in Public Administration (Rutgers University, USA).

Two interviewers were involved to conduct focus group discussions and in-depth interviews and conduct participant observation. Those individuals were selected from CCC trainer team that are properly trained to conduct interviews and have experience of conducting many research implemented by CCC including impact study of Peace Corps *Teaching English as a Foreign Language (TEFL) program in 2010* and *Pilot performance evaluation of Peace Corps Volunteers Small Project Assistance (SPA) small grant project activities in Ukraine* in 2012.

Study Limitations

The evaluation process had certain limitations. They were as follows:

- The timing of the focus group discussions and individual interviews coincided with the summer vacation of teenagers and young people and holidays of the partners and members of the community. Therefore, the number of focus group participants was lower than originally expected.
- Negotiation with the Kremenchuk Juvenile Prison lasted more than one month, thus delaying site visit and the preparation of the report on the findings of the evaluation.
- The Free Kick project's database was processed in the Excel program, which did not provide enough possibilities to ensure an in-depth and comprehensive analysis of the project's findings.

CHAPTER TWO. EVALUATION FINDINGS AND DISCUSSIONS

Overview of the Free Kick sites

The project started in May 2013. Around 58 project events were held in 39 communities as of September 2014. In order to take part in the project a community had to fill in an application form and submit it to the Peace Corps. The communities the Peace Corps' volunteers worked in tended to get engaged in the project. The presence of a volunteer and his/her engagement in the project events were important not only in terms of efficient use of project resources but also in terms of effective communication. Unfortunately, due to political developments in Ukraine, the Peace Corps volunteers left the country. Since February 2014 the project was implemented without any engagement of the Peace Corps' volunteers.

The project events took place in 39 communities from 18 oblasts of Ukraine (Please see Map 2). Generally, the communities that took part in the project represent oblast (4) and district (5) centers. The project events were conducted several times for various target groups in six communities. At the same time, it should be noted that 9 project events were held at the prisons for juvenile detainees.

The target groups from seven communities representing five oblasts took part in the evaluation. They are highlighted on Map 1.

Map 2. The Free Kick program sites

Project Participants

By the end of July 2184 teenagers and young people participated in the project. The large majority were young people aged 14-18 years (84.3%). Around 7.8% of the participants were younger, they were aged 11-13 years and 6% of the participants were over 18 years. There were more boys than girls in the project; in particular, there were 57% of boys and 43% of girls. Not all (2184) project participants filled in the questionnaire forms before the event. Only 2111 people (or 97%) did that, including 1877 people (or 88%) who completed the training prorgamme and filled in the respective questionnaire form at the end. The

findings of the evaluation demonstrated that around 11% of girls and 12% of boys had not completed the prorgamme. More detailed information about the project participants (before and after and training programme) is available in Table 2.

Table 2. Data on Program participants and filled out questionnaires before and after training.

Pre

Age	#	*%*
11	1	0,0%
12	26	1,2%
13	139	6,6%
14	410	19,4%
15	347	16,4%
16	514	24,3%
17	326	15,4%
18	185	8,8%
19	55	2,6%
20	28	1,3%
21-25	21	1,0%
26-30	10	0,5%
>30	12	0,6%
N/a	37	1,8%
Total	**2111**	

Sex		
Male	1178	55,8%
Female	902	42,7%
N/a	31	1,5%

Post

Age	#	*%*
11	1	0,1%
12	25	1,3%
13	102	5,4%
14	368	19,6%
15	308	16,4%
16	464	24,7%
17	293	15,6%
18	166	8,8%
19	51	2,7%
20	25	1,3%
21-25	15	0,8%
26-30	3	0,2%
>30	12	0,6%
N/a	44	2,3%
Total	**1877**	

Sex		
Male	1034	55,1%
Female	811	43,2%
N/a	32	1,7%

Since 20% of the project participants (in particular, 424 persons) were juvenile detainees from six prisons the evaluation specialists thought it would be important to assess their perception of the HIV/AIDS-related issues. Below you can find information about the age breakdown of the juvenile detainees who took part in the project events and filled in the questionnaire forms before and after the programme. The sex is not specified as all prison juvenile detainees were boys.

Table 3. Data on juvenile detainees and filled out questionnaires vefore and after training.

Pre

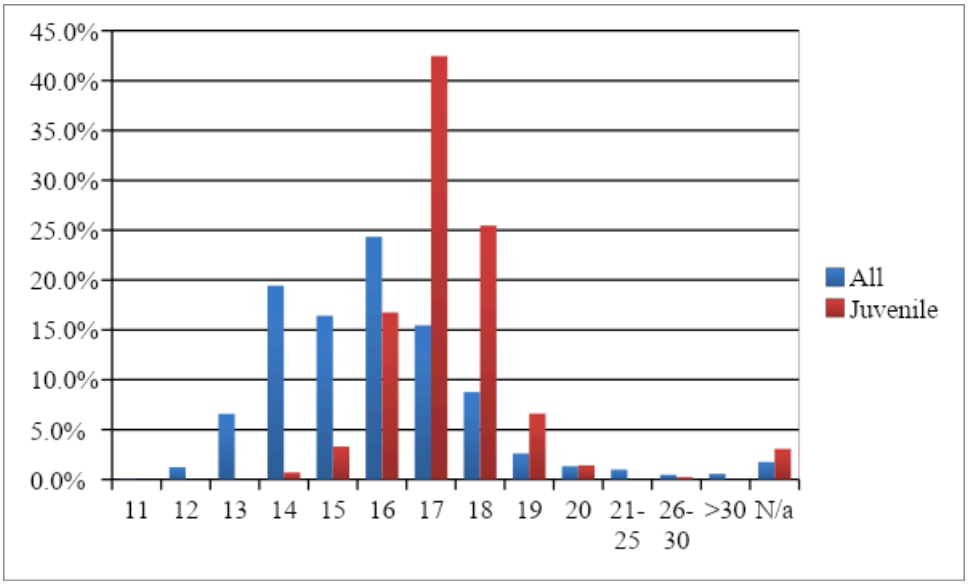
Age	#	*%*
14	3	1%
15	14	3%
16	71	17%
17	180	42%
18	108	25%
19	28	7%
20	6	1%
27	1	0%
N/a	13	3%
	424	

Post

Age	#	*%*
14	3	1%
15	12	3%
16	74	19%
17	166	42%
18	94	24%
19	27	7%
20	5	1%
N/a	13	3%
	394	

The age breakdown of all participants of the Free Kick Project and the juvenile detainees is presented on Diagram 1. The study has shown that the majority of the project participants are children and youth aged 14-17 years, whereas the age of juvenile detainees varies from 16 to 18 years.

Diagram 1. Age of the Project Participants and Juvenile Detainees.



Evaluation Participants

In total 82 people from 7 communities engaged in the project took part in the evaluation. The communities that participated in the evaluation are shown on Map 1. The communities selected for the evaluation represented different parts of Ukraine and populated areas of various types. They included oblast centers, in particular, Chernihiv, Cherkasy and Kharkiv, cities of oblast subordinance such as Kryvyi Rih, Novyi Rozdil and Kremecnhuk and the district center of Zhydachiv. Several events were held in the cities of Kremenchuk and Kryvyi Rih.

The goal of the evaluation was to encompass various target groups and focus on the communities the events were held at in 2014 after the Peace Corps' volunteers had left sites.

The representatives of the following target groups took part in the evaluation:

Project Beneficiaries:	
□ Youth and Secondary School Students	22
□ LGBT Community	11
□ Juvenile Detainees	9
□ Vocational School Students	14
Partners	10

Youth Leaders	4
Trainers/Experts	5
Community Members	7
TOTAL	**82**

Women accounted for 74% of the respondents. The participants of the focus group discussions were open and friendly; they freely expressed their opinions and showed knowledge of issues raised by the Free Kick project. Non-governmental organizations and schools acted as regional partners of the Peace Corps in the communities that hosted the Free Kick project's events. Once the focus of the project was shifted towards the juvenile detainees, the prisons became the project partners in the communities. The engagement of youth leaders in the programme increased their role in the preparation of the project events in the communities and involvement of the target groups in the programme. Trainers and experts had a special role in the project as well. As a rule, they were knowledgeable people who had previous experience with similar programmes on HIV, they had relevant skills to act as trainers and offered wide expertise on the subject matter.

FINDINGS AND DISCUSSIONS

I. PROJECT EFFECTIVENESS IN CHANGING KNOWLEDGE, ATTITUDE AND COMMUNICATION PERTAINING TO HIV AND HIV TESTING AND STIGMA AND KEY HIV DRIVERS

Project effectiveness as regards CHANGING KNOWLEDGE about HIV, testing, stigma and key HIV drivers

The expansion and improvement of HIV education is critical to preventing the spread of HIV. The Free Kick program focused on HIV education by providing youth with information about HIV, how it is passed on as well as with other relevant issues in order to equip individuals with the knowledge to protect themselves from becoming infected with the virus. At the beginning the Free Kick program targeted youth and college students of the age between 14 and 18 and later expanded age range to 22 as LGBT community and juvenile detainees were included. This change was important as these specific groups are particularly at risk of HIV infection.

The Free Kick program consists of three major components including education program, soccer tournament, and testing. Despite different nature of all three types of activities, they all were focused on providing essential knowledge about HIV, changing attitudes of teenagers and youth towards the disease and making them do the testing. In the opinion of the participants of the focus group discussions, clearly the education program, to a large extent, and the entertainment programs and the testing, to a lesser extent, contributed to changing knowledge about HIV. Only fifty per cent of the participants of the focus group discussions commented on the importance of the soccer tournaments in terms of gaining knowledge. The partners noted that all project events were efficient when it came to sharing knowledge. In the beginning all information would be communicated through plays and discussions, the questions would be raised and the answers provided, real life examples would be given. And when the teenagers were motivated, the testing would be offered. Things were happening gradually, starting from simple information sharing and finishing with the testing. The participants appreciated communication with the Peace Corps' volunteers. They helped young people understand that there were many ways to kill one's free time. Children would turn to them, they liked spending time together. The information received during the program inspired the participants to share their knowledge with friends and parents. During the tournament many people in the neighborhood and many adults would stop by to do the testing and then they would come back and bring their friends.

The findings of the evaluation conducted amongst all participants of the education program before and after the workshops have demonstrated that basic knowledge about key reasons HIV drivers and associated (opportunistic) diseases has changed (Please see Table 4).

Table 4. Results Of The HIV Knowledge Test Before And After The Education Program

3. Sexual intercourse without a condom is one of the most common ways people get HIV in Ukraine.	95%	95%	0%	95%	91%	-4%
4. Sharing needles increases my risk of getting HIV.	95%	96%	1%	93%	94%	1%
5. Only injection drugs are addictive.	67%	75%	8%	48%	57%	9%
6. I have more chances of getting HIV if I have more than one sexual partner over the same period of time.	74%	86%	12%	67%	79%	12%
7. Drinking alcohol can lead me to make unhealthy decisions.	95%	97%	2%	94%	93%	-1%
8. Hepatitis C is spread through blood-to-blood contact.	83%	90%	8%	85%	100%	15%
9. Tuberculosis (TB) can be cured.	69%	83%	13%	62%	76%	14%
OVERALL			**6%**			**6.5%**

The dynamics of changes differs depending on the question. In particular, 95% of participants had basic knowledge about the following questions: Sexual intercourse without a condom is one of the most common ways people get HIV in Ukraine, Sharing needles increases my risk of getting HIV and Drinking alcohol can lead me to making unhealthy decisions. Therefore, the percentage of participants who provided right answers after the training has not changed much. The participants have greatly improved their knowledge about the following issues: Only injection drugs are addictive (8%), more chances of getting HIV if there are more than one sexual partner over the same period of time (12%), Hepatitis C is spread through blood-to-blood contact (8%), and Tuberculosis (TB) can be cured. On average, when compared to all project participants, the knowledge of juvenile detainees has not changed much, however, their knowledge has been changed more if compared to all participants of the Free Kick project.

The following information about HIV turned out to be new to the participants of the focus group discussions:

- *People can live with this diagnosis as an average person; one can get infected with HIV even at the dentist or at the beauty salon when doing his/her nails inadvertently.*
- *A HIV-infected person is still a person. Had I not been told about this disease, I would have never approached a person diagnosed with HIV. I have learned how HIV can be transmitted and how it can be treated.*
- *A number of HIV-infected people living in Ukraine. One can have children with a HIV-infected person.*
- *There is no cure for HIV but a person can manage the disease and continue to live a normal life.*
- *HIV is a disease beyond cure but a person who takes antiretroviral therapy and is supported by his/her family and friends and lead a healthy lifestyle can have a life worth living.*
- *The way the disease can be treated. Ways to deal with the situation when one of your friends or a member of your family has been diagnosed with this disease.*
- *The older the partner is the higher the risk of getting infected is: the butterfly effect.*
- *HIV can be transmitted through blood, sexual fluids and breast milk.*
- *Window period, antiretroviral therapy, risk groups, risky behavior.*
- *Conditions of the virus life-sustaining activities.*
- *How to store condoms. What cells are attacked by HIV.*
- *A child can be infected through breast feeding. There are express tests available. One can decrease the viral load by taking the antiretroviral therapy and a person can live as a normal individual. The antiretroviral medicine should be taken every day at the same time.*
- *About faulty judgment on how the virus can be transmitted, treated and about motherhood.*
- *My myths about HIV were unveiled. The importance of HIV testing. Statistics.*
- *HIV can be transmitted by four different ways, and not just one or two. In general, I have learned a lot of new things.*
- *There are certain types of the virus, in particular, A, B, C.*
- *Notions and terms associated with the disease. The progress/run of the disease.*
- *More about hepatitis.*

A little group of participants of the focus group discussions (10%) commented that they have not learned anything new from the project and only "*refreshed my memory*", as one of the participants put it. As a rule, they were people who had attended trainings and workshops in the past. When asked about the main ways HIV is transmitted by, the participants of the focus group discussions listed all available options such as multiple use of needles and syringes in the hospital, unsafe sex, early sexual activity, a large number of sexual partners, intravenous drugs (use of the same needle), sexual recklessness, blood, vaginal fluid, breast milk, failure to observe rules of carrying of a pregnancy, delivery and breastfeeding by an HIV-positive mother of a child, frequent change of sexual partners. The majority of respondents named several reasons for getting infected, including "*inattention to healthy and regular lifestyle, lack of knowledge about common ways of how the disease is transmitted and being reckless with safety rules",* and tattooing.

When evaluating the Free Kick project **the members of the community** commented on the importance of the subject matter and the information about HIV for teenagers and youth. They noted that in the beginning

of the project kids had doubts whether they needed all that information as they thought they already knew everything they should know about HIV. But after the trainings the children confessed that they received important information that helped them look at HIV from a different perspective, learn more about people who were HIV-positive and ways to cope with the disease. All information presented under the project was extremely critical to the young people. The participants commented on the clarity the information about ways of getting infected with HIV was presented and useful role-plays to practice one's behavior and attitude when you learned that you or your friend had been diagnosed with HIV. Case studies helped participants understand and learn the information in a more expedient way. There was always room for team work. Children worked in groups and got easily united around the HIV-related issues. New knowledge would lead to new questions. In particular, when talking about condoms, the boys asked about female condoms and ways they could be used. The respondents commented that despite of availability of all possible information on the Internet not very many people read it. And when it is explained by real people in real life then the myths about the disease and ways it is transmitted are destroyed and people are inspired to think about healthy lifestyle. Learning is important for HIV prevention as well as the reliable information. It is important that kids learn about HIV at their early age, and don't feel ashamed to talk about it, ask questions and know what to use to protect themselves

The community members also learned a lot of new things from the Free Kick project. For instance, the information about the number of people diagnosed with HIV and the scale of the problem, "vertical" and "horizontal" ways of infecting a child from his/her mother, was new to them. One representative of the community noted that "*in general, 50% of the entire program was new to me*". Another participant said that he liked the way the training was delivered (it was interesting and full of games) and the issue was highlighted. In general, the community members including teachers and parents of the kids who had participated in the program commented that they found it easier to communicate with teenagers about sex after the training. The young people changed their wording, and their thoughts became more mature and considered.

When asked about recommendations for the future and ways to improve the existing programme, the community members commented on the need to have more time to enable participants to communicate about HIV during the programme and, perhaps, to organize other additional types of entertainment so the young people could have a chance to digest and discuss the new information with each other. Also, some of the participants noted that it would be good to add more information about relations, love and sex to the curriculum since all these issues were related to HIV and participants did raise these questions during the education program.

The partners of the programme working in the communities think that the programme had a good structure and, despite its substantial content, it was perceived well and presented nicely via the games. Then it was discussed and easily remembered so that the key information about HIV stayed with the participants. The games were important to the participants since they were in position to share their own thoughts and feelings. The work in small groups also played an important role as it helped consolidate the new knowledge and ensured that all decisions were approved by the whole group. Overall, all programme elements enabled teenagers and young people to learn new things about the disease and made them understand that HIV could be relevant to each and everyone.

Young leaders who took part in the evaluation commented on a positive dynamics of the knowledge of people who took part in the Free Kick project. Teenagers were not afraid to use words like condoms, sex and sexual transmission of HIV etc. They found it difficult to say these words in the past. After the training the participants asked themselves where they could buy condoms, they were beginning to understand that condoms could protect from HIV. They understand that they could get tuberculosis rather than HIV when communicating with a sick person. And although all events were effective and instrumental, the workshops/case studies were the most effective ones since it was easier for the kids to learn things when playing. One young leader commented on the comprehensible and easy way the information was presented.

"I still remember how HIV/AIDS are transmitted, how I can protect myself from getting infected and how to communicate with infected people". Many respondents also commented on the relevance of the presented information.

The programme trainers and experts that participated in the evaluation considered the Free Kick project important as it had offered a holistic approach and everyone was able to find something in it that had met his/her needs. For instance, soccer was a motivation for young boys to take part in the project; they came for soccer and at the same time received essential and useful knowledge. The training addressed issues that even not all educated adults were aware of. However, children liked the presented information. Difficult information was delivered in a nice and easy-to-understand way and even topics like the immune system was perceived by teenagers without any difficulties. The programme was very substantial and it covered a wide range of topics like prevention and therapy, perception and interaction with HIV-positive people, support to people living with HIV, nutrition and healthy lifestyle. In addition, the training also covered the related topics such as tuberculosis, hepatitis and early sexual initiation. Each module focused on a particular issue. And if something was not included originally in the curriculum, it still could be raised and discussed during the workshop. In other words, children would start asking questions and the training would eventually turn into a lively discussion. One question would lead to another and children felt ready and open to continue. The discussions and reflections about the case studies and role-plays made children think, wonder and explore. Serhiy Burlaka, a trainer-expert, has commented that the Free Kick project

> "*is youth-oriented. There are exercises that can make you feel in the shoes of an HIV-positive person and you instantly become engaged. The training participants managed to understand how to develop empathy for HIV-positive people, what it is like to be an HIV-positive person and how to stop feeling like that and go back to who you are. Role-plays teach how to take care of oneself and how to practice safe behavior as regards HIV-infection. We managed to address this issue for sure. Participants liked to play and these role-plays helped refresh their knowledge, in particular, about the importance of therapy"*.

Trainers commented that the program was effective in raising awareness amongst youth and teenagers about people living with HIV via the role-plays and providing them with a possibility to act as an HIV-positive person. It was not always easy but teenagers received new knowledge and found themselves in the shoes of an HIV-positive person. The training was essential in terms of prevention since the majority of current programs on HIV implemented in Ukraine are focused on secondary prevention and not on the HIV-prevention.

In the opinion of the trainers-experts, several factors should be taken into consideration when implementing similar programmes in Ukraine in the future. First of all, it is the overall situation with HIV in the region. For instance, young people from Kryvyi Rih have basic knowledge about HIV as the situation in the city is extremely severe and the number of HIV-positive people is very high there. HIV is not that common in Lviv oblast, therefore, there is a need in basic knowledge and information there. Second of all, it is critical to take into consideration the cultural specifics of the region, family matters and the order in the prisons. This is related to the communication culture and open discussions of sensitive topics, traditional and single-parent families, happiness of children etc. Children aged 14-15 years might not be ready to discuss these subjects and they would use laughter and other means as protection. Therefore, the information should be presented carefully and gradually and it is important to create an atmosphere of trust. This is one of the topics that are built on trust and it takes time to win children's trust and to make sure they don't close up on you. As for the juvenile prisons, the order and discipline are unalterable there and that has to be considered when planning the project events in the prisons. And third of all, the education program needs more time. As one of the experts has put it:

> "*They (children) need one day to understand where they are. As we all are working with vulnerable children we know that they need more time to feel comfortable about working in a group and to perform. Very often they are shy of each other and fear they might be disapproved. It is important to*

ensure that the kids are of the same age as needs are different depending on the age and development".

Besides, both trainers and experts have agreed that HIV-positive persons could be invited as guests or co-moderators/facilitators of the trainings.

Observation at the project events. There was a possibility to attend and **observe** the project events at the time of the evaluation of the Free Kick project in two communities, in particular, in the cities of Cherkasy and Chernihiv. The project events in Chernihiv included a training camp, a soccer tournament and HIV-testing. The interesting thing about Chernihiv events was that 20 members of the LGBT community took part in them. The average age of the participants was 22, slightly older than the average age of the other project participants. Both boys and girls took part in the events. The observation of the training participants and the training itself has revealed that the target group felt comfortable with the training program. Although the way the participants behaved showed that fifty per cent of the participants were not okay with doing some physical exercises, whereas other fifty per cent were very active in taking part in some exercises and plays. In the opinion of the participants, some information was not relevant for their age and experience. For instance, this was the information about how to use a condom and early sex. The information about the pressure to have unprotected sex (Limbo play) was perceived controversially by the participants. Despite that fact that all participants had appropriate psychological level of sexual education to understand the project and its philosophy and had initial knowledge about main reasons for getting infected with HIV, as they put it "*attended many trainings on this subject*". The participants were highly motivated to take part in the project. In particular, one participant, aged 55, insisted on being included to the programme and he eventually got invited. Otherwise, 5 people would not have taken part in the project without his participation. It just shows what influence he had over them.

The participants' expectations could be captured by the following phrases expressed before the training. For instance, the large majority either came to receive new knowledge, or to refresh what they had already known: "*to get information because I work in this field and to my great embarrassment I don't know much*", "*to refresh my knowledge about AIDS, to learn, to see and to take part*". Some young people came "*to have a good time and just to look around*". But there were some people "*who were asked to be present and here I am*", or "*I was told I had to come*". It should be noted that one third of the training participants came to see old friends and socialize.

The participants made the following comments after the training programme:

- *"Pressing issues were raised, new additional knowledge was received"*
- *"It was important to listen to other people and make conclusions"*
- *"I liked everything including the team, they are very interesting people, clever…I have not learned much when compared to what I have already known, my level of knowledge of how to use the condom has not changed at all"*
- *"What I liked is that we repeated what I knew and I learned new things"*
- *"New people, new experience…"*
- *"I have been emotionally satisfied for two days"*
- *"I discovered new things not only about HIV/AIDS but also as a trainer"*
- *"Playing discrimination has become a revelation for me"*
- *"This is the first time I have attended a training, I received new knowledge, digested it and had a good time"*
- *"I discovered Chernihiv and its people, I perceive it through the lens of my personal contacts, things are cool (about the outcomes of the training)"*
- *"I am happy the training took place, different people met, the training had a good atmosphere, the training and physics together, this is important…"*
- *"I learned some new things, some things were not that new to me. The training was good"*

- *"I am glad people got together and we felt we could make things happen (about the ideas presented at the training)*
- *"Deep and comprehensive/close knowledge" (said by a participant who is 55 years old!)*
- *"Instrumental training, profound knowledge, very interesting topic. I polished the knowledge I have already had. What have I discovered for myself? We should work hard on understanding these people (HIV-positive people)"*
- *"All people are fantastically caring…learned new things…I am happy that people (participants) learned something new…I liked all games with the ball. I like the way it was all presented" (shared by a participant who is 38 years old, he is an expert on how to conduct trainings!)*
- *"I have learned a lot by playing" (said by a participant who is 37 years old!)*
- *"I have not learned anything new, but it was nice to meet new people"*
- *"I understood theory and discussions better than the games…"*

After observation and talks with the training participants, we can make a conclusion that expectations as regards gaining new and refreshing old knowledge were justified amongst all participants who had had these expectations and amongst some participants who had not had these expectations. The way older people were absorbing new knowledge and discovering many new things was of a particular interest.

The representatives of the LGBT community were actively involved in the training; the discussions were open and well perceived by the audience; people were always ready for a discussion. And if at the end of the first day all participants seemed to be genuinely interested although they were tired, then at the beginning of the second day it was clear that the participants opened up and were not afraid to share personal experience. A play called Guilty Or Not Guilty turned out to be of a great interest and many participants got engaged in it. One half of participants commented that this game would lead to stigmatization, in particular, "*it is not right to stigmatize a society*". Contrary to this opinion, the other half of participants noted that *"the lack of responsibility is a guilt/crime"*. But it should be mentioned that not all the participants managed to understand the essence of the game and complained about "*the big number of physical exercises"* and "*that not much information was remembered*", but "*we did not need lectures"*. Other people would say that *"they need more energy and it is good to repeat the same things over and over again"*.

The following issues were of a particular interest for the project participants: "*mechanisms of the disease", "I was struck by the statistics", "comparison of the prevalence of the disease in different countries", "issues related to early sex", "delinquency and stigmatization of HIV-infected people"*, the difference between HIV and AIDS, information about the tuberculosis, post-exposure prophylaxis and potential of the antiretroviral therapy. The play on Instructions for Use of a Condom was perceived as controversial by the participants. And although many people thought that they knew how to use a condom, only three persons were aware about the rules for transporting the condom.

The following should be taken into consideration when drawing the conclusions. The participants of the training from Chernihiv, the representatives of the LGBT community were ready to continue to learn about HIV. But they did comment that they would like the LGBT theme to be fully incorporated into it. It would be good to add one more module on "discrimination". It should be noted that the participants are more and more willing to receive new information as they go from one module to another. The events conducted under the Free Kick project provided a good opportunity to the participants to socialize, share opinions about their new knowledge. They would continue to discuss things when spending time outdoors, while having breakfasts etc. People who could be qualified as experts on the subject matter needed that type of communication and sharing the most. The training enabled them to exchange news and interesting information. For instance, one participant from a European country made a detailed presentation about ways to reach vulnerable young people via the self-help groups, in particular, the Association of Parents of the LGBT Kids. And he described a similar organization that operated in Saint-Petersburg. At the same time, the participants of the training programme got tired fast. The majority of the LGBT community perceived soccer as *"the heterosport/mixed sexes sports"*. During the training the participants had a possibility to have the HIV-testing and the

participants commented that the training modules were arranged in such a way that motivated and inspired them to do the testing and as a result, they were not afraid to do it.

A similar event that included the camp, soccer tournament and the HIV-testing took place in ***Cherkasy***. It was youth and children from single-parent families as well as the children with deviant behavior who took part in the event as distinct from the Chernihiv participants. The event was conducted at the recreation camp of the Cherkasy University and the community's representatives did not take part in it. The programme of the training and its content were appropriate for the participants' age, they were 14-18 years old. It was easy for them to learn new information; they were actively involved in case studies/workshops, games, discussions and socializing. During the training the participants demonstrated different level of engagement, in particular, 50% of them were energetic and the rest were not as involved. The participants had a proper level of sexual education in order to understand the programme and its philosophy. All participants were motivated and ready to learn about key reasons for getting infected with HIV.

The problems related to support of the HIV-infected people and especially the support of the family, bad habits and respective addictions as well as ways HIV is spread were discussed vigorously. The following topics seemed to be of a particular interest to the participants: the importance to support the HIV-positive people and searching for such support amongst the family members of the HIV-infected people, bad habits and respective addictions and ways HIV is spread. The group was open and receptive. As a rule, the discussions would take place after the plays and case studies. Around 50% of older participants were actively involved in the discussions, some were not that active but they were watching the other with great interest and took part in workshops and plays. The trainer tried to engage all participants in the discussions, in particular when they talked about how to counteract pressure displayed by friends and acquaintances. The participants said they were ready to continue to learn about HIV. The youth from Cherkasy would seldom discuss HIV during breaks as opposed to the young people from Chernihiv. They would talk about HIV when doing the testing. All 20 participants did it and they all were emotional about it. That can be attributed to the fact the trainer would stress on the importance of the testing during the training. It was only boys who played soccer, the girls only watched them.

The following should be taken into consideration when drawing the conclusion. The participants from Cherkasy were interested in learning more about HIV, condoms, reproduction, the importance of providing support to HIV-infected people and supporting other people. The young people appreciated the plays and the way the information was presented. They received answers to critical questions, in particular, how to interact with infected people and provide care for HIV-positive persons. Some teenagers noted that *"they told us about HIV in schools but we understand it better now thanks to the plays"* and that "*HIV is not a death sentence, there is a way out"*. The fact that the event was conducted outside the city and the lack of the community's representatives who could have watched the soccer tournament and got engaged in the testing made the programme less dynamic and did not provide a possibility to engage all people interested in the subject. Besides, it is extremely important to ensure the involvement of all participants in all events in order to avoid the situation when the boys would play soccer and the girls would just watch them doing nothing. The event was of a rather limited importance in terms of communicating about HIV to a wider audience.

The issue of stigma. **STIGMA (**or vulnerability and fear of discrimination) has become the crosscutting theme of the Free Kick project. The interviews conducted before and after the education program have demonstrated that teenagers and young people are susceptible to what other think of them and at the same time they display intolerance to those who differ from them (Please see Table 5). And if all participants including the juvenile detainees have changed their perception of the HIV-infected peers to a large extent, only a small group of teenagers have changed their opinion after the training (if compared to their answers before the training) and believed that if they got diagnosed with HIV they would be supported by their families (Question 15). But the project implementers did not succeed in changing the opinions of the juvenile detainees. On the contrary, the number of those who believed that they would be supported in case of being diagnosed with the disease has decreased. Unfortunately, the number of juvenile detainees positive that they

were in position to resist the pressure of their peers has not changed, whereas the participation in the programme helped 5-6% of the participants build their confidence when interacting with the friends. In general, the changes in responses related to stigma before and after the trainings (11% of all participants to 5.6% of the juvenile detainees) indicate that the juvenile detainees are more vulnerable and reserved in their fears and negative perceptions.

Table 5. Results of the Interviews About Stigma Held Among The Programme Participants

Question	All participants			Juvenile detainees		
	Pre	Post	Δ	Pre	Post	Δ
11. I would stay away from a classmate with HIV.	63%	84%	21%	52%	73%	21%
15. If I found out I have HIV, there is no one who will support me.	81%	86%	5%	74%	70%	-4%
16. I can resist peer pressure.	83%	90%	6%	83%	83%	0
OVERALL			**11%**			**5,6%**

The answers of the programme participants show that the young people do not find it shameful to be HIV-positive as everybody is at risk and everyone can get infected. The teenagers have understood that if a person is HIV-positive, he/she may not be necessarily a drug addict and that he/she can get infected at the hospital during blood transfusion or in any other way. Before the project the majority of its participants did not think about the status of the HIV-positive people. After the programme they understand that these are normal people, just like anybody else. In the past teenagers would be afraid to interact with these people. But they are no longer are after attending the programme. They have changed their attitude after they heard real life stories about people living with HIV at the training and there they understood that the disease could be acquired in other ways and not necessarily as a result of the immoral and ungodly life. As one of the project participants put it:

> *"A person can be a good person, a good family man/woman, but that's just the way the circumstances have developed and he/she got infected with HIV. No one is immune to this infection; you can get infected at the dentist, at the beauty salon when doing your nails and during the blood transfusion (when someone is not neglecting his/her duties). They all have normal lives and they hardly differ from me or other people. I have changed my attitude towards them. I have understood that a person can lead a normal life, can have a career and can have a family".*

The project participants are clearly changing their attitudes towards the people living with HIV. There have been a lot of discussions about that under the project, they have been working on case studies and role plays, in which different situations are simulated and they can practice interaction with HIV-positive people. The participants are discussing these issues with each other. Tuberculosis and HIV are compared during the training and that comparison seems to be working. The participants are starting to understand that one can get infected with tuberculosis faster than he/she can get HIV. During the training the participants also discuss myths existing in the society and try to differentiate what's right and what's wrong.

At the beginning the children might have criticized HIV-infected people. But after they learned about key reasons how people could get infected with HIV they changed their minds, perhaps, not all 100% of the participants, but the large majority. For instance, Alina, a trainer from Cherkasy, shared her thoughts and said that:

> *"The participants drastically changed their minds about HIV-related issues. I will give you one example. Our partners, local non-governmental organizations, work with HIV-positive people. They were looking for volunteers and the participants of our training agreed to help them. They appreciated the HIV-infected people for who they were, they had good contacts with them and assisted them in any way they could. Our participants are no longer using the word "AIDSy".*

Thanks to the programme the participants were willing to share information about key HIV drivers, they understood how they could help other people. The teenagers enjoyed the fact that their peers would listen to them and that the HIV-positive people should be supported. One boy has revived his friendship with an HIV-infected friend as he learned how to behave properly with him. *"I will be careful*", he said. Young people start to understand that there are HIV-infected people who push people away from them and there are other people, who lead a normal life and who need interaction and communication.

And one more story:

> *"A girl from our organization is now working in the summer camp and there is one girl with HIV in the camp. Nobody wanted to have her in his/her group and our girl who participated in the project invited this girl to her group. Even the doctor who works there said that he was afraid. And our girl explained ways of transmitting the infection to everyone and assured that it was okay. In my opinion, these programmes are very instrumental. We need them. They should be expanded and involve more people".*

The trainers are convinced, in particular, Daria from Kryvyi Rih that:

> *"The case study helped us overcome stigma. It was 100% effective. Feelings and emotions we had were very strong and hard but we tried to put ourselves in the shoes of these people, we acted like them and we felt it like they did. These case studies have the potential to educate people that HIV-positive people are just like us. By doing so, we can change the society for better and decrease the percentage of infected people".*

In the opinion of some participants, stigma has not been totally overcome. *"People are still afraid. Before we thought that it was only drug addicts who could get infected with HIV and now we have learned about various ways of getting infected. I think the attitudes towards these people have changed".* It should be noted that the level of stigma is not that high amongst the LGBT community and they are willing to provide support and assistance.

At the same time, when sharing their thoughts about how their vulnerability and risks reduced, the respondents comment that *"there should be more trainings and workshops, we need to talk more about these things; we need more information and more studies".* Even if the issues of stigma and discrimination were discussed during the trainings "*we need to dwell on these subjects and complement them with real life stories, we need to make video lectures about people living with HIV and invite people infected with HIV and discuss things after he/she leaves*". As one respondent put it *"We need to go deeper with stigma and discrimination and discuss them from the human rights' angle".*

HIV education plays a vital role in reducing stigma and discrimination. Around Ukraine, there continues to be a great deal of fear and stigmatisation of people living with HIV, which is fuelled by misunderstanding and misinformation. This does not has a negative impact on people living with HIV, but also it can fuel the spread of HIV by discouraging people from seeking testing and treatment.

Project Effectiveness in Changing ATTITUDE Towards HIV, Testing, Stigma And Key HIV Drivers

In the situation when there is a lack of an effective HIV vaccine the most attention should be paid to prevention. Behavior change is the most important available strategy to reduce new infections. It is well established that behavior rather than identity determines risk of HIV infection and certain social groups are more vulnerable to infection than others. The Free Kick program includes interventions aimed at reduction of behaviors that make individuals more vulnerable to becoming infected, or infecting others, with HIV. These interventions aimed to increase use of condoms or reduce numbers of partners. Sexual behavior is not a static phenomenon, but is influenced by many factors, including characteristics of the individual as well as social and economic context. Thus, while the aim of behavioral interventions is relatively simple, the circumstances

in which they operate often necessitate them being complex and multi-dimensional. To date, there has been a huge diversity of interventions, employing methods that variously focus on the individual (*e.g.* counselling), the community (*e.g.* community development) and society (*e.g.* changes in legislation and public policy).

The program participants were asked to answer three important questions before and after the education program. These questions were related to behavior changes. The responses of all participants including the juvenile detainees are listed in Table 6.

Table 6. Program Participants' Responses About HIV Behavior Changes

Question	All participants			Juvenile detainees		
	Pre	Post	Δ	Pre	Post	Δ
14. I am confident that I could use a condom successfully.	75%	86%	11%	90%	90%	0
17. Waiting to have sexual intercourse until I am older is difficult for me.	76%	75%	-1%	58%	51%	-7%
18. I can say no to sexual intercourse even if my friends are having sexual intercourse.	74%	87%	13%	51%	74%	23%
20. I have the skills to avoid getting HIV.	78%	93%	15%	74%	74%	0
OVERALL			**9,5%**			**4%**

The review of answers of all participants of the education program has demonstrated that their attitude towards HIV and confidence about having skills to protect themselves from getting infected has changed. Around 15% of the participants built their confidence and were certain that they could avoid getting infected, and around 11% of the participants were positive that they knew how to use condoms. It should be noted that the figures have not changed at all amongst the juvenile detainees; their level of confidence remained at the same level. If compared to all program participants, the level of confidence to say NO to sex even if the friends were having it, has greatly changed (13%). Nearly one in four of juvenile detainees has changed his attitude to that. Interestingly enough, less teenagers are eager to have early sex; they are ready to wait until they get older. This trend is especially clear amongst the juvenile detainees: the percentage has changed from 1% to 7% as a result of the Free Kick project. These are the findings of the review. Below we can see what the participants of the focus group discussions from the communities selected for the evaluation had to say.

The participants of the focus group discussions commented that it was the education program and the testing that had a big impact on them and contributed to changing their attitudes towards HIV, not so much the soccer tournaments and the entertainment. The case studies helped ***change the overall perception of HIV.*** "In general, I have changed my attitude to the disease", "I have changed my perception of the issue", "This is a big problem nowadays and there must be activities in place to prevent the HIV spread", "*The risks I have considered to be small, are not that small anymore".* And as a result: "*I have realized that it is important to look after my health",* "I have understood that this disease is extremely complicated, people infected with this virus should be treated differently. The new knowledge has given me an incentive to look after my health", "I am more careful and cautious now" and "You have to have confidence in your partner before you have sex".

Teenagers and young people ***have changed their attitudes towards the HIV-infected persons***. *"The HIV-positive people have a right to be properly perceived by the society because they do not differ from other healthy people. The HIV-positive people can enjoy a life worth living", "One must treat these people without any agitation and fuss, it is not these people's fault that they got infected, they were not informed properly", "When communicating with an HIV-infected person you will not get infected even if you take his/her hand. The society needs to be educated in order to avoid and prevent infection".* Now young people are aware that "*a person should not become an outcast, he/she is not different from us, he/she lives a full life but just takes antiretroviral medicine", "One can have a life with HIV!!!"* and that the HIV-positive people should be supported and we need to communicate with them.

The young people use the words ***tolerance*** and ***loyalty*** when describing their attitude towards the disease and the infected persons. *"I have become more tolerant and knowledgeable about these issues and I have understood how the information can be presented to other people, the ones who are afraid even to think about it and run away from it", "I am more loyal to people with this diagnosis, I try to understand them".* The importance of ***the testing*** has become a revelation to the participants of the Free Kick project: *"I have understood the importance and necessity of the testing; I am more tolerant now to the HIV-positive people, I have realized how critical it is to lead a healthy lifestyle".*

A small group of project participants commented that participation in the education program ***has not changed anything*** in their attitude towards HIV and HIV-infected people. As one of the female project participants put it *"I did not have to change anything, I always treated and will continue to treat the people with HIV/AIDS as normal people".*

The program helped the juvenile detainees understand that they need to practice safe sex, stay away from drugs and avoid tattooing.

The people who conducted interviews asked the participants of the focus group discussions about what they were no longer doing and what they would not do for sure in the future. The most common answers are provided below:

- *I would think twice if I am forced to have sex*
- *I think that before having unprotected sex…one should be tested to make sure the results are negative…*
- *I invited my boyfriend to do the testing as well…I dragged him in…We were all there, worried sick…We did not ever think about it. These five minutes make you think about these things, you start getting worried. We were all there, concerned…Scenes from the past (were passing in my head)…*
- *Do you know what the most important thing for me is? Back in school I was thinking if I learned that I was infected, I would sell everything I had and go travel and die on the banks of the Nile. That's what everyone thinks. That is how it is. Now I understand that it will not make any difference. I will take birth-control pills. That is it. I just have to go and do the testing.*
- *Thanks to the project I am no longer afraid of communicating with kids infested with AIDS and I work with them in my organization.*
- *I will try to learn as much as possible about my female partner, trying to figure out what kind of person she is.*
- *I have changed my attitude towards the HIV-positive people. I was bad with them before.*
- *I will not do drugs since they can create a lot of problems.*
- *Now I try to keep an eye at the hospital whether they use single-use syringes and sterile devices.*
- *I have started thinking of how I should live my life and what mode of life I should have in order to stay healthy. I have also changed my perception and attitude of the HIV-positive people.*
- *I will try to watch closely at the hospital and everyday life to make sure I don't get blood, which is infected. I exercise more prudent behavior now.*
- *I have understood that there is nothing wrong with asking your boyfriend to do the testing together.*

Below are two testimonials from the participants of the Free Kick project.

> *Once, when our vocational school was cleaning the park in spring, I found a used syringe and put it in the garbage sack. When I was taking the garbage out I pricked my leg with this syringe. I got really scared and thought I got infected with HIV. And I immediately thought of how I was going to live, that I would not have a family, friends. I had many terrible and scary thoughts at that moment. I was taken to the AIDS-prevention center at once and I did the testing. It came out negative but I had to take another test in three months. At the same time I got enlisted to the Free Kick project and I received a lot of information about HIV that helped me get control of myself and understand that one could live*

with this disease, start a family and work as normal people. I did the repeat test and it turned out to be negative as well. I was good.

There was fear. I worried about myself. I attended the training. First of all, I learned that there was treatment available. The people give birth to healthy children. There are couples, where one partner can be HIV-positive and the other HIV-negative and they can have healthy children. I did hear about the tolerance and I even dared to come to work in the organization. I was afraid in the past; I would not have managed before. Here I have to work and deal with HIV-positive people. I have a good attitude about them. I made friends with one girl from the organization, she has a child. We have good relations.

One of the training participants has completely changed his attitude towards life and started thinking of how he should live in order to stay healthy and find love:

"*I always try to be tolerant with people. We need to help each other. Sometimes you can help by only listening to a person. A friend of mine told me that he was not scared; it was just that the life was not the same without his beloved person. Now I can only dream about it. I want to find a person I will love, a person with HIV".*

Some project participants could not describe the changes that resulted from the program because *"it takes time to digest information and understand what to say as it is impossible to say "Yes, I understood everything" at once. But there was plenty of information provided".* Another participant commented that "*he did not feel that the trainer was into the subject and had profound knowledge about it and had experience in interacting with the HIV-infected people since he himself knew a lot about the subject and had extensive experience in that field".*

Thanks to the events under the Free Kick project **the community members** have become more tolerant and loyal towards the HIV-positive people, more confident about their knowledge of prevention skills and understood better the significance of the project's work. They got convinced that proper care and support to the HIV-infected people could be provided only in partnership and that *"we were stronger together*". The community members commented that many people did the testing during the project and that the young people got to understand what type of problem that was. And the new knowledge and information helped them see opportunities of how to live a normal life and understand that this disease does not mean a death sentence. The teenagers have become more loyal and they are not afraid of people who have this problem. To sum it up, the members of the community think that "*One cannot be certain even in oneself. We should start a healthy lifestyle*". The issue of discrimination of the HIV-positive people was also raised by the project. As one of the community members put it "*the young people will no longer discriminate people with HIV"* because during the training the teenagers had a chance to be in the shoes of the HIV-positive people and that helped them realize what it felt like to be discriminated and harassed, in particular, by their peers.

The partners of the Free Kick project think that the project events contributed to changing the attitude of teenagers and young people to the HIV-infected people and the HIV-related issues.

"*We talked about discrimination, had various games and these games gave them a chance to act as an HIV-positive person and to understand what it feels like. That helped them change their perception and attitude towards HIV. We shared information about the training and tried to encourage local people do the testing".*

The information about the scale of the problem with HIV in Ukraine and in the world, role plays and simulation were extremely critical for the training effectiveness. "*It was important to show the situation so that a person can see it from outside…It blows your mind, you expand your vision and you understand things better and structure your experience in a somewhat different way than before".* The possibility to meet and talk to the HIV-positive people during the festivals "*destroyed the myths and prejudices about the HIV-infected people, in particular, that they were only intravenous drug users, commercial sex workers and*

men who have sex with men (MSM). Whereas in reality, they are just men on the street, they don't glow in the dark; they are not stoned or drunk. They were surprised because anyone they met could have been an HIV-positive person". As a result, "*the kids received knowledge that helped them protect themselves and practice safe sex, they learned about the key ways of HIV spread. They have understood where they should stop taking risks if you were having a risky lifestyle. The ones who were for healthy living, once again had a chance to realize that they were on a right path and doing the right thing".* At the same time, the partners were positive that those who took part in the project have changed, but there are a lot of other young people and teenagers the program should yet try to encompass.

The young leaders who commented on the changed attitude towards the disease and the HIV-infected people amongst the participants of the Free Kick project, found it important that young people were cautious of the disease since they were familiar with its hard consequences. Some leaders themselves have changed their attitudes towards the people who have HIV/AIDS: *"Once I was afraid of these people and now I have learned how the disease is spread and I am fine with it. I have friends who have tuberculosis and I communicate with them easily since I know how the disease is transmitted".*

The young leaders have made a special comment about the following:

> *"Some participants (around 20%) who had taken part in the first events of the Free Kick project became volunteers and now actively support the program; they disseminate information about HIV to other people and their peers. We try to involve them in different events and the HIV-related campaigns. There is one volunteer who attended the project events in the past. He wanted to go to the summer camp. We told him that he could act as a trainer. Once at the class on health protection in school students were asked to prepare an information message. The students who have participated in the project decided to make a message about HIV. They came to us and asked our trainer to provide some training materials so they could present this information in an interactive way".*

Professors and teachers from other regions are highly interested in our program. They have asked for various information materials and documents about HIV. And this is an indication of the program's success and effectiveness.

In the opinion of **the trainers and experts,** the teenagers and young people change their attitudes not only to the HIV-infected people but also to other vulnerable people and they feel higher responsibility for their actions. The experts comment that at present the educational system does not target HIV prevention and at the moment it is the charity and HIV-service organizations that mainly work on that. Being engaged in the Free Kick project the trainers see that:

> "*the evaluation forms show that all young people do not know the HIV-positive people. At the end of the programme they say "yes, we do know them". They are becoming more open. We try to reduce the tension in the society. The young people form their opinions and they realize that they should not close up. They have something they can say. They have a stance, a positive one. With this stance they can explain things to other people and advocate against the HIV-related stigma. They are starting to understand that things can be changed, even in their small world. And because they have changed their perception of HIV someone they know will not die and because they have provided information on time a person will stop blaming him/herself and will go to the hospital".*

At the same time the experts comment that the aspect of tolerance and possibility to be friends with HIV-infected people should be developed and deepened. And if the society and young people seem to be more tolerant to the HIV-infected people, their perception of the representatives of the LGBT community should be changed. *"The society is not ready either to accept, or to support these people. I have tried to have a discussion about importance of supporting the LGBT people and the most I managed to achieve was that you should not beat a gay person just because he/she is gay".*

Both the program trainers and experts believe that the Free Kick project is very instrumental in terms of informing the youth about HIV and building tolerance to the HIV-related issues amongst the young people. Many young people who participated in the project act as volunteers in respective projects and programs; they take part in various campaigns and raise awareness about this issue among their colleagues and peers. It would be good to make a video of some project events to be later demonstrated on the TV, social media and schools in order to form a tolerant attitude to this problem in the society. It would also help engage other children to similar events. The HIV-positive people willing to share information with young people should be invited to the project as well. *"We have a girl, she is open about her disease and she is ready to talk about it with the youth"*. One expert said:

> *"our organization is currently providing support to five teachers, who have HIV/AIDS, and who are afraid to get registered at the local outpatient department because they don't want other people to know about their disease. Therefore, it is extremely important to have projects like the Free Kick project to build tolerance to HIV among the young people and in the society. And, eventually, people will not be afraid to talk about their disease"*.

Summing up the subject of the behavior change to the HIV-related issues and the HIV-positive people amongst the youth and teenagers, we can say that this change has taken place among the large majority of the project participants.

Project Effectiveness In COMMUNICATING The HIV-related Issues, The Testing, Stigma And Key HIV Drivers

Communication is a necessary but not a sufficient condition for preventing HIV. An individual's response to HIV is strongly influenced and shaped by societal norms; by their gender and socio-economic status; by their faith, beliefs, spiritual values etc. The main goal of the Free Kick program communication included increasing knowledge, raising awareness, behavioral development and change. The findings of the interviews conducted with the program participants, including the juvenile detainees, before and after the education program (Table 7), show that the program managed to noticeably change the communication of the young people about HIV with adults and their peers (by 14%). The limited communication circle was the reason why the figure was twice as low for the juvenile detainees. The most essentail thing is that the teenagers have started talking about HIV with adults and their friends. And this is true for all participants including the juvenile detainees (the figures have changed to 35% and 18% respectively). Surprisingly, the figure for the need for self-respect has gone down and decreased in both groups, with a more radical decrease observed among the juvenile detainees (-1% and -7% respectively). A slight change in figures related to the question about an adult or a friend who a person could turn to for an advice has not come as a surprise as it is not that simple to find such people.

Table 7. Results of Evaluation on Communicating HIV-related Issues Before And After Events

1. I have talked about HIV with an **adult** in the past two months (outside Free Kick).	37%	71%	33%	54%	69%	15%
2. I have talked about HIV with a **friend** in the past two months (outside Free Kick).	24%	62%	38%	31%	53%	22%
10. I have an older person in my life that I can go to for good advice.	94%	94%	0%	90%	91%	1%
12. I have a friend I can go to for good advice when I have a problem.	89%	91%	2%	83%	86%	3%
13. I wish I could have more respect for myself.	32%	31%	-1%	19%	12%	-7%
			14%			**7%**

The interviews conducted with the participants of the Free Kick project, community representatives, partners, youth leaders, trainers and experts have shown that all types of activities offered by the project were effective. Case studies and education programs played a crucial role in communicating essential and true information about HIV to the young people and teenagers and equipping them with instrumental skills. Public events such as the soccer tournament and entertainment activities contributed to a wider engagement of the community members. It should be noted that the public nature of these events and their visibility as well as the venues these events were held at made the communication about HIV effective outside the classrooms. On the other hand, the events that were conducted outside the central squares in the cities or even in the outskirts of the city, greatly limited the engagement of the community members in these activities.

The respondents commented that the Free Kick project has enjoyed *"the snowball phenomena*" because the program participants would share the information with their friends, peers and families.

> *"I think it is an important and good example when we educate young people at the trainings and then they cascade the knowledge to their friends and peers. A principle from one student to another is at work. They have been motivated to share the information about HIV they had received at the trainings! That is for sure".*

The program participants commented not only about the program's effectiveness as a whole, but also about the particular events aimed at raising awareness of the young people and teenagers about HIV. *"The program has a very interesting structure and the kids would just go and talk about this program and spread the word about it. The engagement of volunteers and youth leaders helped prepare the youth and community to the program".*

At the same time, some respondents think that there is plenty of information about HIV available and, perhaps, we should not have more information because one can find it in various forms and formats and there are institutions, where a person can get this information. There are hard copies of the information and it can be found on the Internet as well.

The observation conducted at the Free Kick project's events in two communities have demonstrated that the communication about HIV with teenagers and young people take place at the trainings, during case studies that include a lot of games and role-plays, which are discussed later. The participants seem to like this format. Sharing statistics about the spread of HIV in the world and in Ukraine was also effective in terms of communicating the HIV-related issues. Personal experience of the trainer and real life examples of his/her HIV-positive friends were also of great importance. The participants were eager to learn more and receive profound knowledge about the HIV-related statistics, they were willing to listen more to real life examples and they would appreciate the participation of an HIV-positive guest speaker at the training.

II. PROJECT EFFECTIVENESS IN INCREASING UPTAKE OF HIV TESTING AND LINKAGES TO HIV SUPPORT SERVICES

Testing was an integral part of the Free Kick project and it was conducted almost in every community that took part in the project. Only four of fifty eight communities did not have the testing. The study of the participants' responses regarding their readiness to take an HIV test provided before and after the education program has demonstrated a slight increase (2%) in the number of such people, although the large majority of the participants were willing to take the test to start with. It should be noted that a high percentage of juvenile detainees were ready to take the test when compared to all project participants. And that figure remained relatively high regardless of a small decline in the number of people after they completed the program.

Table 8. The Results Of The Interviews About Participants' Readiness To Take An HIV Test

Question		

19. I am readsy to take an HIV test	89%	92%	2%	94%	93%	-1%
			2%			**-1%**

Participants

The focus group discussions revealed that 55 of 56 interviewed people were aware about the test, 56 people did the test, 52 participants found it to be important, 53 people felt comfortable about doing it and 50 people received information about further related services.

As a rule, the test was done during the project events held in the community. Both trainers and organizers urged the participants to take the test. Every person could take it. *"Anyone could take the test. It was a personal decision whether to do it or not"*. The venue of the test was made known beforehand. The participants commented that things were arranged nicely and they could receive the test results immediately. *"It is very convenient when you can get your result at once"*. Two factors were important to the participants; they were anonymity and feeling at ease. "*Once the testing was conducted, the results were announced only to the person who did the test and no one else"*. Many participants commented on their worries and fears: "*It was important for me to find out my status. If I am positive, what do I do then? I knew that I did take a little step that could potentially mean the positive status".* Not everyone could overcome the fear and do the test. But those people who were afraid or had doubts about the test were offered support and counselling. That helped overcome doubts and fears. The program participants would say the following.

> *"Of course I remember how afraid I was but then I changed my mind and wanted to do the test*". "*It was a little bit scary, but for me it was important to know the result and it did not hurt at all". "I was also worried a little bit since I did not know how it was going to turn out. But in a couple of minutes it was all over and I was good". "The testing was very relevant as when people tell you about AIDS you do feel inclined to get convinced that things are good with you. Therefore, I liked it a lot that we had a chance to take the test". "The testing was very important as it helped me find out my status and calm down".*

One participant who was responsible for the program preparation noted that "*The HIV test and soccer were the two subjects the potential participants feared the most and asked most questions about. And the question "Is the HIV test a must" was the most frequently asked question. The fact that more than fifty per cent of the project participants did the test is an indication that people have changed their attitude, in my mind".*

As for the number people who did the test, there are different figures provided in the questionnaires. Some people said that there were 400 people and some people counted *"thousands of people*". The important thing was that in addition to the project participants there were people from *"the outside, who live in the same area", "people with kids"* and there were many people from the street because *"people were interested to know what was going on, it looked like fun and the music was on"*. The organizers used the mike to announce the testing and explained how it would be conducted. As one project participant put it "*Last year there were tents in the downtown area where people could take a test and receive counselling about what to do next".*

The large majority of the project participants took the test and encouraged their friends and passers-by to do the same. At the same time, many participants commented that they do the testing on a regular basis now after they attended the training and did the test for the first time. "*I took the test last year and now every six months I go and take it. I learned where I could take the test from the project, whereas many people are unaware where they can take it. I have shared the information with my friends because they also did not know where they could do the testing. Six friends of mine took the HIV test after I had talked to them".*

The program encouraged the educational institutions to conduct the test. "*When I came back from the project I received a project completion certificate at my vocational school. Later the school's administration got interested in the testing and they invited the laboratory to the school and nearly all students took the test".*

Many program participants perceived the test as an integral part of the program and an essential outcome of the program.

> "*It is like the consolidation of the knowledge you have gained. When you go to take the test, you do hope that you are good. But to make up your mind, sit down and wait for the test's result does change something in you. And taking into consideration that before you had received information about groups at risk, key HIV drivers, the test becomes a catharsis. And you refresh your knowledge once again. And this is very important".*

The community members commented that it was not that easy to convince the teenagers the testing was important. But during the trainings when the information was presented via the plays and games the participants seemed to be very receptive and later commented that the information helped them overcome fears and make up their minds to take the test. The community representatives believe that the fact that 90-95% of young people took the test is an indication of the effective performance of the trainers. By the end of the education program the kids started to understand that HIV could be relevant to each and everyone. The community members also commented on the importance of the pre-test counselling with a doctor and a possibility to receive additional information about what to do if the test result was positive.

The interviewed community representatives commented that the Free Kick project encouraged them to take the test because *"I got interested. I go in for sports; I don't have any unhealthy habits. I try to follow the rules. I just went and took it!"* Some people noted that they wanted to take the test but then "*we got afraid and ashamed that people would think ill of us and we decided not to. But after the training I do not feel uncomfortable about taking the test at all".* The community found it important that the kids had a chance to take the test and then shared their impressions. "Things were clearly explained, they seemed to understand everything and consequently they were not afraid to take the test". Knowing that people are afraid to go to the clinic to take the test because they fear that their acquaintances might see them there, the respondents noted that the training program was accompanied by games and plays and the trainers helped children overcome their fears and take the test. The project made its participants understand that they would not be left alone if HIV was detected. The community members found it important

> "*that the participants start to understand that there is a risk of getting infected in different places when doing different things such as tattooing, at the beauty salon when doing his/her nails, by accidently cutting oneself. And they are already assessing the risks. After they take the test the project participants urge their friends to take it as well. One doctor who conducted the test has told me that one year after the program a boy who had tested himself during the education program came again. He managed to overcome his fear once (during the program) and he did it again. After the project many children wanted to become volunteers in our organizations. When we organize events they come and assist the HIV-positive people".*

Summing up the outcomes of the project, the community representatives commented that the Free Kick project

> "*was the first project in our city that targeted young people of that age. There are testing programs for groups at risk available. But we can only use the tests for particular groups of people such as drug addicts, women offering commercial sex and ex-convicts. We are not in position to offer the test to other people because it would qualify as misuse of funds. And the Free Kick project did not have any limitations in this respect. Anyone can take the test; no one is made feel ashamed and associated with a bad group. Counselling is offered to everyone. There are organizations that work with HIV/AIDS positive people in our city but we direct children to the local outpatient department to take the test since we are not allowed to do the testing ourselves".*

The partners did not only consider the Free Kick project to be crucial and instrumental but they also wrote articles to the local newspapers and shared information about the project in the community and social networks. They commented that the whole atmosphere of the events and the new knowledge make the participants feel less scared and more interested in learning about their status. The on-site testing increased the number of people willing to take it.

> *"We held the first project in the downtown area in May and we organized a large-scale campaign so that anyone could take the test. At that time there were a lot of people who did it. There were 3-4 tents where people could take the test. Around 300 people got tested back then and two results turned out to be positive".*

Taking into consideration the increased interest of people in taking the test and the possibility to get it done, the partners comment that *"many people attended our events and we invited them all to take the test, but a lot of them said "no" because they thought they did not need that and for some people the project and its events seemed unclear and strange. But our children who had participated in the training took the test as well, almost all of them".* And in the opinion of the partners, the anonymous nature of the testing increased the number of people who were willing to take it.

Some **young leaders** commented that the project activities were of interest to the street walkers, in particular, the open and public events such as the soccer tournament and entertainment program. In their opinion, it was important to offer the test within the program since "everybody was afraid to do the test as no one was sure that he/she was not infected. There is a common stereotype in the society that if you take the test, then there is something wrong with you, either you misbehave, you have wrong friends or you do drugs. During the training the participants have a chance to learn that there are various ways of getting infected with HIV and they are not necessarily related to unhealthy mode of life".

The public dimension of the program was important to the young leaders. They liked the possibility to offer the test at "the city central square" and to engage volunteers from different schools who encouraged their peers to come and take the test. In order to engage young people the project organizers put a lot of announcements in the city and on the Internet. As one leader commented "*That was a very good idea. I took the test myself, although I have not done it in the past. It was important to show to people how important that was. Then these people can share the information with their families and friends".*

The pre-test counselling and support as well as the test were crucial to **the trainers and experts.**

> *"For instance, two boys just would not overcome their fears, but when I talked to them and led them through the door they took the test and thanked me for the support. During the trainings I try to underline that it is better to take the test and know the result sooner in one's life. I keep telling them that HIV does not mean "closed doors", there are certain complications but there is a way out, there are people who understand you. When they do the test once, then the next time they are not as afraid".*

The trainers comment that the young people and teenagers should be supported, it is important to help them cross the line from "No, I do not need it" to actually taking the test. It is crucial to provide contact information to teenagers about places where they can take the test, to encourage them and to introduce the testing culture, which is not present in Ukraine nowadays. The trainers and experts believe that the key objectives they should work on include breaking mental stumbling blocks and overcoming procrastination to do the test, explaining how irrational it is not to know one's status, motivating to take the test and convincing that *"the testing is easy, simple and fast" and asking them to share this information with other people".* As one of them put it:

> "*We give an incentive: "If you take the test and your result is negative, you are to be congratulated, you have something to treasure. You should consider changing your life if it happens to be risky before". This is a very good emotional factor to change things. And if, God forbid, you have HIV in your blood, this is the starting point for change".*

Summing up, it should be mentioned that the Free Kick project contributed to an increase in the number of people who were willing to take the test. The increased number of people can be accounted for not only the project participants, but also for the partner organizations, teachers, friends and families of the project participants and also strangers who turned out to be interested in taking the test. The respondents gave the following recommendations. First of all, the timing of the test should be re-considered as *"the testing was conducted during the tournament and we did not have a possibility to take it"*. Second of all, the testing should be conducted in public places in order to engage as many people as possible. Third of all, the information about the venue and time of the testing should be disseminated in advance and on a bigger scale. Forth of all, *"it would be good to engage more doctors since there were a lot of people ready to take the test and we finished around 11 p.m. the next day and the line was still huge. We were physically exhausted to handle that many people"*. And there should be enough /rapid test kits provided because *"some people wanted to take the test but we ran short of the stuff"* and *"I remember people would come to us and we had to tell them that there were no more tests left"*. We should also keep in mind the post-event effect, in particular, "*As soon as the information wave about the event emerged, the friends and acquaintances of the training participants got interested in the training and taking the test but at that moment the testing was no longer available". Perhaps, had we extended the time of the testing up to three days, the number of people willing to take it would have been even higher".*

III. REACHING AND COMMUNICATING EFFECTIVELY WITH YOUTH POPULATIONS AT HIGH RISK FOR HIV INFECTION

One of the key project objectives was to work with youth populations at high risk of getting infected with the HIV infection. These groups include drug addicts, ex-convicts, commercial sex workers etc. It should be noted that virtually all young people who are sexually active are a part of this high risk group. In the beginning the Free Kick project worked with teenagers aged 14-18 years who go to secondary schools, boarding schools and vocational schools. These young people were common students, students from single-parent families and students with deviant behavior. During the first year of the project implementation one event was organized for juvenile detainees in the prison. Later this group of young people was chosen as a target group of the Free Kick project. The local partner responsible for the preparation and implementation of the project events in the community played an essential role in the engagement of teenagers and youth in the project events. And it was the capacity and push of the local partners that mainly defined the types of youth that got engaged, the level of the events' preparation, the number of the program participants and the venues of the events.

The evaluation has revealed that during the first year of the project implementation the large majority of the program participants were students from secondary schools and boarding schools, whereas during the second year the focus was made on the juvenile detainees and students from vocational schools. The approaches for engaging youth populations in the program have changed accordingly. In order to have an event in the juvenile prison the program organizers had to have permission from the prison's administration and things like the prison order and certain limitations when working with detainees had to be taken into consideration. Besides, the students from secondary schools and vocational schools were 2-3 years younger than the juvenile detainees. As a result, some approaches for working with the juvenile detainees had to be altered, in particular, the number of days and hours of the education program. Once the target group is changed, the content and the focus of the training program are also changed. In the opinion of the project expert, the juvenile detainees did not represent a major risk group since the primary infection spread takes place outside the prison.

The large majority of the interviewed respondents think that the Free Kick project was effective in engaging youth at high risk for getting infected with HIV. Both the program coordinators and the partners and trainers were flexible and learned from their own experience as they went what would be best for the Free Kick project. First of all, that was related to the participants' selection. As one of the respondents put it "*We tried to select the best of the best activists for the first camp. Then we took kids with risky behavior. That was important in order to understand how many teenagers who had taken the test were HIV-positive".* Some

respondents tried to *"immediately engage difficult children in the project,children who potentially might end up in the risk group"*. At the same time, there were people who just disseminated the information and were waiting for those who could come and take part. They did not particularly focus on the groups at high risk. One respondent said that they have not been working with youth populations at high risk yet since the program is designed for school children in their community. But they are prepared and have invited psychologists who can work with different groups of children. One psychologist interacts with police, another with the Social Services Center for Families, Children and Youth in order to receive full information about the kids at risk. The comments about the participants' selection included the following "*when selecting potential participants some partners were more quantity-oriented rather than quality-oriented. The compliance of the representatives of the target group with the selection criteria was the last factor to consider by the partners"*.

In order to attract and select teenagers to the program the partners would publish the respective information on the Internet, in public places, share it with partner organizations, the Social Services Centers for Families, Children and Youth, commitment-minded people who could disseminate information and engage young people at high risk of getting the HIV-infection and with organizations that already worked with this category of youth. At the same time, some respondents commented that they needed more time to ensure a better selection of the project participants. As one respondent noted:

> *"I think that we did not manage to engage the youth at high risk of getting infected with HIV because of the limited number of project participants, which was 20 people. Besides, it is hard to get these young people engaged. One should work and interact with them on a regular basis. When you come just once and invite them to a training about HIV, they get scared, they don't understand what is wanted from them and ask "why do you think we need that?" Once several guys came to our school, they were lecturing about HIV. We were shocked when we learned that they had AIDS. You could never tell that from their appearances. They looked quite normal, were interesting and smart. And after that I have changed my attitude towards the disease"*.

The Free Kick project had one thing going for it for sure and that was educating and engaging young leaders from the communities, in which the project was implemented. As the respondents put it, when communicating with teenagers you should treat them as equal

> "*as children from this group don't perceive teachers and adults that positively, they would not want to listen to them. The most effective way to communicate with this group is to communicate via their peers. For instance, children who have already attended such trainings could share their knowledge with these difficult students and that would be more effective"*.

The majority of interviewed people commented that it was not that easy to establish a rapport with teenagers because many of them were reserved and reluctant to talk. There were some people who would put strong barriers to communication. There were some people who would think they knew everything and *"we would put questions and they would keep silent. We would ask for their help and they would remain silent because they thought that they knew everything and they showed that in the beginning of practical workshops but later their knowledge was not supported by anything"*. Therefore, in a situation when there is a lot of information on the Internet and there is plenty of published information, the way the information is presented plays a crucial role. The approach used by the Free Kick project

> *"makes the participants receptive and ready to absorb the presented information. The training is conducted in a friendly atmosphere, which is good for rest, play and communication. All these things help remove any obstacles. In the opinion of the project participants, it was one of the most wonderful meetings the participants ever had. And this is an indication of how effective and efficient the program was and that the participants went along with that"*.

The respondents also provided some recommendations that could increase the effectiveness of the Free Kick project when commenting on positive and efficient approaches as regards educating teenagers and youth about HIV and ways to communicate about the HIV-related issues.

Recommendations on the organizational aspects are as follows:

- Such projects should engage more people and have more time for the implementation
- Three-four events should be held and they should be held on a regular basis
- *"In order to have an effective program it would be good to have several camps on the premises of one educational institution. The children themselves then would bring those who had unhealthy lifestyle"*
- *"In my opinion, such events should be conducted more often in the city"*
- *"These trainings can be conducted in the places where such groups locate/operate and not just in schools"*
- *The program is effective when one event follows another, so-called "cascade trainings".*

Recommendations on parents' engagement are as follows:

- *"The program should not only work with children but also with parents who are 30-40 years old; there should be a special training programs designed for them. For instance, once on the street we handed out condoms to people and I approached a woman of 30 years with a child and offered her a condom. She got mad at me and asked why I was giving her a condom and talking about HIV in the presence of a child. Parents very often lack the culture of using the safe sex means and don't understand their importance".*
- *"I am working with children and I know that only around 30% of children would talk about HIV with their parents. Therefore, it would be good to make a video about the education program and show it to the parents so they can see how their children perceive the problem and how they react to it".*
- Two events can be conducted at the same time, one for the kids and the other for the parents. Then two audiences can meet and discuss the subject together.

Recommendations on how to distribute information about the program are as follows:

- The information about HIV can be disseminated to teenagers and youth who are ready to accept this information provided that they would share this information with other young people.
- People can go to residential areas and put information leaflets there or every project participant can share the information with his/her friends and invite them to the trainings.
- Volunteers can disseminate the information about the disease on the street.
- *"The young people have to be engaged in something…be it competitions, awards…real-life examples…meetings with the HIV-infected people".*
- *"I think that we need to provide more examples. An HIV-positive person can come to the training, if he/she does not mind, and can tell how he/she got infected. This would be better than any words and when people see a real-life situation it has a stronger impact on them than any training, the situation when you see these people. If, for some reason, this person cannot come, then a video with this person can be an option".*

Recommendations on how to go beyond the traditional risk groups are as follows:

The respondents believe that in addition to the groups everyone is aware of and that have the high risk of getting infected with HIV, such as alcoholics, drug addicts and ex-convicts, commercial sex workers, sexually active young people, students and gays, the project should also engage proactive youth who failed to realize their potential and have difficult life situation (aged up to 25 years), young people from little towns and villages, people who are 30-40 years old, musicians since they have a very "rocky" lifestyle and children "*of reach people who start drinking and smoking due to the "anything goes policy" borderline getting infection".*

IV. PERSPECTIVES OF STAKEHOLDERS AND BENEFICIARIES ON THE PROGRAMME, INCLUDING ITS STRENGTHS AND WEAKNESSES

The evaluation has demonstrated that all respondents liked the Free Kick project. They highly rated the presented information about HIV, the HIV-infected people and what makes them special, ways of getting infected with HIV, associated illnesses, statistics about the disease in Ukraine and global statistics. Both the project participants and stakeholders commented about the training methods and combination of trainings with soccer tournaments and testing, in particular. Everybody seemed to like the methodology, which included lectures, games, role-plays, discussions and wide forums. *"I like the project training methods. It was easier to memorize things thanks to the role-plays and various games"*. The participants have also appreciated that:

> "*the project has provided a lot of useful information. The information we get outside the project differs significantly from the project information. We are better informed about the issue thanks to the project. Now we know how to behave in various situations, how to interact with people who have AIDS and what you should do if you are diagnosed with this disease"*.

Even one year after the participants remember *"all these games and role-plays, all information about how we should interact with HIV-positive people and ways the infection is transmitted"*.

Both the program participants and all stakeholders liked many things about the program, in particular (their testimonials the way they have phrased them):

- *I liked team work and I felt I was part of the team and we all worked on the same thing and were concerned about each other. I also liked the way the trainer treated us, the way she presented information to us. We all felt very comfortable around her.*
- *We were not ashamed of each other, we talked about things that were important to all of us and I liked that.*
- *The Free Kick project managed to unite many non-governmental organizations working in this field in our city. We organized a lot of different additional events that helped raise awareness of the local citizens, in particular, master classes on braiding, a concert, games for small kids with the engagement of animators and lights show.*
- *We were gathered from all local vocational schools for the training. In the beginning everybody felt insecure, were shy and quiet. In half an hour…everyone felt at ease and became active in the training. It was interesting and fun. We liked the way the information was presented and the soccer examples were useful. It was interesting. The atmosphere was friendly.*
- *We discovered that trainings could be interesting and fun, unlike the classes in the school…*
- *I learned many new things, which were important to me. I believe that only thanks to the training I managed to get a job. I had stereotypes in the past. I used to have a boyfriend. After the training I made up my mind and took the test. Otherwise I would not have done it…I just did not think about it.*
- *The project is instrumental and I tried to make sure everybody takes part in it because you do change your attitude towards people living with HIV. Before I thought that HIV diagnosis meant end of story and that a person could not live like a normal member of a society. I changed my mind completely after the training.*
- *The project united local organizations on one platform focused on the HIV-related issues; it has become the communication bridge for various organizations when conducting events. Mainly we organize these events on a voluntary basis. This project had financial means we could use to purchase necessary materials, to provide meals to our volunteers, to connect power to our tent and to invite famous actors to moderate the program (the latter is important since people attend events when there are certain celebrities involved). During the event my children took the test and then they shared their impressions. They would tell people how well everything was explained to them, everything was clear and that helped them overcome their fears during the test.*

The study of the respondents' responses helped us outline strengths and weaknesses of the Free Kick project, which are listed below.

Table 9. Strengths And Weaknesses Of The Free Kick Program As Perceived By Its Participants And Stakeholders

Beneficiaries & Stakeholders	Strengths	Weaknesses
Program Participants	● Training methodology that included games, discussions, role-plays and which was so different from the school classes. ● The atmosphere and general feeling of being together at the events. ● *"What I liked was that we received knowledge about HIV, we were able to take the test and see if we had anything to worry about. I also liked the games and role-plays incorporated in the training program. They helped digest the information better. We had fun".* ● *"I like the tournament".* ● *"I liked the concert we had prepared ourselves".* ● *I liked that the other people from the city had an opportunity to take the test and not just us".*	● The lack of a documentary film ● The lack of meetings with the HIV-positive people ● Parents were not engaged in the program ● Soccer is not a game that boys and girls can play at the same time ● Two days are not enough for the project activities ● Too little time to discuss the behavior of teenagers in the society ● The questions in the questionnaire forms were not tactful and they did not correspond to the age group ● The training program lacks information about discrimination ● Poor-quality of hand-out materials "*simply offended the eye as the papers were bleak, cut unevenly and produced the impression of slapdash stuff"* ● *"Too many games that could be easily substituted by information on the LGBT rights, motivation for self-respect, internal homophobia or exercises on internal homophobia"* ● The area of relations between same-sex people was not covered at all, for instance, the relations between the HIV-negative and HIV-positive people ● Shortage of the rapid test kits, not everybody willing to take the test had a chance to do it ● The information about the project and its events was not highlighted and distributed enough ● Little engagement of parents and local authorities in the program.
Community members	● We managed to find like-minded people with a help of the program ● Soccer as a tool to make a team out of strangers	● The project events did not encompass as many people as they should have ● There is no follow-up program ● Parents and local authorities did not play an important role in the program.
Partners	● The program is unique ● Full coverage of the HIV-related issues ● Combination of learning activities and sports	● The program events were not conducted in little towns and villages ● Not everyone was able to join the program ● Small number of events ● Limited resources

	● The program covered all costs and we did not have to look for additional funding ● Children would communicate and share the information with their parents ● A possibility to take the test ● The relevance of the program, in particular, its focus on primary prevention ● Engaging civil society organizations as partners ● The community had a chance to take part in the program events ● Favorable conditions to enable the community members to meet and learn about each other ● The role of the youth leaders ● The role of the volunteers.	● Not enough days to conduct the project events in the community ● Lack of follow-up activities, for instance, the possibility to prepare a joint project by the program participants ● Dependence on one source of funding and lack of co-financing ● There should be two trainers, it is too difficult for one trainer ● The program does not focus enough on the HIV-related myths and stereotypes ● The information budget of the program is small ● The testing should be started on the very first day ● The program did not offer any small souvenirs to the participants to motivate them to participate in the program, in particular, magnets, pins, T-shirts, baseball caps etc.
Young Leaders	● The program destroys the HIV-related stereotypes ● The program's concept ● Every day was analyzed with children at the end of the day ● Engagement of teenagers from different local schools.	● It would be good to demonstrate what happens in a human body infected with HIV ● The doctors were not engaged ● Shortage of rapid test kits.
Trainers & Experts	● The project is unique since it targets the primary prevention ● Theory was combined with practice ● Participation of youth of different age groups (from 14 to 18) at the project events ● The training methodology, from knowledge to games and then consolidation of the presented material ● The "From Equal to Equal" Methodology ● The project goal was not to only change knowledge but also participants' behavior and equip participants with the new experience ● *The example of Kryvyi Rih is very illustrative. This is the only city I know of where the trainings were conducted on a regular basis and eventually a group of local volunteers was formed from the participants of the first trainings. They continue to work in the city and conduct workshops in their vocational schools.*	● Surveys conducted in the juvenile prisons are not reliable ● Low motivation of juvenile detainees to take part in the project, they were mainly interested in smoking, having something sweet to eat and playing soccer ● Rapid evacuation of the Peace Corps volunteers affected the participants' selection process in a negative way since the partners were not in position to receive finance directly ● Lack of hand-out materials ● Lack of video-presentations and a possibility to interact with the HIV-positive people.

One female participant managed to sum up the best the impressions of all people engaged in the program:

"I remember the game when we stood very close to each other and were passing the ball behind our backs. It turned out that "HIV" was signed on the ball. We did not know what we took and what we passed, just like in real life we do not always know who is HIV-positive as the appearances of these people do not differ from the appearance of healthy people. In the past we thought that these people looked like homeless persons. Now I know that this is not the case. They can be educated, smart and rich people. The project also helped us become friends; we communicate a lot, we acted as volunteers in other projects. The project is very relevant and it should be conducted again and repeated several times. My parents are also happy that I had a chance to take part in this project".

V. LESSONS LEARNED TO IMPROVE PROGRAMME QUALITY, EFFICIENCY, AND SUSTAINABILITY

Having in mind that the Free Kick project was piloted in Ukraine, it is crucial to understand what worked and what did not work and what lessons can be learned from the program implemented in 2013-2014. Several lessons learned are listed below and they refer to certain stages of the program. They are crucial as regards the improvement of the program efficiency.

Target Groups Selection

- It is essential to follow the participants' selection criteria when actually selecting people for the program. *"The quality of a target group and its compliance with the selection criteria should be in focus"* when you need to have a certain number of people engaged. Initial application forms can be introduced so that the potential program participants can be screened and then truly motivated people end up being selected. This would help engage proactive and motivated young people up to 25 years old and all other people interested in the program. These people can then participate in practical workshops and the precious limited project resources will be spent effectively.
- The initial assessment of participants' needs and expectations could help select the most motivated people and adjust the program according to their knowledge and skills.

Communities' Selection

It is important to define to what extent the Free Kick project wants to be, first and foremost, community-oriented and not just the target groups- and regions-oriented. The following aspects should be taken into consideration if the project is community-oriented:

- The overall HIV situation in the region since there are regions in Ukraine that have a large number of HIV-positive people and the developments are seriously aggravated there, in particular, in the Southern and Eastern parts of the country. And there are oblasts, in which HIV is not a common disease. All these factors will define the course of the program implementation.
- The cultural specifics of the regions including family traditions, language, role and significance of partners should be considered.
- It is critical for the Free Kick project to have "the okay" from the local authorities to conduct the project events in the community. That affects the quality of the events and the types of venues the project has for its events as well as the sustainability of the entire program, because the program can also receive support from the local budget and local authorities be it the venue of the event, physical and financial resources etc.
- The selection of the communities should be done with the engagement of the parents. When selecting project participants it is important to understand to what extent the parents are supportive of their children and whether they are ready for children's participation in the Free Kick program. If the parents do not support or understand the program and their children are willing to take part in it, then it's vital to prepare the parents before the project starts. The preparation can include small workshops for parents to make them understand that the problem exists and it is an issue for everyone because *"children would come home after the project events and they would share what*

they have learned and some parents would qualify the training as controversial and some would even call it "the American little games".

- When selecting communities the conditions of their contribution (in-kind, financial, expert etc.) should be outlined to complement the resources allocated by the Free Kick project.
- The cascade principle could also contribute to the program's effectiveness, in other words, the events should come one after another.

Events' Preparation

Program's Public Relations:

- In order to engage as many local people as possible in the program's events such as the soccer tournament and the testing, a public awareness campaign should be conducted in advance, 2-3 days prior to the event. It can include disseminating the announcements in the city, informing the local mass media, distributing information flyers amongst the local population.
- The following activities can be organized to ensure the publicity of the project: a round-table discussion with participation of the local mass media before/after the project, a press-conference with the program's participants, partners, trainers, parents and local authorities.

The program's publicity can be ensured by doing the following:

- Organizing concerts for the teenagers love large-scale events
- Giving away clothes with the program's logo, in particular, tank-tops, T-shirts, socks, underwear, caps, pens, notepads and other things are extremely relevant for the juvenile detainees. But the information about the program should be placed on all these things.
- The events should be conducted in the downtown area of the city in order to attract local citizens and inform them about the HIV/AIDS-related issues, to offer them rapid testing and engage many volunteers from various schools that could encourage their peers to come and take the test.

Testing:

- The principle of anonymity is extremely important for the testing
- There should be a sufficient amount of the rapid test kits available
- Testing should be made available during the entire time of the camp
- To reconsider the timing of the test as *"the testing was conducted during the tournament and we did not have a possibility to take it"*
- The testing should be conducted in public places so that the large number of people and passers-by can learn about it
- The information about the venue and time of the testing should be published in advance and on a large scale
- *"It is important to have more doctors as there were a lot of people willing to take the test and we finished the testing around 11 p.m. the next day and the line was still huge and we were exhausted to handle that many people"*.

Timing of the testing:

- It would be good to have several camps during a year in order to work with all people interested in the project
- The program events should be conducted during the first months of the academic year since the second part of the academic year is about preparing to tests and exams, in particular, to the external independent testing
- In terms of the juvenile prisons, the order and discipline cannot be altered there and that has to be taken into consideration when planning and conducting the program events in the prisons.

Program's Content

- The fact that different components have a different impact should be taken into consideration. For instance, in order to receive knowledge and behavior/attitude change trainings are required, in order

to attract attention the program needs to offer soccer tournaments and entertainment events, the testing is crucial to increase public awareness and behavior change.
- It is important to take into consideration interests and needs of the target groups.
- *"To expand the topic of* stigma and discrimination and *add real life stories, video lectures about people living with HIV; to invite people living with HIV to the events and then to discuss things when the person leaves"* and gradually to get into a dialogue about the human rights.
- To take into consideration the peculiarities of the target groups when conducting the trainings and selecting the games and role-plays in order to avoid awkward and embarrassing situations and the reluctance of participants to take part in physical exercises etc.
- To expand the subject of tolerance and possibility to be friends with HIV-positive people.
- To add information about relations, love, sex since they are all related to HIV.
- To give more time to communicate with each other to the participants.
- To provide more statistics and real life stories and to engage guest speakers who have HIV.

Questionnaire Forms:
- To review the questionnaire form and make the questions more detailed according to the program's components such as knowledge, attitude, behavior, study of the participants' responses, coding, study approaches etc.

Hand-out Materials:
- To have unified hand-out materials of high quality.

Duration:
- To extent the duration of the camps.

Trainers:
- To engage trainers and experts with relevant experience
- It is important to have two trainers at the workshops, it would improve the quality of the training and performance of the trainer, the information will be better communicated, the trainers would have better interaction with the students and therefore they could better communicate and react to participants' feelings and requests.

Other:
- The meals at the training should be an example of healthy eating, and nutrition can be also stressed as part of the training module
- To organize concerts in the juvenile prisons
- To give homework after the training, for instance, to share the information with parents, to increase the number of friends, to disseminate information and to conduct a class/lecture.

Project Methodology

Education Program:
- It would be good to complement the program with exercises aimed at getting to know each other better. The participants would like to learn more about each other.
- To introduce video components and to allocate time to discuss the video.
- To include a meeting with an HIV-positive person to the program so he/she can share his/her story. There are HIV-positive people who are willing to talk about themselves and that can change the behavior of the targeted youth populations.
- To support the information presented at the trainings with more statistical data. Figures do impress the participants.
- It would be instrumental to review the questions proposed for the discussion with the LGBT people as well as the games and role plays (the one with a rope, in particular).

Soccer Tournament:

- To conduct tournaments, in which both boys and girls can take part, for instance, basketball or volleyball as soccer is not that popular among girls.

It would be good to award participants with the certificates to demonstrate their success.

The Role of Stakeholders:

- The role of young leaders should be strengthened and clearly formulated
- It is important to be more aggressive when working with the community and ensure its wide engagement in the program.

General Comments about the Program:

- It is essential to have a certain degree of flexibility in the program to be in position to introduce small and significant changes to the program.

CHAPTER THREE. STRATEGIES FOR REACHING HIGH-RISK POPULATION

The outreach strategies can be formulated in different ways. The most important thing is to maintain combined approaches to HIV prevention that include the following key aspects, crucial to any project/program.

Clear Definition of Target Groups. The program tried to test what it would be like to work with different target groups starting from teenagers from secondary schools to juvenile detainees. The evaluation has demonstrated that it is important to ensure the participation of motivated young people and to conduct preparatory work before the project commences, in particular to assess the needs and expectations of the potential program participants. At the same time, the involvement of such groups as detainees should have been justified and rationalized as one of the participants put it *"there are more options to get infected outside the prison*".

Clear Definition of Channels for Reaching High-Risk Groups. Definition of high-risk groups and their needs is crucial but it is also necessary to identify ways to reach these groups. In order to identify these ways the program implementers should cooperate with all stakeholders and target groups, they all should be part of the planning, implementation and evaluation processes in the communities. The process should be open to all people interested in the program.

Good Understanding of the Peculiarities of Each Region, in particular, the level of HIV spread and social, economic and cultural patterns.

The approaches for working with the target groups should be developed/revised/finalized, in particular:

To Keep	To Improve/Revise/Add
● The way the target groups are identified to take part in the program ● The study of the developments in the regions ● The combined program, which includes the education program updated in line with the needs of the target groups and the classes offered by the Free Kick program, the soccer tournament (or any other game that both girls and boys can play) and/or an entertainment program and the testing (held in any public place, offered during the entire duration of the project events in the community, accompanied by sufficient amount of rapid test kits) ● The procedure in place when a community needs to prepare an application form and then submit it to the program ● Partners and young leaders' engagement in the program.	● The needs and expectations of the selected target groups should be assessed ● The channels to reach high-risk groups should be identified ● The selection criteria should be developed as well as the application form for participating in the program ● A list of essential things required to conduct a project event should be prepared ● The representatives of the target groups and stakeholders (such as local authorities, parents, schools, non-governmental organizations) should be engaged in the planning process ● The questionnaire forms used to assess the participants' knowledge before and after the event should be improved as well as the system for data collection, taking into consideration the previous experience ● The PR-component of the program should be strengthened by diversifying information channels starting from volunteers, participants of the previous program activities to social networks and public events

	● The program length and content should be revised in line with the selected target groups and new topics should be added to the curriculum and the existing ones need to be elaborated ● The teaching methods should be revised and adjusted accordingly to the needs of the selected target groups ● The training materials should be prepared and handed out to the program participants so they can use them once the program is finished ● Various activities should be proposed to the program participants when they finish taking part in the project events.

Below are **the specific strategies for reaching high-risk groups** outlined by the respondents:

- *To create an information-training center for youth and teenagers at high risk of getting HIV. Different groups of interest can be started there, for instance, the members can practice modern dance (hip-hop, in particular) and acting, learn computer literacy etc. At the same time, they can learn more about the HIV-related issues there.*
- *Young people always have informal leaders. It would be good to establish contacts with them and invite these people to act as trainers so they can conduct small workshops for people who listen to them. There are students' self-government bodies and trade unions in the universities; they can assist with engaging young people and teenagers at high risk of getting infected with HIV. They have real influence over the students; they can disseminate information and invite them to the trainings.*
- *The project should also engage teachers and professors. It would be good to produce social videos, social advertisements and show them to people, in particular, before the project event is started, to hand out printed materials.*
- *The information about HIV should be shared with teenagers and young people who are ready to receive this information and then they would share it with other young people.*
- *There should be a different approach to youth populations at high risk; perhaps, volunteers who have attended the trainings in the past can try to approach these groups first.*
- *These groups should be engaged in public activities, take part in various events and competitions and be awarded. They would come to receive a prize and at the same time they would be informed about HIV.*
- *It is possible to engage young people and teenagers at high risk of getting infected HIV via their peers, because they do listen to them.*
- *It will be good to organize various events and sports tournaments and to invite the groups at high risk to these events. The information about HIV can be shared there and the possibility to take the test can be presented.*
- *The administrative leverage can be used to identify and select target groups since these people have information about vulnerable families in the community.*
- *The local youth leaders and the students' self-government bodies at the educational institutions should be engaged.*
- *It will be instrumental to cooperate with vocational schools and colleges and conduct several camps on the premises of the same educational institution.*
- *The vulnerable groups can be reached with the self-help groups, for instance, the Association of Parents of the LGBT Children.*
- *It would be helpful to conduct events at the hostels and orphanages; the young people from rural areas could also be invited to the events and then taken on a sightseeing tour around the city.*

- *First and foremost, the project should cooperate with the universities, because they train future teachers and doctors and they seem to know nothing about HIV.*
- *It would be good to make a video of a training module and demonstrate it to the parents so they can see how their children perceive the information about this problem. The film should be positive and motivating, it should not scare and intimidate. For when an HIV-positive child comes to the kindergarten or to school it is the parents who get mad and try to isolate this HIV-positive child from their children. That happens because there is no training on this subject matter available to the parents.*
- *Two events highlighting this issue can be conducted at the same time, one for the children and one for the parents. And later a joint discussion can be organized to exchange views and opinions. Adolescent children tend to distance themselves from their parents, they avoid communicating with them and therefore these joint discussions can be beneficial to both parties.*
- *It might be useful to have meetings with specialists from the Social Service Centers for Families, Children and Youth. Via the children that participated in our trainings. They liked the trainings and now they share the information they have received at the trainings with their peers. After a certain period of time we contact the old participants and ask them whether they have any friends who would like to take part in the project. By doing so we engage other people to the project and disseminate information.*
- *It is important to communicate with youth about this subject and at the same time not to sound obtrusive. We need to find the specific audience and work with it on a regular basis. We need to work in their environment; we need to come to them, to conduct trainings, to present information, to offer testing because it is all critical. When we only give them the information where they can go to take the test, we cannot be certain they will actually go there and have the test done. Our people are afraid of being checked for hepatitis and even more so for HIV.*
- *We need to have a place where young people can come to and receive condoms for free and at that place the information about HIV can be presented to them. But these places should be organized at the offices of non-governmental organizations since young people are not afraid to go to NGOs. If it happens at the dean's office or at the trade union office, they will not go there because they will fear that someone might see them.*
- *In order to engage children at high risk it is critical to communicate the information properly to them. If we tell them that this is about HIV they more likely will not come because they might get a feeling that people think badly of them.*

APPENDICES

REQUEST FOR PROPOSALS

PROGRAMME EVALUATION
TERMS OF REFERENCE (TOR)

PROJECT OVERVIEW

Grassroot Soccer (GRS) and Peace Corps Ukraine (PC/Ukraine) seek a Senior Researcher/contractor to conduct a mixed-methods evaluation of the Free Kick programme. Grassroot Soccer is an international non-governmental organization that uses the power of soccer to educate, inspire, and mobilize communities to stop the spread of HIV. Peace Corps is a volunteer programme run by the United States government and established in Ukraine in 1992, as a result of a bilateral agreement signed by former Ukranian President Leonid Kravchuk and former American President George Bush.

GRS and PC Ukraine have collaborated to launch "Free Kick," a soccer-based life skills and HIV prevention programme designed for implementation across Ukraine. A 7-session curriculum is delivered during a 2- or 3-day camp, involving approximately 40-80 participants. Each camp additionally offers community members an opportunity to undergo HIV counselling and testing.

Since its launch in January 2013, Free Kick has reached over approximately 1,300 youth ages 14-18. Twenty-eight Peace Corps Volunteers (PCVs) and 24 Ukrainian "counterparts" have been trained to deliver interventions. Over 2,400 community members have been tested and linked to appropriate referral and treatment services as necessary, through the HIV counselling and testing soccer tournaments.

GRS and PC Ukraine seek to conduct a mixed-methods evaluation of Free Kick in order to assess the effectiveness of the programme and develop strategies to improve its efficiency and effectiveness. Results from the evaluation will be used to: a) galvanize support from existing and potential partners, using a stronger evidence base; b) report back to stakeholders, including the government, schools, parents, and participants; and c) inform future programme development and expansion, both in Ukraine and across other Grassroot Soccer programme. The study will be conducted from February through May 2014.

EVALUATION OBJECTIVES

Primary and secondary objectives of the study include the following:

Primary objectives

1. To assess whether Free Kick's football-based educational programme is effective in:
    a. Changing HIV-related knowledge, attitudes, and communication, pertaining to HIV testing, stigma, and key HIV drivers, including intravenous drug use
    b. Increasing uptake of HIV testing and linkages to HIV support services
    c. Reaching and communicating effectively with youth populations at high risk for HIV infection.

Secondary objectives

2. To gather perspectives of stakeholders and beneficiaries on the programme, including its strengths and weaknesses.
3. To identify lessons that can be learned to improve programme quality, efficiency, and sustainability.

4. To outline strategies for reaching high-risk populations.

METHODS

The mixed-methods evaluation will look at the full span of Free Kick programme delivery, since its launch in January 2013. Analysis will be carried out on existing data from the following sources:

- Attendance registers, tracking numbers of programme participants and graduates by age and sex
- Pre/post questionnaires, tracking short-term changes in knowledge, attitudes, and communication
- Testing event registers, tracking numbers tested by age and sex

Additionally, qualitative data will be collected as follows:

- Focus group discussions (FGDs) with youth participants from 2013 and 2014 Free Kick programme (approximately 4 discussions)
- FGDs with community members participating in 2014 Free Kick events (approximately 2 discussions)
- In-depth interviews (IDIs) with programme implementers, including Peace Corps volunteers (PCVs), counterparts, and youth leaders (approximately 4 interviews in total)
- IDIs with local experts and partner organizations working with high-risk youth populations to obtain qualitative advice and analysis that can inform future programs (approximately 2 interviews)

Participant observation will be carried out at 2014 Free Kick programmes.

QUALIFICATIONS

The evaluator must have demonstrated social science research experience, research team selection and management skills, and the academic preparation to carry out the project fieldwork in a timely, efficient and quality manner.

Specific qualifications are described below:

- Demonstrated experience in implementing social science research projects.
- Experience conducting field interviews and using survey instruments in evaluative studies.
- Experience selecting, training and managing field staff.
- Education – Master's Degree in sociology, anthropology, psychology, community or rural development, or other related social science fields.
- Flexibility and the ability to work within a range of field conditions.
- Experience conducting and writing qualitative and quantitative research/evaluation and reports.
- Language – the evaluator will be fluent in both written and spoken English, as well as the necessary local languages.
- Must be able to travel throughout Ukraine on multiple overnight trips.
- Must have proficient computer skills for data collection, entry, analysis, and reporting.
- Must be able to learn a web-based data application.

TIMELINE OF DELIVERABLES

Activity / Deliverable	**Estimated Time**
Document review and initial consultations with Grassroot Soccer and Peace Corps	1 week
Review of existing data sources (attendance registers, pre/post questionnaires, testing event forms)	1 week
Qualitative data collection	4 weeks
Data analysis and preparation of first draft of report	2 weeks
Final draft of evaluation report, written in English	1 week

PROPOSAL

GRS and PC Ukraine invite interested contractors to send an email with "Intent to Bid" to Oleksiy Yegorov: OYegorov@peacecorps.gov. All proposals and documents should be **submitted in English**. If you need additional information, send an email to the email address above. **No photos or phone calls please**. Proposals submitted after the deadline may not be reviewed.

All proposals must include the following:

1. Contractor qualifications and prior experience to meet requirements, with descriptions of key qualifications of personnel/interviewers.
2. Proposed technical research work plan, including task timeline and logistics.
3. Total Firm-Fixed Price for fulfilling the contract as described herein.
4. Breakdown of costs for developing tools, collecting and analysing data, in addition to the costs for transportation, meals and lodging, and other costs (e.g., copying, translation, etc.).

Focus group with beneficiaries: Pre meeting questionnaire and list of Issues to Discuss

A Pre-Focus Group Discussion Questionnaire Form for the Participants of the Free Kick Project

1. How did you ***learn*** about the Free Kick Project *(Please select all suitable options)*

- o Mass media
- o Brochures
- o Billboards
- o Flyers
- o Website (please specify) _____
- o From Friends
- o From Teachers
- o Other (please specify) _____

2. Mark ***all project activities you took part in*** *(Please select all suitable options)*

- o Training programme/workshops/case studies
- o Soccer/sports tournament
- o Entertainment programme
- o Testing

3. Have the activities you had taken part in changed ***your knowledge and understanding*** of HIV? *(Please select the option(s) that suit(s) you best)*

Activity				
Training programme	o Yes, they have	o To a large extent	o To some extent	o No, they have not
Soccer/sports tournament	o Yes, they have	o To a large extent	o To some extent	o No, they have not
Entertainment programme	o Yes, they have	o To a large extent	o To some extent	o No, they have not
Testing	o Yes, they have	o To a large extent	o To some extent	o No, they have not

4. Exactly what kind of ***information*** about HIV was ***new*** to you? *(Please specify*)

5. Can you list ***major (key) contributing factors for contracting*** HIV?

6. Have the activities you had taken part in ***changed your attitude*** towards the HIV-related issues? *(Please select the option(s) that suit(s) you best)*

Activity				
Training programme	o Yes, they have	o To a large extent	o To some extent	o No, they have not
Soccer/sports tournament	o Yes, they have	o To a large extent	o To some extent	o No, they have not
Entertainment programme	o Yes, they have	o To a large extent	o To some extent	o No, they have not
Testing	o Yes, they have	o To a large extent	o To some extent	o No, they have not

7. ***How in particular*** have you changed your attitude towards the HIV-related ***issues?****(Please state briefly)*

8. Are you ***aware*** of the fact that the testing was conducted during the events?
   - o Yes, I am
   - o No, I am not

9. ***Did you take part*** in the testing? *(If the answer is no, then move to question 12)*
   o Yes, I did o No, I did not

10. Was the testing ***important*** to you?
   o Yes, it was o No, it was not

11. Did you feel ***comfortable*** when doing the testing?
   o Yes, I did o No, I did not

12. Did you receive information about ***further services***?
   o Yes, I did o No, I did not

13. Did you like ***the project in general***?
   o Yes, I did o No, I did not

YOUR INPUT IS GRETLLY APPRECIATED!

Questions for Focus Group Discussions to Be Held amongst the Project Participants (young people, aged 14-18 years)

1. Share your impressions **about the project**. What did you like? What new things did the project introduce?
2. Share your **thoughts and impressions about all events** held by the Free Kick Project, in particular, *workshops/training, soccer/sports tournament, testing*. What did you like? What would you change, in particular, *the venue, trainers/coaches, schedule, confidentiality, consultants*?
3. What do you remember the most from **the workshops/training**? What did you like? What would you change, in particular, *the venue, presenters, training programme?* Why?
4. For those who participated in **the soccer/sports tournament and the entertainment programme** *(if it was available)*, were these events of interest and important, in your opinion? *How did you benefit from them, in particular, as a player/supporter/spectator? What would you change, in particular, the venue, the coach/trainer and timing of the event? Why?*
5. Was **the testing** important from your point of view? If so, did such express testing increase the number of people interested in taking it? *If any participants decided not to take the testing, what's the reason behind it, in your opinion?*
6. To what extent did knowledge and information gained under the project change your **attitude** towards the HIV-related issues? Please give examples. *What are you not doing anymore now? What will you not do in the future for sure?*
7. Has the project managed to change your (negative) **perception** of HIV as something shameful, lacking prestige and repugnant (stigma)?
8. Do you think **all people interested** in the project were able to take part in it, in particular, friends, schoolmates and acquaintances? If not, what then would you change in the communication policy of the project and its events?
9. What **groups of young people are most prone** to the HIV **spread**? / What **groups of young people** have the highest **risk** of the HIV **spread**? How can the information about this disease be communicated to them? What are the communication channels?

10. How could the project events **be improved** and project resources such as funds, coaches/trainers, venues, meals, soccer/sports tournament, entertainment and testing etc. **be used more effectively**? Who could support these events in the future, in particular, a school, community, parents, local self-government bodies, local business, philanthropists etc?
11. **How** and at what events could the information about HIV be disseminated to youth groups in the future?

A Pre-Focus Group Discussion Questionnaire Form for Community Members

1. How did you ***learn*** about the Free Kick Project *(Please select all suitable options)*

- o Mass media
- o Brochures
- o Billboards
- o Flyers
- o Website (please specify) _____
- o From Friends
- o From Teachers
- o Other (please specify) _____

2. Mark ***all project activities you took part in*** *(Please select all suitable options)*

- o Soccer/sports tournament
- o Entertainment programme
- o Testing

3. Have the activities you had taken part in changed ***your knowledge and understanding*** of HIV? *(Please select the option(s) that suit(s) you best*

Activity				
Soccer/sports tournament	Yes, they have	To a large extent	To some extent	No, they have not
Entertainment programme	Yes, they have	To a large extent	To some extent	No, they have not
Testing	Yes, they have	To a large extent	To some extent	No, they have not

4. Exactly what kind of ***information*** about HIV was ***new*** to you? *(Please specify*)

5. Have the activities you had taken part in ***changed your attitude*** towards the HIV-related issues? *(Please select the option(s) that suit(s) you best*

Activity				
Education programme	Yes, they have	To a large extent	To some extent	No, they have not
Soccer/sports tournament	Yes, they have	To a large extent	To some extent	No, they have not
Entertainment programme	Yes, they have	To a large extent	To some extent	No, they have not
Testing	Yes, they have	To a large extent	To some extent	No, they have not

6. How in particular have you changed your attitude towards the HIV-related ***issues?*** *(Please state briefly)*

7. Are you ***aware*** of the fact that the testing was conducted during the events?
Yes, I am No, I am not

8. ***Did you take part*** in the testing? *(If the answer is no, then move to question 12)*
Yes, I did No, I did not

9. Was the testing ***important*** to you?
Yes, it was No, it was not

10. Did you feel ***comfortable*** when doing the testing?
Yes, I did No, I did not

11. Did you receive information about ***further services***?
Yes, I did No, I did not

12. Do you think such projects are of interest ***in general***?

Yes, I do No, I do not.

YOUR INPUT IS GRETLLY APPRECIATED!

Questions for Focus Group Discussions with Community Members

1. Please share your **impressions** about the Free Kick Project and its elements, in particular, *workshops/training, soccer tournament/entertainment programme, the testing*. To what extent is this project of interest and effective when it comes to raising awareness about HIV amongst the youth? What did you like? What would you change, namely, *the venue, trainers/coaches, schedule, confidentiality, consultants?*
2. What do you **remember** the most from the project activities you had a chance to participate? What did you like? What would you change, in particular, *the venue, presenters, training programme*? Why?
3. In your opinion, to what extent can **knowledge** about HIV gained under the project be relevant to young people? What information about HIV/AIDS is more important for the youth groups, in your opinion? Please give examples.
4. In your opinion, to what extent has knowledge about HIV gained under the project changed the attitude of young people to the HIV -related issues? Please give examples. *What are they no longer doing? What remains to be changed?*
5. Do you think the project managed to contribute to **overcoming stigma** (in other words, negative **perception** of HIV as something shameful, lacking prestige and repugnant) about HIV amongst youth, teenagers and the community in general?
6. Do you think **the testing** was important? If so, did such express testing conducted at the venue the event was held increase the number of people willing to do it?
7. What groups **of young people** have the highest **risk** of the HIV spread?
8. Was the project **effective in terms of engaging youth from the HIV spread highest risk group?** How could the information about the disease be communicated to them? What are the channels?
9. To what extent the project methods/approaches and activities were relevant and effective ***for the particular target group?***
10. **How** and at what events could youth be educated about HIV in the future?
11. How could the project events **be improved** and project resources such as funds, coaches/trainers, venues, meals, soccer/sports tournament, entertainment and testing etc. **be used more effectively**? Who could support these events in the future, in particular, a school, community, parents, local self-government bodies, local business, philanthropists etc?
12. Do you happen to have any thoughts as to how to encompass **groups of youth and teenagers that have high risk of getting infected with AIDS** in the future? *What are your suggestions on how to improve access to these groups?*

Questions for Interviewing Partners/Youth Leaders/Experts

1. Please share your **impressions** about the Free Kick Project and its implementation, in particular, *workshops/training, soccer tournament/entertainment programme, the testing*. To what extent were the project events relevant and effective in general? What did you like in particular? What would you change, namely, *the venue, trainers/coaches, schedule, confidentiality, consultants?*
2. How were **the project participants selected** for the project events? Was it easy to form the groups?
3. Do you think **all individuals interested** in taking part in the project were able to participate in it? If not, what would you change in the communication policy of the project and its events?
4. Do you think the project events were effective as regards **educating** teenagers and youth about HIV? What activities turned out to be the most effective ones from the educational point of view, in particular, workshops, tournaments, testing, counselling that accompanied the testing, and entertainment events?
5. Do you think both the project and its activities were effective when it comes to changing **attitudes** towards HIV amongst teenagers and youth or in the community in general?
6. Do you think the project activities were efficient in terms of **raising awareness** about HIV amongst teenagers and youth groups?
7. Was the project effective in reaching youth and teenagers and **educating** them about **key HIV drivers?**
8. Was the project effective in **raising awareness** about **HIV** amongst youth and teenagers?
9. Was the project effective in **educating** youth and teenagers about **people living with HIV**?
10. Do you think the project managed to contribute to **overcoming stigma** (in other words, negative **perception** of HIV as something shameful, lacking prestige and repugnant) about HIV amongst youth groups, teenagers and the community in general?
11. Do you think **the testing** was important? If so, did such express testing conducted at the venue the event was held increase the number of people willing to do it?
12. What groups **of young people** have the highest **risk** of the HIV spread?
13. Was the project **effective in terms of engaging youth from the HIV spread highest risk group?** How could the information about the disease be communicated to them? What are the channels?
14. **How** and at what events could youth be educated about HIV in the future?
15. How could the project events **be improved** and project resources such as funds, coaches/trainers, venues, meals, soccer/sports tournament, entertainment and testing etc. **be used more effectively**? Who could support these events in the future, in particular, a school, community, parents, local self-government bodies, local business, philanthropists etc?
16. Do you happen to have any thoughts on to how to **encompass better groups of youth and teenagers that have high risk of getting infected with AIDS** in the future? *What are your suggestions on how to improve access to these groups?*

STIGMA (definition)
It is a negative perception/association of a person with something shameful, lacking prestige and repugnant. It is somewhat similar to a stereotype and is different from the stereotype by being focused on a person's qualities. Now this term…stands for a shameful status of an individual as such.

I. Gofman: Notes about Management of a Corrupted Identity. Part 1. Stigma And Social Identity. Part 2. Information Regulation And Social Identity. Translated by M.S. Dobryakova. – 1963. – P.2.

Observation Card

1. Activity Type
    - o Educational Camp
    - o Soccer/Sports Tournament
    - o Entertainment Programme
    - o Testing
    - o Other (please specify) _____

2. Location – Oblast _____City _____

3. Date____/_____/2014

4. Activity Partner:
   Organization Name _____
   Contact Person _____

5. Personal Contribution (Additional Resources Raised Externally) of:
    - o A volunteer
    - o A youth leader
    - o A partner

6. Trainer/Coach_____

7. Participants of the Event
    - o Teenagers/Youth
    - o LGBT
    - o Prison Camp
    - o Single-parent Family/Deviant Behavior
    - o Other (please specify) _____

8. Number of participants at the beginning of the event:
    - o Target Group _____
    - o Community Members _____

9. Number of participants at the end of the event:
    - o Target Group _____
    - o Community Members _____

10. How is the venue organized and made ready for the event?
    _____

11. How is the programme of the workshop perceived by the target group (the question is about whether the programme itself and its content are relevant for the representatives of the target group)?

12. Do the participants have appropriate level of sexual education to understand the programme and its philosophy (are they mature physically- and emotionally-wise)?

13. To what extent is the audience ready to receive information about the key HIV drivers?

14. Are the participants motivated to take part in the project?

15. Attitude of the participants at the event *(please select one):*
- Of the target group (youth aged 14-18 years) – *active, not very active, passive*
- Of the community members - *active, not very active, passive.*

16. How is the communication about HIV enabled?

- How is the information presented?

_____
_____

- What hand-out materials are disseminated?

_____
_____

- How are the following instruments are used or are they used at all?
  - Visual information material
  - Statistics
  - Real life examples.

17. What is the perception of the trainer and his/her style by the group?

18. Is there feedback to the organizers and specialists?
Yes, there is No, there is not

19. How important and effective is the proposed pre/post training evaluation system?

20. How are the discussions conducted – the level of openness and interest amongst the participants to learn new things or to polish/update the existing knowledge?

21. What discussions were of a particular interest? Was there a conflict in the groups? How did the trainer manage to settle the conflict?
Do the discussions come to the logical conclusion?

22. Do the participants understand the philosophy of the game and its relevance in the training module?

23. What clarifying questions do participants have? What has been of special interest?

24. Are the participants ready to continue to learn about HIV?

25. Do the participants reflect about the subject matter of the project in groups during their breaks etc?

26. What were the things the majority of participants were struck by at the event?

27. How would you describe the attitude of the participants to the HIV -related issues?
  - Interested
  - Very interested
  - Have little interest in
  - Not interested at all

28. Is the testing made available during the event?

Yes, it is No, it is not

29. Number of people who have asked for counselling and testing _____

Name of individual who conducted the monitoring

_____

Appendix 3. Schedule of Meetings

#	Date	Community	Types of meeting
1	August 8-11, 2014	Chernigiv	FGs, IDIs, Observation
2	August 13-14, 2014	Kryvyy Rig	FGs, IDIs
3	August 13-15, 2014	Cherkasy	FGs, IDIs, Observation
4	August 19-20, 2014	Kharkiv	FG, IDIs
5	August 26, 2014	Novyy Rozdil, Lviv	FG, IDIs
6	August 28, 2014	Zhydachiv, Lviv	FG, IDIs
7	September 19, 2014	Kremenchug	FG, IDIs