

2019

Annual Report

Supporting community responses to HIV/AIDS



Dear readers,

The year 2012 which is called, following the Western manner, “twenty-twelve” has become special not only for Ukraine, but also for the Alliance. This is the most large-scale year since the beginning of the Alliance’s activity in Ukraine. The scope of our work has increased by 60% compared with the previous year. In 2012, a new five-year program supported by the Global Fund was launched to ensure fulfillment of the National Program in Response to AIDS, with a focus on its prevention components. In parallel, we completed the previous program, the Round 6 grant. It was a year of strenuous efforts, which made us work more, keener and more effectively.

This was a fruitful year. Compelling traces of stabilization of the HIV epidemic among the injecting drug users were recorded, which, in its turn, contributed to the reduced number of new HIV cases in the general public. These achievements were acknowledged by both the Global Fund, our main donor, and government bodies.

This was a year of initiations. In 2012, we largely scaled up the range of our activities. In fact, the most powerful input was made to upgrade the tuberculosis diagnosis and treatment. The Alliance procured second line TB medications, which enabled bringing treatment of MDR TB patients to a better level and ensuring access to it: due to the savings achieved, the Alliance procured 780 treatment courses instead of 120, as initially planned! The most up-to-date diagnostic equipment was also procured, in particular the GeneXpert molecular genetic testing systems that allow for reducing the TB diagnosis time to two hours, while the Ukrainians had been previously forced to wait for their test results for 3–4 weeks.

The hidden epidemic of hepatitis C is another realm of our great efforts. In 2012, the Alliance initiated the All-Ukrainian campaign “We Demand Treatment!” under which a number of public events held in 36 Ukrainian cities, an appeal to the Ukrainian President, supported by 6,000 citizens, scaled-up access to testing, public awareness activities, joint efforts in wide partnership – all of these – contributed to incorporating hepatitis C into the priority agenda for the national health-care system.

As this year vividly showed, the Ukraine’s experience is becoming increasingly more in demand by other countries, in particular beyond our region, by India, China, Kenya, etc. In these countries the technical assistance provided with the support of the Secretariat of the Alliance (UK), European Union and Shell has already brought about a number of innovations.

Still, I have to stress that the topmost priority is working in our home country. I am thankful to all the staff members – the Alliance team, and grateful to our partners together with whom we can be proud of this year. Even greater challenges are ahead of us. But I am convinced that we will cope with them.



May you be healthy and inspired!

*Andriy Klepikov,
Executive Director*

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1. 1. Key Achievements of the ICF “International HIV/AIDS Alliance in Ukraine” in 2012

1.1. Impact of Prevention Programs on the HIV/AIDS Epidemic

The year 2012 is a milestone in the activity of the ICF “International HIV/AIDS Alliance in Ukraine”, since the previously recorded trends of the cushioning HIV epidemic in the most-at-risk populations have expanded to the general public. Findings of the sentinel surveillance show that in Ukraine the number of new cases of HIV has decreased for the first time since 1999.

Over the recent years, it has been evident that the most large-scale prevention programs in the country that are implemented by the Alliance and financed by the Global Fund have contributed to a stable reduction in the percentage of the HIV-positive injecting drug users (IDUs). Since 2007, the epidemiologists have been tracing the trend of **the declining number of new cases of HIV in the IDUs** (from 7,127 in 2006 to 5,935 in 2012) with the scope of testing growing in this most-at-risk population every year. This trend has been strengthened over the last three years: in parallel with the increasing access to testing, in 2012 the number of newly reported cases of HIV fell by 9% as compared to 2011. Still, the year 2012 revealed that the epidemic stabilization in the IDUs had an impact on the epidemic at large: **in 2012, the reduction in the number of reported cases of HIV was recorded in Ukraine** (from 21,177 cases in 2011 to 20,743 cases in 2012, or by 2%) (see Chart 1), while the number of tests performed remained almost unchanged.

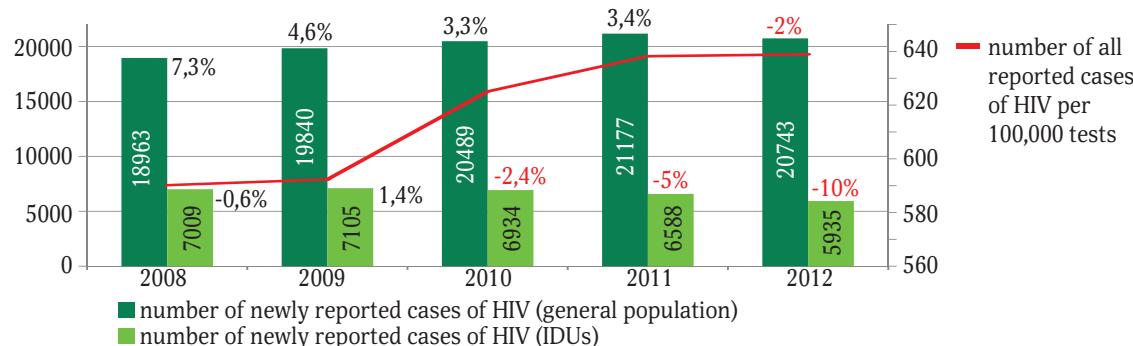


Chart 1. Indicators of the Trend of the Changing Number of Reported Cases of HIV in the IDUs and the general population

1.2. Cooperation at the National Level

In 2012, the Alliance concentrated its national level activities on two areas, i.e. advocacy and cooperation.

Wide-scale advocacy activities of the Alliance and other partnering organizations, in particular public awareness campaigns and events targeted at improving IDUs' access to the ART and ensuring state budget funding for the HIV, hepatitis and tuberculosis prevention programs, resulted in the fact that on December 28, 2012, the President of Ukraine Victor Yanukovych instructed the Cabinet of Ministers of Ukraine to take a number of actions on prevention of the spread of TB, HIV/AIDS, viral hepatitis, and ensuring of medical care for citizens living with these diseases. In pursuance of these instructions and subsequent to the performance results of the 1st quarter of 2013, the Cabinet of Ministers of Ukraine will submit the draft law on amendments to the State Budget of Ukraine. According to the new revision of the State Budget, the TB, HIV/AIDS and viral hepatitis prevention programs have to be funded considering the reasoned needs.

Also, for the sake of acknowledgement of the need in continued implementation of the HIV prevention programs and allocation of funds from the state and municipal budgets in future, efforts have been taken to establish cooperation with government bodies and other institutions working in the field of prevention of HIV/AIDS at the national level. In particular, the Alliance has continued cooperation with the Ministry of Social Policy of Ukraine through supporting development of the draft Standards on Social Services for Counseling and Prevention.

1.3. Tight Cooperation with the Local Authorities

In 2012, the Alliance continued establishing tight cooperation with the oblast state administrations and oblast councils within the framework of implementation of the National Program on Prevention of HIV, Treatment, Care and Support of People Living with HIV and AIDS for 2009–2013, and fulfillment of the programmatic tasks of the Round 10 through signing relevant Memoranda of Understanding and Cooperation. As of the end of 2012, they had been signed with 5 regions of Ukraine (Cherkasy, Mykolayiv, Kherson, Kyiv and Dnipropetrovsk oblasts) and with the city of Sevastopol. The Memoranda aim at parties' agreement on the fundamental principles and mechanisms of their co-operation within the framework of implementation of the National Program on Prevention of HIV, Treatment, Care and Support of People Living with HIV and AIDS for 2009–2013, and the GF Round 10 Program in response to HIV/AIDS.



1.4. The Alliance on the International Arena and in the World Media

Michel Kazatchkine's Visit

A number of crucial issues were solved in course of the visit of Michel Kazatchkine, Executive Director of the Global Fund to Fight AIDS, TB and Malaria, on January 16–17, 2012. The Prime-Minister of Ukraine Mykola Azarov instructed the Health Minister to take personal control over increasing the number of substitution therapy patients.

Furthermore, the Cabinet of Ministers agreed on the law draft “On Implementation of the Programs of the Global Fund to Fight AIDS, Tuberculosis, and Malaria in Ukraine”, which provides for tax privileges and import duty exemption for the Global Fund’s assistance.

While acknowledging the progress made in Ukraine in terms of the HIV epidemic, Dr. Kazatchkine outlined the key areas that still require urgent action from the national side: “In the nearest future, Ukraine should focus on achieving substantial progress in allocating governmental funding for focused HIV prevention programs, ... as well as covering the urgent need for HIV prevention and treatment in prisons.” Results of the visit have been covered by the New York Times, Washington Post and other media.

Lord Fowler's visit

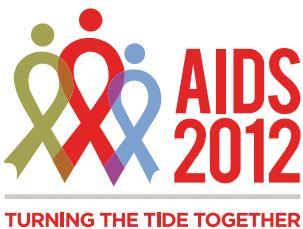
On April 10–13, 2012, Lord Norman Fowler, Chair of the House of Lords’ Select Committee on HIV, made a parliamentary field trip to Ukraine. Lord Fowler, a famous public leader and one of the initiators of harm reduction programs in the United Kingdom (which reduced the percentage of HIV



transmission through injections by 2% in this country), highly praised the efficiency of such projects in Ukraine. In course of his trip, he met with activists from the vulnerable populations, visited the Alliance and Kyiv AIDS Center. “The Ukrainian advocacy and service provision experience in harm reduction, specifically syringe exchange, substitution treatment, should be used by other countries,” noted Lord Fowler during his visit.

Subsequent to the visit, Lord Fowler published a blog in The Independent where he expressed concerns about the lack of government support of the HIV prevention programs in Ukraine and endeavors to close down the Institute of Epidemiology and Infectious Diseases. The UK Ambassador to Ukraine Leigh Turner also published a blog “HIV/AIDS and needle exchanges in Ukraine” at “Ukrayinska Pravda”, Korrespondent.Net, and Foreign and Commonwealth Office’s web-site following his meeting with Lord Fowler.

Participation in the XIX Conference on HIV/AIDS in Washington, DC



15 representatives of the Alliance-Ukraine took a pro-active part in the XIX International Conference on HIV/AIDS in Washington, DC, on July 22–27, 2012. This international forum was held under the motto “Turning the Tide Together” and brought together more than 20,000 delegates from all over the globe. The Alliance’s participation in the conference pursued the following objectives:

- advocacy for better access to prevention and treatment services for the most-at-risk populations;
- sharing of best practices on HIV prevention programs in Ukraine;
- expansion of opportunities for qualified support from the Alliance-based Regional Knowledge Hub for the EECA countries;
- meetings with potential donors and international partners;
- exposure to new epidemic response approaches and findings of researches.

The Alliance’s team delivered more than twenty presentations, with the key events being:

- A speech by Andriy Klepikov, Executive Director of the Alliance-Ukraine, at the high-level session “How Do We Get There? Country Planning for Maximum Impact”. In course of the presentation he spoke about the importance of the access to full-scale treatment for people using drugs in the concentrated epidemic conditions in the countries of Eastern Europe.
- A presentation by Pavlo Skala, Senior Program Manager: Policy & Advocacy, “Police Violence: Consequences and Solutions”.
- The Alliance co-organized an event under the project “Community Action on Harm Reduction” (CAHR). Pavlo Smyrnov, Alliance’s Deputy Executive Director, Tetiana Deshko, Associate Director: Regional Programs, Head of the CAHR Project, and Olha Varetska, Associate Director: Strategic Information, Monitoring and Evaluation, presented the project performance in the countries of Southern-Eastern Asia and Africa.
- Halyna Naduta, Senior Officer: Regional Policy and Coordination, shared with the Conference participants the Ukrainian experience in the field of pharmacy-based HIV prevention and scaled-up access to the services for injecting drug users and sex workers.

The Alliance's representatives were invited to the official reception at the UK embassy in Washington, DC, organized within the framework of the AIDS 2012. Attending this event, Lord Norman Fowler, Chair of the House of Lords' Select Committee on HIV, told about his recent trip to Ukraine and noted that after it he was re-assured in the need to expand the scope of his home country's assistance to the response to AIDS.

One of the most pertinent topics of the Conference was further shift of the international assistance priorities from prevention to treatment of HIV. Representatives of international donor organizations linked would-be cuts in funding of the prevention programs to consequences of the international financial crisis. Although there are no governmental vehicles in support of HIV prevention yet, the epidemic situation may result in negative aftermaths. Thus, the Alliance has made avail of all the opportunities of the AIDS2012 to urge for the need to keep prevention as a key component to the harm reduction programs.

According to Hanna Dovbak, Associate Director: Policy and Partner Relations, lower funding for the prevention programs can become reality as soon as the next year. "HIV prevention is conducted out of international donors' funds in Ukraine. So, the country needs to develop a vehicle of governmental funding for civil organizations working with the vulnerable communities," emphasized Hanna Dovbak in her exclusive interview for the "Chas-Time" TV program.

The problematic issues were discussed online on the Alliance's Facebook page. The debate on priorities in the Ukraine's response to the epidemic and in particular on key tasks for prevention among the most-at-risk populations was continued after the Conference. It was joined by Julio Montaner, the most competent expert in this field, inventor and promoter of the Treatment as Prevention concept. Dr. Montaner was concerned about the try to manipulate with the said concept, particularly in order to re-distribute 75% of the GF Grant funds in Ukraine, which was supported by the MoH and other organizations. He expressed his standpoint in an open letter to the GF General Manager, UN-AIDS, WHO, as well as to the MoH's head Rayisa Bohatyriova. "There cannot be a successful implementation of the Treatment as Prevention without strong attention to other prevention activities, most importantly among them harm reduction programs," says Dr. Montaner. According to his findings, reduction of resources allocated for prevention in order to increase access to treatment within the framework of the TasP concept is not only a wrong way but the one leading to adverse results.

Documentary "Someone's Mother, Someone's Brother"

The movie shows a volunteer from the CF "Vertical" Alyona from Ukraine and Nga from Vietnam, two people whose lives have been improved by accessing harm reduction services, including needle exchange and methadone. The movie has been shortlisted for the "Best PR Film" at the New York TV and Film awards.



Office of the Inspector General of the Global Fund positively assessed Alliance operations based on the comprehensive audit results

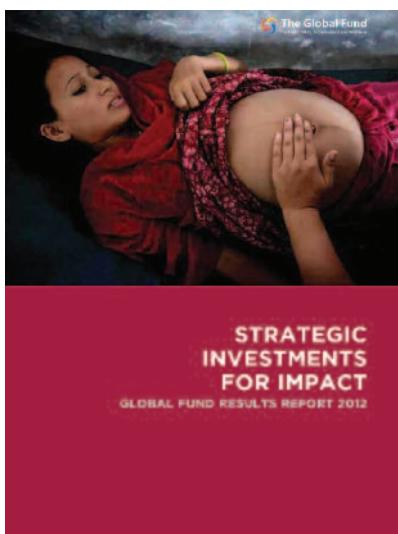


Office of the Inspector General of the Global Fund to Fight AIDS, Tuberculosis and Malaria has released the final report on the audit of the Global Fund grants to Ukraine totaling USD 229 million and covered the period from 2004 to 2010. Positive

results of the audit are a proof for the successful operation of the Alliance which was in charge of the 82% of the disbursed funds being audited.

In the cover letter sent to the management of the National Council on TB and HIV/AIDS John Parsons, Inspector General of the Global Fund, noted: *"I am sure that other Global Fund grant recipients and program implementers will have much to learn from Ukraine's program achievements as well as actions being taken to address program challenges which have been detailed in the audit report."*

The Global Fund illustrates its 2012 results with the Alliance–Ukraine's HIV prevention work.



The Global Fund to Fight AIDS, Tuberculosis and Malaria acknowledged the results achieved by Alliance Ukraine being one of the Principal Recipients of its program in the country.

In the Global Fund Results Report 2012 "Strategic Investments for Impact" Ukraine was selected as one of the four "country examples" along with Ethiopia, Namibia and Latin America to illustrate the results, coverage and impact being achieved in HIV/AIDS field.

The Alliance–Ukraine is also highlighted in the brief version of the report where all Global Fund results are presented on 3 pages. The Global Fund Results Summary reflects the first achievements under the new Global Fund strategy for 2012–2016 which aims to maximize returns by investing funds more strategically for increased impact. "Investing for Impact" is illustrated with examples of several supported programs, in particular: "The International

HIV/AIDS Alliance in Ukraine has used a Global Fund grant to introduce a specially developed database to monitor the provision of HIV services to most-at-risk population, allowing for real-time reporting. The software is used by more than 150 non-governmental organizations in Ukraine, Belarus, Kazakhstan, Kyrgyzstan, Malaysia and Tajikistan."

On November 19–23, 2012, the Global Fund to Fight AIDS, Tuberculosis and Malaria organized a press-tour for the journalists of French and Ukrainian media outlets. Within these days the journalists learned in details about implementation of the GF programs in Ukraine aimed at prevention and treatment of HIV/AIDS. For this purpose, they visited 12 unique subrecipients in Kyiv and Odesa. As a result of this trip, a number of articles were produced and three radio reports were aired.



Досвід України щодо профілактики ВІЛ-інфекції рекомендують впроваджувати в інших країнах

«Завдяки гранту Глобального фонду Україна зусиллями одного із реципієнтів — «Міжнародного альянсу з ВІЛ/СНІД» — розробила та впровадила використання спеціальної програми для моніторингу надання послуг з профілактики ВІЛ для уразливих груп, що передбачає звітування у реальному часі».



УКРАЇНСЬКА ПРАВДА

ВІЛ/СНІД та програма обміну голок в Україні

«Альянс в Україні стверджує, що такі економічно ефективні заходи, як обмін голок і замісна терапія, могли б стримати розповсюдження ВІЛ інфекції в Україні».



THE HUFFINGTON POST
THE INTERNET NEWSPAPER: NEWS BLOGS VIDEO COMMUNITY

Can Ukraine Lead the Fight Against HIV/AIDS in Eastern Europe and Central Asia?

«...International HIV/AIDS Alliance in Ukraine, who have been active in leading HIV prevention programs, expanding access to antiretroviral treatment and successfully advocating for the legalization of methadone».



Поширення СНІД
серед українських
ін'єкційних
наркоманів
призупинено

Андрій Клепіков:
«Треба сконцентрувати зусилля там, де є результат. Тому для нас найбільш актуальне питання — збалансований підхід до лікування та профілактики».

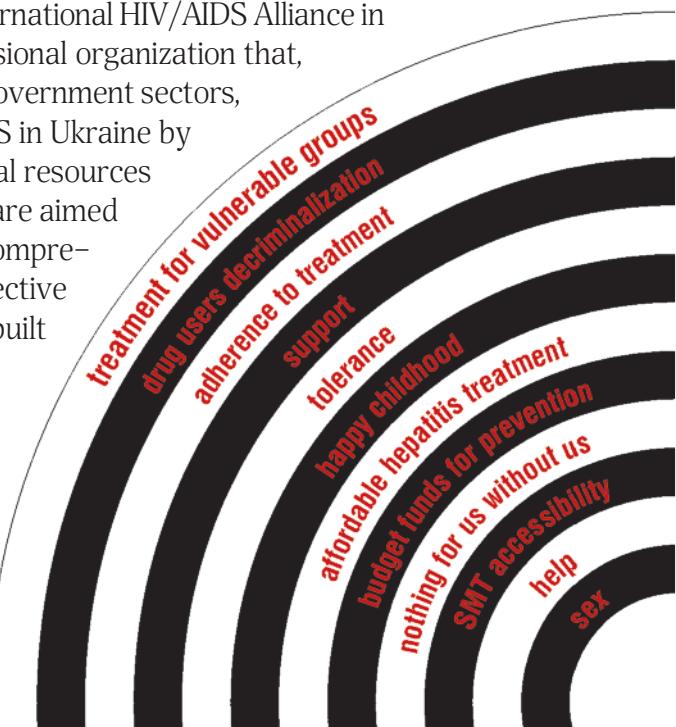
Коммерсантъ
История болезней

«...общий уровень смертности от СПИДа в Украине снизился, а доступ к профилактическим программам — увеличился... Заместительная терапия — это мостик к получению пациентом антиретровирусной терапии».

2. Strategic Priorities of the Alliance–Ukraine in 2012

The International Charitable Foundation “International HIV/AIDS Alliance in Ukraine” (Alliance–Ukraine) is a leading professional organization that, in cooperation with partners in the public and government sectors, is actively involved in the response to HIV/AIDS in Ukraine by providing quality technical support and financial resources to organizations on the ground. All our efforts are aimed at achieving the country's universal access to comprehensive HIV/AIDS services in Ukraine and effective community-based responses to the epidemic built on the achieved results and best practices.

Our mission is to support communities in response to the HIV/AIDS epidemic. The HIV/AIDS epidemic and related diseases need to be halted through development and implementation of effective models and services, strengthening of systems of medical and social services provision in support of vulnerable communities.



Our vision is a world in which people do not get HIV-positive and do not die of AIDS and where communities have brought HIV/AIDS under control.

Strategic objectives of the Alliance–Ukraine for 2013–2020:

1. To develop and roll out effective models of responding to the epidemic of HIV and associated diseases in Ukraine and worldwide. To ensure availability of a set of evidence-based services to vulnerable populations in the concentrated epidemic of HIV and associated diseases.
2. To ensure universal access to necessary and effective services in response to the epidemic of HIV and co-epidemics for the vulnerable populations in Ukraine.
3. To exert a structural impact on healthcare and social safety net policies in order to ensure sustainable access to the services, reduce stigma, decriminalization and protect rights of people who are vulnerable to HIV.
4. To build capacity and mobilize communities as regards ensuring their significant involvement in the response to the epidemic of HIV.
5. To introduce an effective system of technical support delivery for expansion of effective international approaches and best practices of responding to the epidemic.



3. Main Programs that Were Performed by the Alliance-Ukraine in 2012

3.1. Programs Financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria

3.1.1. The Program “Support for HIV and AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine” (2007–2012)

Implementation of the Program “Support for HIV and AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine” was completed in 2012. Its principle recipients were the ICF “International HIV/AIDS Alliance in Ukraine” (Alliance-Ukraine) and the AUCO “All-Ukrainian Network of People living with HIV/AIDS” (Network). The overall program implementation period is from August 2007 through July 2012. The phase out period covers August 2012 – April 2013.

The goal of the Program is to decrease the HIV transmission level and the rates of HIV-related mortality and morbidity by implementing the actions focused on most vulnerable populations. The Program was directly targeted at scaling up access to prevention, treatment, care and support for people who are most vulnerable to HIV/AIDS and are affected by the epidemic, namely active injecting drug users, men having sex with men, sex workers, people in places of confinement, street children aged 10–18 and people living with HIV/AIDS (PLHIV).

The Program had five main objectives:

- To ensure adequate access to integrated prevention, treatment, care and support services for most vulnerable populations (Alliance–Ukraine acting as a principle recipient);
- To scale up the comprehensive HIV care and treatment for PLWH and ensure equitable access to services for IDUs and other vulnerable populations (Alliance–Ukraine and Network acting as principle recipients);
- To expand access to comprehensive adherence counseling, psycho-social support and care services for PLWH (Network acting as a principle recipient)
- To create a supportive environment for a long-lasting and effective response to the HIV/AIDS epidemic in Ukraine (Network and Alliance–Ukraine acting as principle recipients);
- To monitor and evaluate the Program implementation and strengthen the National Monitoring and Evaluation System (Alliance–Ukraine and Network acting as principle recipients).

Main Achievements of the Global Fund Round 6 Program::

- The cumulative number of recipients of HIV counseling and testing services, including information on testing results, amounts to 470,843.
- Cumulatively, over 2007–2012, prevention services reached 429,778 injecting drug users, 74,908 sex workers, 52,469 men having sex with men, 146,535 people in places of confinement.
- 7,094 opioid users receive the substitution maintenance therapy in 27 regions.
- 77,263,042 condoms were distributed.
- 164 sub-grantees received grants for HIV/AIDS prevention activities.
- Throughout the reporting period, treatment of STIs was received by 595,812 people. 33,637 STI therapy regimens for representatives of most-at-risk populations were initiated.
- A uniform national system for monitoring and evaluation of response to the epidemic was implemented.

As of July 31, 2012, most performance indicators, including 10 key ones under the Global Fund classification, were exceeded. Subsequent to the second phase of the Round 6 Program over August 2009 – July 2012 the final budget execution is 97%.

During the Program effectiveness period, the number of covered clients was constantly rising. As of December 31, 2007, the total number of clients covered by the Program was 215,313 people, while as of July 31, 2012, the total cumulative number reached 770,301. Thus, 544,988 new representatives of the most-at-risk populations were covered in the Program effectiveness period.

For many public health professionals the Round 6 Program has become an opportunity to practically implement and enhance innovative ideas and international best practices. Within its framework a lot of innovations have been examined and rolled out throughout the country. The VCT using rapid tests, pharmacy-based projects, mobile clinics, substitution maintenance therapy programs, peer-to-peer programs, use of female condoms, supervision program for psychologists, re-profiling and expansion of the network of interregional knowledge hubs for institutional development of public organizations and vulnerable communities have become the most successful activities under it.



3.1.2. The Program “Reducing the TB Burden in Ukraine through Expanding and Enhancing Access to High Quality TB Services” (2010–2014)

In 2011, for the first time ever, Ukraine received the five-year Global Fund grant to respond to the spread of TB in Ukraine worth about USD 100 million under the Round 9 Program. The grant aims to improve diagnostics and treatment, form a monitoring and evaluation system, mobilize the public, the civil sector and decision-makers to overcome the TB epidemic in Ukraine.

Within the framework of implementation of the Program “Stop TB in Ukraine” the ICF “International HIV/AIDS Alliance in Ukraine” acts as a partner (sub-recipient) of the Charitable Foundation for Development of Ukraine which is a principal recipient under the Program financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. As part of implementation of this Program the Alliance-Ukraine is in charge of implementation of the component **“Enhancing Access to High Quality Services for TB/HIV Co-infected Patients” and of procurement of medical equipment and second line TB medications.**

The main tasks of the Alliance-Ukraine for this component are as follows:

- Establishing a mechanism for cooperation of HIV and TB services in the provision of comprehensive medical, psychosocial and prevention services to vulnerable populations, as well as monitoring and evaluation of performance under joint activities in response to the co-infection of TB/HIV.
- Reducing the burden of TB among HIV-positive people (early TB diagnostics, TB prevention, infection control measures).
- Reducing the burden of HIV among TB patients (HIV prevention, VCT services, ART, prevention of opportunistic infections, substitution therapy).

Key performance achievements in 2012:

- 1. The equipment and consumables** (25 product items) **have been procured** for the total amount of USD 5.1 mln. In particular, the Alliance has been **the first** to procure and import in Ukraine the laboratory equipment for molecular genetic rapid testing for Mycobacterium tuberculosis and second-line medicines in order to provide for early diagnosis and treatment of tuberculosis.
- 2. The appropriate regulatory framework** in the field of healthcare for TB/HIV co-infected patients is being **revised**, updated and developed. Active work as regards the inclusion of the sections on: detection and diagnosis of tuberculosis in HIV patients using the screening survey and molecular genetic testing methods, peculiarities of the healthcare worker-initiated VCT for TB patients, the instruction on INH chemoprevention for HIV patients and co-trimoxazole-based treatment of TB/HIV patients into the new clinical protocols on TB and TB/HIV has been carried out. It is the first time ever that the issues on organization of TB/HIV patients' management at the different levels of healthcare have been introduced into the clinical protocol.
- 3. The improvement of the national monitoring and evaluation system** for implementation of joint actions in response to TB/HIV is still underway. In order to control and limit the spread of TB/HIV co-infection in Ukraine the trainings "On Providing for an Effective TB/HIV Co-infection M&E System: Record Keeping and Reporting, Cooperation of the TB and HIV Services on Data Sharing and Strategic Information Management" were held for the TB/HIV specialists (from organizational and methodological rooms at the tuberculosis clinics, regional M&E centers at the Oblast AIDS Centers). In total, 177 persons have been trained. The work resulted in developing the National Plan on TB/HIV Monitoring and Evaluation, the list of core indicators for TB/HIV monitoring and evaluation, and reviewing of records and reporting forms for both of the services.

3.1.3. The Program "Building a Sustainable System of Comprehensive Services for HIV/AIDS Prevention, Treatment, Care and Support for Most-at-risk Populations and PLHIV in Ukraine" (2012–2016)

Since January 01, 2012, the program "Building a Sustainable System of Comprehensive Services for HIV/AIDS Prevention, Treatment, Care and Support for Most-at-risk Populations and PLHIV in Ukraine" has been implemented with the framework of the Round 10 (2012–2016). The total grant

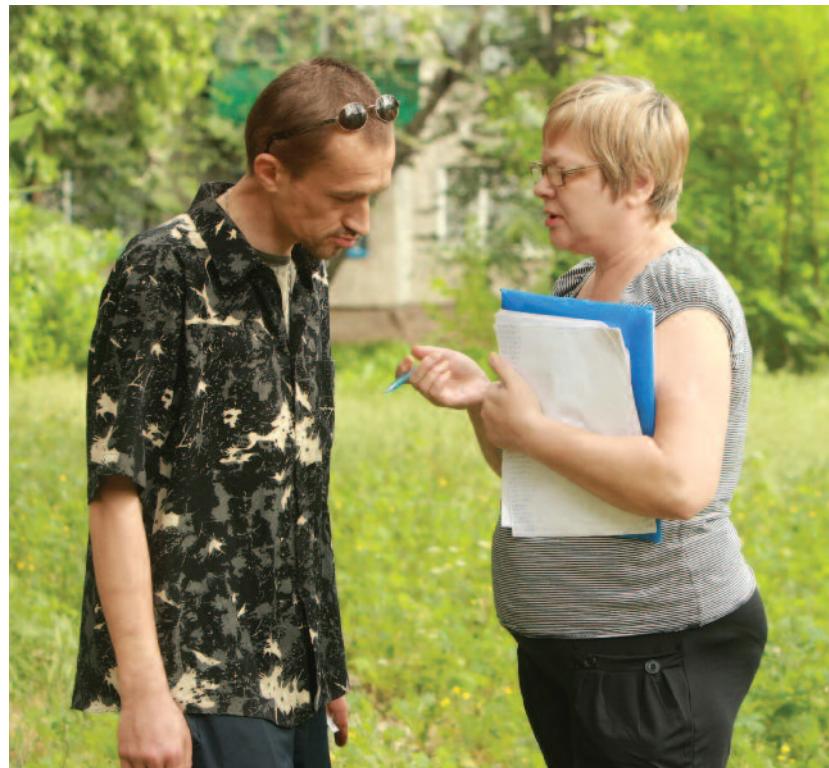
amount for Ukraine is USD 301.7 million. Now, the guaranteed funding from the Global Fund equals to USD 86 million for 2012–2013. Principle recipients in charge of implementing the grant are the Ukrainian AIDS Center under the Ministry of Health of Ukraine, Alliance-Ukraine and the AUCF "All-Ukrainian Network of People Living with HIV/AIDS". The fact that there is a government institution among three principal recipients is indicative of the increasing role and responsibility of the state in response to HIV/AIDS in Ukraine.



Key Program objectives:

1. To scale up and ensure equitable access to comprehensive HIV prevention, treatment, care and support for the most-at-risk populations (MARPs), PLVIH and other people most affected by the HIV epidemic.
2. To strengthen the health systems for sustainable solutions for the MARPs, PLHIV and other people most affected by the HIV epidemic.
3. To strengthen community systems that enable needs-based and cost-effective interventions for the MARPs, PLVIH and other people most affected by the HIV epidemic..

It is expected that in the course of implementation of the large scale prevention programs for the most vulnerable to HIV populations the annual coverage will reach 191,000 IDUs, more than 22 SWs and 37,000 MSM; 70% out of the total number of people in need of the SMT will have a continuing access to the therapy for no less than 6 months; the number of partners of injecting drug users reached by HIV/ AIDS prevention programs will be 12,500 people per annum.



Key Achievements in 2012

Prevention services were provided in 27 oblasts, the Autonomous Republic of Crimea and in the cities of Kyiv and Sevastopol. 76 organizations carried out prevention work among injecting drug users (IDUs), including 40 – among sex workers (SWs), 18 – for men who have sex with men (MSM). 17 NGOs and 164 government institutions implemented street children programs. As of the end of 2012, 149 sites in 27 regions of Ukraine were providing the SMT.

Most performance indicators, including 10 key indicators under the Global Fund classification, as of December 31, 2012, were fulfilled. Over August – December, 2012, within the framework of the Round 10 a significant number of vulnerable population representatives was covered: 137,204 IDUs, 22,978 SWs, 13,123 MSM and 3,005 IDUs' partners. In 2012, also within the framework of the GF Round 10, 26,830 street children were reached, including 16,838 of those enrolled into activities on HIV prevention in social institutions for children, 1,390 pupils – in boarding schools. NGOs' services were provided to 8,602 adolescents.

Over August – December 2012, the number of HIV voluntary counseling and testing (VCT) sessions carried out equaled 48,873. In the second part of 2012, the number of STI diagnosis and treatment services among the most-at-risk populations amounted to 5,235. During the mentioned period, the number of SMT clients under the Round 10 Program increased by 245 persons (from 7,094 patients as of July 31, 2012, up to 7,339 as of December 31, 2012). The target of the 2nd period of the Global Fund Round 10 Program as to the number of SMT clients was reached by 84%. In the 4th quarter of 2012, all necessary organizational arrangements as to scaling up access to the integrated services for additional 2,069 SMT clients starting from March 1, 2013, were carried out with the number of the integrated care centers (ICC) increased by 36 (from 45 to 81). The system of referrals from prevention projects to the SMT for the clients willing to enroll in the therapy was elaborated to enhance the relevant process.

3.2. The Project “Advocacy Initiatives to Strengthen HIV/AIDS Response in Ukraine” with the Financial Support of the Levi Strauss Foundation

Alliance Ukraine, with the support of Levi-Strauss Foundation, took part in resolving the most urgent issues of the national HIV epidemic response, carrying out advocacy for supportive legal, political and social environment in order to spread HIV prevention practices and reduce HIV-related stigma and discrimination in Ukraine.

Within the framework of the Project Alliance Ukraine had successfully carried out the following activities:

- public events were held on the regional and national level, ensuring wide media coverage of activities and events carried out within the framework of the project;
- the system of HIV counseling and testing by rapid tests was used for general population several times;
- media advocacy and awareness raising on the issues related to LGBT community rights in Ukraine were conducted;
- the participation of the Alliance team in important international events influencing HIV/AIDS response policies was supported.

Established in 1952 by Levi Strauss&Co, the Levi Strauss Foundation has three global giving areas where it seeks to have the most significant impact to alleviate poverty among women and youth. These are: building assets among the unemployed; preventing the spread of HIV/AIDS; and improving the working and living standards of garment workers across the globe. In Ukraine, the Levi Strauss Foundation started its grant making program in the field of HIV/AIDS in 2007.

3.3. The Project “Advocacy of Access to Hepatitis C Virus (HCV) Treatment in HIV-positive People in Ukraine” Supported by the Open Society Foundation (OSF, New York) and the International Renaissance Foundation

From January 1, 2012, till May 31, 2013, the Ukraine was implementing the project “Advocacy of Access to Hepatitis C Virus (HCV) Treatment in HIV-positive People in Ukraine” Supported by the Open Society Foundation (OSF, New York) and the International Renaissance Foundation. Its basis was formed by holding a large-scale mobilization and advocacy campaign “We Demand Treatment!” in all the oblasts of Ukraine and integrating an HCV component into the effective Alliance’s prevention programs supported by the Global Fund.

The project objective is to scale-up access to the diagnosis and treatment of hepatitis C virus in Ukraine.

The main achievements of the project in 2012 are as follows:

- Establishment of the national network of the NGOs (approximately 80 organizations) which started its active advocacy work in the field of HCV in all the oblasts of Ukraine in coordination with the Alliance;
- Holding the nationwide mobilization and advocacy campaign;
- In July–August 2012, testing of the general population almost all over Ukraine was held under this campaign;
- More than 8,000 signatures of Ukrainian citizens were collected to appeal to the President and demand drawing the attention of the State to the problem of uncontrolled spread of HCV in Ukraine, which resulted in the Instruction of the President of Ukraine;
- In partnership with the NGO “Svitlo Nadiyi” (Light of Hope), an agreement was reached with the management of the network of laboratories “Synevo” on the 50% discount for the complete package of tests for HCV clients who were the clients of the NGOs implementing the Alliance’s prevention projects supported by the Global Fund;
- It was agreed with the “Pharmasco LLC” on allocation of free tests for general population testing during the events held under the campaign;
- More than 50 trainings, mini-trainings and lectures for social workers, clients of organizations, physicians and healthcare workers were held, about 20 organizations arranged schools for HCV clients, and the HCV component was included into the curriculum of the advocacy school for the SMT participants;
- Within the framework of the Alliance’s prevention projects, the HBV vaccination and regular HCV and HBV rapid testing were carried out for the representatives of vulnerable populations. A database was created and every quarter the data on results of the HCV and HBV tests in the clients of organizations who represent the vulnerable populations are entered;
- The Alliance–Ukraine initiated and became an active participant to the international campaign on inclusion of pegylated interferon into the WHO Essential Medicines List;
- An agreement with the Global Fund was reached on financing the pilot projects on HCV treatment of the SMT clients living with HIV/HCV co-infection subject to co-financing by oblast budgets.

Today, the programs on treatment and protection of the population from hepatitis are being implemented in the oblasts of Dnipropetrovsk, Rivne, Kherson, Mykolayiv, Poltava, Zakarpattia and Sumy. The campaign contributed to the fact that, for the first time ever, the State Budget for 2013 allocated UAH 20 mln. for treatment of HCV clients. In December 2012, the President of Ukraine instructed the Government to take measures on aversion of the spread of epidemics of TB, HIV/AIDS and viral hepatitides.



3.4. The Project “M&E-related Technical Assistance and Improved Data Application in HIV” (METIDA) Supported by the Centers for Disease Control and Prevention (CDC) under the United States President’s Emergency Plan for AIDS Relief (PEPFAR)

On September 30, 2012, the Alliance–Ukraine started the five-year Project “M&E-related Technical Assistance and Improved Data Application in HIV” (METIDA Project) funded by the Centers for Disease Control and Prevention (CDC) under the United States President’s Emergency Plan for AIDS Relief (PEPFAR). The total grant amount for 5 years constitutes approximately USD 4 million.

The Project goal is to improve HIV/AIDS-related evidence-based decision-making in Ukraine by means of strengthening collaboration among key partners, building M&E capacity of professional staff, decision makers. An important focus is to be made on working with data that are already collected in Ukraine, their quality, analysis and use for decision making. Also, a number of researches aimed at covering strategic information gaps will be supported within the framework of the Project.



Strategic Partner Organizations:

- the State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases;
- the SI “Ukrainian Center for Socially Dangerous Disease Control of the MoH of Ukraine”;
- the WHO Collaborating Center for HIV Surveillance (Croatia).

To fulfill the project tasks, it is planned to involve the capacity of key national partners, regional AIDS centers and M&E centers, interregional knowledge hubs, academia and research institutions.

As of the end of 2012, the following activities had been started:

- Assessment of the National HIV Response M&E System as regards the use of strategic information for decision making at the national, regional and local levels in partnership with the WHO Collaborating Center for Capacity Building in HIV Surveillance (Croatia) and the University of California (UCSF, US).
- A series of trainings on the use of Excel to work with data for specialists of regional M&E Centers.

3.5. The Project “Expanding Medication Assisted Therapy (MAT) in Ukraine”

In October 2012, the Alliance–Ukraine started implementing the new research project “**Expanding Medication Assisted Therapy (MAT) in Ukraine**” within the framework of its unique partnership with the Yale University School of Medicine (US), and the Ukrainian Institute of Public Health and Policy. This 5-year research project aims to identify barriers to the MAT, introduce evidence-based interventions to promote a sustainable MAT scale-up, as well as innovatively introduce a new form of the MAT, extended release naltrexone. The project reflects the Alliance’s mission to disseminate effective approaches to HIV prevention and care, as well as strengthens the research capacity of the organization.

The project is funded under the agreement with the Yale University through the National Institute on Drug Abuse (NIDA), National Institutes of Health, Department of Health and Human Services (US). The approved Alliance’s budget amounts to approximately USD 1,125,000, while the first program year budget reached USD 225,904.

The project is to be implemented in five oblast centers, namely in Donetsk, Kyiv, Lviv, Mykolayiv and Odesa

The key objectives of the project are as follows:

- Investigation of the main factors that facilitate or hinder access and retention in the programs of medication-assisted treatment (MAT) for opioid drug users in Ukraine. Within the framework of this objective a formative research will be carried out (collection of qualitative data with focus-groups and in-depth interviews) at the level of clients and at the level of programs for further development of a structured questionnaire to determine the spread of identified factors among the MAT clients in Ukraine.
- MAT scale-up and regional capacity development using the Network for the Improvement of Addiction Treatment (NIATx) model and the rapid-cycle change model. The evaluation of enrolment and retention in the MAT programs will be carried out before and after the implementation of the NIATx rapid-cycle change model.
- Piloting and creation of a new model of care delivery by using the extended release naltrexone to scale-up access to the MAT for the HIV-positive IDUs, in particular. Extended release naltrexone is a new and safe non-narcotic MAT drug administered once a month; it does not require putting on outpatient medical records and is distributed at licensed centers only.

It is planned that within the framework of the project there will be annual meetings of stakeholders and partner organizations, such as the State Service of Ukraine on Drugs Control, Department for Drug Trafficking Control of the MIA of Ukraine, SI “Ukrainian Center for Socially Dangerous Disease Control of the MoH of Ukraine”, SI “L.V. Hromashevskyi Institute for Epidemiology and Infectious Diseases of the AMS of Ukraine”, USAID, UNODC, CDC, WHO, Clinton Foundation, drug treatment specialists, NGO representatives, and the Ukrainian Association of SMT Participants.

3.6. The Project “Broader Introduction of Effective HIV Prevention Strategies Targeting Populations at Most Risk in the ENPI-East Region” Funded by the European Union

In January 2012, the Alliance–Ukraine started implementing the regional Project “Broader Introduction of Effective HIV Prevention Strategies Targeting Populations at Most Risk in the ENPI-East Region” in partnership with civil society organizations that work in the field of advocacy and prevention of HIV among vulnerable populations in seven countries of Eastern Europe (Belarus, Moldova, Russia and Ukraine) and South Caucasus (Armenia, Azerbaijan, Georgia): “Gender ve Tereqqi” Maariflendirme I.B. (Azerbaijan), NGO “We For Civil Equality” (Armenia), Republican Youth Association “Vstrecha” (Belarus), Public Association “Positive Movement” (Belarus), Georgian Harm Reduction Network (Georgia), Center for Information and Counseling on Reproductive Health “Tanadgoma” (Georgia), The Soros Foundation – Moldova (Moldova), Non-Profit Partnership “ESVERO” (Russia).

This project is supported by the European Union under the thematic program “Investing in People – Good Health for All”. The total EU funding for the program implementation is EUR 998,602. During the first budget year, EUR 338,918 were disbursed.

The main goal of the project is to collect data on best national and international practices of work with HIV most vulnerable communities and to summarize those in the comprehensive Service Packages necessary for each of the target populations separately (IDUs, SWs, MSM). In the future, these Service Packages will be used as a tool for coordination for the government and civil society organizations work to raise sustainability of the national response to the epidemic of HIV/AIDS. The Service Package will include preventive, as well as treatment, care and support services.

Project tasks:

- To increase the understanding and acceptance of evidence-based HIV prevention interventions in vulnerable populations.
- To facilitate a consensus among the civil society organizations, as well as a wide range of stakeholders in countries of Eastern Europe and South Caucasus regarding a package of services for vulnerable communities which is needed in each of the countries.
- To deliver in a systemic manner technical support required to introduce comprehensive HIV prevention, care and support interventions at the country level.
- To develop and implement a series of advocacy activities aimed at developing cooperation with bilateral and international institutions, academic entities and organizations of communities.

For the purpose of fulfilling the planned tasks, all the implementing countries are expected to witness assessment of the services for vulnerable populations, collection of information on best HIV/AIDS response practices nationally and worldwide, development of the Service Standards for each of the vulnerable populations (IDUs, SWs, MSM), holding of national meetings and other events on experience sharing and promotion of the Service Packages for the vulnerable populations which can become a basis for planning and implementation of arrangements in response to the epidemic. Also, it is planned to provide technical support to partner and key organizations that deliver the services to the vulnerable populations, hold advocacy schools for activists and representatives of the vulnerable populations, as well as Service Packages advocacy campaigns at all the national, online support for leaders of the vulnerable populations (including law advisory activities) and other events.

During 2012, assessment and mapping of existing services for the most-at-risk populations and their accessibility, quality and sustainability were conducted in the seven implementing countries. Assessment findings were discussed and agreed at national meetings attended by representatives of government, international and civil society organizations. The discussions were held in all the seven countries. The findings will be presented at the International Harm Reduction Conference in Vilnius (Lithuania). Furthermore, advocacy plans and technical support plans were developed for each of the countries. In September 2012, the regional advocacy school was held under the project for representatives and activists of the MSM community. The event participants acquired skills in planning advocacy actions, analyzed the current advocacy experience in the project member countries, discussed key advocacy techniques and developed advocacy plans on the issues concerned for the coming year.

3.7. The Project “Community Action on Harm Reduction” (CAHR) in India, Indonesia, Kenya, China and Malaysia

In 2012, the International HIV/AIDS Alliance’s (UK) project “Community Action on Harm Reduction” funded by the Dutch Government was developing in a pro-active manner under the leadership of the Alliance-Ukraine and was providing the harm reduction services in 60 sites in India, Indonesia, Kenya, China and Malaysia. As of January 1, 2013, it had covered almost 100,000 people facing the problem of drug use in their relatives and fellows, including nearly 20,000 injecting drug users as such (Chart 2).



Chart 2. Number of IDUs Reached under the CAHR Project

In 2012, one of the most important attainments was initiation of the syringe exchange programs in Kenya where there had been no such programs at the time of project launching. Despite local impediments and national bodies' protracted in initiation of the program, four implementing partners from the eastern coast of Kenya managed to start exchanging syringes in December 2012. This became possible owing to robust technical support provided by the Alliance-Ukraine and international partners, well-motivated national non-governmental organizations and national partner CANCO, awareness of the critical situation with the HIV prevalence rate at 40% in Kenyan drug users (as compared to 10% in the general population).

During the year, the Alliance-Ukraine's regional technical support center provided the project partners with sound technical support on employment of the drug users, development of public awareness materials on harm reduction, poly-drug and stimulant use, prison-based prevention activities, outreach work in drug users, techniques of behavior changes to safer ones, holding of operational surveys, piloting of peer-driven interventions.

A special focus was given to the issues of program record keeping and data analysis. So, in Kenya, Malaysia and India the SyrEx data base developed by the Alliance-Ukraine was introduced to provide for record keeping on the services delivered by the project and on the clients. This enabled automation of reporting and analysis, and unification of reporting for several donors at the level of implementing organizations.

The entire year 2012 was marked with the advocacy work on de-criminalization of drug use and improvement of access to the harm reduction services for the drug users. The international project implementation partners, namely the International Drug Policy Consortium, International Harm Reduction Development Program, International Network of People who Use Drugs, initiated the campaign "Support. Don't Punish" to advocate for accessibility of the services and reduction of criminalization of the drug users in the project countries.

In November 2012, the delegation led by Dr. Neeraj Dhingra, Deputy Director General, Targeted Intervention Division, National AIDS Control Organization, Indian Ministry of Health & Family made a familiarization visit to the Alliance-Ukraine. The Indian counterparts were impressed with achievements of the Ukrainian civic sector in the response to HIV.

Findings of the assessment of situation in the project countries, advocacy work, and attainments in India and Kenya were presented at a session of the International AIDS Conference in Washington, DC.

The Alliance-Ukraine's role in the project implementation has been highly appraised by the donor, Dutch Ministry of Foreign Affairs, which in its letter dated November 9, 2012, noted: "...we acknowledged the central role of the Alliance-Ukraine in the CAHR [Community Action on Harm Reduction]."





3.8. Technical and Methodological Support for the Response to the Epidemic of HIV in Eastern Europe and Central Asia

“Signs of a Hidden HIV Epidemic: Men Having Sex with Men in Eastern European Countries” – a project within the framework of USAID AIDSTAR Two (2009–2013)

The project “Signs of a Hidden HIV Epidemic: Men Having Sex with Men in Eastern European Countries” is being implemented by the Regional Technical Support Hub for Eastern Europe and Central Asia of the Alliance–Ukraine under coordination of Management Sciences for Health (MSH), International HIV/AIDS Alliance (Great Britain), within the framework of AIDSTAR Two Initiative supported by the United States Agency for International Development.

The project is aimed to hold assessment and highlight the epidemic situation among MSM in seven countries of the Eastern Europe, development of the regional prevention services package for MSM in the region, as well as provision of technical assistance to the civil society organizations in the Eastern European countries on the matters of service models documentation.

In 2009–2010 the assessment of epidemic situation, existing research data and programs implemented for MSM in the region was conducted and published. The Regional Prevention, Care and Support Services Package for men having sex with men, and lesbians, gay men, bisexuals and transgender people was developed by the expert group for the Eastern Europe region in 2011. The draft document was discussed during the expert groups on MSM services development in 7 countries of the region.

In 2012 the project commenced developing the adapted regional toolkit for the assessment of the Services Package cost, monitoring, evaluation and quality assurance of the comprehensive services for MSM.

Moreover, three NGOs were selected within the framework of the project which provide services for MSM in three countries of South Caucasus (Armenia, Azerbaijan, Georgia) for the documentation of medical and social services provision process, best practices recording for further spread of the achievements and efficient approaches to the Services Package implementation across the region, as well as further advocacy of the comprehensive approach implementation to MSM services planning and provision. In the 1-st quarter of 2013 these selected organizations will obtain comprehensive technical assistance in the implementation of programs for MSM and transgender people.





4. The Role of ICF “International HIV/AIDS Alliance in Ukraine” in the National Response to the HIV/AIDS Epidemic in Ukraine

4.1. The Contribution of ICF “International HIV/AIDS Alliance in Ukraine” in Implementation of the National HIV/AIDS Program

The Alliance-Ukraine is a co-implementing agency under the National Program on Prevention of HIV, Treatment, Care and Support of People Living with HIV and AIDS, as approved by the Law of Ukraine No. 1026-VI of February 19, 2009.

According to the National Program, the ICF “International HIV/AIDS Alliance in Ukraine” is responsible for 10 activity areas related to HIV prevention in vulnerable populations, as well as to ensuring free access to HIV counseling and free testing for different populations; and is responsible for the organization of training for specialists of the Centers of Social Services for Family, Children and Youth on issues of prevention and social support. The key results of these tasks being implemented by Alliance Ukraine by key program indicators are presented in the table below.

It is important to note that the Alliance–Ukraine has fully met its commitments to achieve its share of the national program indicators within the funding provided by the Global Fund as a grant under its Rounds 6 and 9, and by other donors. Yet, due to the lack of funding, or underfunding from the state budget and insufficient support from government authorities, some country level indicators for which partner organizations from the government sector are also responsible fell short of the target. In particular it is related to the indicator “Number of people who receive the substitution maintenance therapy”.

4.2. Policy and Advocacy at the National Level

Protection of Rights of the Vulnerable Populations

Throughout the year 2012, the Alliance made pro-active efforts aimed at protecting rights of the vulnerable populations. On April 25 press-conference was held in connection with ever more frequent cases of violence and forging of criminal cases against sex workers by the police in the eve of Euro-2012. Three female sex workers were invited to participate in the conference and had to cover their faces under masks, as they were afraid of revenge by the corrupted police officers.

On July 18, 2012, the Alliance jointly with the ACO “Gay–Forum of Ukraine” organized the press-conference dedicated to announcing “LGBT-friendly public figure” and “Homophobe of the year” ratings. The event was aimed not only at the said ratings, but also attempted to attract the attention to the existing problems faced by the LGBT community representatives in Ukraine, which makes the implementation process of the prevention programs for MSM more difficult.

On October 5, 2012, the Alliance make a stand against the scandalous law draft No. 8711 which was passed by the Parliament in the first reading. An urgent press-conference was held on this matter. In its course the Alliance–Ukraine, Council of LGBT–organizations of Ukraine, Amnesty International in Ukraine and the UNAIDS Country Office in Ukraine called for the authorities to comply with the international commitments made and immediately revoke the draft law No. 8711 which threatens the human rights of LGBT people in Ukraine. A massive media campaign and interference of international organizations and human rights groups contributed to postponement of the second reading of the law draft.

Advocacy of De-criminalization of the IDUs in Ukraine Using the Current International Mechanisms for Human Rights Protection under the Auspices of the UN

In August 2012, the Alliance jointly with the Canadian HIV/AIDS Legal Network and the Eurasian Harm Reduction Network appealed to the UN Human Rights Committee, referring to problems of the excessive of criminalization against the IDUs in the wake of the adopted tables on drug amounts (as approved by the MoH Order No. 634 of 2010) and problems with restricted access to the SMT as a consequence of the adopted MoH Order No. 200 of March 27, 2012, etc.

At the 106th session of the Committee, held in Geneva on November 2, 2012, Pavlo Skala, Alliance's Senior Program Manager: Policy and Advocacy, made a presentation and covered the main problems and aftermaths of the adopted changes to the tables on drug amounts (as per the MoH Order No. 634 of 2010). As a result, the list of issues was passed to include pertinent problems of violation of LGBT's rights in Ukraine and homophobic law initiatives of the Ukrainian Parliament, as highlighted in the appeal the Committee by the civil society organizations concerned.

By May–June 2013, Ukraine has to submit official explanations on the issues raised to the UN Human Rights Committee. Proceeding from them, the Committee will draw up final conclusions and recommendations for Ukraine. The Alliance together with its partners will monitor and respond to explanations to be submitted by the State.

Also, relevant documents and decisions/recommendations of the UN Committee will be used by the Alliance as weighty arguments and evidences in the litigation against the MoH of Ukraine regarding illegitimacy of specific provisions of the MoH Order No. 634 of 2010.

Events under the All-Ukrainian Campaign “We Demand Treatment!”

In 2012, the Alliance supported by the International Renaissance Foundation initiated the All-Ukrainian campaign “We Demand Treatment!” Its main focus is to call for the Government of Ukraine to publish reliable statistical information on hepatitis C prevalence and incidence rates, to recognize viral hepatitis C epidemic in the country, to approve the National Program in Response to Viral Hepatitis, develop and approve of the viral hepatitis treatment protocol compliant with the international standards, ensure public procurement of high quality and safe medicines, taking actions to decrease the medicines price by at least 50%. The campaign engaged 47 partnering NGOs in different regions of Ukraine.

On July 27–30, in Kyiv and 36 cities of Ukraine information and prevention events dedicated to the World Hepatitis Day were held. During the events, everybody willing could pass free rapid testing for hepatitis and obtain a practical advice on prevention, get to know more on the diagnostics and treatment of viral hepatitides. The campaign included press-conferences, public events, flash mobs, and projects on development of a tolerant attitude to marginalized groups under the “Living Library” approach. All over Ukraine approximately 3,000 people got tested for hepatitis B and C within the framework of this campaign. More than 6,000 citizens endorsed the key demands of the campaign by undersigning the appeal to the President of Ukraine. On September 13, 2012, the Alliance furnished the said appeal to Yuriy Pavlenko, Ombudsman for Children under the President of Ukraine, who confirmed the urgent need in passing of the national action program in response to hepatitides and tuberculosis.

On December 18 – 26, 2012, the series of public events were held under the slogan “Patients with hepatitis C can rely only on St. Nicholas!” in the majority of the oblasts of Ukraine. They were aimed to attract the attention of the authorities at the national and oblast/local level to the necessity of resolving the problem of viral hepatitis C epidemic spread in Ukraine. In 24 cities of Ukraine street events, press conferences and roundtables were conducted involving the representatives of the local authorities, NGOs, mass media, doctors and patients. The said succeeded in initiating the discussion of the viral hepatitis C problem in Ukraine and receiving official responses from the oblast state administrations with respect to the current situation and the plans on development and approval of the programs of combating the viral hepatitis spread at the national and oblast/local levels and provision of funding for viral hepatitis C diagnostics and treatment in 2013.

On December 26, the Alliance–Ukraine jointly with partner non-governmental organizations and patients had showcased the final event in the folk holiday style, the performance “Vasyl, Malanka and the Goat Demand Hepatitis C Treatment” near the Ministry of Health of Ukraine. This was a reminder for the Government of Ukraine about the necessity to immediately resolve the problem of the unconstrained viral hepatitis C spread among the general population.



4.3. Advocating Interests of Populations Vulnerable to HIV at the Regional Level

Advocacy as an Effective Tool of Reforming the Drug Policy (experience of the Charitable Association "Svitlo Nadiyi" [Light of Hope])

As of now, 5 integrated care centers (ICCs) for drug users operate in the oblast of Poltava, namely in the cities of Poltava, Kremenchug, Lubny and Komsomolsk. The centers' services are used by more than 400 target population representatives. All in all, 460 clients are treated at 8 SMT program sites that are active in Poltava and rayon centers of the oblast.

Until recently, most of these services operated exclusively owing to international donors' support through grants for non-governmental organizations. However, as our experience shows, quite a different approach is possible subject to an active position of the civil society representatives.

Things deemed unattainable have become real. For the first time ever, in Ukraine the harm reduction programs, including the substitution maintenance therapy, have started receiving funding out of the oblast budget. The first region where changes in the local drug policy have been reached is the Poltava oblast. Given the fact that the policy and means of its implementation are reflected in programs that are adopted by the local executive authorities, the Oblast Targeted Program on Counteracting the Spread of Drug Use, Fighting against Illegal Drug Trafficking, Psychotropic Substances and Precursors for 2012–2015 passed by the oblast council session can be acknowledged a milestone event. This is the first case when a program developed by NGO professionals together with the drug service has been both endorsed and financed with "real" funds out of the oblast budget.

The program activities are compliant with the modern international standards and cover three strategic areas: demand reduction, supply reduction and harm reduction. For each of the selected strategies some funding is planned, particularly for work in the field of harm reduction it is planned to allocate UAH 4.2 mln. out of the oblast budget, while the total program budget equals UAH 10.52 mln. These funds will provide for functioning of 4 syringe exchange points, outreach work and activities of "community centers" for injecting drug users in Poltava, Kremenchug, Lubny. Furthermore, 2 more SMT program sites in the small cities of Zinkiv and Kobeliaky (Poltava oblast) will be set up under this initiative in addition to 6 already operating ones.

An important step to confirm that the program will be effective has been procurement of locally produced “Buprenorphine” starting from September, 2012. Under the SMT program out of the oblast budget 5 extra slots have been added to already existing 32. It is planned that next year, thanks to the budget-funded procurement of the medication, the number of program slots will be increased up to 50 clients which will amount to almost 50% of the total number of the SMT program participants in the Poltava oblast.

As the case of the “Svitlo Nadiyi” charitable organization activists who initiated these innovations shows, despite impediments, representatives of the civil society can and should impact the situation in the field of drug policy and HIV-service. Different “tools” have been used to achieve the said outcome. Firstly, this is an active position at the meeting of the Coordinating Council on HIV/AIDS, which enabled spelling out the concept and program actions together with the healthcare professionals. The harm reduction area emerged in the program thanks to the very NGO experts. Secondly, it was necessary to follow up the program draft in course of further clearances, providing a rationale for the need in this approach, and, finally, to convince the oblast council deputies in course of hearings at the deputies’ panels.

Given the afore-said, we cannot but hope that our authorities will realize the need in such programs, ensure their required funding, and that the announced activities in response to the epidemic of HIV/AIDS in Ukraine won’t become just another loud statement without any substantiation. Under such outlook, the NGO representatives will not only count on competitions and grants of foreign donors, but also demand funding of their activities at the state level. Only in this case we will be able to change the situation for the better by joint efforts.

4.4. Cooperation with Public Authorities

In 2012, the Alliance-Ukraine continued close cooperation with the Ministry of Social Policy of Ukraine as to the support of the draft Standards on Social Services (for counseling and prevention). In pursuance of the social initiatives of the President, the social services standards are being prepared for all segments of the population with the purpose of their further implementation through the social services public contracting system. As negotiated with the Ministry of Social Policy, the Alliance agreed to partially reimburse counselors’ work on the development of three standards on social prevention, representation and counseling.

- On May 16–18, 2012, in cooperation with the Ministry of Social Policy, the Alliance-Ukraine held a workshop on social work among the injecting drug users, vulnerable adolescents and youth as to HIV and other socially dangerous diseases for 27 directors of regional centers of the Social Services for Family, Children and Youth (24 oblasts, AR Crimea, the cities of Kyiv and Sevastopol). Lidiya Drozdova, Deputy Minister of Social Policy, and other representatives of the Ministry participated in the workshop.
- During August–November 2012, three meetings on interaction and format of drafting the social services standards were held.
- The drafting involved the counselors recommended by the partnering organizations (UNICEF, International Renaissance Foundation, All-Ukrainian public movement “VOLUNTEER”).

At present, the draft standards are under development.

At the end of 2012, the Ministry of Social Policy received letters (addressed to the Minister) containing a number of issues associated with further activities of the Ministry and entities subordinated to it as regards the responsibility for funding, arrangement and provision of services for the populations that are vulnerable to HIV (IDUs and SWs). The Ministry replied to those letters (ref. No.

13693/0/14–12/57 of December 25, 2012, and ref. No. 27/0/14–13/57 of January 11, 2013), stating that the Statutory Documents of the Ministry of the Social Policy of Ukraine did not stipulate any functions to carry out activities on responding to HIV and other socially dangerous diseases and, thus, the Ministry could not perform the above functions. This fact will have an impact on the initial structure of the subgrantees of the Round 10 Program, since under the current circumstances the Alliance won't give any grants to the Ministry of Social Policy.

4.5. Coordination and Cross-sectoral Interaction at the Regional Level

Back in 2003, the ICF “International HIV/AIDS Alliance in Ukraine” decided to introduce positions of regional coordinators in seven regions which at that time were most severely affected by HIV/AIDS, i.e. the oblasts of Donetsk, Dnipropetrovsk, Mykolayiv, Odesa, Kherson, the AR of Crimea and the city of Sevastopol. It was necessary to develop a non-governmental sector in these regions, to help the HIV-service NGOs arrange the work of prevention programs and coordinate activities. Subsequently, positions of regional coordinators were introduced in Cherkasy Oblast (2005), in the city of Kyiv and Kyiv oblast (2006), in Chernihiv oblast (2009), and in the oblasts of Lviv, Ternopil, Ivano-Frankivsk, Kharkiv and Luhansk (since November, 2011).

Activities of regional coordinators are aimed at establishing cross-sectoral collaboration and co-operation of Alliance-Ukraine's partnering organizations with government institutions and other non-governmental and international organizations on the deployment and support of harm reduction programs, implementation of SMT and ART, prevention and treatment of TB, STIs, viral hepatitis, which helps the local NGOs implement prevention programs for vulnerable populations that are directly administered by the ICF “International HIV/AIDS Alliance in Ukraine” in the regions.

12 regional coordinators (RCs) keep on working in 13 regions of Ukraine, fulfilling their main tasks: coordination and technical assistance to civil society organizations, public awareness events, participation in the work of regional coordinating councils on HIV/AIDS, TB, drug dependence and their working groups, advocacy of vulnerable populations' interests, provision of treatment of viral hepatitis; organization and holding of public awareness events, press-conference; informing the ICF “International HIV/AIDS Alliance in Ukraine” on events in the region, and assistance in organizing region visits of leaders and representatives of the Global Fund, USAID, journalists from the international scientific media, members of the State Committee of Socially Dangerous Diseases and HIV/AIDS, the Ukrainian AIDS Center, and other stakeholders.

During 2012, the RCs held 95 working meetings of the partnering NGOs, including those involving representatives of government services, healthcare settings and partners in implementation of regional programs on prevention and treatment of HIV/AIDS, TB and STIs. There issues of cross-sectoral interaction, client referrals, access of vulnerable populations to the ART and scale-up of SMT sites were discussed.

The RCs are members of Oblast, City/Republican Coordinating Councils on HIV/AIDS, TB (hereinafter referred to as the “Coordinating Councils”), Drug Dependence and their working groups. Three RCs hold positions of deputy heads of Coordinating Councils, i.e. at the Crimean Republican, Odesa Oblast and Sevastopol City Councils.

During the year 2012, the RCs participated in 63 meetings of the regional Coordinating Councils, where they reported and brought up for discussion more than 56 issues and in particular:

- Consideration of the findings of the survey “Evaluation of the Number of the Populations that Are Vulnerable to HIV (injecting drug users; sex workers; men having sex with men) in the Regions”

held in 2011 and approval of the estimated number of the populations that are vulnerable to HIV at the level of regions (approved in all regions);

- Scale-up of the SMT programs and introduction of the integrated care for SMT patients at the healthcare and prevention settings, and launching of new sites (Mykolayiv, Kherson, Sevastopol);
- The state of rapid testing for HIV/STI, viral hepatitides (including hepatitis C) in the vulnerable populations;
- Establishment of cooperation between the tuberculosis service and NGOs as to the clinical outpatient examination of representatives of vulnerable population for TB, as well as the state and prospects of prevention work with children and youth from the vulnerable populations (Sevastopol, Crimea, Dnipropetrovsk, Donetsk and Kyiv oblasts);
- Signing of the Memoranda of Cooperation and Understanding between the ICF “International HIV/AIDS Alliance in Ukraine” and state administrations (Lviv, Kharkiv, Cherkasy, Mykolayiv, Sevastopol, Kyiv and Donetsk).

During the year, the Coordinating Councils (at the oblast and rayon levels) were expanded with the NGO representatives who work in the regions with support of the Alliance (Kyiv and Cherkasy oblasts). Moreover, in 2012, the Kyiv and Kharkiv Coordinating Councils included the Alliance-Ukraine’s regional coordinators. Following a proposal by the RC, the oblast free-lance infectious disease specialist was introduced to the Cherkasy Oblast Coordinating Council.

In 2012, the RC contributed to resumption of operations of the Kyiv Oblast Coordinating Council, approval of the regulation on setting up a cross-sectoral working group, and its membership, including representatives of the Alliance-Ukraine’s grantees.

Besides, during the year, the RCs participated in 89 meetings of the working groups at the Coordinating Council (on cross-sectoral activities, monitoring and evaluation, SMT, etc.). In course of their activities, the working issues were considered and documents for consideration of the Coordinating Council were prepared. This included the 2013 action plans for oblast, city and Crimean coordinating councils on the issues of advocacy of viral hepatitis prevention, advocacy solutions on the availability of TB diagnosis and treatment services for representatives of the vulnerable populations.

With the participation and on the initiative of the RCs, the issue of introduction of the social services contracting mechanism was investigated (Mykolayiv, Dnipropetrovsk, Cherkasy, Sevastopol, Odesa). As a result, the social services contracting has been implemented in the Mykolayiv oblast, while in the city of Cherkasy it is being implemented. During this year, there were meetings and advocacy work with representatives of the state administrations, members of specialized committees on social and human development issues and members of city/oblast rayon councils. They were dedicated to discussion and resolution of the issues on funding of the priority actions in response to HIV/AIDS/TB out of the city budget, on providing premises for NGOs’ activities, on involving the community into solving the relevant social problems, on expanding service delivery sites for representatives of the populations that are vulnerable to HIV.

The Sevastopol city budget allocated over UAH 300,000.00 for implementation of the program of HIV treatment, care and support regional activities for people living with HIV and AIDS for 2012–2013. As a result of the events held in the Donetsk oblast, UAH 400,000.00 were provided for the oblast social and economic development program for 2013 (under the “Health Care” section).

The regional coordinators participated in arrangement and holding of large-scale regional prevention events:

- “Safe Life” to distribute condoms and information materials at the railway stations (Kharkiv, Dnipropetrovsk, Lviv, Kyiv; November–December, 2012);
- “Need of treatment” to advocate for viral hepatitis treatment (in all the regions; July 2012) and “Patients with hepatitis C can rely only on St. Nicholas!” (December, 2012).



In Dnipropetrovsk, due to the conducted events and subsequent to the round-table meeting on viral hepatitis C problems and activities of the volunteers on the issues of submitting applications and queuing for HCV treatment, the Oblast Council allocated UAH 10.5 mln. from the oblast budget for HCV treatment in 2013–2015. Thus, the oblast program “Health of the Nation” was correspondingly amended.

In Cherkasy the RC assisted in drawing-up of applications from representatives of different communities for HCV prevention and treatment, and in submission of their copies to healthcare institutions, brought up this issue for discussion at the meeting of cross-sectoral working group and Oblast and Rayon Coordinating Councils. Jointly with the partnering organizations the RCs arranged and held events dedicated to the International Memorial Day of People Who Died from AIDS “Time to Act Together!” (in all regions; May 2012) and the World AIDS Day “Caring People Are Wearing a Red Ribbon”, participated in press-conferences and round-tables (in all regions; December 2012).

During 2012, activities of the regional coordinators were focused on building effective cross-sectoral cooperation and arrangement of joint activities of non-governmental organizations, municipal and government entities in the field of prevention of HIV/AIDS and TB.

In Sevastopol joint planning of work by civil HIV-service organizations and regional healthcare institutions (AIDS center, sexual health clinic, TB clinic, mental health center, Centers of Social Services For Family, Children and Youth, and internal affairs department) made it possible:

- to meet target regional indicators,
- to extend the range of services for clients,
- to introduce the hepatitis vaccination program for vulnerable populations together with the city infectious diseases clinic,
- to develop a package of prevention services for street children together with Centers of Social Services For Family, Children and Youth;
- to integrate rapid testing for HIV in the existing VCT system of the city.

Collaboration in the Kharkiv oblast contributed to the following results:

- Improved collaboration between the NGOs and the Department for Drug Trafficking Control in the city of Kharkiv and the developed draft Memorandum of Cooperation between the subgrantees and Oblast Department for Drug Trafficking Control.
- A mechanism elaborated and implemented for referrals of clients to services exclusively by one NGO within the framework of the corresponding IDU-project in order to avoid cases of client “duplication”.
- A positively addressed issue on involvement of clients from other TB inpatient facilities to the SMT site located at the Oblast Tuberculosis Treatment Clinic No. 1.
- Resolved issues of implementation of the projects for “street children” as regards the geography of collaboration, methods and forms of work.

The following achievements worth being singled out in the Kyiv oblast:

- By the end of 2012, the geography of activities of the prevention programs had been expanded. Now, they cover 12 oblast inhabited localities and, thus, more than 60% of the estimated number of the IDUs was reached in the region.
- The Agreement on Cooperation between the Main Healthcare Department of the Oblast State Administration and the Alliance-Ukraine was signed and specified contributions of the Parties.

In Donetsk oblast the SMT program services were expanded and the new site was launched at the Donetsk City Psychoneurological Hospital No. 2 hosting the inpatient department for treatment of patients living with HIV/AIDS. Launching of this site provided HIV-positive persons with the uninterrupted SMT and treatment of opportunistic infections.

As a result of implementation of the project on scaling up access of most-at-risk populations to counseling and testing for HIV and STI diagnosis and treatment, the multidisciplinary teams (MDTs) united efforts of the health care institutions, Oblast AIDS Center and NGO: 51 MDTs on counseling and testing for HIV and 16 MDT on STIs diagnosis and treatment were set up. Only over the 4th quarter of 2012, 79% of persons who were diagnosed with HIV were put on outpatient medical records. The following achievements worth being singled out in Kherson oblast:

- Scaling-up of the SMT sites, as starting from January 1, 2012, the SMT program was introduced in the towns of Kahovka and Tsiurupynsk;
- Development, approval and introduction of the mechanism of uninterrupted supply of the SMT drugs to temporary detention facilities;
- Development, approval and introduction of the mechanism of providing detoxification treatment for the drug users (including the SMT program participants) transferred to the pre-trial detention center for interrogations;
- Holding of the Kherson Forum of Social Workers: jointly with the social work experts from the NGOs and those of state institutions from Kherson and the oblast;
- Launching of the Registration Center of Homeless People at the Community Center of the Kherson Oblast Charitable Foundation "Manhust" (Mongoose).

Despite the fact that during the year the Odesa City Healthcare Department got another chairman, the RC succeeded in making the city (and oblast) healthcare departments sign orders on further implementation of the SMT program in the Odesa healthcare and prevention settings, which contributed to creating conditions for the City AIDS Center and TB clinic to get licensed for work with drugs. Also, the Oblast Healthcare Department signed the order on ensuring the uninterrupted SMT.

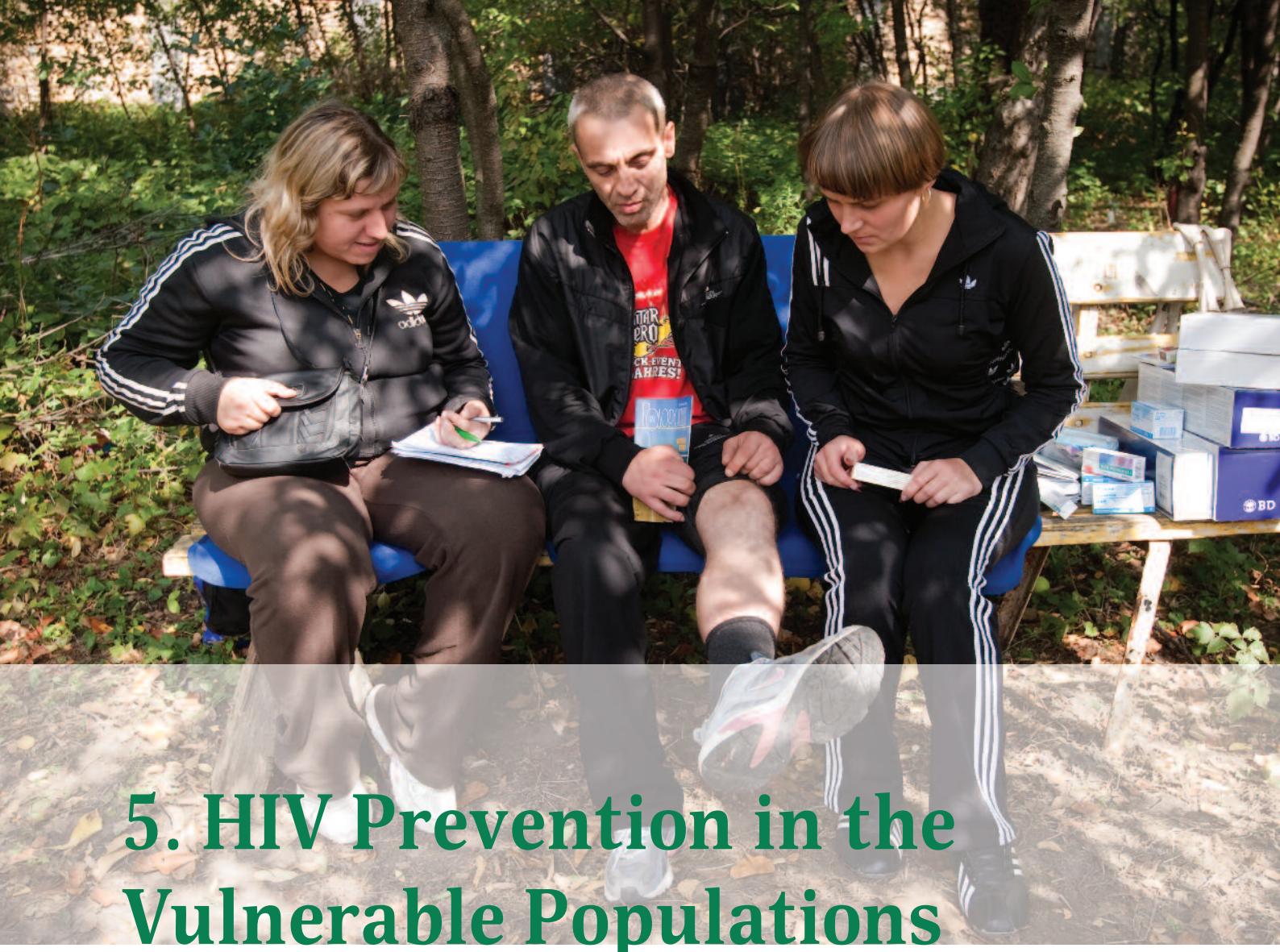
The RCs continue to function as a bilateral representation and fine-tune collaboration with the authorities of the regions through preparation, agreement and contribution to signing of respective Memoranda of Understanding and Cooperation between the ICF "International HIV/AIDS Alliance in Ukraine" and oblast, city (local) state administrations and councils of deputies. The Memoranda aim at parties' agreement on the fundamental principles and mechanisms of their cooperation within the framework of the GF Round 10 Program, and regions' participation in implementation of the National Program on Prevention of HIV, Treatment, Care and Support of People Living with HIV and AIDS for 2009–2013.

In 2012, six Memoranda were concluded:

- In the oblasts of Mykolayiv and Kyiv, and in the city of Sevastopol the trilateral Memoranda between the Alliance-Ukraine, local state administrations and councils were signed and specified each party's contribution to prevention of the spread of HIV/AIDS in the region.
- In the oblasts of Cherkasy and Kherson the bilateral Memoranda between the Alliance-Ukraine and the state administrations were signed.
- In the oblasts of Dnipropetrovsk the bilateral Memorandum between the Alliance-Ukraine and the healthcare department of the oblast state administrations were signed.







5. HIV Prevention in the Vulnerable Populations

To respond successfully to the HIV/AIDS epidemic, in 2012 the Alliance-Ukraine continued its efforts to provide a comprehensive package of services to populations most vulnerable to HIV (IDUs, SWs, MSM, prisoners, and adolescents). A comprehensive package of services includes both the typical list of services for people of all the target populations and specific services that meet interests of a particular target population.

Key services

- Distribution of female/male condoms with lubricants
- Syringe distribution and exchange (with spirit wipes)
- Specialist counseling (a social and/or medical worker)
- Informational material
- Voluntary testing and counseling (VCT)
- Diagnostics and treatment of STIs, hepatitis B and C
- Case management (from 2013)
- Early diagnostics of TB (from 2013)
- Prevention of overdose

Motivation services

- A system of referrals to relevant specialists
- Legal and psychological advice
- Distribution of medications of general use and providing of first (pre-hospital) aid
- Organizing clients' leisure time and basic household services

5.1. Prevention Work in Injecting Drug Users (IDUs)

Throughout 2012, as part of the prevention work with injecting drug users the Alliance supported 80 non-governmental organizations in all the oblast of Ukraine. Activities under the projects reached 171,958 IDUs or 55.5% of the estimated total number of 310,000 people.

Direct services that are specific for the IDUs

- Syringe distribution and exchange
- Distribution of alcohol wipes
- Prevention of overdose
- Intervention-based prevention of HIV among IDUs using stimulants through individual behavior change interventions at the group level
- Brief individual intervention
- Syringe exchange (SE) projects targeted at women
- Pharmacy-based syringe exchange
- Structured secondary syringe exchange
- Peer-driven implementation
- Peer-driven implementation through the social network of IDUs
- Counseling of IDUs' sexual partners
- Distribution of antiseptics
- Phthisiologist's counseling
- Skills training and employment
- Day care centers for children
- Cosmetologist's and hairdresser's services
- Sewing and needlework courses
- Organization of provision of gender-sensitive services



In addition to providing a basic package of services which is obligatory for all the organizations, the NGOs had a possibility to work with specific hard-to-reach subpopulations of the IDUs using several innovative models. So, in January 2012, the NGO representatives passed the training on peculiarities of work with the group of the IDUs who use **amphetamine derivatives**. 21 organizations received the grant for the activities under this line. Two of these organizations commenced work with the new target population (**desomorphine** users), since its use becomes an increasingly more common practice. More details on the work with this group can be found in the Section "Operational Researches".

In 2012, the component on introduction of the **gender-sensitive** services which is implemented by 12 NGOs was expanded. This approach has been acknowledged as effective by both NGOs and international organizations that invited the trainers tutored by the Alliance to provide training under this model. This activity was highlighted as "best practice" by the ICF "International HIV/AIDS Alliance" (UK). Moreover, in 2012 the Alliance-Ukraine supported the participation of the NGOs representatives in the **National Consultation** "Gender Component in the National Response to the HIV/AIDS Epidemic".

In addition, during 2012, the Alliance–Ukraine focused on **sexual and reproductive health** of vulnerable populations. The initiated activity made it possible for Alliance's representatives to be invited to the workshop “*Effective Treatment of Women who Use Drugs: Key Issues of Pregnancy and HIV*” (Salzburg, Austria), as supported by the International Harm Reduction Program of the Open Society Foundation. Also, the Alliance–Ukraine became a member of the working group on sexual and reproductive health supported by the UNFPA. Currently, the Alliance started working on integration of the sexual and reproductive health services into the harm reduction programs at the systemic level.

As a matter of continued efforts and given changes in the epidemiological situation in Ukraine – a rapid growth in the sexual mode of HIV transmission in the most-at-risk populations, within the framework of technical support and programs development in September 2011 the project for counseling **sexual partners of drug users** was initiated. Following successful piloting this model was rolled out to 13 NGOs. The activity is to be expanded to all the harm reduction projects. The sexual partners are counseled under the model developed by the Columbia University (New York, USA) and adapted by the Alliance–Ukraine. According to the model, the couple attends four educational classes during which the partners are taught communication techniques and are trained safe behavior skills. Their social network that helps maintain a safer life style is considered.

Pharmacy-based project: success that does not come in a day

The pharmacy-based project is a very significant approach that helps reach representatives of the vulnerable populations not only through the projects trusted by the clients where ex-users often work, but through the official institutions where one can get both hand-outs and a qualified medical advice at a time of client's convenience.

Launched in 2007, the pharmacy-based prevention project became a common element of work with drug users. Still, it was not easy for organizations to establish relationships with employees of the pharmacies and to encourage them to work with drug-users.

Employees of the Charitable Foundation “Nika–Kyiv” explain how hard it was for them to start cooperation with one of Kyiv pharmacies. The pharmacists were not easy to get in touch with and considered the project to be a one-off event imposed by the higher authority. The need to deal with the drug users, often coming to the pharmacy, and furthermore fill in the journals, make records and counsel seemed to be too sophisticated a task for them. The NGO started thinking of the possibility to change the pharmacy for another one, but the next visit showed that a few months of communication with drug users changed the employees' attitude to the latter. The biased

attitude was replaced with the understanding, and the very clients who at first treated the pharmacists with caution started trusting them and asking for consultations.

The most interesting was that after some time the pharmacy chain owners decided to re-locate the pharmacy and to place it in another residential area of Kyiv, rather far from the previous location, but the employees and the clients asked to leave it within the project, as they got used to each other; the clients were even ready to go to another district to get counseled by the familiar pharmacist. “That is how the understanding gradually comes, – one of the managers of the Nika–Kyiv foundation Ilona Muzaliova says. – First, the clients as well as the employees try to find an understanding, the conflicts may even occur. But after a while they reach a complete mutual understanding. And we are particularly pleased to see that not only the clients have got used to receiving the pharmacy-based services, but the employees have got interested in the harm reduction programs, have become more aware of its essence and have started considering drug users not only as marginalized population representatives, but as alive people with their problems that can be solved in case of active implementation of preventive work”.



In 2012, 13 NGOs were implementing the project under the model “**Peer-driven intervention: Network Coverage**”. This intervention preserves key features of the model, namely that each IDU may personally participate in HIV prevention activities in their community. Under this model the IDUs train each other in prevention of HIV and involve each other into the project. However, this year some changes were introduced. In particular, the project envisioned se-

veral stages of work with the same client. In addition, in course of the project the network of drug users and their social environment was studied.

In 2012, another expanded line of activity was the project of the AUCO “All-Ukrainian Association for Public Health” which was implementing the second phase of the pilot project “**Building Outreach Teams with Nurses**”. The project was implemented in 6 regions of Ukraine (Donetsk, Kirovohrad, Khmelnytskyi, Odesa oblasts, the AR of Crimea and the city of Sevastopol) with engagement of 11 nurses. For the project operation time services were provided to 1,980 clients. The project aims to improve the health of the vulnerable group representatives by integrating basic medical services into harm reduction projects. The list of services includes emergency medical assistance, bandaging, wounds treatment, medical counseling, referral to healthcare facilities and specific medical specialists, motivation to HIV/STI testing, blood pressure and temperature measuring, home care.

The **pharmacy-based prevention** line among vulnerable populations continues to advance. To ensure project sustainability and its operations quality improvement the working group meeting/training for line coordinators was held in early 2012. Over 2012, 143 pharmacies in cooperation with 28 NGOs in 13 regions of Ukraine provided services to 28,069 IDUs among which 6 068 IDUs are the new clients who have got involved into the harm reduction projects through pharmacies. This is 16.9% of all the new IDUs involved by the Alliance into prevention programs for this period.

In 2012, one of the important activities was the reshuffling of prevention programs, so that to provide the ART to the largest number of IDUs in need of it. This type of activity was developed under the social and medical **client management principle**. As a result of preparatory work carried out at the end of the year, already at the beginning of 2013, 27 NGOs received technical and financial assistance for development of an operating system to diagnose HIV and TB among the project clients and their active support during the process of treatment. A separate position of a case manager will be introduced at the organizations. Subject to his/her informed consent, the case manager will regularly support and accompany a client of the organization through all the stages of the specialized medical care system according to his/her needs (putting on outpatient medical records, getting the required examinations, prescription of the ART and SMT, TB prevention and treatment, etc.).

Also, at the end of the year, work on integration of the TB early diagnosis services into the harm reduction projects was carried out. This approach will promote closer cooperation of the NGOs and healthcare institutions and provide the clients with a wider range of services.

5.2. Prevention Work in Sex Workers (SWs)

In 2012, 46 NGOs provided HIV and STI prevention services for sex workers in all the regions of Ukraine. Within the framework of their activities the projects provided the basic package of services obligatory for each client of the harm reduction program. Over 2012, HIV and STI prevention services covered 29,043 people which accounts for 26.3% of the total estimate. There were 16,127 rapid tests for HIV, 11,935 rapid tests for syphilis, 4,107 – for gonorrhea, 4,367 – for chlamydia, 7,543 – for hepatitis B, 6,597 tests – for hepatitis C. Also, the prevention project clients had a possibility to get vaccinated against viral hepatitis B; in particular, 179 people made use of it.

Direct services that are specific for the SWs

- Peer-driven implementation
- Peer-driven implementation: repeated coverage
- Distribution of pregnancy tests
- Counseling on reproductive and sexual health
- Counteracting violence
- Social and psychological counseling
- Distribution of antiseptics
- Day care centers for children
- Cosmetologist's and hairdresser's services
- Sewing and needlework courses





In January – December, 2012, the projects on HIV and STI prevention in the SWs under the model “Peer-driven Interventions: Repeated Coverage” were brought into life. These projects are implemented by the regional NGOs in five cities of Ukraine. Their goal was to involve the SWs to quality HIV/AIDS prevention services, quality counseling on reproductive health, less risky sexual behavior and testing for HIV and STIs. A unique feature of the project is that it enables researching FSWs behavioral changes through the preventive intervention which largely advances quality of this work.

Initially, the training was carried out for “Peer-driven Interventions: Repeated Coverage” project interviewers, while in July 2012 the workshop on peculiarities of implementation of the model second phase was held. It is planned to conduct a summary meeting of the organizations on implementation of these projects in January 2013.

Furthermore, over 2012 the Alliance-Ukraine continued working with coordinators of projects on HIV and STI prevention in the SWs. In the running year, two such meetings were held. Each of them brought together more than 30 coordinators of the regional NGOs engaged in working with the SWs, as well as partners from the UNAIDS, UNFPA, GIZ. The issues of the peculiarities of programs implementation and outcomes, SW behavioral study findings, and working plans for 2013 were discussed.

During 2012, five expert groups on HIV prevention among SWs were held. At the meetings findings of biobehavioral, assessment and ethnographical researches were discussed, new lines of work were presented and planning of the prevention work for the next program year was initiated.

In addition, in 2012 a special attention was paid to training regional-level trainers. In particular, a row of trainings were held on the topics: “Violence Prevention as a HIV Prevention Component among the SWs”, “Peculiarities of Social and Psychological Counseling of the SWs within the Framework of HIV-service Projects: Mobile Clinics, Outreach Routes, Healthcare Institutions”, “Specifics of Sexual and Reproductive Health (SRH) of Women and Men who Use Drugs and/or Are Involved in Sex Business”, and “Case Management for the FSWs in HIV-service projects”. This trainings have laid the foundation for tutoring social workers, outreach workers and psychologists providing services to the SWs in these topics by the staff of the regional NGOs both at the interregional resource hubs and at the regional NGOs.

Also, the work in the topics of reproductive health and peculiarities of social and psychological counseling was continued. In particular, over the reporting period two trainings have been conducted for social workers and psychologists: “Reproductive Health and Peculiarities of Use of Female Condoms: A Woman’s Choice” and “Peculiarities of Social and Psychological Counseling of the IDUs and SWs: Stages and Algorithms”.

The total number of professionals trained over the reporting period is 125 people.

Interesting experience: Women's club at the NGO "Vira. Nadiya. Liubov" (Faith. Hope. Love)

The "Nathnennia" (Inspiration) Women's Club was founded at the NGO "Vira. Nadiya. Liubov" (Faith. Hope. Love) to unite different women – successful and not so successful, those who have advanced in their career, and clients of the Hard Reduction Project for the SWs. According to Tetiana Semykop (organization head), the club format enables inviting to the meetings interesting women who have established themselves as professionals and personalities, so that successful models of behavior become clearer and closer, more real and tangible. The Women's Club gives possibility not only to gain positive experience and to learn from one another, but puts forward one's own ideas and overcome difficulties which everybody, especially the project clients, can come across. It's not a secret that a woman facing a crisis situation is left all alone with her problems, she has nowhere to go and no-one to turn to, as there is no government organization that could support and assist. Except for the permanent members, several female clients facing the most difficult situation for the moment are always invited for each meeting. For example, Olena, a young woman having a 2 year-old son and being pregnant with the second baby, once came to a meeting. Due to various reasons she was left homeless and was diagnosed with HIV during her first pregnancy. The child was born healthy, but Olena didn't want to take the ART stating she had serious side effects caused by the medications and, therefore, she did not come to see the doctor. In fact, she was almost unexamined throughout the pregnancy. The women took the story of the guest very personally and immediately recommended a physician having experience with such clients and treating them impartially, offered services of a social worker for the support and recommended the place where to apply for accommodation. They also persuaded her, even by personal examples of some of the Club members, that withdrawing the treatment might cause serious damage to

her child's life. And Olena changed after a ten-minute conversation, and there was quite another woman sitting at the table, confident and full of hope.

While working at the non-governmental organization, I saw that a self-support group was a very good form of work. However, it gathers people united to solve one problem, trying to help each other. We took a fancy for mixing up all together, creating a club where one will be able to discuss a problem, as well as to learn to handcraft some souvenirs, and also to eat delicious borsch. After discussing the idea, we thought it would be nice to invite colleagues, female clients, and our friends who might want to come. There were three very complex girls among the clients at the first meeting. I worried how they would feel themselves as all people were different and whether they would disclose their HIV-positive status. But they did, they saw everybody talking openly about themselves – and started doing the same. I was also worried about the attitude of rather successful members of our club towards the girls from the vulnerable populations or people having the HIV-positive status. And when a young woman said: "I am HIV-positive and the worst thing I've ever experienced was when I worried about the health of my child to be born". Everybody asked at once: what happened? When the girl said the baby had been born healthy, everybody sighed – thank God! Then I realized that the work would go on well, as everybody accepted it well, which was significant for me. One should create such clubs. Informal communication often provides more benefits than organized activities. And the benefits are mutual – both for one and the other sides, – as that's the way we develop a tolerant attitude towards people. This is a part of charitable activities, but these are new options we are looking for to diversify the work.

*Tetiana Semykop,
Head, NGO "Vira. Nadiya. Liubov"*

5.3. Prevention Work in Men Having Sex with Men (MSM)

During 2012, the ICF “International HIV/AIDS Alliance in Ukraine” supported prevention in the MSM which was carried out by 18 NGOs in 13 oblasts of Ukraine (i.e. the oblasts of Dnipropetrovsk, Donetsk, Zaporizhzhia, Kyiv, Lviv, Mykolayiv, Odesa, Rivne, Kharkiv, Kherson, Cherkasy and Chernivtsi), the cities of Kyiv and Sevastopol, and in the Autonomous Republic of Crimea.

In 2012, HIV prevention services reached 20,059 MSM which accounts for 11.4% of their estimated number. The figure comprises 8,160 MSM were tested for HIV using rapid tests and 7,945 – for the STIs (syphilis, gonorrhea, chlamydia). In addition, under the projects on HIV prevention in MSM the clients had an opportunity to get tested for hepatitis B and C. Thus, 3,133 tests for hepatitis B and 2,773 tests for hepatitis C were made. In particular, 185 project clients were hepatitis B vaccinated.

Direct services that are specific for the MSM

- Hepatitis B vaccination
- Distribution of femidoms among the MSM
- Social and psychological counseling
- Awareness-raising and preventive leisure, including parties aimed at developing safe sexual behavior among the MSM
- Online counseling (through social networks)
- Development of information materials
- Mentor support program

Over January – December, 2012, in order to enhance a professional level of social and outreach workers, documenters and other NGOs specialists working with MSM, the trainings were carried out for the use of statistical data, program monitoring and research for activities on HIV/AIDS/STI prevention for HIV service NGOs; outreach and risk behavior handling methods; peculiarities of trainings preparation and holding.

Jointly with the Mykolayiv Association of Gays, Lesbians and Bisexuals “LiGA” in 2012 the course of theoretical and supervision trainings started for psychologists providing counseling services to the MSM and LGBT community representatives. Over 2012, 7 trainings were carried out during which the participants could familiarize with the relevant information material regarding sexuality, identity, transgender, (internal and external) stigma, as well as regarding the eye movement desensitization and reprocessing theory, paraphilia, psychological dramas, domestic violence and post-trauma stress, etc. Moreover, they had an opportunity to familiarize and work out different methods of MSM and LGBT work such as operations with stones, cards, collage, “mask” and many other things. Within each training supervision sessions for counselors Balint groups were held during which the participants could work out the most urgent and difficult issues of their work. After 7 theoretical and supervision trainings the participants voiced their expectations for their continuation in the future.

Furthermore, on November 15–17, 2012, the training “Models of Behavioral Changes and Outreach in the MSM” was held to improve the professional level of social and outreach workers. A considerable attention was paid to developing the skills of short-term counseling, motivational counseling and overcoming personal barriers to counseling.

With the support of the USAID/HIV/AIDS Service Capacity Project in Ukraine, the Alliance held 6 sessions of the Permanent Reference Group on the LGBT Community and MSM Service Projects in Ukraine.

On October 24, 2012, the first (constitutive) meeting of the Expert Group on Rights and Health of Gays and Other MSM in Ukraine (EG/MSM) was held. The group was initiated by organizations and



projects providing institutional and financial support for development of the MSM-service in Ukraine, and also by representatives of the international organizations and international technical assistance projects implementing actions in response to the HIV/AIDS epidemic in the most-at-risk populations (MARPs), including the MSM. The purpose of the Expert group was to carry out examination of the planned and implemented researches, projects and programs on the MSM-service in Ukraine, submit recommendations on strategic development and implementation of the HIV/AIDS programs for the MSM, and coordinate implementation of the projects and programs to avoid duplication. 7 experts and 5 observers from the international organizations and international technical assistance projects became members of the new Expert Group.

On June 22–24, 2012, the 5th Annual National LGBT Movement and MSM Service Conference in Ukraine “Openness and Professionalism” was held. 88 representatives of LGBT organizations, LGBT initiative groups, managers and workers of MSM-targeted social projects, experts on the LGBT community and MSM service participated in the event. The conference raised pressing issues regarding LGBT interests advocacy and LGBT community representatives rights protection, work with transgendered people, innovative approaches and research in HIV prevention, MSM/LGBT work outlook and counseling peculiarities. Besides the Alliance and USAID/HIV/AIDS Service Capacity Project in Ukraine, the conference was supported by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), All-Ukrainian Charitable Organization “Fulcrum”, Mykolayiv Association of Gays, Lesbians and Bisexuals “LiGA” and SCO “Interregional Center for LGBT Studies Donbas-SocProject”.

On December 12–14, 2012, VI National Strategic Planning for the Ukrainian MSM-service and LGBT-movement (annual working meeting of the projects on HIV prevention in the MSM and LGBT-organizations). It was organized by the ICF “International HIV/AIDS Alliance in Ukraine” together with the Mykolayiv Association of Gays, Lesbians and Bisexuals “LiGA” and the All-Ukrainian Association “Council of the LGBT-organizations of Ukraine”. The strategic planning was attended by 46 managers

of the effective MSM-service projects supported by the ICF “International HIV/AIDS Alliance in Ukraine”, representatives of the Ukrainian LGBT-organizations and international organizations. The key issues discussed are as follows: researches on HIV prevention among the MSM in Ukraine, innovative approaches to HIV prevention in the MSM, determination of main need in trainings, information materials, interaction with the police, compliance with rights and safety of the HIV-service NGO staff, pertinent issues of the Council of LGBT-organizations of Ukraine and priority needs of the Council of LGBT-organizations of Ukraine in technical support, information materials and internal regulations of the Council, SWOT-analysis for the Council of LGBT-organizations of Ukraine, drawing-up of the National Calendar of Events in the Ukrainian LGBT-movement, plans for 2013, the concept and structure of the web-site of the Council of LGBT-organizations of Ukraine, tasks for committees of the Council, a dialogue between the Council of LGBT-organizations of Ukraine and leading stakeholders.

On October 23, 2012, in Kyiv within the framework of the special LGBT-program “Plashes of Sunlight” of the film festival “Molodist” the round-table “Film “We Have Been There” – a Modern Look on Problems of the HIV-positive MSM in Ukraine” was conducted with the support of the ICF “International HIV/AIDS Alliance in Ukraine” jointly with the AUCO “Fulcrum”, Elton John Foundation and the German Organization “Deutsche AIDS-Hilfe e.V.” The round-table was attended by 34 representatives of the LGBT-organization, MSM-service projects, HIV-positive MSM, psychologists, representatives of the international organizations, experts on the LGBT-community and MSM-service. At the round-table the documentary on the way San Francisco responded to the epidemic of HIV/AIDS in the 1980s was presented, and discussions were held on social aspects of the HIV-positive MSM’s lives and existing issues of HIV/AIDS prevention in Ukraine through the prism of art and modern movies, the growing epidemic of HIV/AIDS in the MSM and possible ways of the society’s response to HIV/AIDS.

In April 2012, the development of an LGBT community and MSM services Internet portal commenced. Three working meetings with the participation of NGOs representatives and one discussion with the project clients in the focus group format were carried out with the total number of participants being 34. In the second half of 2012, the web-based “Portal of Information for Health of the MSM” was pro-actively developed to be commissioned in late February 2013. Furthermore, the web-based peer-driven intervention model was worked out. In January 2013, a tender for creation of videos and a web-site for launching the project will be announced.

Clients of the HIV prevention projects in the MSM refer to their experience of cooperation with the NGOs

“...I have never felt any negativity towards me on the part of the organization staff”

(Chernivtsi)

“The NGO staff helped me a lot some time ago. Actually, I haven’t communicated with them for a long time. Now, there is no need to do this as before, but I’m glad I’ve met them, since they helped me out quite a lot: they scared me soundly and informed me well. Thank God there is such organization. I got tested, was receiving condoms, lubricants”

(Donetsk)

“For example, I personally liked it very much

because in addition to communication there are lots of other services here. You may come and get tested here. I think it’s very important. Now, every three months I’m getting tested. I just come to the organization, communicate, and, if I have time, then I get tested”

(Donetsk)

An NGO employee on the experience of work with the clients

“For sure, we have a very trusting relationship with the clients, we are free spoken. There are no taboo topics for discussions, everything is rather transparent”

(Outreach worker, Cherkasy)





5.4. Harm Reduction Programs in Penal Institutions

Within the Global Fund Round 6 the number of prisoners covered with HIV prevention services over January 01, 2012, – July 31, 2012, reached 29,818 people which is 20.64% of their estimated number (145,000 people). In the said period HIV prevention services reached 24,595 prisoners for the first time.

During the first half of 2012, the work under prevention models was carried out with probationers and persons set free on parole. The peer-driven approach implementation continued: information and education work by volunteers from among the prisoners, classes and trainings among the prisoners, counseling by doctors, lawyers, psychologists and HIV/STI testing, prevention radio broadcast lectures, art therapy, topical events and performances.

On May 24–25, 2012, in the city of Irpin the Alliance together with the UN Office on Drugs and Crime and with the support of the State Penitentiary Service of Ukraine held a practical conference "HIV and AIDS Prevention and Treatment Programs in the Penal Facilities of Ukraine: Implementation Experience and Development Outlook". The Conference summarized the implementation of prevention projects in penal facilities which the Alliance jointly with other stakeholders had been implementing for seven years. During two days of the conference the participants presented regional experience in joint prevention activities in penal facilities, discussed successful prevention strategies,



the most efficient prevention interventions models. As the result of group discussions, the participants determined the areas for development and further support of both donors and state institutions on the regional level.

The collaborative dialogue of the State Penitentiary Service and specialists of civil society and international organizations facilitated the determination of priority tasks and development of recommendations on the implementation of comprehensive HIV/AIDS prevention programs in the penal facilities. In particular, it means the development and scale-up of the prisoners' access to counseling, testing and HIV infection treatment, drug dependence treatment that is organization of access to the substitution treatment therapy in penal facilities. Also, the activities aimed at decreasing the exposure risk and HIV prevention among the penal facilities staff are an important component of the prevention programs.

Summarizing the seven-year experience in implementing penal facilities based prevention programs the Alliance achieved projects spread in 18 regions with coverage of 64 penal facilities. A number of innovative projects had been implemented which were subsequently introduced in the general practice of all prevention projects implemented in penal facilities.

Within the frame of the Round 10 Program the Alliance does not provide HIV prevention services in penal institutions.

New approaches in cooperation with the penitentiary bodies: experience with the State Criminal–Executive Inspectorate

It is always difficult to bring new clients to the harm reduction projects, cover them with the HIV prevention programs, while active co-operation with the government institutions that also work with the communities that are vulnerable to HIV is one of the good ways to address this problem.

The Odesa Public Organization Youth Development Center (YDC) has established effective cooperation with the oblast units of the State Criminal–Executive Inspectorate.

Perhaps, we have just managed to get them interested and explain that usually such people need help. If we are not able to help them by ourselves then we will lead them by the hand to that very center of social services or to the Red Cross or any other organization. In fact, we have become an answer for the question put by people coming to register, a link, a kind of "bridge" to boost those people further.

*Olena Hrybova,
Head of the Youth Development Center*

The story told by the employee of the Criminal–Executive Inspectorate from the city of Balta is very revealing in this respect:

Olexandr has been on the SCEI's records for more than three years, this is his second probation. Once, he complained of a severe pain in the chest. He was very scared because recently some of his relatives died of cancer, including lung cancer. Certainly, we recommended visiting a doctor but he was paid not enough attention at the hospital, they scared him even more. Fortunately, there was a public organization almost near the hospital providing care for people like Olexandr. We recommended visiting this organization. At first, he did not believe they would help him but finally he was meeting social workers on the porch of the public center yet before the opening. Olexandr together with the social workers overcame all difficulties which appeared at the hospital due to some problems with the documents was fully examined and received knowledgeable assistance. As a result, Sasha was diagnosed with the inflammation of the intercostal nerves, he received due treatment and in several days he was appreciating us and the NGO employees for our job, was happy for everybody and his health in particular.

*Employee of the CEI unit in Balta,
Odesa Oblast*

Cooperation with the SCEI has become a link for the employees of the Balta office of the YDC as regards the organization of all events on both parts and assistance in control and record of clients as well. During the procedure of registration at our center which is carried out only after the interview the client is first offered to get tested for HIV, STI, tuberculosis, then he gets acquainted with the services we provide, there are also pre-testing consultations conducted for the client after which he/she may not be afraid to be examined by the specialists any more. The SCEI unit in Balta always adds new informational and educational materials from our organization, holds round-tables. Our cooperation bears the results into a life of each client. Visiting the YDC NGO clients have possibility to get positive character reference to the folder of criminal proceedings, which may positively influence the judgment. In 2012 the Balta Penitentiary Unit awarded us with the Note of Acknowledgement for successful cooperation.

*Olha Bessmertna,
Head of Balta office of the YDC*

The cooperation between our unit in Kodyma and the SCEI is as follows: probationers are referred to us every last Monday of the month. Our workers conduct lessons, discus-

sions, a psychologist provides psychological assistance for those who are willing to get them. The head of the unit is a member of the Supervision Committee at the Kodyma Rayon State Administration for the work with parolees which also includes the SCEI representatives. We may say that our cooperation has already brought some results. Our client was serving a suspended sentence. After five non-attendances for the record (which constitutes the reason of replacement of probation with the same term of deprivation) a trial against him was initiated. Owing to the efforts of our lawyer, the case was reviewed and the client continued serving a suspended sentence.

*Anastasiya Oley,
Head of the Kodyma Unit of the YDC*

Cooperation with the State Criminal-Executive Inspectorates helps a lot in organization of work with such groups of clients which have not yet been involved in the harm reduction projects. Partially, such cooperation helps those who are releasing from the places of detention on parole. While the preventive work is still carried out in the places of deprivation, after emerging from the jail, people are all alone with their problems and often do not know whom to turn to.



5.5. Provision of HIV Prevention Services to Most at Risk Street Children and Adolescents

The ICF “International HIV/AIDS Alliance in Ukraine” jointly with the Ministry of Social Policy of Ukraine, the Ministry of Social Policy, the Ministry of Education and Science, Youth and Sports, the Department of Criminal Policy for Children under the MIA of Ukraine, the national and international organizations for children, churches and subgrantees are implementing a strategic model of HIV prevention in adolescents facing difficult circumstances and adolescents from the most-at-risk populations at the national level.

The peculiarity of this model is that the systematic work at the social institutions for children, launched in 2007 with the support of the Global Fund, is combined with outreach work with adolescents of crisis categories at the places of their location, launched in 2009 with the support of the USAID, which has been successfully implemented by the Alliance together with 17 Ukrainian partnering NGOs since 2012.

The model aimed at reducing the pace of the HIV, STI, viral hepatitis and other socially dangerous diseases spread in the adolescents having risky behaviors by providing them with the comprehensive package of services targeted at reducing the risk of infection.

The prevention projects, with the help of “the Social Patrol”, provide homeless street children and adolescents from crisis categories with information, counseling, enable getting tested for HIV, STIs, hepatitides, deliver healthcare, social, psychological and legal assistance, personal services and food, and, most importantly, they facilitate socialization and withdrawal of adolescences from the street life.

The situation analysis was conducted using the target populations participatory regional assessment (PRA) technique to determine the primary needs of the street children at the relevant administrative territory; the optimal operating hours of the project as well as the key specialists necessary for its implementation were determined.

Trainings for sub-grantees on learning the methodology of regional participatory assessment in the street children/adolescents of the increased HIV expose behavioral risk were carried out by the Charitable Foundation “Way to Home” in three stages, according to three phases of the RPA, in February – May 2012. Children/adolescents from the target population were incentivized by distributing clothes, shoes according to the season, hygienic sets, SIM-cards and foodstuffs to them; no in-cash rewards were given.

Thanks to RPA findings, organizations had an opportunity to operate objective data regarding the target population and social environment in which this population operates. Thus, the work, including advocacy activities, was evidence-based.

Over 2012, the Alliance and its partners in all the Ukrainian oblasts provided 26,830 adolescents from the crisis categories with prevention lessons, skills, medical and social services, and informational materials, namely 16,838 people in social facilities for children, 1,390 pupils in boarding schools and 8,602 adolescents reached by the NGOs with their services. Throughout the reporting period 20 training workshops for specialists were arranged and conducted.

439 professionals from the services for children, centers of social services from family, children and youth, shelters for children and centers for children’s social and psychological rehabilitation, boarding schools and the NGOs were trained in prevention of HIV/AIDS in the environment of adolescents under the Round 6 of the Program “Support for HIV and AIDS Prevention, Treatment and Care for Most Vul-

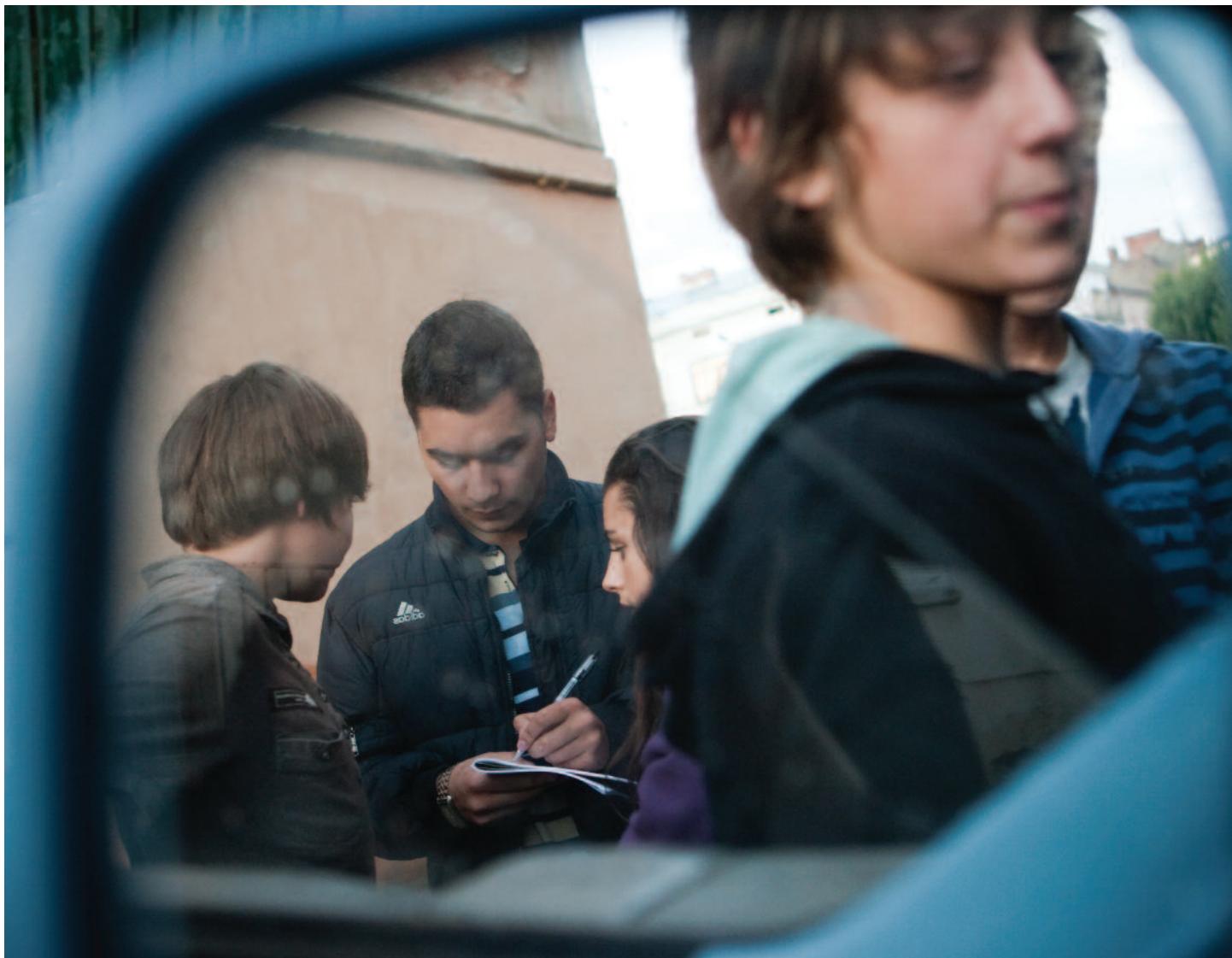


nerable Populations in Ukraine" (2007–2012) and the Round 10 of the Program "Long-term System of Provision of Comprehensive Services for HIV/AIDS Prevention, Treatment, Care and Support for Most-at-risk Populations in Ukraine" supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (77 from boarding schools, 266 from social institutions for children and 96 NGO employees).

On June 22, 2012, together with the Ministry of Education, Science, Youth and Sports of Ukraine the working consultation "Strategic Action Lines on HIV/AIDS and Other Socially Dangerous Diseases among Pupils" was held, where the joint activity plan for the Round 10 and in particular in 2012–2013 was agreed upon.

The activity of the Expert Working Group on Prevention of HIV and Other Socially Dangerous Diseases in the adolescents from most-at-risk populations (under the auspices of the Ministry of Social Policy of Ukraine and the Ministry of Education and Science, Youth and Sports of Ukraine) was arranged with the participation of senior officers from the Ministries and institutions; government agencies; the UN Country Office in Ukraine; the All-Ukrainian Council of Churches and Religious Organizations; international and national NGOs.

3 types of comic books on HIV/AIDS for the vulnerable adolescents; 2 copies of the training manual on HIV/AIDS for trainers – staff members of the social institutions for children; 1 copy of the manual "Prevention of HIV Spread in the Street Children. Work with the Street Children at the Places of their Location. Manual for Trainers and Participants" were drawn up, published and distributed all over the social institutions and partnering NGOs. The manuals were recommended for publication by the Scientific and Technical Council of the Drahomanov State Pedagogical University and distributed all over the social institutions for children. All the social institutions for children and the corresponding NGOs received the book "People and HIV" (5th edition), packs of interactive prevention games for children from the crisis categories and of different age groups, developed due to the support of the UNICEF and published at the expense of the Global Fund.



The Alliance's experience in prevention of HIV and other socially dangerous diseases in the environment of the vulnerable adolescents and adolescents from the most-at-risk populations has been acknowledged as an achievement of Ukraine.

Hands-on experience: the “Nova Simya” (New Family) Charitable Organization, Chernivtsi

I think that the secret of effective work with kids lies in honesty, open-heartedness, love, readiness to take actions, ability to accept them as they are, as all children are very sensitive, with their own life stories, personal experience, and the same experience of discrimination, directed at them from many sides. That is, if we go on discriminating them, then despite that they will become even more offish, we will get nowhere. This is probably the main. Why do such projects work? Because, there are people eager to work.

When they see everyone is open to them – they will open themselves after a while. For example, there was a boy who was coming to our center for half a year – he would come, take a meal, talk to no-one and leave. We did not force him, tried not to keep him. We just asked how he was, whether he was not hungry – and only in half a year we finally heard his voice. As of today, he's even started visiting trainings. Our project is a kind of link in their lives, where they just come, forget about everything, get melted, get some resources and go further. A person who comes for the first time will come here for a second time and for a tenth time. There are some kids who are through with their projects already. I think it's an achievement. Because something has happened in their lives, someone has found a job, someone is studying, someone has decided to leave his/her family and start independent life.

There are different children in our center with their own life stories. There are IDUs' children, SWs' children, children from sole parent families, orphans, guardians, children facing difficult life circumstances, for instance, the father is unemployed, got fired, the only mother is working, multi-children family and for some reasons this kid gets neither attention

nor time, nothing. The kid comes out into the street, where it is easier for him/her, and more interesting. When the social patrol only started its on-site activity, I asked myself: "How will I know who is approaching to the bus? Maybe, the kid is from a non-dysfunctional family and thus needs no help?" But after a while, I understood that if there was nothing wrong with the kid, such kid would not come to us. If the child has come – s/he is in need. There are kids who are rather financially secure, yet have some misunderstandings in their families, parents are in business, do not see their children and just give them money to pay off...

We had a Sasha. Now, he is studying at the college. We found him on the street, in the yard. It was winter, he was wearing a jacket, torn shoes, he was dirty, cornered, scared, and he was led by the kids to the bus. When he had a meal and drink, he suddenly started crying. We invited him to our center, he didn't come but later he did – he came drunk, with a dislocated leg. We referred him to a surgeon. There his leg was put in plaster. It was the first impetus. The kid saw that assistance did exist, no discrimination, no pressure, and no critics. Later, he started visiting our center. He just joined the team, our group of children, began to change slowly. Then, we noticed he had his hair cut. We gave him so many compliments that he had very nice eyes, was a very good boy. He turned out to be a rather quick-witted and rational thinking boy. He somehow graduated the school with difficulties and entered the college. Now he studies to be a mechanic. Owing to our project, he studies today. He got on the track with his biological father who left him when he was just a baby. We are proud of him...

Natalia Melnychenko, director for children from the most-at-risk populations



6. Diagnostics, Vaccination, Treatment and Procurement of Medications

6.1. Substitution Maintenance Therapy (SMT)

According to the SI “Ukrainian Center for Socially Dangerous Disease Control of the MoH of Ukraine”, as of January 1, 2012, 7,339 patients had access to the substitution maintenance therapy (SMT) at 149 healthcare and prevention settings in 27 regions of Ukraine (Chart 6). Among them 6,508 patients were on the methadone-based treatment and 831 persons received the buprenorphine-based SMT. Almost 44% of SMT patients (3,215 people) are HIV-positive, including 1,283 of them receiving the ART, 300 more are getting ready for the ART, 1,309 patients have tuberculosis and 4,832 have hepatitis B or C.

SMT sites work at the psychoneurological and drug treatment clinics, AIDS centers, TB and STI clinics, city and rayon clinics. Since August 1, 2012, a number of integrated services centers has advanced (up to 45) as compared to the previous period (34). The integrated care centers currently operate in most of the Ukrainian regions (Chart 7).

This enabled largely expanding the range of healthcare services available for patients (counseling, diagnostics and treatment of diseases, particularly HIV/AIDS, hepatitis, TB, STIs). In addition to health-care services, patients are provided with effective psychosocial client management with a view of re-socializing them, getting them back to normal life, renewing family relations, job placement, establishing families, giving birth to children and restoring an active social life in general.

Over 2012, the Alliance issued grants to 33 organizations for medical, psychological and social support for the SMT patients in an amount of UAH 18,664,000 for 2012–2013 and 20 more grant in an amount of approximately UAH 900,000 for fitting out and improving the conditions of delivery of the SMT in the treatment and preventive settings.

Over the reporting period, the range of healthcare services available for patients (counseling, diagnostics and treatment of diseases, particularly HIV/AIDS, hepatitis, TB, STIs, etc.) and psychological and social management for the purpose of patient re-socialization has been largely expanded.

In addition to healthcare services, patients are provided with effective psychosocial client management with a view of re-socializing them, getting them back to normal life, renewing family relations, job placement, establishing families, giving birth to children and restoring an active social life in general.

According to the data received from non-governmental organization implementing projects on medical, psychological and social management of clients, as of December 31, 2012, more than 24% of patients got employed (both officially and unofficially), approximately 1.6% are studying; more than 9% of patients restored family relations; some 5% set up families; nearly 2.0% of clients gave birth to children and 4% of patients began receiving social allowance (disability pensions, age-bound pensions, unemployment benefits, etc.), 10.5% started taking part in the socially active life (sports, volunteerism, hobby) and more than 2% got their documents re-issued. Criminal cases were initiated against 3% of SMT patients only.

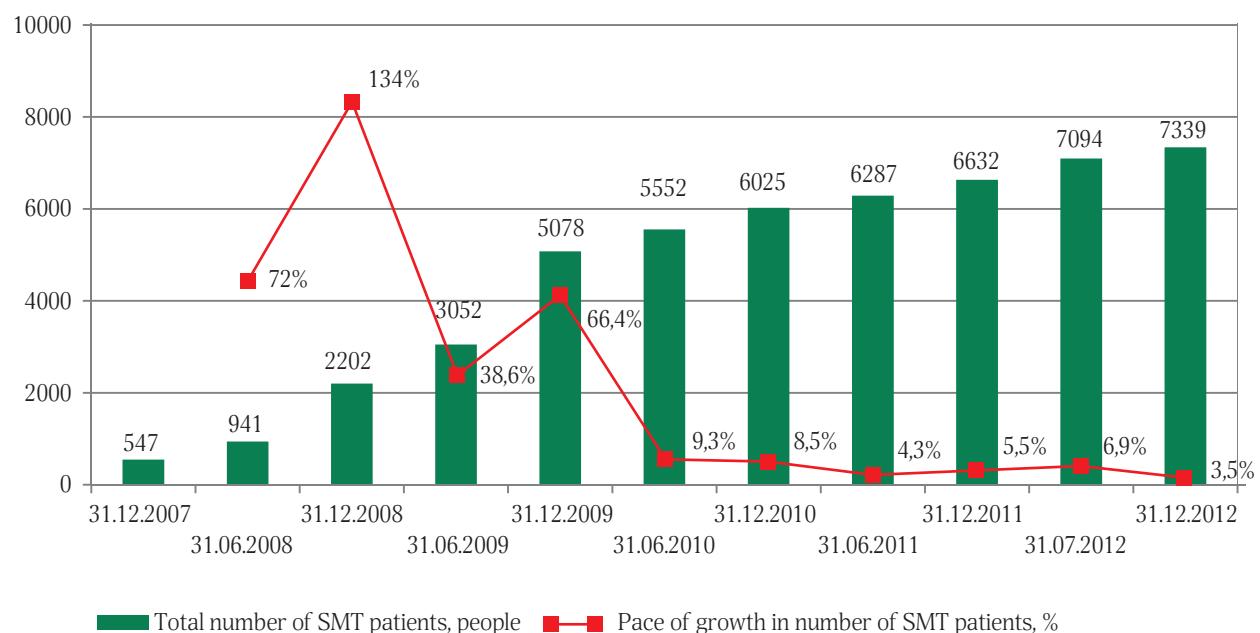


Chart 3. Dynamics in the Number of SMT Patients in Ukraine over 2007–20

In order to improve the quality of the SMT, its development and expansion, continuity, scale-up of access to the integrated services for the SMT clients, improvement of the SMT conditions the following steps were made:

- In the 4th quarter of 2012, 19 grants were given to the NGOs and healthcare institutions for the purpose of repairing and equipping the premises where the SMT is administered in 23 healthcare institutions;
- At the end of 2012, there was a decision taken and a competition announced for the selection of the SMT regional coordinators. It is planned to involve 27 regional coordinators, one per each region of Ukraine from the 1st quarter of 2013;
- In the 4th quarter of 2012, all necessary organizational arrangements were carried out to scale up access to the integrated services for the SMT clients by increasing the number of integrated care centers (ICCs) by 36 (from 45 to 81) and the number of patients receiving the services approximately by 2,096 persons (from 3,500 to 5,569) starting from March 1, 2013.
- In the 4th quarter of 2012, a system of client referrals from the prevention projects to the SMT was developed.

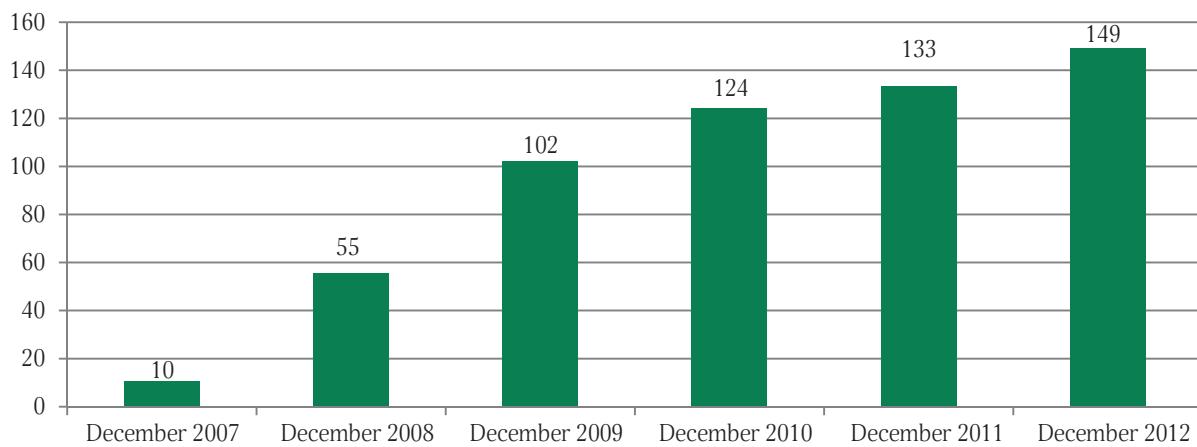


Chart 4. Dynamics in the Number of SMT Sites in Ukraine over 2007–2012

In order to improve the SMT monitoring, including performance under the reporting indicators (the number of SMT clients and the rate of SMT clients retention for 6/12 months from the beginning of their enrolment in the SMT), during the reporting period within the framework on the grant agreements the positions of regional specialists in data collection (hereinafter referred to as the RSDCs) were introduced in every region of Ukraine. The main task of the RSDCs was to register the SMT clients by assigning a unique code to each client with his/her further monitoring and amending a specific “SMT Client Report Form”. Initiation of such work was the only one step made towards the development of the SMT Client Register in Ukraine.

During the reporting period, in collaboration with the State Service of Ukraine on Drug Trafficking Control, the State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases, a Pilot Project Program was developed as to the launching of the SMT best practice sites at 5 healthcare institutions in four regions of Ukraine, using the liquid methadone in three of them, the draft order of the MoH on the project implementation was worked out as well.

In cooperation with the State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases and the Ukrainian Center for Socially Dangerous Disease Control of the MoH of Ukraine, in order to prevent the SMT interruption as a result of the fact that the Ukrainian Medical and Monitoring Center for Alcohol and Drugs had no license for distribution of drugs, a considerable work was carried out to get an order of the Ministry of Health of Ukraine specifying another recipient of SMT medications as charity.

At the end of 2012, the indicator of the GF Round 10 Program as to the number of the SMT clients was underperformed by 1,415 persons. The target for the 2nd part of 2012 amounted to **8,754** (16.5%) of the IDUs on the SMT. The number of the SMT clients as of December 31, 2013, equaled **7,339** (84% out of the target).

Given that currently due to some reasons the IDUs' need in the SMT is not met in full, together with the Ukrainian Center for Socially Dangerous Disease Control an appeal to the Ministry of Health was prepared as to the risks in ensuring sustainable operation and development of the SMT program and fulfillment of Ukraine's GF Round 10 Program commitments on strengthening the efforts and holding a working meeting on SMT access scale-up at the higher political level.

Training of MDT Members Providing the SMT Services

With the assistance of the Alliance, trainings of multidisciplinary team members delivering the SMT were continued. In 2012, a series of SMT experience sharing trainings and workshops were held. They were attended by professionals from all the Ukrainian regions (physicians of various specializations, nurses and social workers). Furthermore, in order to provide for learning SMT hands-on experience and best practices for medical workers, study tours directly to the SMT sites in different regions of Ukraine were organized.



6.2. Detection, Treatment and Prevention of Sexually Transmitted Infections (STIs) in Representatives of the Most-at-risk Populations

In 2012, access of the most-at-risk populations to diagnostics and treatment of the STIs was scaled up in a successful and pro-active manner within the framework of the GF Round 6 and 10 Programs of.

95 NGOs worked together with 108 healthcare settings (sexual health clinics, AIDS Centers, city and oblast clinics) in all the regions of Ukraine.

Counseling and rapid testing for the STIs was conducted in 95 NGOs and 15 mobile clinics.

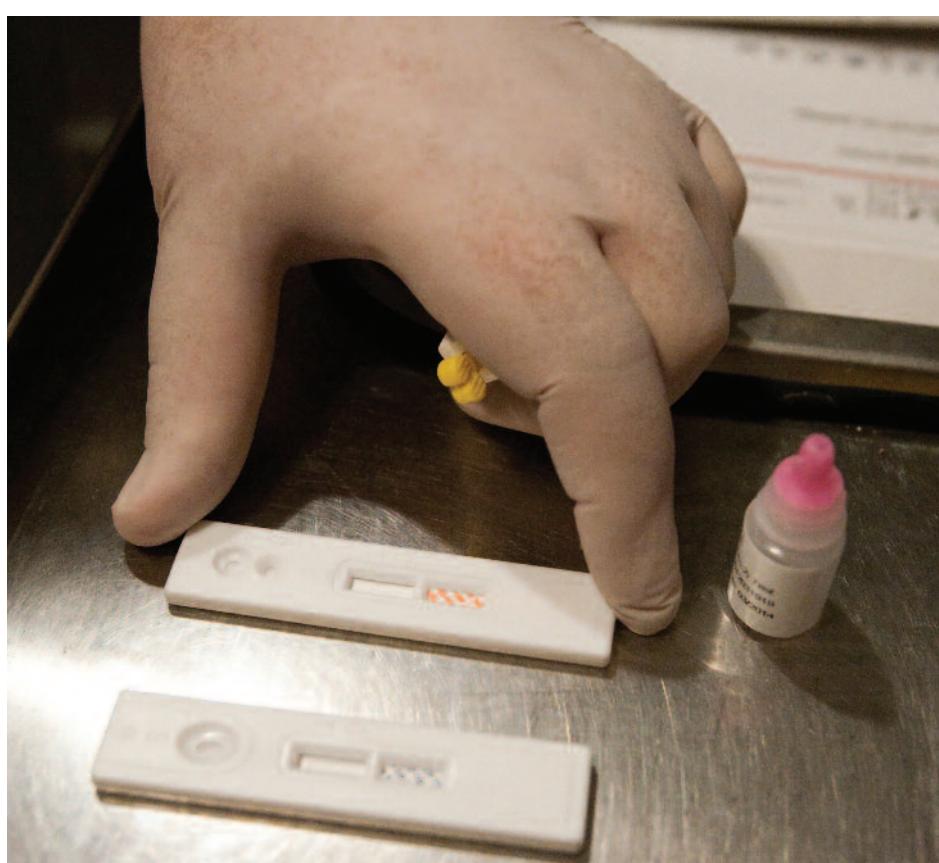
During 2012 (as of December 31, 2012), there were 194,211 cases of testing for the STIs (68,331 for syphilis, 18,664 for chlamydia and 18,117 for gonorrhea) and 14,917 (7.68%) positive results. Most of the tests were taken by the IDUs: 113,421 cases, including 8,545 positive results (7.53%). The highest detection rate in all the most-at-risk populations (25%) was observed in testing for hepatitis C.

In 2012, within the framework of the Round 10 Program, a new line of activities on providing the medical and social services in diagnostics and treatment of the STIs among the most-at-risk populations, involving the MDTs, was introduced and successfully developed in Ukraine. 22 organizations that improved their cooperation with the MDTs and regional sex health clinics and AIDS Centers were supported. Overall, 46 MDTs, consisting of a physician, a nurse and a social worker, were formed.

STI medications, ELISA STI test kits, and capillary blood collection tubes (EDTA) were procured and supplied to provide for STI diagnostics and treatment among the most-at-risk populations at the cost of the GF.

In 2012, chief regional STI and skin specialists worked together with the Ukrainian AIDS Center to provide for scaling up access of the most-at-risk populations to STI diagnostics and treatment services. The regional coordinators for monitoring the scaling-up of access to the STI diagnostics and treatment services for the most-at-risk populations are working in 27 regions.

Over January 1 – December 31, 2012, training in treating the STIs among the most-at-risk populations was conducted within the framework of the Round 6 and 10 Programs, and the GF indicators were achieved under the Round 10 Program. 27 regional healthcare and prevention settings successfully use an electronic system for reporting and analysis of the data regarding STI treatment and medication circulation in the most-at-risk populations. In 2012, the Alliance carried out 4 trainings in diagnostics, treatment, and case management of the STIs in the most-at-risk populations, and supervision sessions over the medications for the NGO and clinic representatives.



6.3. Counseling and Testing for HIV in the Most-at-risk Populations

Проведення ДКТ на ВІЛ у представників груп ризику із застосуванням швидких тестів в умовах НУО та мобільної амбулаторії (МА)

In 2012, counseling and testing for HIV in the most-at-risk populations supported by the Alliance were carried out under the following two lines:

The VCT for HIV in the most-at-risk population using rapid tests in the NGOs and mobile clinics

In 2012, 137 points of counseling and rapid testing for HIV (stationary sites, community centers, mobile clinics, healthcare facilities cooperating with the NGOs) operated throughout Ukraine. These services were provided by 96 NGOs.

Over 2012, the most-at-risk population representatives were provided with 114,983 voluntary counseling and rapid testing services. All in all, 4,548 positive results (3.96%) were detected. 68% of the most-at-risk population representatives who were found to have a positive result using rapid tests visited the trust rooms of the treatment and prevention settings and AIDS centers to clarify their HIV status.

In 2012, the Alliance carried out 4 trainings on the VCT for NGO and treatment institution representatives.

In June 2012, to improve the pre- and post-rapid testing counseling services on HIV for the most-at-risk population representatives, the Ukrainian AIDS Center and the Alliance together developed the “Algorithm of Referral and Record-keeping on Clients Having the Positive Result of a Rapid Test for HIV between NGOs/Centers of Social Services for Family, Children and Youth, and Healthcare Settings”.

Also, in 2012, the information manual “Counseling and Rapid Testing for HIV under the Prevention Projects in the Most-at-risk Populations” was developed and published. The informational publication on basic knowledge of the ART and putting on outpatient medical records was created for the most-at-risk population representatives”.

Counseling and ELISA-based HIV Testing for the Most-at-risk Population Representatives at the Healthcare Institutions

Within the framework of the GF Round 10 Program, in 2012, the Alliance launched a new line of activities and held contests for the medical and social services in STI diagnostics and treatment among the most-at-risk population representatives in Ukraine involving the multidisciplinary teams.

In 27 regions of Ukraine 157 MDTs, consisting of a physician, a nurse and a social worker, were set up. The scope of their activities covers the counseling and ELISA-based HIV testing of the most-at-risk population representatives at the trust rooms and AIDS centers, taking and delivering of blood samples to specialized laboratories, ensuring of social management.

In order to provide for the counseling and ELISA-based HIV testing of the most-at-risk population representatives at the healthcare institutions, ELISA test kits, and capillary blood collection tubes were procured out of the GF funds. Over August–December 2012, 39,004 counseling and ELISA-based HIV testing sessions were performed. 70% of those with the HIV-positive status were put on the outpatient medical records and the ART was started for those in need of it.

6.4. Viral Hepatitis: Testing and Treatment

In 2012, the ICF “International HIV/AIDS Alliance in Ukraine” was pro-actively responding to viral hepatitis in the most-at-risk populations and in particular was involved in screening tests for hepatitis B and C, hepatitis B virus preventive vaccination and a large-scale public awareness, prevention and advocacy activities.

As of December 31, 2012, 46,668 rapid screening tests for hepatitis B virus were carried out (2,909 for HbcAb and 43,759 for HbsAg). 2,164 positive results were detected.

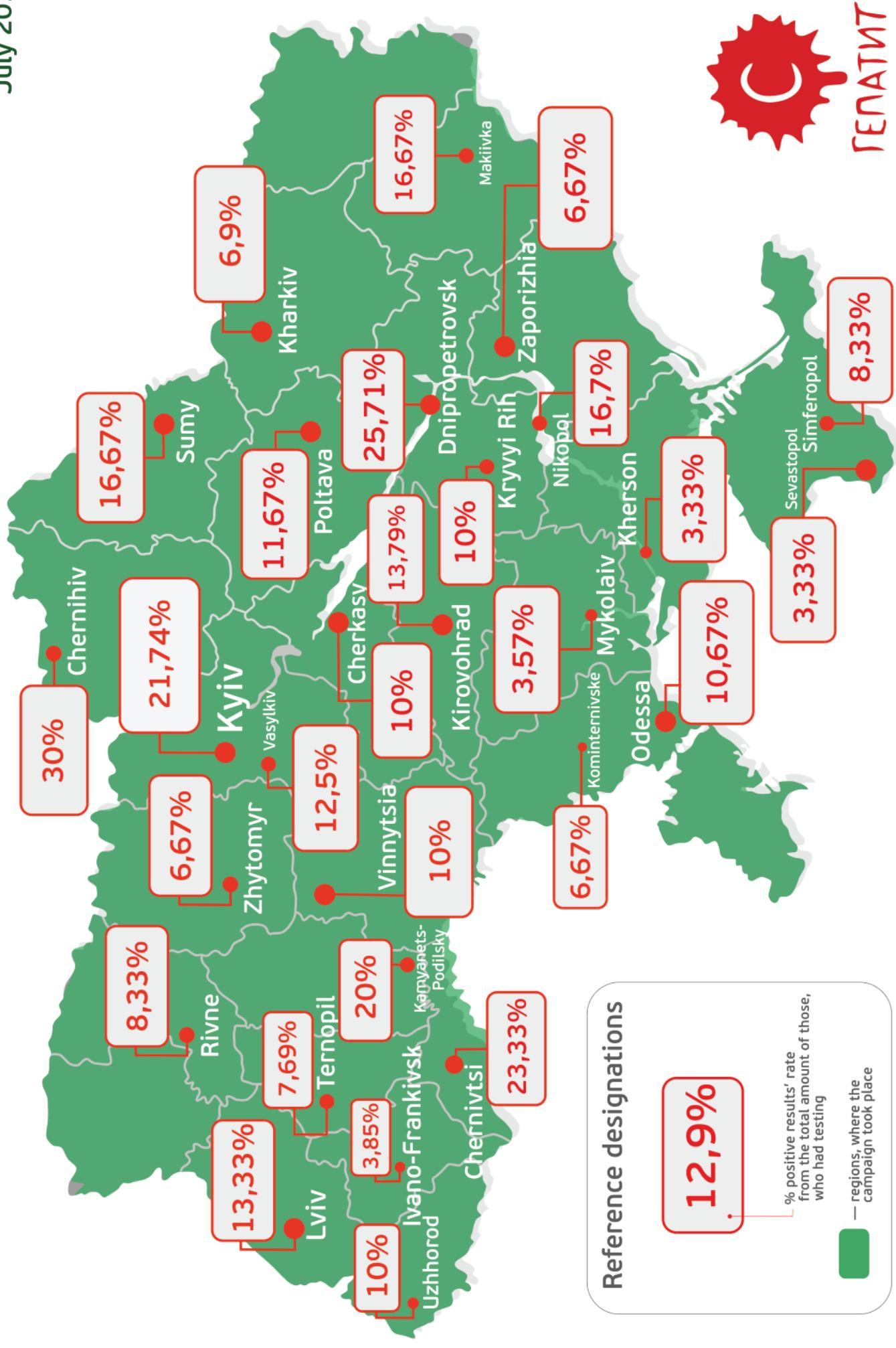
Large-scale free-of-charge hepatitis B virus preventive vaccination was rolled out using the high-quality vaccine “Engerix” by GlaxoSmithKline (Belgium) in healthcare institutions that cooperate with 95 NGOs. Totally, in 2012, 992 hepatitis B virus preventive vaccinations were made.

On July 27–30 in Kyiv and 36 cities of Ukraine within the framework of the All-Ukrainian “We Demand Treatment” program information and prevention events dedicated to the World Hepatitis Day were held. During the events everybody willing could pass free rapid testing for Hepatitis and obtain practical advice on prevention, get to know more on the diagnostics and treatment of viral Hepatitis. The campaign included conferences, public events, flash mobs, and projects on tolerant attitude development to marginalized groups under the “Living Library” approach. The campaign engaged 47 partner NGOs in different regions of Ukraine.

All over Ukraine 2,326 citizens got tested for hepatitis B and C viruses in course of the campaign. The largest percentages of people living with hepatitis in the total number of those tested was recorded in Pavlohrad (Dnipropetrovsk oblast) – 35.5%, Vasylkiv (Kyiv oblast) – 20.5%, Makivka (Donetsk oblast) – 19.3%, Dnipropetrovsk – 18.7%, Donetsk and Sumy – 16.5%. During the event more than 6000 signatures were collected under the petition to the Prime Minister of Ukraine with the demand to recognize the viral Hepatitis C epidemic in the country and, accordingly, approve the National program in Response to the Viral Hepatitis Spread.



The results of the express Hepatitis C testing in the Ukrainian towns within the framework of "We Demand Treatment!" campaign and regions covered by this campaign.
July 2013



6.5. Treatment of Tuberculosis

In 2012, within the framework of **the component “Improving Access to High Quality Services for Patients Having TB/HIV Co-infection”** under the Round 9 Program, there were efforts undertaken to create the conditions favoring the efficient tuberculosis treatment in co-infected clients.

1. Ongoing revision, update and development of the necessary legal framework in the sphere of medical care to HIV/TB co-infected clients. Energetic efforts were undertaken to include the following sections in the new clinical protocols on tuberculosis and TB/HIV: Tuberculosis detection and diagnostics in the PLWH via screening interviews and molecular genetic diagnosis; peculiarities of applying the VCT to clients living with TB on the initiative of health care professionals; guidelines on INH chemoprevention in the HIV-positive clients and treatment of clients living with TB/HIV using co-trimoxazole.



For the first time ever, the issues of arranging the management of the clients living with TB/HIV at different levels of medical care were included in the clinical protocol.

1. Ongoing involvement of the civil society representatives in providing the HIV prevention services to the clients living with TB. Now, 10 NGOs in 8 regions of Ukraine provide the prevention services. The public organization Union "Amikus" (Donetsk), Donetsk oblast charitable foundation "Variant" (Donetsk), public movement "Vira Nadiya Liubov" (Faith. Hope. Love) (Odesa), Mykolayiv Regional Charitable Foundation "Vita-Light" (Mykolayiv), All-Ukrainian charitable organization "Convictus Ukraine" (Kyiv), "Krok v Maybutnye" (Step to the Future) (Lysychansk), CO "Krok za Krokom" (Step by Step) (Kyiv), Zaporizhzhia regional branch of charitable organization "All-Ukrainian Network of PLHW" (Zaporizhzhia), CF "Hromadske Zdorovya" (Public Health) (Kryvyi Rih), Lviv charitable foundation "Salius" (Lviv). The ongoing work is based on tuberculosis clinics.

During 2012, 4,733 clients living with tuberculosis, including 1,912 IDUs, received the prevention services in tuberculosis clinics.

2. For the purpose of active involvement of the NGOs in TB detection and management of the TB clients, there were 4 trainings for the NGO representatives on the issues of TB prevention, attended by 119 participants.
3. For the purpose of creation of favorable conditions for holding the VCT for the clients living with tuberculosis, the "Technical Support of Creation of Appropriate Conditions for Pre- and Post-testing Counseling on HIV (for individuals and groups) at TB Clinics" was provided to 11 tuberculosis clinics.
4. For differential diagnosis of tuberculosis in the PLWH, 5 grants were given to open isolation wards for diagnosis in the AIDS Centers and 1 in the penitentiary facility according to the infection control requirements.
5. Information materials on the efficiency and safety of taking INH for TB prevention and its distribution in the target population were developed for the medical professionals and clients living with HIV/AIDS.

6.6. Procurement and Supplies

Medical Materials Supply

Within the framework of the Round 10 Program, during 2012, the medical goods procurement program was pro-actively continued by the Alliance-Ukraine to meet the considerable program requirements. The general amount of the supplied products constituted UAH 23.9 mln.

The most important among a wide variety of goods are the following:

- Syringes, syringe needles and alcohol wipes: the purchase amount constituted UAH 12.2 mln.;
- Condoms and femidoms: in 2012, the purchase amount constituted UAH 5.2 mln. Also, 22.7 mln. condoms (in an amount of UAH 6.7 mln.) procured in the earlier years were distributed additionally via the health promotion campaigns involving the partnering NGOs and healthcare and prevention settings;
- SMT medications (methadone and buprenorphine): UAH 2.7 mln.

Also, the supplies throughout the year included a wide variety of rapid tests for HIV, hepatitis and STIs (UAH 1.9 mln.), STI medications (UAH 0.6 mln.), hepatitis B vaccines (UAH 0.6 mln.), etc.

Large-scale procurements are evidenced by the fact that in 2012 the total imports of syringes and condoms constituted more than 30 TEU (twenty-foot unit, a widely used cargo measurement standard, which is equal to 20-foot-long container.)

The planned scaling-up of the program of diagnosis for HIV, hepatitides and STIs, in its turn, was supported by the supply of about 220,000 rapid tests and confirmatory ELISA tests. This helped the Alliance's partnering NGOs to encompass the most-at-risk populations as much as possible.

Providing for a many-tentacled cargo delivery system became yet another problem faced by the Alliance in fulfilling the procurement programs this year. Further scaling-up of the networks of Alliance's partners (about 130 NGOs, 190 treatment and prevention settings and 400 institutions involved in Alliance's common initiatives) required clearer and better concerted efforts in controlling the cargo transportation. Again, this work resulted in uninterrupted and loss-free goods supplies throughout the whole year.

In 2012, for the first time ever in implementation of the Global Fund programs in Ukraine, within the framework of the Round 10 Program, the Alliance carried out a series of procurements of medical goods to support the program activities of other recipients of the Program funds (AUCF "All-Ukrainian Network of People Living with HIV/AIDS and SI "Ukrainian AIDS Center"). In particular, a wide variety of medicines, diagnostic goods, condoms and consumables were procured and supplied to the recipients. It is expected that such cooperation will nothing but grow in future. This, in turn, will allow for a more efficient allocation of resources to provide for scaling up the programs.

Supplies in 2012 are characterized by the launch of cooperation with the United Nations Fund for Population Activities (UNFPA). In pursuance of memorandum signed with the UNFPA, the Alliance-Ukraine imported almost half a million of femidoms to Ukraine in late 2012. It is expected that such cooperation can evolve in the future into an ambitious program of common supplies.

Within the framework of the Round 9 Program, the procurements of a wide range of laboratory equipment and consumables, as well as the second line drugs for tuberculosis, were carried out. In particular, according to the approved list of equipment and consumables to be purchased, the procurement of medical supplies in a total amount cost of USD 5.1 mln. was carried out, including the following: thermostats, steam chambers, biological safety cabinets, laboratory centrifuges, vertical freezers, respirators, UV lamps, subject slides, Falcon-type tubes, sputum containers, containers for transporting subject slides, electronic scales, analytical scales, vortexes, devices for determination of bacterial turbidity, sets of concrete pipettes, containers for transporting sputum, etc.

For the first time 11 sets of the real-time PCR GeneXpert systems (GX-IV, 4-unit) of Cepheid (Sunnyvale, CA) were imported to Ukraine. The above equipment is used to diagnose tuberculosis and is designed to detect M. tuberculosis, and mutations responsible for resistance to rifampicin directly from sputum. It provides the test results within two hours. 6,380 sets of diagnostic reagents were supplied together with the system. The real-time PCR GeneXpert systems were supplied to the following regions of Ukraine: the Autonomous Republic of Crimea, and the oblasts of Lviv, Dnipropetrovsk, Donetsk, Zaporizhzhia, Kyiv, Luhansk, Mykolayiv, Odesa, Kharkiv, Kherson and Chernihiv. The equipment was given over based on the list of distribution approved by the MoH of Ukraine.

Also, agreements on supply of Hain Lifescience devices (2 units and consumables) were concluded. This kit of devices is used for diagnostic and research purposes in the laboratories to test and examine Mycobacterium tuberculosis. The equipment system is designed for rapid detection and identification of Mycobacterium tuberculosis complex and mutations leading to drug resistance to this strain of microorganism for the purpose of assigning an adequate scheme of antibiotic therapy to those living with tuberculosis. Supply of the equipment and consumables is scheduled for January 2013.

6 Bactec MGIT 960 automated workstations to detect M. tuberculosis and sensitivity to drugs and the first batch of consumables to them in a total amount of USD 907,000 were supplied and installed at beneficiaries', and the staff underwent training. The equipment was supplied to 6 regions (Sevastopol, Zakarpattia, Ivano-Frankivsk, Kirovohrad, Rivne and Chernivtsi oblasts) which had no analyzers until recently. These supplies have provided the regions of Ukraine with the specified equipment, thereby creating the opportunity for timely research.

A considerable cost savings of USD 1.3 mln. was received thanks to Alliance's tenders for supply of the laboratory equipment and supplies. Such savings and total savings under the program allowed for focusing more on the purchase of the second line drugs for TB. So, instead of the planned 120 treatment courses, 780 of them were procured. The treatment courses include 6 medications for the





The Alliance's supplies were covered by the media, particularly in relation to the visit of the Vice Prime Minister of Ukraine – Minister of Health of Ukraine, Rayisa Bohatyrova who during her field trip to the Mykolayiv oblast visited the regional TB clinic supplied with the automated GeneXpert device for rapid diagnosis of TB and drug sensitivity of its agents which will help reduce the diagnosis time from three months to two hours, consumables to the Bactec microbiological culture analyzer, test-tube centrifuge, biosafety cabinet, thermostats, microscope slides, boxes for storage and transportation of microscope slides, respirators, sputum containers, Falcon-type tubes for centrifugation.

In addition, the program "Letters of St. Nicholas" launched 6 years ago was continued by the Alliance in 2012. The program financed by the Ukrainian businesses aims at helping children who are in trouble because of certain circumstances. In particular, during the reporting year, medicines worth UAH 20,000 were purchased for the needs of NCSH "OKHMATDYT". The program will continue in 2013, as well as procurement of medicines and equipment at the cost of UAH 100,000.

Activities Optimization

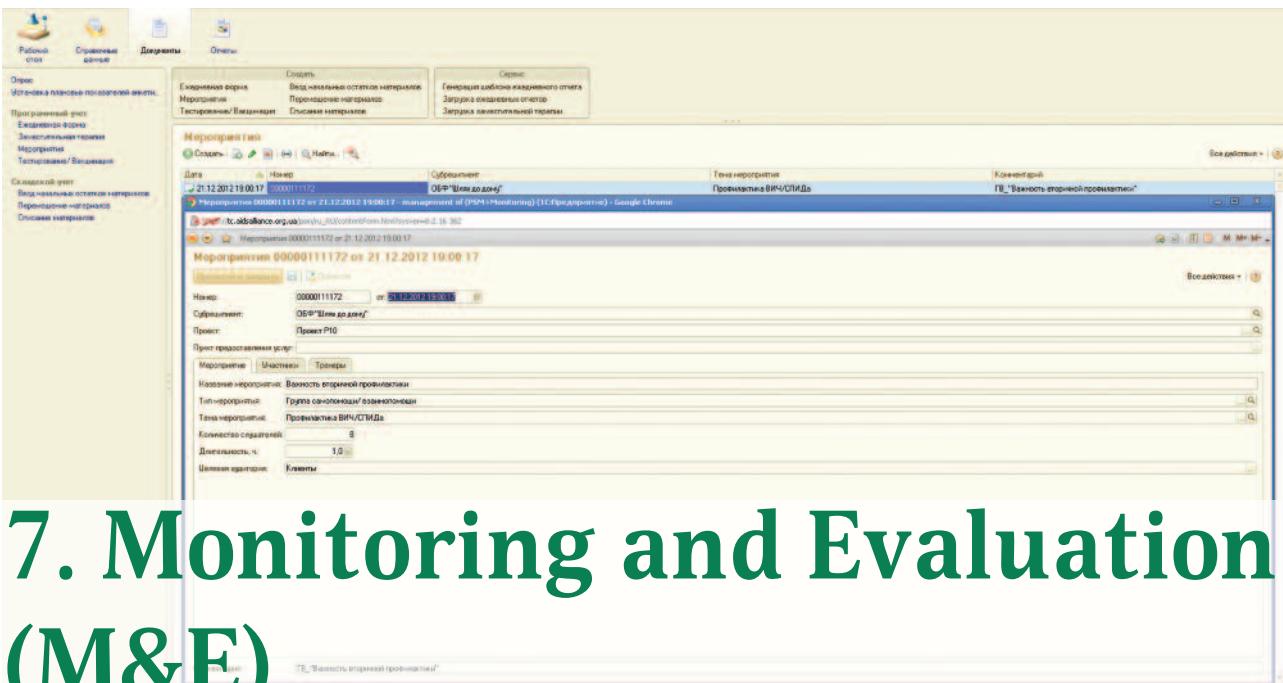
From the organizational and operational point of view, the transformation of the procurement procedure within the Alliance's organizational chart continued in 2012. The procurement process division into the formation of product features for procurement (done by programmatic experts) and the actual process of bidding and supplies (Alliance's procurement department) has become clearer.

Also, in 2012, the previously established practice of consolidation and transfer of all the Alliance's procurements, including administrative ones, to the procurement department, became even more efficient. This allowed for standardizing of all the procurements and carrying them out at a consistently high level for a wide spectrum of goods and services (ranging from office supplies and paper to specialized behavioral researches). The key to success also lies in strengthening the cooperation between different departments, including the support on behalf of the Alliance's finance department.

It is also worth mentioning a considerable progress in procurement of services for the organization and holding of 5 operational and biobehavioral studies in a total amount of more than UAH 5.2 mln. In particular, this concerns the area of behavior monitoring and HIV prevalence in the foreign migrants in Ukraine, continuation of behavior monitoring and HIV prevalence in the target populations. In future, the findings of this research are going to be the basis for developing further strategies for outreach activities, monitoring and evaluation of the prevention programs.

intensive and maintenance phases of treatment: capreomycin, kanamycin, cycloserine, levofloxacin, ethionamide and para-aminosalicylic acid. Some drugs have already been imported and supplied to the clients, and the others will be delivered in 2013. Now, medications for the intensive phase of treatment of 588 clients were supplied to 12 regions (Autonomous Republic of Crimea, Dnipropetrovsk, Donetsk, Zapozhzhia, Kyiv, Luhansk, Lviv, Mykolayiv, Odesa, Kharkiv, Kherson and Chernihiv oblasts).





7.1. Capacity Building in the Field of M&E

In 2012, the Alliance endorsed the work on professional development of the specialists working in the field of M&E. In particular, there were 3 basic trainings for specialists of the national and regional M&E centers held in collaboration with the Center for Disease Control (CDC). Participants of the training were able to learn the basic concepts of monitoring and evaluation, the M&E levels and indicators, methods of data collection and reporting, data and data flow management, evaluation of the readiness of a M&E system, and the requirements of the GF to the monitoring system. There were 2 trainings related to organizational and methodological issues of cost estimates, including a discussion of problematic aspects of this work, and a summary of positive experience, aiming at improving the financial monitoring skills of the regional M&E specialists.

Also, the Alliance continued to focus on the professional development of scientists, analysts and sociologists of the research agencies that cooperate with the Alliance in data collection and analysis. Thus, in February 2012, the Alliance together with the International Program for Development Evaluation Training conducted the mini-IPDET development evaluation training, thanks to which 20 analysts learnt the approaches to the program and project evaluation.

In April 2012, the ICF “International HIV/AIDS Alliance” together with the Center for Disease Control and the Fogarty AIDS International Training & Research Program held the training in data analysis and preparation of publications for international academic periodicals. Subsequent to it, the Ukrainian received an opportunity to have publications describing their experience published in international academic periodicals.

To improve the professional level of sociologists engaged in the vulnerable population researches, 6 specialists representing social agencies attended the international conference on research methods and estimation of the number of vulnerable populations held in New Orleans (US) in November 2012.

Developing National and Regional M&E Systems

In 2012, there were 4 meetings of the interdepartmental working group on monitoring and evaluation of efficiency of program activities in response to HIV/AIDS. Specifically, on May 30 – June 1, there was a meeting in Odesa devoted to summarizing the implementation of the Round 6 Program of the Global Fund and planning the future activities for M&E development, “Summarizing the Activities in the Development of a Unified System for Monitoring and Evaluating the Effectiveness of Measures Aimed at HIV Prevention within the GF Round 6 Grant Program, and Identifying the Priority Areas of M&E as a Part of the GF Round 10 Grant Programs”.

On July 9–13, 2012, on the initiative of the State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases, in Yalta (Autonomous Republic of Crimea), there was a meeting which summarized development of the regional M&E systems, planned next steps in this area, and also provided for training for the specialists of the regional M&E centers in formation of data analysis skills.

Publications

In the second half of 2012, publications on 2011 researches were finalized. In particular, the following analytical reports were published:

- “Monitoring of Behavior and HIV Prevalence in the MSM as a Component of Second Generation HIV Epidemiological Surveillance”;
- “Monitoring of Behavior and HIV Prevalence in the IDUs as a Component of Second Generation HIV Epidemiological Surveillance”;
- “Monitoring of Behavior and HIV Prevalence in the CSWs as Component of Second Generation HIV Epidemiological Surveillance”;
- “Monitoring of Behavior and HIV Prevalence in the Ukrainian labor migrants as Component of Second Generation HIV Epidemiological Surveillance”;
- “Estimation of a Size of the Populations that Are Vulnerable to HIV in Ukraine.”

The circulation of all the reports constitutes 500 copies submitted to all organizations that are involved in the response to the epidemic at the national and regional levels.

The published reports are a source of interesting and useful information on the changes in behaviors and the spread of HIV and other infections in the key most-at-risk populations. The data contained in the reports reflects the situation at the national and regional levels. All reports were translated into English and are available on the Alliance’s web-site, in the Infocenter section at: <http://www.aidsalliance.org.ua/cgi-bin/index.cgi?url=/ua/library/our/index.htm>

Researches

At the end of 2012, in cooperation with the Ukrainian Center for Socially Dangerous Disease Control of the MoH of Ukraine the following three bio-behavioral studies were launched:

1. “Monitoring of Behavior and HIV Prevalence in the Ukrainian Labor Migrants as a Component of Second Generation HIV Epidemiological Surveillance” held by the “Center for Social Expertise of the Institute of Sociology of the National Academy of Science of Ukraine” in collaboration with the International Organization for Migration in 5 cities of Ukraine: Kyiv, Odesa, Kharkiv, Luhansk and Donetsk. The target populations of the study are labor migrants, foreign students, and refugees/asylum seekers. 1,100 persons are included in a survey sample. The RDS (respondent-driven sampling) methodology is used. The research provides for blood testing for labor migrants using rapid mono-tests for HIV, syphilis, hepatitis B and C.

2. "Monitoring of Behavior and HIV Prevalence in the IDUs as a Component of Second Generation HIV Epidemiological Surveillance" was conducted by the Public Organization "O. Yaremenko Ukrainian Institute for Social Research" in 27 cities of Ukraine. 9,200 IDUs are included in a survey sample. The RDS methodology is used for sampling. The study provides for blood testing for IDUs using rapid mono-tests for HIV and hepatitis C.
3. "Monitoring of Behavior and HIV Prevalence in the MSM as a Component of Second Generation HIV Epidemiological Surveillance" is held by the SE "Center of Social Expertise of the Institute of Sociology of the National Academy of Science of Ukraine." 8,250 MSM are included in a survey sample. The RDS (respondent-driven sampling) methodology is used. The study provides blood testing for the MSM using rapid mono-tests for HIV. The specific feature of this study in the MSM is a parallel online survey. The purpose of the online survey is validation of the data obtained through the primary research in the MSM. The RDS methodology is also applied to the online survey. The sample includes 800 persons.

A specific feature and advantage of new studies in the IDUs and MSM is that a new test system which was developed in 2012 by the CDC (Atlanta) and allows for looking into both HIV prevalence and incidence rates is going to be used in such researches for the first time.

To analyze the efficiency of the services provided by the NGOs to the IDUs, the work in planning the first large-scale cohort study in the IDUs who are clients of the prevention programs was started. Experts of the CDC HIV/AIDS Ukraine office and the Fogarty AIDS International Training and Research Program (US) were involved in the development of the Research Protocol. Public organizations from 11 regions of Ukraine are going to participate in the research. Implementation of the research is scheduled for the next two years.

7.2. Development of Programmatic Monitoring

In 2012, the Alliance-Ukraine paid considerable attention to implementation of the new system for record keeping on programmatic activities, i.e. the online version of SyrEx allowing for the real-time analysis and control, improving and standardizing the record-keeping on clients and prevention services available to them at different levels..

Online Version of the SyrEx software

The software and hardware of the system for the record-keeping on client testing for HIV, STIs, and hepatitis B vaccination were updated. The new version includes the record-keeping on the entire process ranging from testing, counseling, obtaining rapid test results and referrals of the clients to the healthcare settings for registration on outpatient medical records or obtaining further medical and social services in the healthcare settings. All the information is entered according to the client's code, ensuring his/her anonymity and allowing for a comprehensive analysis of the impact of prevention programs.

The new version of the record-keeping system contains a section on record-keeping on clients on the SMT. Information from all over the country is collected by the regional specialists in data collection and is imported into the system under the clients' codes. As a result, it is possible to validate the summary data for Ukraine and analyze client retention on the SMT.

The introduction of the new version of the record-keeping system in 2012 required additional efforts on behalf of both the Alliance and NGOs. Just before the release of the online record-keeping software system in May 2012, 5 trainings were conducted for project documenters, where the participants learnt the new version and were able to express their wishes regarding the system devel-



Most of the tasks set for the online record-keeping system were fulfilled in 2012; next steps in its development for the sake of automation of all processes of programmatic planning and analysis of results of the prevention programs were scheduled for the next year. The Alliance-Ukraine continues to provide technical support to the organizations working with the new version of the software and using SyrEx for the analysis of current activities.

Improved Record-Keeping Policies in the Field of M&E

In early 2012, an instruction for documenting programmatic activities under the projects was developed and consolidated the basic provisions on document management under the projects. Instruction includes a list of recommended initial documents, the terms of their storage and monitoring.

For validation of records in the SMT projects, a special electronic document was drawn up for the record-keeping on clients receiving the ST services in Ukraine. This document allowed for obtaining code-by-code data on retention of clients on the SMT and validating the summary report data on the number of unique clients on the SMT.

An important step towards the improved record-keeping on clients who are referred to healthcare settings is the development and implementation of the “Algorithm of Referral and Record-keeping on Clients Having the Positive Result of a Rapid Test for HIV between NGOs/Centers of Social Services for Family, Children and Youth, and Healthcare Settings”. The Algorithm was approved by the Medical Ethics Committee of the L.V. Hromashevskyi Institute for Epidemiology and Infectious Diseases of the AMS of Ukraine. A part of the Algorithm is a referral coupon containing the information on prevention project clients' actual visits to healthcare institutions and putting of them on outpatient medical records. A similar Algorithm works in the projects providing the services of testing for the STIs.

With the release of the online version the detailed instructions for record-keeping on programmatic activities in the online system were developed:

- Maintaining daily records of materials supplied to the clients, provided services and referrals to the relevant specialists.
- Maintaining of the record-keeping on information and educational materials.
- Maintaining of the record-keeping on counseling and testing for HIV, STIs, and hepatitis B vaccination.
- Maintaining of the record-keeping on preventive measures of subrecipients.

Also, due to the completion of the Round 6 Program and the beginning of the Round 10 Program of the Global Fund, the detailed instructions for quarterly reporting of subrecipients were developed in 2012.

opment. After the program release, the organizations received on-the-ground technical support on data entry. Also, a technical support hotline was launched and employed by the organizations, in case they had any questions regarding the record-keeping.

According to the results of collaboration with NGOs, there were actions undertaken to develop the new system, and by the end of 2012, the Alliance-Ukraine reported to the donor using data from the new system.

Introducing the Uniform Client Record-keeping System

The year 2012 was marked with completion of the client re-coding process that lasted for a year since the introduction of the uniform client record-keeping system in the HIV/AIDS prevention projects in 2011. Client codes are used in projects under the unified principle, allowing for receiving accurate information on the coverage of clients with the prevention services. The code is entered for a uniform client card helping improve clients' access to the services of prevention projects, promote regularity of providing prevention service to the clients, as the card helps the client receive the services in various organizations throughout Ukraine. In course of data aggregation, the client who received the prevention services in several organizations is counted as one client.

According to the 2012 results, the highest indicator of receiving services in the different NGOs is observed in the IDUs, as 4.2% of them received the services in more than two NGOs simultaneously. This figure for the SW constituted 3.8% and 1.6% for the MSM. Thus, the implementation of the unique coding system resulted in reduced indicators of the client coverage. For instance, the annual coverage of the IDUs at the national level fell by 7,629 clients, the coverage of the CSWs – by 1,166 clients, and that of the MSM – by 327 clients, as evidenced by the following data table.

Most-at-risk populations	Number of clients reached, under the old coding system	Number of clients reached, under the old coding system	Percentage of reduced coverage in the wake of the introduction of the unique client coding system
IDUs	179587	171958	-4.2%
SWs	30209	29043	-3.8%
MSM	20386	20059	-1.6%
Prisoners	30096	29818	-0.9%
IDUs' partners	3823	3800	-0.6%
Street children	8667	8602	-0.7%

The introduction of the unique coding system unifies and standardizes the process of client registration; provides the clients with the opportunity to receive the HIV prevention services in all the non-government institutions managing such projects; reduces the likelihood of duplication, and increases the data accuracy.

Alliance-Ukraine's Data Quality Confirmed

Reliability of the reported data was verified in the course of independent audits. In August 2012, a local agent of the Global Fund conducted data verification at 7 sites. The verification showed "very good results" for each of the three indicators (number of the IDUs reached, number of the VCT services provided, number of the clients on the SMT). According to the on-the-ground verification findings, the data have been verified and correspond to those reported to the donor with a deviation of less than 10%.

International Version of SyrEx

In early 2012, the SyrEx software for the record-keeping of the clients and services provided to them was adjusted for India. Already in March 2012, there was a training held for the India HIV/AIDS Alliance. In 2012, SyrEx was launched in another country, Kenya. Since September, the Kenya AIDS NGOs Consortium has begun to use the software customized to its needs. Over the year, an updated version for Malaysia was released. The Malaysian AIDS Council has been maintaining the programmatic record-keeping using the SyrEx software since 2011.

The Alliance-Ukraine continues to provide technical support to its foreign projects.

8. Controlling the Financial Management of the Programs

8.1. NGOs Rating System

The Alliance–Ukraine supports implementation of the grants by partnering organizations through developing intervention programs, coordinating activities at the regional level, as well as carrying out the activities of the programmatic and financial support to beneficiary organizations.

The appointed software and financial experts are cooperating with each organization on a regular basis. They contact the organization regarding the current issues on a regular basis and receive the quarterly programmatic and financial statements. Monitoring visits during which specialists review accounting documents, verify the progress of activities, communicate with service providers and recipients are carried out once per 6 months.

So, in 2012, there were 259 monitoring visits held.

On a quarterly basis the Alliance–Ukraine holds evaluation (rating) of beneficiaries' performance under the programs, taking into account the program efficiency indicators, the level of compliance with standards of programmatic and financial activities. Subsequent to the rating, the co-implementers may be provided with further funding, technical support, or the feasibility of further cooperation may be considered.

Thanks to the programmatic and financial assistance provided in 2012, there was an increase in the programmatic ratings of organizations implementing the Alliance–Ukraine's projects (Chart 8).

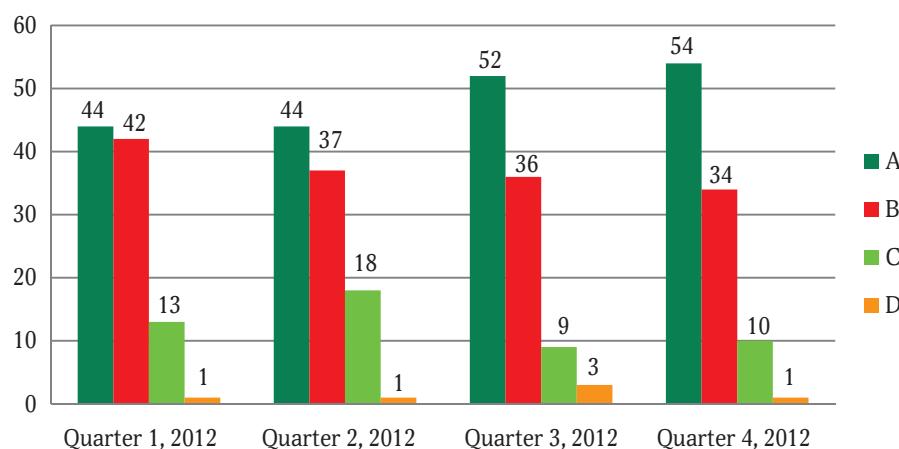


Chart 5. Percentage of Organizations with Relevant Quarterly Rating for 2012, %



9. Technical Support of Public Organizatio

9.1. Technical, Methodological and Guidance Support for the Ukrainian HIV-service NGOs

Established in 2011, throughout the year 2012 the Technical Support Team of the ICF “International HIV/AIDS Alliance in Ukraine” was carrying out significant work to establish a methodological and technical framework of technical support to organizations working in harm reduction among the populations that are most vulnerable to HIV. The main task of the Technical Support Team is to strengthen the capacity of organizations to provide quality services that meet the needs of the target populations and efficiently respond to the epidemic in the region, including the development of innovative services the content of which meets the current needs of the clients and takes into account the current trends in the epidemics (Chart 9).

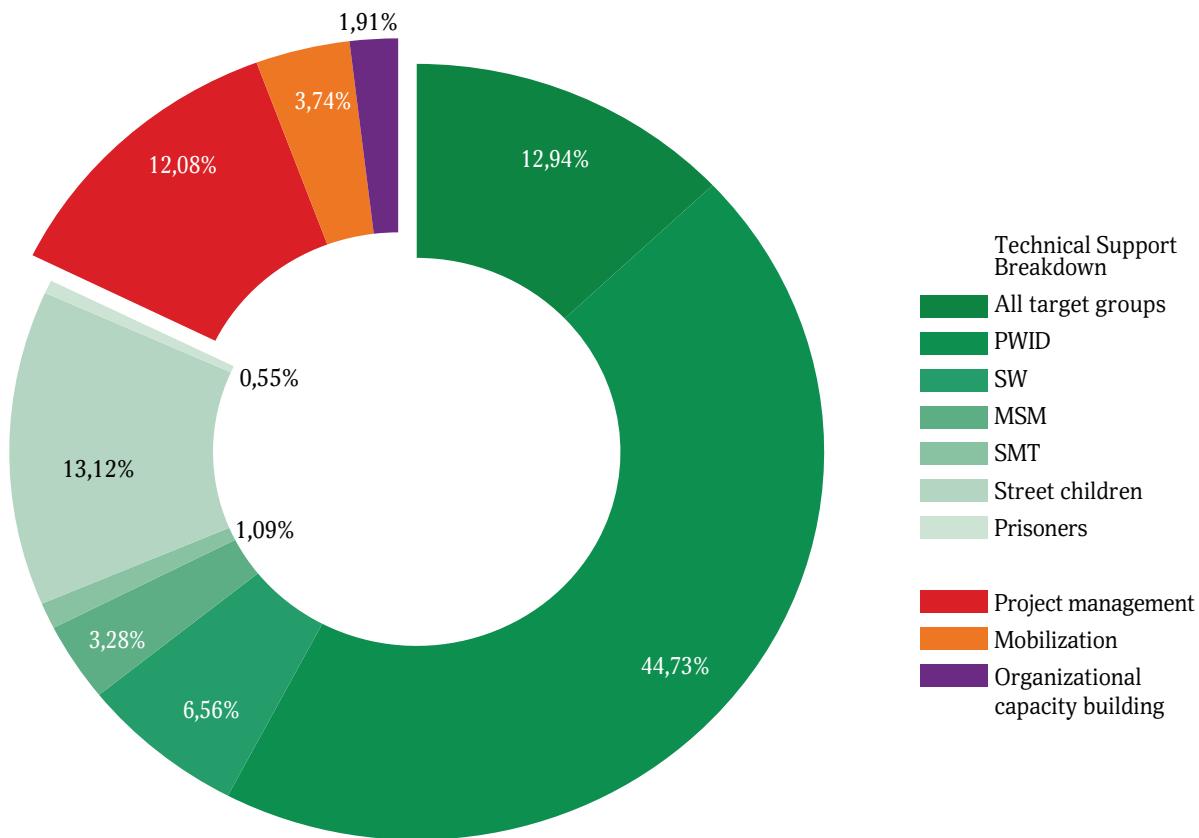


Chart 6.

To perform this task, the Technical Support Team uses an integrated evidence-based approach inclusive of the following main areas.

1) New approaches towards prevention in the most vulnerable populations:

- Analyzing the situation in Ukraine, studying the results of research, international experience, conducting operational surveys, etc.;
- Developing approaches to providing the prevention services, including the adjustment of best practices to the Ukrainian realia, and creating innovative approaches using modern information technologies.;
- Discussing new approaches with the Expert Groups on HIV prevention in the IDUs, CSWs, MSM, MARAs, etc.;
- Training professionals to implement new approaches, accompanied by the development of training modules, guidelines, teaching materials, and training of the instructors.
- Piloting new approaches, accompanied by a special evaluation.
- Development of methodological publications describing algorithms of implementing new approaches.
- Involvement of international experts in the design, implementation and evaluation of pilot projects.

During 2012, the following new activities were developed:

- Integration of services of early detection of tuberculosis in the clients of harm reduction projects;
- Implementation of the client management approach for broader involvement of the vulnerable populations in the ART;

- Supervision of the implementation of the intervention on counseling for IDUs sexual partners;
- Gender-sensitive approaches towards service delivery;
- Web-based counseling for the vulnerable populations.

All these areas will be pro-actively expanded in 2013.

2) Systematic advanced training of specialists of the HIV-service NGOs and public organizations:

- Developing modules and training the instructors;
- Holding trainings, seminars and conferences at the national level, etc.;
- Cascading the training at the regional level through interregional knowledge hubs;
- Preparing the training modules and instructional materials for printing;
- Developing the awareness-raising materials and guidance for social services professionals;
- Developing and implementing the online course "Harm Reduction Lessons" for social services professionals.

Totally, in 2012, 47 national trainings and workshops were held to train more than 700 specialists. The key topics for these events were as follows:

- Reproductive and sexual health.
- Group-level interventions.
- Specifics of social and psychological counseling for the most vulnerable populations.
- Programmatic monitoring and evaluation.
- Specifics of the outreach work with different target populations.
- VCT, etc.

In 2012, the course of theoretical and supervision trainings for psychologists providing counseling services to the MSM and LGBT community representatives was launched. Within the framework of this course 7 trainings were carried out during which the participants could familiarize with the relevant information material regarding sexuality, identity, transgender, (internal and external) stigma, as well as regarding the eye movement desensitization and reprocessing theory, paraphilia, psychological dramas, domestic violence and post-trauma stress, etc. This course was held jointly with the Mykolayiv Association for Gays, Lesbians and Bisexuals "LiGA".

Moreover, they had an opportunity to familiarize and work out different methods of MSM

and LGBT work such as operations with stones, cards, collage, "mask" and many other things. Within each training supervision sessions for counselors Balint groups were held during which the participants could work out the most urgent and difficult issues of their work. After 7 theoretical and supervision trainings the participants voiced their expectations for their continuation in the future. 20 psychologists were educated under the course. In pursuance of the Strategy for Reforming the System of Social Services training programs and a training module for specialists from the Social Services for Family, Children and Youth, and professionals in social management of families facing difficult life circumstances were developed together with the Ministry of Social Policy and the international organization "Partnership for Every Child". In the first half of 2012, under these training programs there were 4 trainings for trainers who will educate 12,000 social workers in all the Ukrainian regions for social management of families facing difficult life circumstances. All in all, 105 participants were trained. In July 2012, in the city of Zaporizhzhia there were 2 regional trainings for new Zaporizhzhia oblast social workers who will be engaged in social management of families facing difficult life circumstances. All in all, 67 people were trained.

3) The targeted technical support to the organizations was provided through:

- Study visits;
- Internships in the more experience and higher ranked NGOs (with the assistance of the interregional knowledge hubs);
- Helping the organizations in crisis;
- Counseling on services provision and other issues regarding the program. Since December 2012, the department of news and counseling for partners is maintained in the Facebook social network: <http://www.facebook.com/TechnicalSupportAllianceUkraine>.
- Supervising pilot projects, etc.

In 2012, there were two international study visits

- In April 2012, a study visit to the projects on HIV prevention in German female sex workers (Berlin and Hamburg).
- In March 2012, a study visit to the Canadian "Street Nurse" project (Vancouver).

In addition, there were two study visits within Ukraine for the representatives of projects on HIV prevention in the MSM.

These visits resulted in the developed innovative projects, improved existing services or new ones introduced for the target populations with their quality improved.

9.2. Rallying Social Workers

Starting from 2010, the Alliance-Ukraine has traditionally held the Annual Forum of Social Workers. The idea of holding a forum of social workers involved in HIV prevention, care and support programs has been repeatedly expressed by social workers at many regional meetings and then reflected in the work schedule of the Program of Ukraine supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The purpose of the forum is to unite social workers involved in HIV prevention, care and support programs for vulnerable populations in their efforts to ensure good quality and continuity of the programs and to put in place training and retraining systems.

May 29 through June 1, 2012, the 3rd Forum of Social Workers engaged in implementing prevention programs for the vulnerable populations, care and support for the PLWH was held within the framework of the Round 6 Program of the Global Fund Fight AIDS, Tuberculosis and Malaria in Ukraine.

The tasks of the Forum are the following:

- Promoting the rallying and mobilization of social workers for social security, mutual professional support and formation of a professional identity;
- Ensuring the exchange of experience and best practices in the organizational and financial management of social work and involvement of local resources;
- Informing and exchanging experience related to innovative and efficient technologies of social work with specific target populations and subpopulations, and program implementation.

The Forum was attended by over 160 participants who represented governmental and non-governmental agencies that implement prevention programs for the vulnerable populations, care and support for the PLWH, and professors of the Ukrainian universities. Like last year (under the 2nd Forum held on **June 21-24, 2011**), the participants were selected from the range of social workers with over 1 year of experience based on surveys, taking into account the activity rate.

Selection of the participants from among social workers from different regions of Ukraine, development of the tasks of the Forum, preparation of the campaign program, assisting in the preparation of presentations, as well as facilitation of all the Forum sessions, were carried out on a voluntary basis by the Steering Committee.

In the course of the Forum, best practices of social work with the target populations (IDUs, CSWs, prisoners, PLWH, MSM, street children, SMT clients) were presented with the following issues highlighted:

- Professional development and professional identification of a social worker;
- The possibility of advanced training of social workers at different levels;
- Efficient use of local and oblast resources;
- Social entrepreneurship and employment of clients;
- The role of a social worker in system of information development and decision-making;
- Interaction with the public services and qualified professionals;
- Management of volunteers and work with the staff;
- Religion and prevention programs;
- Commencement of the grant of the Round 10 Program of the Global Fund: tasks, target populations, and regulations;
- Protection of the rights of a social worker.

Not only did the Forum participants approve regional plans for fulfillment of the Forum tasks over the year to come and adopt a social work development resolution, but also signed the appeal to M. Ya Azarov on the need in prevention services social contracting.

The main Forum achievements, as the next stage of mobilization of social workers are the following:

- An active exchange of experience lasting for four days of the Forum;
- Formation of cohesive and active regional teams of social workers who are ready to efficiently refer the clients, assist social workers in their advanced training, and coordination of efforts;
- Formation of social workers' readiness to solve most of the problems on their own;
- A common uniform identity of social workers and national unity to better quality and feasibility of the services.

The Forum participants expressed a willingness to meet in the following year and suggested organizing the 4th Forum in the form of a tent city.



9.3. Operational Surveys

In 2012, three unique ethnographic surveys in the IDUs, FSWs and MSM were conducted for the first time in Ukraine. Their specificity was to examine a “life world” or a “life style” of the target populations, describing their daily life, characteristics of interaction with their social environment and behavior patterns, etc.

The **Ethnographic Survey of the Drug Users’ Lifestyle** captivated the young Kyivans (aged 18–25 years) who inject such drugs as stimulants (methamphetamine), opiates (liquid opium extract), and “crocodile” (desomorphine). In-depth biographical interviews, observations, demonstration of manufacture and injection of drugs, discussions in focus groups, etc., were chosen as research methods.

The main findings of the ethnographic survey in the IDUs are the following:

- The transition from non-injective to injective drugs use usually occurred during the first year of drug use. There is a correlation between the frequency of use of non-injecting drugs by the users and the speed of transition to injecting.
- The IDUs who use non-injecting drugs are dominated by young people under 18. Transition to injecting codeine-based substances in this target population is faster than in the others.
- There is a clear trend towards a rapid transition of the IDUs to the use of desomorphine (“crocodile”) for a number of reasons:
 - The high price of opiates;
 - Poor quality of opiates;
 - It is easy to cook desomorphine at home;
 - The effect of desomorphine is similar to the effect of the use of opiates;
 - The changed pattern of sale and purchase of ready-made opiate drugs (via Internet and phone), which prevents easy and quick access to drugs for some IDUs;
 - The changes legislation regarding the drug dosage, subject to criminal liability, etc.
- There are significant risks of infection while cooking desomorphine at home due to the following factors:
 - Reuse of the equipment;
 - Reuse of syringes to gather drug from the equipment;
 - No drug boiling under the recipe;
 - Failure to comply with the health & hygiene standards while preparing drugs at home, etc.
- The IDUs do not use condoms with a regular sexual partner (with whom they have sexual relations for 1–3 months), explaining that by the sign of “trust” to the female or male partner and a proof of seriousness of their intentions.

The **Ethnographic Survey of the MSM’s Lifestyle** was conducted in Kyiv, Donetsk and Chernivtsi among men having sex with men, and their closest environment, i.e. fathers, brothers, sisters, wives, etc. The survey methods were chosen to be flexible biographic interviews using psychological techniques, inclusive of observations by the researchers, in-depth interviews and focus-group discussions, etc.

This survey resulted in the following findings:

- There are a number of stereotypes and myths in the MSM, and they can be a ground for risky behaviors. So, according to the respondents, it is a must to use a condom in sexual contacts with male partners, while using it in sexual contacts with a female partner or with a “reliable” or “responsible” male partner is deemed not to be a must by some MSM. At that, the criteria of sexual partner’s “reliability” and “responsibility” are too subjective and vague.



- This myth, first and foremost, is associated with the fact that the MSM acknowledge that they belong to a most-at-risk population. Still, a portion of the MSM is sure that sexual contacts with “reliable” and “responsible” partners or with partners who comply with the number of their subjective criteria of “reliability” (e.g., married men with a high social status) reduce the risks of exposure to HIV and other STIs. The spread of such myths and stereotypes among the MSM can be a reason for getting HIV and other STIs and requires a more detailed attention from non-governmental organizations.
- False considerations on the need to use a condom with various categories of partners are popular, too. For instance, most of the MSM differentiate sex with a permanent partner which does not require individual protection items and sex with occasional partners, the so-called lovers, when condom use is desirable and necessary.
- The MSM use a condom more often in course of anal sexual contacts as compared to oral ones. At that, most of the MSM realize that the oral sex without prevention items is a manifestation of the risky sexual behavior.
- Sexual contacts in night-clubs and cruising areas are quite a wide-spread phenomenon for the MSM who visit them. Usually, the MSM who have sexual contacts in the clubs and cruising areas less often care about the issues of safety and risks of exposure to HIV and other STIs.
- Quite a wide-spread practice is group sexual contacts (threesomes) and also sexual contacts under alcohol intoxication.
- Use of alcohol is quite wide-spread among the MSM. Most of them belong to the group of systematically drinking people. As a rule, the MSM use alcohol to relax, mitigate restraint and psychological tension before a sexual contact.
- The practice of drug use by the MSM is less spread, compared to use of alcohol. The MSM are mostly users of light narcotic substances.

The Ethnographic Survey of the Sex Business in Kyiv, Odesa, Donetsk and Lviv covered both the FSWs and their employers (pimps, house-keepers, body guards, etc.) Techniques of the survey were in-depth interviews, psychological techniques, observations, etc.

The survey key findings are as follows:

- The working hours for the FSWs vary from 3 to 11 hours per day.
- The FSWs’ workload varies greatly. On average, the FSWs service from 10 to 20 clients per week.

- Practically all the FSWs have permanent commercial clients with their number being from 1 to 4 people.
- The FSWs have entrenched myths and stereotypes regarding risks of exposure to HIV. So, the FSWs are sure that married clients can't be HIV-positive, they are "clean", because they have two female partners only, i.e. a wife and one FSW. Furthermore, FSWs' permanent clients are also "clean", can't be HIV-positive, ill, etc.
- Use of alcohol, in particular in big volumes and directly before started the "work", is quite spread in the polled FSWs.

In 2012, implementation of the pilot project on distribution of femidoms (female condoms) distribution in MSM was evaluated. The evaluation was carried out in 5 cities of Ukraine: Kryvyi Rih, Cherkasy, Mykolayiv, Lviv, Kyiv at the MSM-service organizations. Among the tasks of evaluation, the following could be singled out:

- Determining the specifics of counseling of the MSM on the use of femidoms;
- Exploring the major complications related to the distribution of femidoms in the MSM, and the means of addressing them;
- Providing guidelines for the possible inclusion/non-inclusion of femidoms in prevention work in the MSM, etc.

The main findings of the evaluation are the following:

- The interviewed MSM are generally positive about the prospects of introducing femidoms among MSM as an alternative to condoms.
- For the MSM the main motivating factors for using femidoms are a desire to experience new, pleasant feelings and a positive example on the part of the social environment.
- Among the difficulties of femidoms distribution in the clients of the MSM-service NGOs, the social workers name the novelty of femidoms as contraceptives and MSM's low awareness of them.
- Difficulties when using femidoms by MSM, first of all, are related to their misuse for the first time and, accordingly, to the formation of negative attitudes towards femidoms because of the first bad experience, etc.

The results and findings of these research data laid a foundation for preparing a number of recommendations for the HIV-service NGOs on the specifics of working with the target populations, development of awareness-raising and training materials for the NGO professionals and representatives of the populations that are vulnerable to HIV.





9.4. Activities of Interregional Knowledge Hubs (IRKHS)

In 2012, 11 interregional knowledge hubs supported by the Alliance continued to provide pro-active technical support to the HIV-service organizations in all the oblasts of Ukraine. The main tasks of the IRKHS in this project year were the following:

- Knowledge and skills support for staff members of the HIV-service NGOs to provide for the quality prevention services to clients of the harm reduction programs.
- Arrangement and holding of cross-sectoral working meetings aiming at coordinating activities in response to HIV/STIs/TB/hepatitides at the regional level.
- Technical support to the organizations, including training, counseling, statistical data collection and analysis, preparation of analytical, review, reference and PR-materials, provision of literature, logistic services, etc.
- Supervision sessions for permanent groups of psychologists of the regional HIV-service organizations on a regular basis, etc.

Training and educational activities of the IRKHS in this project year were focused on the following:

1) Quality of provision of certain services. For that purpose the following topical trainings and workshops were held: "Fundamentals of Social Counseling of IDUs: Stages and Algorithms", "Fundamentals of Social Counseling of the SWs: Stages and Algorithms", "Motivational Counseling", "Outreach Work with the IDUs", "Outreach Work with the CSWs", "Facilitation of Self-help Groups and Meeting Groups", "Client Management".

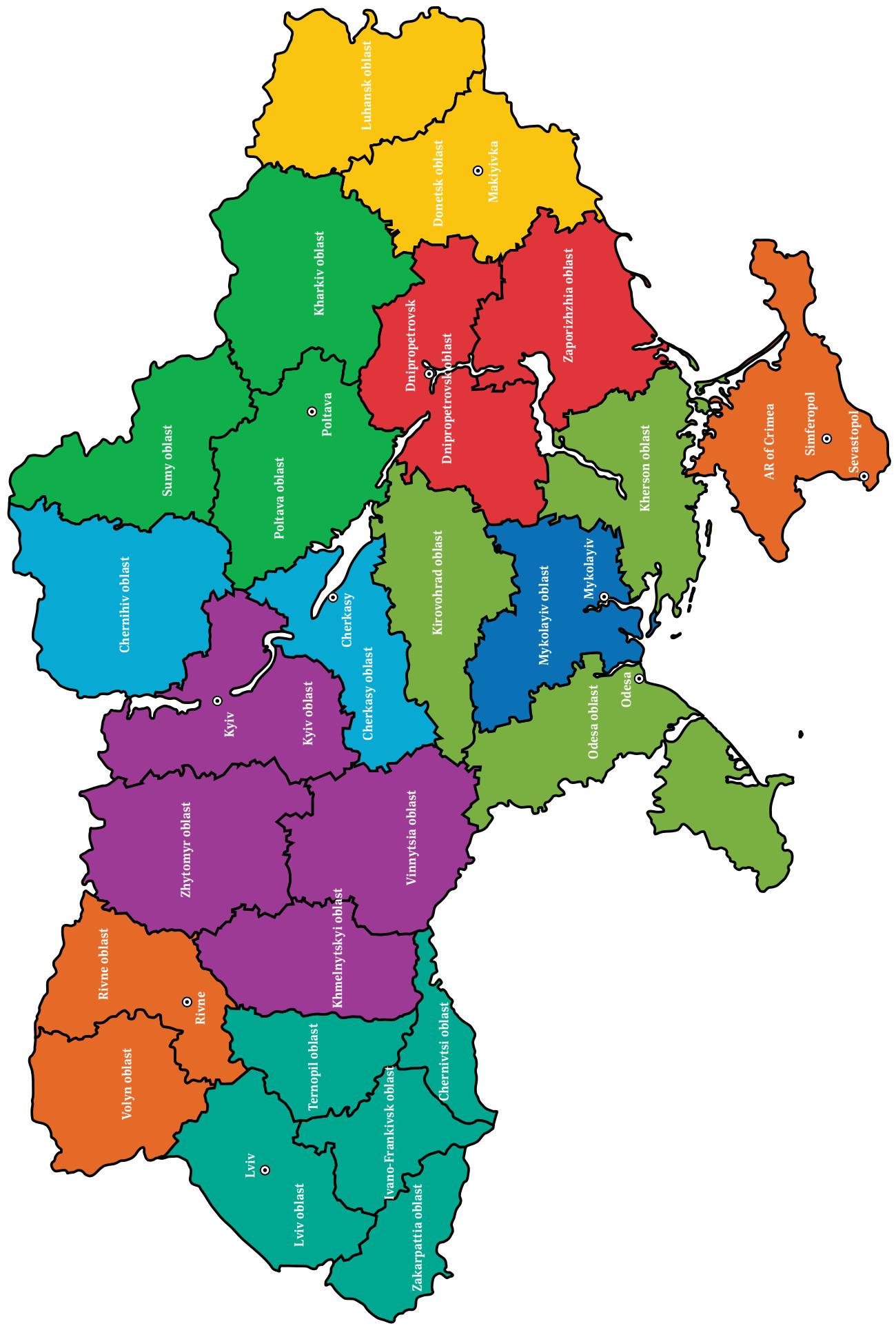
2) Strengthening the NGOs' capacity in management and arrangement of programmatic activities. The following trainings were dedicated to it: "Project Management", "Work with the Staff and Volunteers", "Prevention of Professional Burnout", "Positive Prevention", "Preventing Violence against the SWs", "Sexual and Reproductive Health", "Reproductive Health, STIs and Femidoms", the training in pharmacy-based prevention work, "Preventing Overdoses", "Hepatitides", etc.

The basic results of the work of IRKHS in 2012

1,567 persons (unique participants) were trained at trainings, master-classes, workshops, and supervision sessions thanks to the activities of the interregional knowledge hubs supported by the Alliance-Ukraine. Among the participants of the IRKHS training activities there were 141 employees (unique participants) of the CSSFCYs from the oblasts of Donetsk, Lviv, Rivne, Volyn, Poltava, Kharkiv, Cherkasy, Chernihiv, Odesa, Mykolayiv, the Autonomous Republic of Crimea and the city of Sevastopol (total number of participants from CSSFCYs constituting 194 persons), the others were the staff members of the NGOs providing services to the populations that were vulnerable to HIV: psychologists, healthcare professionals, including employees of pharmacies, etc. The IRKHS arranged and held 180 trainings, workshops, supervision sessions, master-classes mostly addressing the issues of the outreach work on prevention projects. 107 trainings were held under the standard training modules developed by the Alliance. At modular trainings and supervision sessions, 917 persons, including 75 specialists of CSSFCYs (Unique participants) underwent the advanced training.

Annually, the IRKHS actively participate in the arrangement and holding of promotional campaigns, press conferences, round-table discussions, regional working meetings and events dedicated to memorable dates. In 2012, the IRKHS held 9 events dedicated to memorable dates in the regions, arranged 23 press-conferences, round-table discussions and cross-sectoral meetings on key regional issues of IRKHS' activities the participants of which were the representatives of the CSSFCYs, healthcare settings, the penitentiary system, etc.

IIRC operation regions



9.5. Publication of Awareness-raising Materials for the Populations that Are Vulnerable to HIV

In 2012, with the support of the Alliance-Ukraine 7 nationwide and 6 regional periodicals were published again in order to provide the target populations and specialists of the harm reduction projects with the relevant information on the national response to the HIV epidemic in the country. Thanks to the efforts of the editorial offices of those publications, 93 issues of regional and nationwide periodicals for the vulnerable populations and HIV-service organizations were published in 2012, with their total circulation reaching 708,800 copies.

The periodicals cover the preventive topics, promote the prevention, care and support, and rehabilitation services, as well as present personal stories of the harm reduction project clients and best practices of NGOs' program activities. Representatives of the populations that are vulnerable to HIV, as well as the professionals, namely healthcare specialists, lawyers, psychologists, social work specialists, etc., are actively engaged in the periodicals development process.

For better presentation of information, the awareness-raising materials are subjected to testing by special focus groups comprised of representatives of the populations that are vulnerable to HIV.

Generally, 654,737 copies of nationwide and regional periodicals were distributed during 2012.

Since October 2012, three new low-cost nationwide periodicals have been in place: the "Lilith" Newspaper for the CSWs, the "Kot" (Cat) newspaper for most at-risk children and adolescents and the "Stonewall" Newspaper for the MSM.

Activities of the periodicals and development of the awareness-raising materials for the target populations are controlled and supervised by the Permanent Group of Experts for awareness-raising materials – the Editorial Board of the Alliance-Ukraine. Professionals of the Editorial Board considered all the awareness-raising materials with no exception in order to improve the quality and strengthen the NGOs' capacity to draw up and publish awareness-raising materials. Besides, the Editorial Board proactively counsels and supervises publishers on the following:

- Focus topics to be covered in publications;
- Information security;
- Work with authors and texts;
- Selections of illustrations;
- Testing the prepared materials, etc.

Owing to such cooperation, in 2012, the regional NGOs partnering with the Alliance-Ukraine developed and published 136 awareness-raising materials, excluding the re-edited materials. At that, 1,468,915 copies of awareness-raising materials on relevant topics for the prevention project clients were distributed.

9.6. Technical and Methodological Support for the Response to the Epidemic of HIV in Eastern Europe and Central Asia

A Regional Technical Support Hub for Eastern Europe and Central Asia (Hub) was established more than five years ago and provides high quality international technical support services in order to scale up the response to the epidemic of HIV/AIDS.

The Hub potential is becoming more competitive. Just like in previous years, the scope of technical support increased in 2011. This can be seen in the Chart 3 below which shows a steady increase in technical support as the number of days over the past five years.

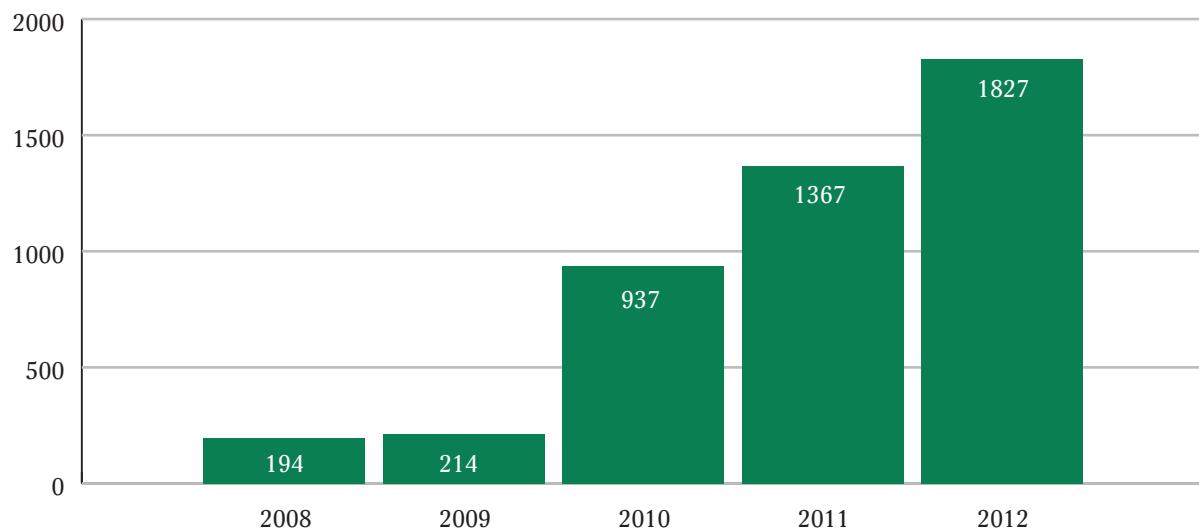


Chart 7. Increase in Technical Support (2008–2012)

The total number of days of technical support for 5 years was **4,539 days** in **22 countries**. The total number of individual cases of technical support accomplished over 5 years in **22 countries exceeds 70**.

The main mission of the Hub is to strengthen technical knowledge and experience in the region to respond to the epidemic. Each year the geography of the Hub work is expanding. For example, during the CAHR project implementation funded by the Dutch Government the Hub was providing technical support to the partnering organizations from China, India, Indonesia, Kenya and Malaysia.

Increasingly more organizations from different countries are interested in the Alliance–Ukraine's experience in implementing effective HIV prevention activities. In 2012, the Hub arranged study visits for representatives from India, Lebanon and Malaysia for the purpose of learning Ukrainian experiences.

In 2012, the most large-scale activities of the Hub were those under the Projects "**Community Action on Harm Reduction**" and **AIDSTAR II**.

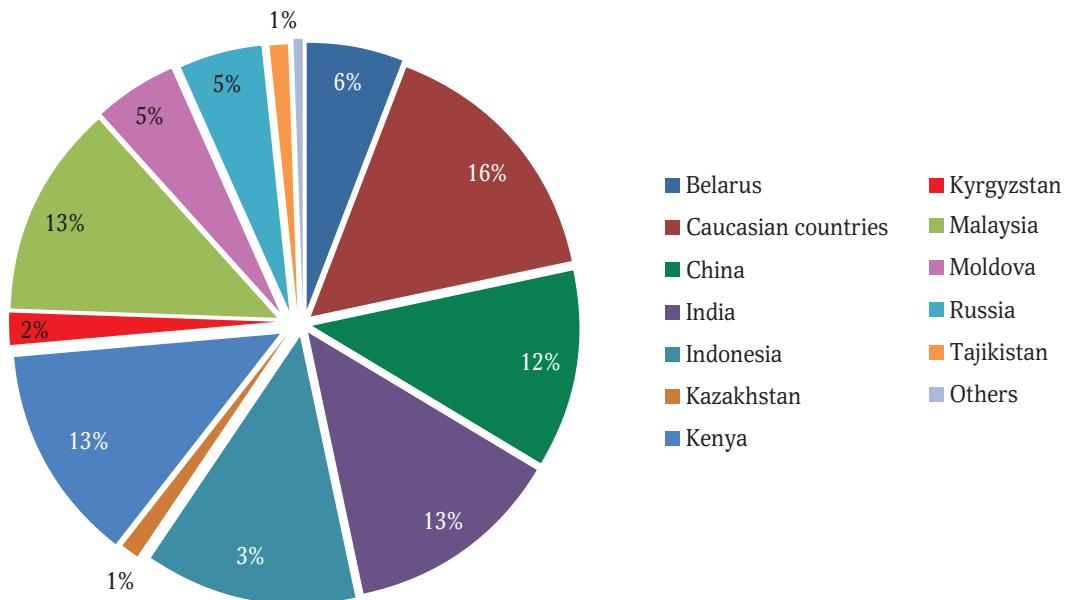


Chart 8. Regional Break-down of Hub Projects in 2012 and Number of Technical Support Days (in total, 16 countries)

Chart 4. Regional Break-down of Hub Projects in 2012 and Number of Technical Support Days (in total, 16 countries)

In 2012, fruitful partnership activities initiated in previous years continued, including the in-depth study of areas that need or require technical support. In particular, in 2012, 10 tasks were initiated and partially implemented in the following areas:

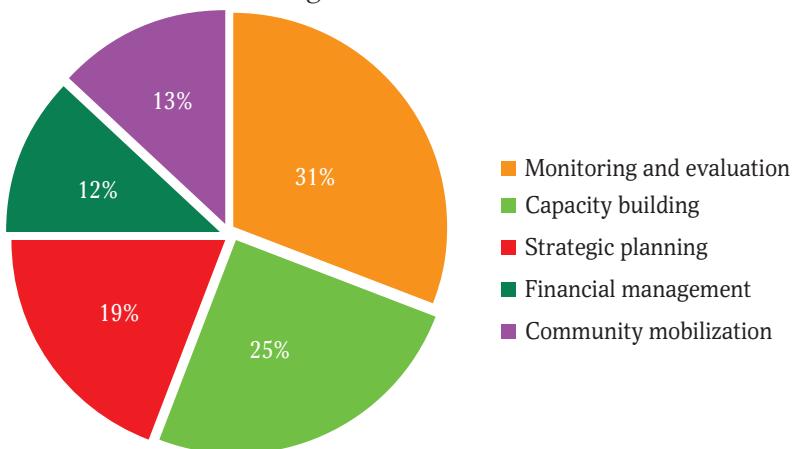


Chart 9. Areas of Technical Support in 2012 (Provided that one project may involve several different areas of activities.)

The main donors/clients of the Hub include:

- ICF “International HIV/AIDS Alliance in Ukraine”, Secretariat in Great Britain (funds from MSH/USAID, from the Dutch government);
- European Commission;
- KPMG, US;
- Shell, Ukraine.

Cooperation with international donors is the strategic area of the Hub activities, as it enables obtaining access to the world market for providers of technical support.

Since 2009, the Regional Technical Support Hub has been successfully implementing the project supported by the USAID as part of the AIDSTAR II. Each year it receives additional funding for development and implementation of the comprehensive HIV prevention, treatment and support services for MSM with the year 2012 being no exception. The project covered 3 Caucasian countries, namely Armenia, Azerbaijan and Georgia and aims to document best models of services delivery.



10. Mass Events of the Alliance–Ukraine

EURO-2012 Campaigns

In June 2012, in all the Ukrainian cities hosting the EURO-2012 championship, the Alliance–Ukraine supported by the Global Fund, Levi Strauss Foundation, and OSI, held activities to form a conscious attitude to the healthy lifestyle, involve adolescents participating in the social prevention programs to organization meaningful leisure time and HIV prevention in children and adolescents from the most-at-risk populations, as well as to draw public attention to the problems of fulfillment children's rights in Ukraine.

In partnership with the Ukrainian State Center of Social Service for Youth, Caritas Charitable Foundation, Charitable Foundation "Shliah Dodomu" (The Way Home), GIZ, the State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases, the Alliance held a soccer tournament "Stars of the Street" among the street children and children of crisis categories in the "European Village" under the National Public Awareness Campaign "Don't Give AIDS a Chance!". 6 street-based soccer teams of adolescents aged 10–16 from Kyiv and Odesa participated in it. The tournament winners and participants were awarded with certificates, gifts, and provided with the soccer strip, sports footwear and sports equipment. The campaign was broadcasted by 1+1 Channel and 24 Channel.

The "Living Library" events were organized by the Alliance during the EURO-2012 championship in Kyiv (1), Lviv (5), Donetsk (1) and Makiyivka (1). 2,964 people participated in them.

Free counseling and rapid testing for HIV, viral hepatitides, and STIs were provided at the Alliance's mobile clinics. 837 people got tested.

In June–July, 250 volunteers were distributing condoms and public awareness materials in all the cities hosting the EURO-2012 championship. More than 800,000 condoms were distributed in championship visitors and local dwellers.



Campaigns under the All-Ukrainian HIV Prevention Campaign “Safe Life”

September through December 2012, the Alliance was carrying out the All-Ukrainian HIV Prevention campaign “Safe Life”. It was conducted in many cities of Ukraine as a continuation of the prevention-focused campaign “Entertain Safely!” under the EURO-2012 championship. The main objective of the campaign was to raise awareness about the healthy lifestyle through HIV prevention in the general population and students, in particular. Some lectures were held in higher educational institutions and informational materials on HIV prevention were distributed under this campaign. 24,200,000 condoms were distributed in all the regions of the country.

Over 400 organizations and health institutions in all the regions of Ukraine participated in the event. Among them, the following are worth mentioning: the Ukrainian Red Cross Society, the Center of Social Services for Youth in Kyiv and the Ukrainian Railways “Ukrzaliznytsia”

In 2012, a series of events were organized by the Alliance–Ukraine to commemorate the World AIDS Day:

- 1) On November 28, the lecture and counseling of students at the National Technical University of Ukraine “Kyiv Polytechnic Institute” (NTUU “KPI”) was held by the Alliance; all the willing attendants were tested for HIV and other infectious diseases using rapid tests.
- 2) On November 29, jointly with the Ukrainian Railways “Ukrzaliznytsia” and other partners the Alliance arranged for an information and prevention campaign simultaneously on four key rail stations: Kyiv-South, Dnipropetrovsk-Main, Lviv-Passenger, Kharkiv-Passenger. For two hours, all the willing passengers had an opportunity to receive information materials and practical recommendations on HIV prevention directly at the rail stations. In addition, next to rail stations entrances there were mobile outpatient clinics where about 200 persons got tested for HIV and other infectious diseases using rapid tests. Partners of the campaign were the PO “Kloub Enei” (Aeneas Club), All-Ukrainian charity organization “Convictus Ukraine” (Kyiv), Kharkiv Oblast Center for HIV, CF “Blaho” (Welfare), Kharkiv Oblast Governmental Organization “Pozytyv” (Positive), CF “Nadiya Ye” (There is a Hope), Kharkiv Oblast Red Cross Society (Kharkiv), CF “Salus” (Lviv), CF “Virtus” and Dnipropetrovsk Oblast Public Organization “Nadiya Plius” (Hope Plus) (Dnipropetrovsk).
- 3) On December 1, the volunteers and social work experts from the PO “Kloub Enei” (Aeneas Club) and CF “Blaho” (Welfare) held counseling on HIV prevention at six gas-filling stations in Kyiv and Kharkiv.
- 4) On December 3, together with the student organizations of the National Aviation University (NAU) the Alliance held the information and prevention campaign – “The Red Ribbon” flash-mob during which the students were getting tested for HIV using rapid tests and received information materials and counseling from a medical specialist directly in one of the University buildings.

A Charitable Campaign “A Letter to Saint Nicolas”

Again, supported by the friends and partners, the Alliance successfully held the annual traditional campaign “A Letter to Saint Nicholas” held, providing a chance for all who care to make dreams of HIV-positive children come true. That is an annual initiative of the Alliance’s employees which is being so much expected by the kids not only from the department of the “Children’s HIV/AIDS Treatment Center” (OKHMATDYT hospital), but by the kids affected by the epidemic of HIV/AIDS in many cities of Ukraine.

Just before St. Nicolas Day, the kids wrote letters with their dreams. The letters were collected and distributed among the Alliance’s staff members, our friends and partners. Thanks to the diligence of our “Nicolases”, we succeeded in making every child’s dream come true.

This year 8 institutions providing healthcare and social services for HIV-positive children participated in the event. They included the following: the Left Bank and Right Bank Centers for PLWH, OKHMATDYT hospital (both inpatient and outpatient departments), CF “VAM” (For You) (Cherkasy), PO “Foundation of Assistance “Life” (Kyiv), CF “Shlyah Dodomu” (The Way Home) (Odesa) and CF



Besides the written children's wishes, caring people gave warm clothes for children, toiletries, books, paints and brushes. As usual, it was very pleasant for us to sort and forward the gifts to the recipients.

On the day of the holiday, St. Nicolas came to every institution and none of the children were left without a gift and attention!

A nice surprise this year was the initiative of the "Tactic & Publicity" agency which employees, on hearing of the Event, in their turn, involved friends and partners of the company, collected and sent valuable presents for kids from the OKHMATDYT: warm coats, hats and plenty of winter shoes of different sizes, styles and colors. We were very grateful for such an essential present, as the vast majority of the HIV-positive kids were brought up in single parent families with lack of money, where parents were not always capable to buy warm clothes for them.

Making avail of this opportunity, we would like to thank all the regular sponsors of the campaign: employees of business organizations, all caring people for their incredible feed-back and active participation in the campaign.

We hope that the next year the campaign "Letter to Saint Nicolas" will attract even greater attention and more those willing to help HIV-positive children.

"Welfare" (Kharkiv). The campaign covered 350 children. Every year, as a rule, after receiving a huge number of letters with children's wishes, we felt responsible for their fulfillment. Moreover, despite the dreams were becoming more and more unusual (going to the bowling, visiting aqua-park, a doll's house, riding a horse), we did our best to make the dream of every child come true.

Traditionally, the Campaign did not leave lots of people without care: just before the holiday, many beautifully wrapped gifts were received.

Дорогий Антон
Дякую за подарунки тільки
ти знати мої бажання
про котріко нічого не знати
алі ми ж все його подаємо.
Ти близьче до бона попроси
його чуда життя не з
байдужого а з іншої
партії. Дуже осочу чудо
життя не пив горілку а і
життя буде здоровим і ток
багато не склада. Я тобі
вірю і буду чекати чуда
хай життя не дедало її уко-
ми і зі мною усі друзісмъ
Дякую. Марголіна

Appendices

Appendix 1. Financial Overview, 2012

Table 1. Structure of funds that were received from donors in 2012

Donor (Project)	Funds received		
	UAH' 000.*	USD'000	% of total
The Global Fund to Fight AIDS, Tuberculosis and Malaria (<i>Building a Sustainable System of Comprehensive Services for HIV/AIDS Prevention, Treatment, Care and Support for Most-at-risk Populations and PLHIV in Ukraine – Round 10</i>)	186 349	23 318	65,16
The Global Fund to Fight AIDS, Tuberculosis and Malaria (<i>Reducing the TB burden in Ukraine through expanding and enhancing access to high quality TB services – Round 9</i>)**	56 224	7 036	19,66
The Global Fund to Fight AIDS, Tuberculosis and Malaria (<i>Support for HIV and AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine – Round 6</i>)	35 656	4 464	12,47
European Union (<i>Broader Introduction of Effective HIV Prevention Strategies Targeting Populations at Most Risk in the ENPI-East Region</i>)	2 539	318	0,89
International HIV/AIDS Alliance (<i>Technical support in Ukraine; Community action on harm reduction</i>)	2 284	286	0,80
Other***	2 897	362	1,01
Total	285 949	35 784	100,00

* UAH/USD exchange rate is NBU exchange rate at the date of funds receipt

** Funds received through Foundation “Development of Ukraine”

*** Projects with funding less than 800 000 UAH

Chart 1. Structure of funds that were received from donors in 2012

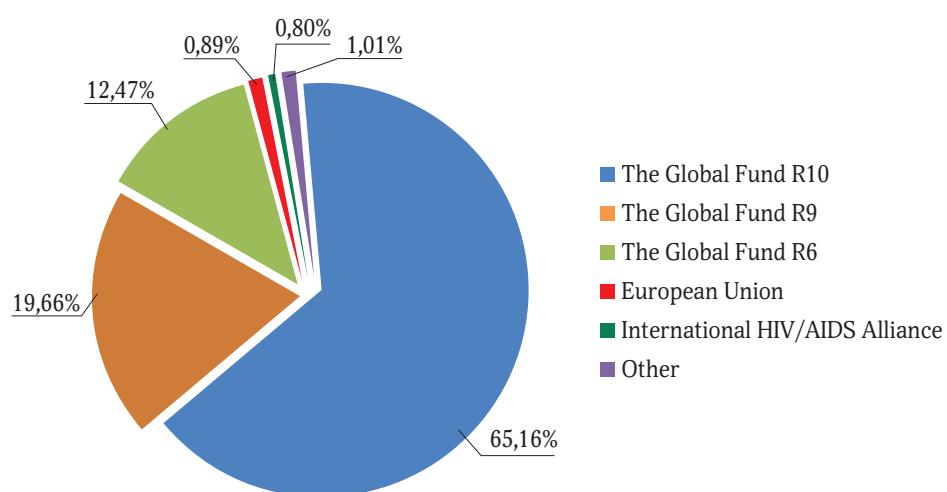


Table 2. Budget utilization in 2012

Donor (Project)	Spent UAH'000
The Global Fund to Fight AIDS, Tuberculosis and Malaria (<i>Building a Sustainable System of Comprehensive Services for HIV/AIDS Prevention, Treatment, Care and Support for Most-at-risk Populations and PLHIV in Ukraine – Round 10</i>)	104 530
The Global Fund to Fight AIDS, Tuberculosis and Malaria (<i>Reducing the TB burden in Ukraine through expanding and enhancing access to high quality TB services – Round 9</i>)*	64 374
The Global Fund to Fight AIDS, Tuberculosis and Malaria (<i>Support for HIV and AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine – Round 6</i>)	100 505
European Union (<i>Broader Introduction of Effective HIV Prevention Strategies Targeting Populations at Most Risk in the ENPI-East Region</i>)	2 160
International HIV/AIDS Alliance (Technical support in Ukraine; Community action on harm reduction)	2 022
Other**	2 349
Total	275 940

* Funds received through Foundation "Development of Ukraine"

** Projects with funding less than 800 000 UAH

Chart 2. Structure of expenditures in 2012 according to type of illness, mln UAH

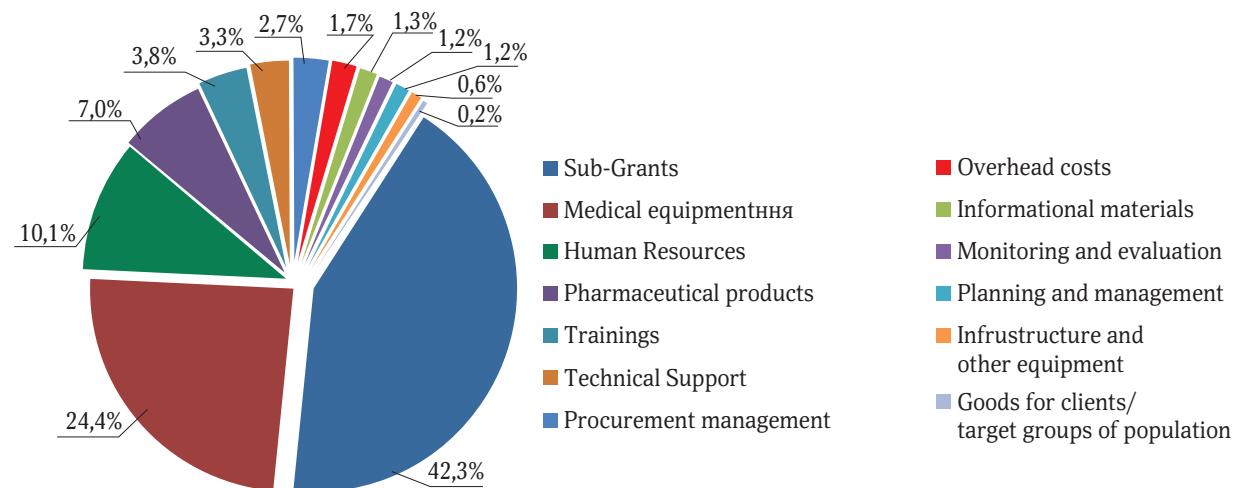


Chart 3. Structure of expenditures in 2012

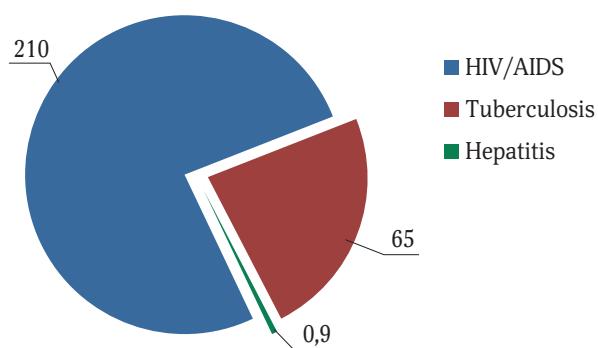


Table 3. Structure of expenditures of the program "Building a Sustainable System of Comprehensive Services for HIV/AIDS Prevention, Treatment, Care and Support for Most-at-risk Populations and PLHIV in Ukraine – Round 10" (2012)

Main pogram objective	Planned expendi-tires (UAH'000)	Spent (UAH'000)	Spent (%)	% of total
Prevention	118 744	94 170	79,31	90,09
Treatment	2 594	2 231	86,00	2,13
Care and support	2 016	1 492	74,00	1,43
Monitoring and evaluation	2 941	1 343	45,66	1,28
Administrative costs	5 931	5 294	89,27	5,06
Всього	132 226	104 530	79,05*	100,00

* The main reason for the budget shortfall was the decision to postpone payments for mobile clinic in 2013, as long as the law "On the implementation of Global Fund programs" will be approved to avoid paying tax (32% value).

Table 4. Structure of expenditures of the program «Support for HIV and AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine – Round 6" (2012)

Main pogram objective	Planned expendi-tires (UAH'000)	Spent (UAH'000)	Spent (%)	% of total
Prevention	53 293	67 515	126,69	67,18
Treatment	3 715	12 361	332,75	12,30
Supportive environment	1 629	2 180	133,83	2,17
Monitoring and evaluation	5 756	4 591	79,75	4,57
Administrative costs	10 673	12 098	113,35	12,04
Close-out process	2 289	1 760	76,88	1,75
Total	77 356	100 505	129,93**	100,00

** The principal reason for exceeding the budget is the transfer of syringes, rapid tests, medicines procurement activities from the past years

Table 5. Structure of expenditures of the program "Reducing the TB burden in Ukraine through expanding and enhancing access to high quality TB services – Round 9" (2012)

Main pogram objective	Planned expendi-tires (UAH'000)	Spent (UAH'000)	Spent (%)	% of total
Improvement of diagnostics	60 666	40 113	66,12	62,31
TB with MDR	22 371	16 502	73,76	25,63
The problem of combination of HIV/AIDS and tuberculosis	4 554	2 528	55,52	3,93
Program management and administrative costs	6 161	5 231	84,91	8,13
Всього	93 752	64 374	68,66	100,00

*** The main reason for the budget shortfall is the transfer of activities of procurement of medical equipment for 2013

Appendix 2. Key Results of Alliance–Ukraine’s Prevention Activities in 2012

Oblast/region	IDUs		SWs		MSM	Prisoners		Street children*		People living with TB and having unidentified risky behaviors		IDUs' partners	
	Men	Women	Men	Women	Men	Men	Women	Men	Women	Men	Women	Men	Women
AR of Crimea	5607	1993	0	2183	658	0	0	324	178	0	0	1	0
Vinnytsia oblast	1577	397	1	297	0	0	0	234	115	0	0	0	0
Volyn oblast	1039	212	0	430	2	0	0	0	0	0	0	0	0
Dnipropetrovsk oblast	17923	8077	0	2314	1177	673	0	0	0	219	147	179	331
Donetsk oblast	21842	7419	0	1330	1445	5681	34	775	429	236	114	338	560
Zhytomyr oblast	1696	469	0	657	5	1074	0	112	25	0	0	31	18
Zakarpattia oblast	391	106	0	154	0	0	0	0	0	0	0	0	0
Zaporizhzhia oblast	1775	547	2	327	906	1289	113	267	126	253	107	50	46
Ivano-Frankivsk oblast	731	172	0	235	0	0	0	0	0	0	0	0	0
Kyiv oblast	3217	1264	0	3	3	829	0	0	0	0	0	0	1
Kirovohrad oblast	2961	708	6	441	1	0	0	0	0	0	0	35	149
Luhansk oblast	5257	1962	0	524	0	1272	0	0	0	186	64	4	4
Lviv oblast	2500	597	0	1308	856	1917	0	117	108	126	73	2	38
Mykolayiv oblast	3367	1646	7	2629	1263	2389	42	426	145	340	87	1	11
Odesa oblast	15281	6619	0	3611	1574	1621	426	875	449	250	87	310	330
Poltava	1977	797	0	556	1	2932	495	0	0	0	0	8	246
Rivne oblast	961	373	0	382	138	620	4	0	0	0	0	5	3
Sumy oblast	2602	556	0	1325	2	1373	0	0	0	0	0	5	15
Ternopil oblast	563	273	0	298	62	0	0	0	0	0	0	0	0
Kharkiv oblast	6123	1881	0	2210	673	2484	344	697	535	0	0	14	161
Kherson oblast	2673	709	0	348	562	2239	0	409	215	0	0	0	0
Khmelnitskyi oblast	2536	1101	1	764	29	414	0	0	0	0	0	1	16
Cherkasy oblast	6045	2314	0	1376	855	995	262	0	0	0	0	86	364
Chernihiv oblast	1099	532	0	67	0	240	289	0	0	0	0	10	31
Chernivtsi oblast	1455	833	0	339	414	0	0	243	99	0	0	0	0
Kyiv city	17216	6198	27	5411	9377	43	2	703	525	399	133	144	116
Sevastopol city	2407	1011	0	646	383	0	0	326	210	0	0	45	114
Total for Ukraine	124,293	47,665	44	28,999	20,059	27,809	2,009	5,457	3,145	2,009	812	1,260	2,540

* Under NGOs' projects only

Number of Consumables Distributed in 2012

Oblast/region	Male condoms	Female condoms (femidoms)	Syringes
National projects	922,177		
AR of Crimea	1,120,235	12,010	757,374
Vinnytsia oblast	166,716	3,000	179,860
Volyn oblast	222 557	3,000	130,478
Dnipropetrovsk oblast	1,934,859	15,030	2,665,734
Donetsk oblast	1,666,946	16,193	3,428,000
Zhytomyr oblast	260,298	2,964	193,444
Zakarpattia oblast	39,192	1,000	105,518
Zaporizhzhia oblast	394,081	9,150	218,503
Ivano-Frankivsk oblast	42,697	1,088	85,136
Kyiv oblast	220,057	1,000	738,059
Kirovohrad oblast	211,872	4,410	320,717
Luhansk oblast	383,353	5,324	804,926
Lviv oblast	842,965	11,625	214,656
Mykolayiv oblast	1,090,581	14,917	652,257
Odesa oblast	2,566,145	70,968	2,890,318
Poltava	167,200	3,012	322,282
Rivne oblast	231,882	2,000	123,793
Sumy oblast	476,156	6,000	326,975
Ternopil oblast	112,941	1,691	108,773
Kharkiv oblast	1,136,226	5,000	853,624
Kherson oblast	399,623	5,065	642,537
Khmelnitskyi oblast	315,078	6,844	317,164
Cherkasy oblast	768,843	10,441	1,007,401
Chernihiv oblast	58,382	47	179,595
Chernivtsi oblast	219,791	2,250	313,392
Kyiv city	2,926,355	30,156	2,984,083
Sevastopol city	425,458	3,659	328,397
Total for Ukraine	19,322,666	247,844	20,892,996

Counseling and Rapid Testing for HIV during 2012

Oblast/region	СІН		Спожива-чі неін'єкційних наркотиків		ОСБ		ЧСЧ		Ув'язнені		«Діти вулиці»		Партнери СІН		Інші (клієнти ОСБ, близьке оточення представників УГ)	
	Кількість проведених тестувань	З них позитивних результатів	Кількість проведених тестувань	З них позитивних результатів	Кількість проведених тестувань	З них позитивних результатів	Кількість проведених тестувань	З них позитивних результатів	Кількість проведених тестувань	З них позитивних результатів	Кількість проведених тестувань	З них позитивних результатів	Кількість проведених тестувань	З них позитивних результатів	Кількість проведених тестувань	З них позитивних результатів
National projects	1,621	80	0	0	0	0	0	0	0	0	0	0	0	0	2,198	41
AR of Crimea	2,707	97	0	0	1,548	29	277	7	0	0	211	1	0	0	0	0
Vinnytsia oblast	794	11	0	0	103	3	0	0	0	0	120	0	0	0	148	1
Volyn oblast	584	15	0	0	161	4	0	0	0	0	0	0	0	0	0	0
Dnipropetrovsk oblast	10,117	742	73	5	870	52	567	9	0	0	0	0	581	53	112	35
Donetsk oblast	13,093	733	43	0	609	55	674	65	0	0	340	2	1,051	119	28	7
Zhytomyr oblast	885	56	2	1	234	3	2	0	0	0	107	0	76	0	4	1
Zakarpattia oblast	319	18	0	6	72	1	0	3	0	0	0	0	0	0	4	0
Zaporizhzhia oblast	1,075	41	43	0	96	4	300	6	0	0	120	0	96	2	14	1
Ivano-Frankivsk oblast	293	10	0	0	27	1	0	0	0	0	0	0	0	0	0	1
Kyiv oblast	1,604	136	0	0	0	0	0	0	121	47	0	0	1	1	3	0
Kirovohrad oblast	1,940	8	0	0	169	0	0	0	0	0	0	0	206	0	0	0
Luhansk oblast	2,879	95	1	0	268	0	0	0	0	0	0	0	2	0	0	0
Lviv oblast	1,673	138	3	3	619	8	430	10	200	29	125	0	93	3	0	0
Mykolayiv oblast	2,200	87	23	0	1,007	7	440	1	0	0	200	11	9	2	0	0
Odesa oblast	8,199	230	34	0	1,852	9	836	23	0	0	456	17	97	11	302	9
Poltava	2,381	119	0	0	496	9	0	0	0	0	0	0	270	3	0	0
Rivne oblast	537	2	0	0	156	0	37	1	0	0	0	0	0	0	0	0
Sumy oblast	1,191	9	0	0	1,430	3	0	0	0	0	0	0	20	0	0	0
Ternopil oblast	369	6	0	0	113	1	34	0	0	0	0	0	0	0	0	0
Kharkiv oblast	3,597	111	0	0	2,314	21	273	18	240	8	394	0	219	1	1	0
Kherson oblast	1,896	21	0	0	312	0	220	0	168	6	215	0	0	0	29	1
Khmelnytskyi oblast	2,080	150	0	0	289	18	0	0	0	0	0	0	10	0	0	0
Cherkasy oblast	4,540	227	132	0	426	8	312	12	0	0	0	0	363	11	1	0
Chernihiv oblast	1,185	71	0	0	25	0	0	0	0	0	0	0	91	5	0	0
Chernivtsi oblast	848	1	0	0	132	0	143	0	0	0	120	0	0	0	7	0
Kyiv city	9,701	337	0	0	2,517	29	3,473	62	0	0	609	23	354	7	217	4
Sevastopol city	1,494	27	0	0	235	4	117	2	0	0	105	0	157	1	0	0
Total	79,802	3,578	354	15	16,080	269	8,135	219	729	90	3,122	54	3,696	223	3,065	100

* Under NGOs' projects only

**Screening in Representatives of the Populations that are Vulnerable to HIV and STIs
(Syphilis, Gonorrhea, Chlamydia, Hepatitis B and C) in 2012**

Oblast/region	IDUs		Non-injecting drug users		SWs		MSM		Street children*		IDUs' partners		Other (FSWs' clients, close environment of vulnerable population representatives)	
	Number of tests held	Inclusive of positive results	Number of tests held	Inclusive of positive results	Number of tests held	Inclusive of positive results	Number of tests held	Inclusive of positive results	Number of tests held	Inclusive of positive results	Number of tests held	Inclusive of positive results	Number of tests held	Inclusive of positive results
National projects	1,017	11	0	0	0	0	0	0	0	0	0	0	7,326	380
AR of Crimea	2,625	62	0	0	3,062	43	242	11	101	0	0	0	0	0
Vinnysia oblast	775	15	0	0	73	1	0	0	90	0	0	0	80	0
Volyn oblast	682	39	0	0	298	10	4	0	0	0	0	0	1	0
Dnipropetrovsk oblast	11,863	957	147	13	1,779	123	1,044	2	0	0	1,139	32	273	19
Donetsk oblast	26,356	3,422	26	1	1,976	82	1,185	7	820	19	3,008	329	44	1
Zhytomyr oblast	785	2	2	0	577	3	2	0	85	0	50	0	14	1
Zakarpattia oblast	266	53	0	0	99	14	0	0	0	0	0	0	0	0
Zaporizhzhia oblast	1,832	231	50	2	228	7	425	2	90	0	267	45	5	1
Ivano-Frankivsk oblast	383	33	0	0	109	8	0	0	0	0	3	1	4	1
Kyiv oblast	2,213	130	0	0	1	0	0	0	0	0	2	1	0	0
Kirovohrad oblast	3,431	443	0	0	249	0	0	0	0	0	596	49	0	0
Luhansk oblast	4,163	518	5	0	565	42	0	0	0	0	3	0	0	0
Lviv oblast	4,076	451	9	4	1,335	90	449	0	68	0	282	6	0	0
Mykolayiv oblast	3,194	234	8	0	2,447	128	207	0	310	7	14	1	0	0
Odesa oblast	12,578	653	27	2	3,526	119	1,164	8	398	1	216	11	577	13
Poltava	4,697	484	0	30	1,123	37	0	0	0	0	790	23	0	0
Rivne oblast	470	5	0	0	211	2	51	0	0	0	0	0	0	0
Sumy oblast	1,297	164	0	0	3,409	36	0	0	0	0	4	0	20	0
Ternopil oblast	590	0	0	0	426	0	81	1	0	0	0	0	0	0
Kharkiv oblast	4,552	434	0	0	3,728	41	354	9	365	0	583	15	51	0
Kherson oblast	3,165	340	0	0	893	91	200	17	321	4	0	0	29	1
Khmelnitskyi oblast	4,053	258	0	0	399	31	0	0	0	0	27	0	0	0
Cherkasy oblast	6,622	421	388	9	1,124	24	524	21	0	0	1,121	34	21	0
Chernihiv oblast	2,300	409	0	0	21	2	0	0	0	0	269	32	0	0
Chernivtsi oblast	740	8	0	0	229	0	100	0	150	0	0	0	3	0
Kyiv city	17,862	2,448	0	0	6,030	173	5,023	25	1,315	57	727	81	440	16
Sevastopol city	2,511	163	0	0	632	46	231	14	106	0	428	17	0	0
Total	125,098	12,388	662	61	34,549	1,153	11,286	117	4,219	88	9,529	677	8,868	433

* Under NGOs' projects only

Appendix 3. List of Grantees and Implementers of the Alliance-Ukraine's projects in 2012

No	NGO Name	Donors pro-gramme (*)	Region	Num-ber of proj-ects funded	Signed obliga-tions (UAH)	Funded (UAH)
1	All-Ukrainian Charitable Organization «Ukrainian Association of Public Health»	GF	Kyiv city	1	399 335	398 875
2	All-Ukrainian Association for Youth Co-operation «Alternative-V»	GF	Kyiv city	1	287 605	172 152
3	All-Ukrainian Charitable Organization «Convictus Ukraine	GF, FDU	Kyiv city	6	4 181 206	2 509 517
4	All-Ukrainian charitable organization «Ukrainian Institute of Public Health Policy Research»	GF	Kyiv city	3	5 677 480	3 931 853
5	All-Ukrainian Charitable Organization «Tochka Opory»	GF	Kyiv city	2	80 207	140 837
6	All-Ukrainian Community Center «Volunteer»	GF	Kyiv city	1	25 214	25 216
7	All-Ukrainian Harm Reduction Association	GF	Kyiv city	1	436 688	246 164
8	All-Ukrainian Public Organization «Association of ST participants in Ukraine»	GF	Dnipropetrovsk region	1	111 173	253 999
9	Association of Assistance of Drug Addiction Problems «Viktoriya»	GF	Khmelnitskiy region	3	2 417 936	1 509 914
10	Bakhchysarai public organization «Molodizhna hromads'ka orhanizatsiya «Tvoya peremoha»	GF	Crimea	5	934 917	556 390
11	Bila Tserkva Charitable city organization «Aura+»	GF	Kyiv region	2	612 936	358 017
12	Brovary city charitable foundation «Peremoha»	GF	Kyiv region	2	516 987	301 102
13	Charitable Association for HIV-infected and AIDS patients «Svitlo Nadiyi»	GF	Poltava region	5	2 198 291	1 387 606
14	Charitable fund «Caritas Donetsk»	GF	Donetsk region	1	761 785	445 154
15	Charitable fund «Oberih plyus»	GF	Dnipropetrovsk region	1	325 226	305 346
16	Charitable fund «Drop in Tsentr»	GF	Kyiv city	2	2 274 908	1 320 792
17	Charitable fund «Hromads'ke zdorov"ya», Poltava	GF	Poltava region	5	3 360 219	2 374 332
18	Charitable fund «Hromads'ke zdorov"ya», Kryvyy rih	GF, FDU	Dnipropetrovsk region	3	2 733 498	1 558 333
19	Charitable fund «Insayt»	GF	Cherkasy region	7	2 716 484	1 625 194
20	Charitable fund «Krok nazustrich»	GF	Sumy region	3	2 405 834	1 611 590
21	Charitable fund «Nadiya ta poryatunok»	GF	Crimea	7	7 286 781	4 244 674
22	Charitable fund «NIKA KYIV»	GF	Kyiv city	2	719 754	418 810
23	Charitable fund «Nova sim'ya»	GF	Chernivtsi region	5	2 185 606	1 328 302
24	Charitable fund «Povernenna do zhytтя»	GF	Kirovograd region	3	2 162 431	1 356 808
25	Charitable fund «Reabilitatsiynyy tsentr narkozalezhnykh «Zakhid Shans»	GF	Frankivsk region	5	641 601	372 105
26	Charitable fund «SALYUS»	GF, FDU	Lviv region	8	4 241 502	2 652 265

Appendix 3. (Continued)

№	NGO Name	Donors programme (*)	Region	Number of projects funded	Signed obligations (UAH)	Funded (UAH)
27	Charitable fund «Spodivannya»	GF	Zaporizhzhya region	3	1 300 714	781 213
28	Charitable fund «V maybutne z nadieyu»	GF, FDU	Khmelnitskiy region	2	202 966	129 018
29	Charitable fund «VAM»	GF	Cherkasy region	2	1 265 929	820 480
30	Charitable fund «Veselka»	GF	Odesa region	2	296 801	193 817
31	Charitable fund «Vid sertsy do sertsy»	GF	Cherkasy region	3	884 275	513 893
32	Charitable fund «Virtus»	GF	Dnipropetrovsk region	4	1 910 793	1 035 813
33	Charitable fund «Volya»	GF	Cherkasy region	4	1 098 671	645 389
34	Charitable fund «Vse mozhlivo»	GF	Zaporizhzhya region	6	557 129	314 931
35	Charitable fund «Zdorov"ya natsiyi»	GF	Donetsk region	2	333 255	193 962
36	Charitable Organisation «Klub «Tviy vybir»	GF	Donetsk region	1	106 620	106 629
37	Charitable organization «All-Ukrainian League «Legalife»	GF	Kyiv city	2	360 374	223 171
38	Charitable organization «Blagovest»	FDU	Crimea	1	47 141	47 130
39	Charitable organization «Ob"yednannya neuryadovykh orhanizatsiy Odes'koyi oblasti «Razom za zhytтя»	GF, FDU	Odesa region	5	498 046	290 649
40	Charitable organization «Obriy»	GF	Lugansk region	3	604 530	271 085
41	Charity Fund for tuberculosis «Vita-lait»	GF, FDU	Mykolayiv region	3	320 893	227 373
42	Cherkasy regional Branch of Charitable Organization «All-Ukrainian Network of PLHW»	FDU	Cherkasy region	1	72 000	72 000
43	Cherkasy Regional Branch of the League of Social Workers of Ukraine	GF	Cherkasy region	2	95 896	54 488
44	Cherkasy Regional Psychiatric Hospital	GF	Cherkasy region	1	23 787	23 787
45	Chernigiv regional Branch of Charitable Organization «All-Ukrainian Network of PLHW»	GF, FDU	Chernigiv region	2	69 799	69 357
46	Chernihiv public organization «Tsentr resotsializatsiyi khimichno-uzalezhnenykh «Vedy»	GF	Chernigiv region	3	837 027	564 759
47	Chernihiv Regional Public Organization «Vidrodzhennya natsiyi»	GF	Chernigiv region	1	312 391	103 819
48	Chernivci regional public organization «Lyudy Bukovyny»	GF	Chernivtsi region	2	252 071	146 563
49	Chernivtsi Regional Charitable Fund «Tsentr plyus»	GF	Chernivtsi region	1	64 431	27 941
50	City public centre of drug-addicted «Maybutnye bez SNID»	GF	Dnipropetrovsk region	4	565 762	313 242
51	Crimean Republican «Narcology»	GF	Crimea	1	39 992	19 996
52	Dnieprodzerzhinsk City Charitable Fund «Impuls»	GF	Dnipropetrovsk region	2	1 166 337	720 353

Appendix 3. (Continued)

Nº	NGO Name	Donors pro-gramme (*)	Region	Num-ber of proj-ects funded	Signed obliga-tions (UAH)	Funded (UAH)
53	Dnipropetrovsk city public organization «Tsentr seksual'noho zdorov'ya»	GF	Dnipropetrovsk region	1	119 253	52 969
54	Dnipropetrovsk Oblast Public Organisation «Perekhrestia»	GF	Dnipropetrovsk region	2	455 817	147 659
55	Dnipropetrovsk Public organization «Nadiya plus»	GF	Dnipropetrovsk region	4	1 921 680	1 005 510
56	Dnipropetrovsk regional charitable organization «Dialoh PLYuS»	GF	Dnipropetrovsk region	1	1 051 728	457 379
57	Donetsk City Youth Public Organization «Rozvytok. Initsiatyva Partnerstvo»	GF	Donetsk region	2	966 642	556 913
58	Donetsk regional charitable fund «Oberih»	GF	Donetsk region	1	3 480 767	2 107 737
59	Donetsk regional charitable fund «Promin'»	GF	Donetsk region	2	986 677	600 080
60	Donetsk Regional Charitable Organisation «Variant»	GF, FDU	Donetsk region	2	239 112	236 870
61	Donetsk Regional Charitable Organization «Svitank»	GF, FDU	Donetsk region	3	949 168	573 895
62	Donetsk Society of assistance for the HIV-infected	GF	Donetsk region	2	1 457 160	831 453
63	Drabiv Charitable organization «Argo»	GF	Cherkasy region	2	103 995	62 889
64	Fastiv regional hospital	GF	Kyiv region	1	10 008	10 008
65	Gay–Alliance Ukraine	GF	Kyiv city	3	808 478	324 735
66	Gorodnya District Charitable Organization «Svitlo Aratty»	GF	Chernigiv region	2	149 481	53 867
67	International Charitable Fund «Vertical»	GF, FDU	Kyiv city	8	4 209 425	2 399 811
68	International Charitable Organization «Federatsiya «Klubnyy Dim»	GF	Poltava region	2	599 385	336 732
69	International Public Organization «Labor and Health Social Initiatives»	GF	Kyiv city	2	3 135 478	3 115 206
70	Ivano–Frankivsk regional Clinical Infectious Diseases Hospital	GF	Ivano–Frankivsk region	1	228 725	58 470
71	Kharkiv city charitable fund «Blago»	GF	Kharkiv region	3	5 452 296	3 469 779
72	Kharkiv city charitable fund «Nadiya Ye»	GF	Kharkiv region	3	1 419 798	791 588
73	Kharkiv Regional Charitable Fund «Parus»	GF	Kharkiv region	5	1 307 356	765 218
74	Kharkiv regional TB clinic #3	FDU	Kharkiv region	1	37 125	37 125
75	Kharkiv regional public organization «POZYTIV»	GF	Kharkiv region	2	402 133	276 808
76	Kherson city public organisation «Asotsiatsiya 21 stolittya»	GF	Kherson region	1	407 240	178 410
77	Kherson City Youth Organization «Khrystyyans'kyj molodizhnyj rukh «ANASTASIS»	GF	Kherson region	1	802 965	473 484
78	Kherson region public organization «Adaptation centre «Vybirkhyttia»	GF	Kherson region	2	234 750	134 285
79	Kherson Regional Branch of the League of Social Workers of Ukraine	GF	Kherson region	2	398 859	200 614
80	Kherson regional charitable fund «Manhurst»	GF	Kherson region	7	3 265 394	1 904 160

Appendix 3. (Continued)

Nº	NGO Name	Donors programme (*)	Region	Number of projects funded	Signed obligations (UAH)	Funded (UAH)
81	Khmelnitskiy regional TB clinic	GF, FDU	Khmelnitskiy region	2	80 983	80 983
82	Kirovograd Charitable Organisation «Vidkryte Sertse»	GF, FDU	Kirovograd region	2	123 525	75 455
83	Kirovograd regional Branch of Charitable Organization «All-Ukrainian Network of PLHW»	GF	Kirovograd region	2	223 058	131 229
84	Kramators'k City Charitable organization «Novyy den'»	GF	Donetsk region	2	663 677	387 829
85	Kremenchuk regional TB clinic	FDU	Poltava region	1	40 747	40 747
86	Kryvyy Rig regional Branch of Charitable Organization «All-Ukrainian Network of PLHW»	GF	Dnipropetrovsk region	2	525 129	319 218
87	Kryvyy Rig city charitable organization «Nashe maybutnye»	GF	Dnipropetrovsk region	2	477 624	281 082
88	Kyiv City Center for Social Services for Families, Children and Youth Kyiv City State Administration	GF	Kyiv city	2	1 380 064	838 916
89	Kyiv City Central Tuberculosis Dispensary	FDU	Kyiv city	1	40 692	40 692
90	Kyiv oblast charitable fund «Nadiya ta Dovira»	GF	Kyiv city	1	0	135 521
91	Kyiv oblast public organizaton «Spryyannya medyko-sotsial'noyi reabilitatsiyi lyudey z khimichnoyu zalezhnistyu «Feniks»	GF	Kyiv city	2	572 526	316 854
92	Lugansk AIDS Center	GF	Lugansk region	1	40 032	40 032
93	Lugansk Charitable fund «Anty Snid»	GF	Lugansk region	2	204 257	140 069
94	Lugansk charitable fund «Krok u maybutnye»	GF, FDU	Lugansk region	8	4 743 728	2 673 212
95	Lviv Charitable fund «Avante»	GF	Lviv region	2	577 454	330 329
96	Lviv Regional pulmonology Clinical Diagnostic Center	FDU	Lviv region	1	40 000	40 000
97	Lviv civil organization «Tsentr dukhovnoyi i psykhohichnoyi pidtrymky ta vzayemodopomohy «Doroha»	GF	Lviv region	1	84 166	84 175
98	Municipal Establishment «Vinnyts'kyy oblasnyy narkolohichnyy dyspanser «Sotsoterapiya»	GF	Vinnytsya region	1	40 006	40 006
99	Mykolaiv association of HIV-infected «Chas zhytтя»	GF	Mykolayiv region	5	1 272 883	842 447
100	Mykolaiv Association of Gays, Lesbians and Bisexuals «Liga»	GF	Mykolayiv region	2	719 046	397 434
101	Mykolaiv city charitable fund «Vyhid»	GF	Mykolayiv region	4	1 869 141	1 036 942
102	Mykolaiv city charitable fund «Yunitus»	GF	Mykolayiv region	3	3 901 492	2 216 704
103	Mykolaiv regional charitable fund «Nove storichchya»	GF	Mykolayiv region	4	3 079 758	1 776 214
104	Mykolaiv Regional Public Youth Movement «Penitentsiarna initsiatyva»	GF	Mykolayiv region	1	126 086	125 805
105	Nikopol City psychoneurological hospital	GF	Dnipropetrovsk region	4	39 300	39 300
106	Український медичний та моніторинговий центр з алкоголю та наркотиків Міністерства охорони здоров'я України	GF	м. Київ	1	0	286 587
107	Novomoskovsk city center of primary health care	GF	Dnipropetrovsk region	1	55 043	27 522

Appendix 3. (Continued)

Nº	NGO Name	Donors pro-gramme (*)	Region	Num-ber of proj-ects funded	Signed obliga-tions (UAH)	Funded (UAH)
108	Odessa Foundation for Rehabilitation and Social Adaptation of Citizens without determining residence «The Way Home»	GF	Odesa region	4	9 469 221	5 636 994
109	Ordzhenikidze city charitable organization fund «Dopomoha»	GF	Dnipropetrovsk region	4	603 179	358 019
110	Pershotravensk City Charitable fund «Zdorova natsiya»	GF	Mykolayiv region	2	401 653	236 563
111	Poltava regional AIDS Center	GF	Poltava region	1	132 693	34 058
112	Poltava regional TB clinic	FDU	Poltava region	1	33 534	33 534
113	Public organisation «Doroha Zhytтя Dnipro»	GF	Dnipropetrovsk region	2	989 425	573 390
114	Public organisation «Drevo Zhytтя»	GF	Dnipropetrovsk region	2	1 176 977	692 201
115	Public organisation «Era Myloserdya»	GF	Odesa region	2	493 183	285 642
116	Public organization «Donbas bez narkotykiv»	GF	Donetsk region	3	1 456 200	963 185
117	Public organization «Fond dopomohy «Zhytтя»	GF	Kyiv region	3	843 570	485 819
118	Public organization «Fund Stymul»	GF	Donetsk region	2	861 361	491 897
119	Public organization «Gay Alliance»	GF	Kyiv city	2	4 864 669	2 812 028
120	Public organization «Gay-alliance Cherkasy»	GF	Cherkasy region	3	1 072 628	542 687
121	Public organization «Hromads'kyy rukh «Vira, Nadiya, Lyubov»	GF, FDU	Odesa region	3	3 758 681	2 336 741
122	Public organization «Informatsiyno-osvitniy tsentr «Za rivni prava»	GF	Kherson region	1	40 568	40 225
123	Public Organization «Istok»	GF	Donetsk region	2	398 278	235 851
124	Public organization «Klub «Eney»	GF	Kyiv city	2	5 774 756	3 428 953
125	Public organization «Liniya zhytтя»	GF	Donetsk region	3	2 400 499	1 483 349
126	Public organization «Mariupol's'ka spilka molodi»	GF	Donetsk region	2	1 151 300	690 875
127	Public organization «Molodizhnyy tsentr rozvytku»	GF	Odesa region	3	3 523 887	1 934 417
128	Public organization «Molodizhnyy tsentr z problem transformatsiyi sotsial'noyi sfery Sotsium – XXI»	GF	Kyiv city	2	705 773	479 880
129	Public organization «Nova khvylja dlya krashchoho maybutn'oho»	GF	Kherson region	2	330 370	193 211
130	Public organization «Tsentr pidtrymky sim"yi»	GF	Dnipropetrovsk region	2	1 501 349	536 462
131	Public organization «Tsentr psykhosotsial'noyi rehabilitatsiyi khimichno zalezhnoyi molodi «Krok za krokom»	GF, FDU	Kyiv city	3	2 905 723	1 745 725
132	Public organization «Tsentr resotsializatsiyi khimichno-uzalezhnenykh «Nezalezhnist'»	GF	Vinnitsya region	6	2 575 617	1 509 965
133	Public organization «Tsentr resotsializatsiyi narkozalezhnoyi molodi «Tvoya Peremoha»	GF	Crimea	2	835 159	638 773
134	Public organization «Vinnyts'kyy oblasnyy hromads'kyy Konhres «Stalist»	GF	Vinnitsya region	1	52 268	52 268

Appendix 3. (Continued)

Nº	NGO Name	Donors pro-gramme (*)	Region	Num-ber of proj-ects funded	Signed obliga-tions (UAH)	Funded (UAH)
135	Public organization Soyuz «Amikus»	GF, FDU	Donetsk region	6	4 119 021	2 424 688
136	Public regional organization «Smilyans'kyy mis'kyy informatsiyno-konsul'tatyvnyy tsentr zakhystu sim»yi ta osobystosti «Dialoh»	GF	Cherkasy region	3	774 912	428 724
137	Regional public organization «Dniprovs'ki humanitarni initsiatyvy»	GF	Dnipropetrovsk region	4	785 915	474 026
138	Rivne region charitable fund «Maybutnye bez SNIDu»	GF	Rivne region	5	1 940 026	1 041 227
139	Sevastopol city charitable fund «Gavan' plus»	GF	Crimea	3	451 652	276 649
140	Slov'jansk city public organization «Nasha dopomoha»	GF	Donetsk region	2	1 739 332	984 366
141	Substance Abuse and AIDS Prevention Fund	GF	Kyiv city	1	2 271 118	936 600
142	Sumy AIDS center	GF	Sumy region	1	127 076	55 542
143	Sumy Oblast Youth Public Organization «Klub resotsializatsiyi khimichno-uzalezhnenykh «ShANS»	GF	Sumy region	4	488 233	355 130
144	Sverdlovsk Regional Health Administration	GF	Lugansk region	1	36 255	36 255
145	Ternopil organization «Spiritual and Psychological Supporting Centre «Dzherela»	GF	Ternopil region	4	949 802	557 925
146	Ternopil Regional Charitable Organization «Nadyia ta Zhytтя»	GF	Ternopil region	2	152 101	61 839
147	Ukrainian Center for AIDS Prevention of the Ministry of Health of Ukraine	GF	Kyiv city	2	0	1 141 878
148	Ukrainian Medical and Monitoring Centre on Drugs and Alcohol Health of Ukraine	GF	Kyiv city	1	0	286 587
149	Vinnitsa regional TB clinic	FDU	Vinnytsya region	1	35 976	35 976
150	Vinnytsia Regional AIDS Center	GF	Vinnytsya region	2	166 694	66 122
151	Volyn' regional charitable fund «Shans»	GF	Volyn region	4	1 032 556	614 114
152	Youth public organization «Molodizhnyy Hromads'kyy Rukh «Partner»	GF	Odesa region	2	1 361 558	813 292
153	Youth public organization «Klub vzayemodopomohy «Zhytтя+»	GF	Odesa region	2	390 885	220 975
154	Youth public organization «Molodizhnyy Tsentr Zhinochykh Initsiatyv»	GF	Crimea	5	3 965 131	2 449 049
155	Zakarpattia regional Charitable fund «Rada zhyttia»	GF	Zakarpattya region	2	588 920	337 262
156	Zakarpattia regional fund of antialcohol, antinarcotics, antitobacco programs and chemical addictions prevention support	GF	Zakarpattya region	2	156 456	85 312
157	Zakarpattya AIDS center	GF	Zakarpattya region	1	99 344	43 296
158	Zaporizhzhia regional charitable foundation «Gender Z»	GF	Zaporizzhya region	2	480 639	276 923
159	Zaporizhzhia Regional organization of the Red Cross Society of Ukraine	GF	Zaporizzhya region	2	153 097	71 870

Appendix 3. (Continued)

Nº	NGO Name	Donors pro-gramme (*)	Region	Num-ber of proj-ects funded	Signed obliga-tions (UAH)	Funded (UAH)
160	Zaporizhia regional AIDS center	FDU	Zaporizhia region	1	71 796	71 796
161	Zaporizhia regional Branch of Charitable Organization «All-Ukrainian Network of PLHW»	GF, FDU	Zaporizhia region	5	787 806	499 923
162	Zhovti Vody City Charitable fund «Promin'»	GF	Dnipropetrovsk region	4	791 007	473 472
163	Zhytomyr oblast public organization «Perspektiva»	GF, FDU	Zhytomyr region	6	2 385 967	1 375 473
164	Zhytomyr regional AIDS center	GF	Zhytomyr region	1	72 637	19 087
165	Zhytomyr Regional Narcological Dispensary	GF	Zhytomyr region	1	15 363	15 363
166	Zhytomyr regional venereal clinic	GF	Zhytomyr region	1	26 449	8 540
Total returned in 2012					0	-1 665 895
				Total	193 578 817	116 444 166

Appendix 4. Total Costs of Medicines and Medical Supplies, by Regions, in 2012 in USD

Region	Condoms for CSW	Codoms for MSM	Condoms for IDU	Female condoms	Lubricants	Needles	Syringes 2 ml
AR Crimea	40 176	2 592	15 507	16 340	8 865	2 906	12 686
Cherkasy oblast	21 168	2 160	12 379	13 760	11 610	2 452	18 630
Chernihiv oblast	6 480	1 296	2 570	3 440	1 800	525	3 510
Chernivtsi oblast	0	0	1 765	0	270	1 334	2 880
Dnipropetrovsk oblast	42 336	4 752	25 919	22 360	16 110	7 395	50 220
Donetsk oblast	20 736	4 752	32 354	15 480	10 530	11 390	46 035
Ivano-Frankivsk obl.	2 160	0	1 475	1 720	540	417	1 508
Kharkiv oblast	18 144	2 592	13 920	4 300	9 930	1 819	14 751
Kherson oblast	9 936	1 728	6 547	5 160	3 060	1 181	7 155
Khmelnitskyi oblast	11 232	0	4 111	4 300	2 250	656	4 320
Kirovohrad oblast	7 344	0	4 000	3 440	1 710	263	2 835
Kyiv	71 712	15 120	36 555	39 560	14 760	19 031	35 235
Kyiv oblast	0	864	3 776	0	1 020	630	4 928
Luhansk oblast	5 616	0	5 899	2 580	1 425	1 381	10 904
Lviv oblast	28 944	2 592	2 905	14 620	4 410	1 050	3 375
Mykolayiv oblast	45 360	1 296	9 206	18 060	7 740	0	11 070
Odesa oblast	77 760	7 776	23 081	95 460	16 830	12 335	33 885
Poltava	9 072	0	4 603	4 300	1 890	263	5 805
Rivne oblast	6 480	864	1 631	2 580	1 080	215	2 025
Sevastopol	9 504	1 728	3 888	4 300	2 340	788	6 345
Sumy oblast	21 168	0	3 955	7 740	3 330	656	3 105
Ternopil oblast	6 048	864	1 028	2 580	900	656	540
Vinnytsia oblast	0	0	2 234	3 440	360	394	5 130
Volyn oblast	8 208	0	1 743	3 440	1 080	394	2 295
Zakarpattia oblast	2 592	0	1 251	1 720	540	263	1 755
Zaporizhzhia oblast	6 048	2 592	4 156	5 160	1 980	1 313	2 700
Zhytomyr oblast	12 528	0	3 128	4 300	2 970	263	2 430
Total	490 752	53 568	229 585	300 140	129 330	69 967	296 055

Appendix 4. (Continued)

Region	Syringes 5 ml	Syringes 10 ml	Syringes 20 ml	Spirit wipes	HIV test	Syphilis tests	Chlamidia rapid tests
AR Crimea	17 965	9 296	6 544	7 077	3 897	2 286	1 093
Cherkasy oblast	24 586	12 965	8 167	10 238	4 087	1 993	2 813
Chernihiv oblast	5 733	2 412	1 968	2 012	1 142	829	0
Chernivtsi oblast	3 896	1 558	902	1 736	616	528	0
Dnipropetrovsk oblast	46 856	18 995	15 941	20 638	8 075	3 643	4 441
Donetsk oblast	69 899	32 060	33 456	27 463	9 407	4 749	6 115
Ivano-Frankivsk obl.	2 138	1 734	1 509	983	399	243	140
Kharkiv oblast	22 179	18 475	10 857	9 038	5 193	2 253	186
Kherson oblast	14 112	3 920	4 526	4 063	2 166	678	1 953
Khmelnitskyi oblast	5 733	3 015	2 362	2 309	1 776	854	674
Kirovohrad oblast	10 364	3 920	4 526	2 925	1 758	829	186
Kyiv	73 427	37 989	27 946	26 975	11 854	3 945	8 068
Kyiv oblast	7 834	3 643	2 804	2 984	924	578	256
Luhansk oblast	14 235	5 896	3 657	1 887	1 985	645	1 511
Lviv oblast	4 520	3 015	2 066	2 113	1 704	553	1 023
Mykolayiv oblast	12 238	9 849	10 037	4 258	3 580	2 077	2 069
Odesa oblast	41 454	21 005	18 598	18 439	9 824	4 221	6 766
Poltava	7 828	3 518	3 149	2 925	1 287	1 005	0
Rivne oblast	3 859	2 412	1 378	1 463	553	59	326
Sevastopol	8 269	3 317	1 968	3 088	1 740	737	1 000
Sumy oblast	5 954	6 533	6 101	2 925	1 450	394	419
Ternopil oblast	1 874	2 915	492	975	408	142	349
Vinnytsia oblast	2 977	804	492	2 600	698	494	0
Volyn oblast	3 197	1 608	590	1 219	544	159	302
Zakarpattia oblast	1 654	1 106	984	975	335	151	186
Zaporizhzhia oblast	5 292	2 111	1 574	2 113	1 142	670	558
Zhytomyr oblast	4 520	4 322	4 526	2 113	1 078	745	140
Total	422 588	218 387	177 120	165 527	77 620	35 460	40 571

Appendix 4. (Continued)

Region	Gonorrhea rapid tests	Hepatitis B tests	Hepatitis C tests	Vaccines for Hepatitis B	HB-core tests	Rapid pregnancy tests	Combi-tests
AR Crimea	1 090	17	234	0	0	51	2 100
Cherkasy oblast	2 868	946	1 097	0	0	36	3 850
Chernihiv oblast	0	0	0	0	0	14	0
Chernivtsi oblast	0	0	0	0	0	0	2 100
Dnipropetrovsk oblast	4 432	335	141	0	0	55	6 650
Donetsk oblast	5 925	3 534	4 031	0	0	103	14 840
Ivano-Frankivsk obl.	142	92	0	293	90	4	0
Kharkiv oblast	190	360	628	1 755	195	95	6 475
Kherson oblast	1 517	519	619	1 901	180	6	1 015
Khmelnitskyi oblast	687	385	0	0	0	0	0
Kirovohrad oblast	0	0	0	0	0	10	1 750
Kyiv	8 319	2 630	3 075	4 973	893	210	15 225
Kyiv oblast	284	67	84	0	0	0	140
Luhansk oblast	1 541	436	525	0	0	10	840
Lviv oblast	1 019	176	122	0	0	37	3 640
Mykolayiv oblast	2 086	1 022	581	1 463	450	145	0
Odesa oblast	6 968	3 065	1 744	2 048	570	121	1 085
Poltava	0	8	9	0	0	13	4 690
Rivne oblast	332	50	0	0	0	12	420
Sevastopol	995	385	469	4 095	390	11	700
Sumy oblast	427	276	338	1 053	105	26	3 640
Ternopil oblast	379	109	0	731	90	7	455
Vinnytsia oblast	0	218	0	0	0	0	0
Volyn oblast	308	50	75	0	0	74	385
Zakarpattia oblast	190	117	0	0	0	2	0
Zaporizhzhia oblast	545	142	141	439	150	14	1 750
Zhytomyr oblast	142	394	150	0	0	23	0
Total	40 385	15 335	14 063	18 749	3 113	1 077	71 750

Appendix 4. (Continued)

Region	Buprenorphine Hydrochloride in tablets	Methadone Hydrochloride in tablets
AR Crimea	22 583	54 907
Cherkasy oblast	8 686	15 498
Chernihiv oblast	8 686	6 199
Chernivtsi oblast	4 343	7 970
Dnipropetrovsk oblast	23 017	82 361
Donetsk oblast	22 583	55 970
Ivano-Frankivsk obl.	13 028	24 760
Kharkiv oblast	0	4 428
Kherson oblast	15 200	21 254
Khmelnitskyi oblast	0	30 996
Kirovohrad oblast	8 686	15 941
Kyiv	4 343	13 461
Kyiv oblast	6 514	45 608
Luhansk oblast	6 514	13 727
Lviv oblast	22 583	47 822
Mykolaiv oblast	22 583	23 203
Odesa oblast	13 897	45 166
Poltava	6 514	10 959
Rivne oblast	10 857	10 273
Sevastopol	8 686	12 753
Sumy oblast	13 897	25 151
Ternopil oblast	10 857	13 727
Vinnytsia oblast	4 343	5 314
Volyn oblast	19 543	15 498
Zakarpattia oblast	6 514	20 812
Zaporizhzhia oblast	92 936	62 435
Zhytomyr oblast	0	11 513
Total	377 389	697 705

Appendix 5. Audit report on the consolidated financial statements for 2012

**INTERNATIONAL CHARITABLE
FOUNDATION
“INTERNATIONAL HIV/AIDS
ALLIANCE IN UKRAINE”**

**Consolidated Financial Statements
for the Year Ended 31 December 2012**

(unofficial translation)

**INTERNATIONAL CHARITABLE FOUNDATION
“INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE”**

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**INTERNATIONAL CHARITABLE FOUNDATION
“INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE”**

**STATEMENT OF MANAGEMENT'S RESPONSIBILITIES FOR THE PREPARATION AND
APPROVAL OF THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2012**

Management is responsible for the preparation of the consolidated financial statements that present fairly the consolidated financial position of International Charitable Foundation “International HIV/AIDS Alliance in Ukraine” and its wholly owned subsidiary LLC “Alliance-Ukraine Consultancy” (hereinafter collectively referred to as the “Organization”) as of 31 December 2012, the results of its operations, cash flows, and changes in equity for the year then ended, in accordance with Ukrainian Accounting Standards (“UAS”).

In preparing the consolidated financial statements, management is responsible for:

- Properly selecting and applying accounting policies;
- Presenting information, including accounting policies, in a manner that provides relevant, reliable, comparable and understandable information;
- Providing additional disclosures when compliance with the specific requirements in Ukrainian Accounting Standards are insufficient to enable users to understand the impact of particular transactions, other events and conditions on the Organization's consolidated financial position and consolidated financial performance; and
- Making an assessment of the Organization's ability to continue as a going concern in a foreseeable future.

Management is also responsible for:

- Designing, implementing and maintaining an effective and sound system of internal controls, throughout the Organization;
- Maintaining adequate accounting records that are sufficient to show and explain the Organization's transactions and disclose with reasonable accuracy at any time the consolidated financial position of the Organization, and which enable them to ensure that the consolidated financial statements of the Organization comply with Ukrainian Accounting Standards;
- Maintaining statutory accounting records in compliance with the Ukrainian legislation and accounting standards;
- Taking such steps as are reasonably available to them to safeguard the assets of the Organization; and
- Preventing and detecting fraud and other irregularities.

The consolidated financial statements for the year ended 31 December 2012 were authorized for issue by the Organization's management on 13 August 2013:

On behalf of the Organization's management:

Klepikov A.,
Executive Director



Zatulyukov L.,
Chief Accountant



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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of International Charitable Foundation "International HIV/AIDS Alliance in Ukraine"

We have audited the accompanying consolidated financial statements of International Charitable Foundation "International HIV/AIDS Alliance in Ukraine" and its wholly owned subsidiary LLC "Alliance-Ukraine Consultancy" (hereinafter collectively referred to as the "Organization"), which comprise the consolidated balance sheet as of 31 December 2012, the related consolidated statements of financial results, cash flows, and equity for the year then ended, and a summary of significant accounting policies and other explanatory notes (collectively, the "consolidated financial statements").

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with Ukrainian Accounting Standards and for such internal control as management determines is necessary to enable the preparation of the consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with the requirements of the Law of Ukraine "On Auditing Activities" and International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the consolidated financial statements present fairly, in all material respects, the consolidated financial position of International Charitable Foundation "International HIV/AIDS Alliance in Ukraine" and its wholly owned subsidiary LLC "Alliance-Ukraine Consultancy", as of 31 December 2012, and their consolidated financial performance and consolidated cash flows for the year then ended in accordance with Ukrainian Accounting Standards.

Deloitte

13 August 2013



General Director
PrJSC "Deloitte & Touche Ukrainian Services Company"
Zhylianska Street 48, 50a, Kyiv, 01033, Ukraine

Auditor's Certificate Series A # 005431

Issued by the Audit Chamber of Ukraine on 26 June 2003

on the basis of Resolution of the Audit Chamber of Ukraine # 124 and extended on 26 June 2008
on the basis of Resolution of the Audit Chamber of Ukraine # 191/2 to 26 June 2013 and extended
on 30 May 2013 on the basis of Resolution of the Audit Chamber of Ukraine # 271/2 to 26 June 2018.

**INTERNATIONAL CHARITABLE FOUNDATION
“INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE”**

**CONSOLIDATED BALANCE SHEET
AS OF 31 DECEMBER 2012
(in Ukrainian Hryvnias and in thousands)**

Assets	Line code	At the beginning of the reporting period	At the end of the reporting period
1	2	3	4
I. Non-current assets			
Intangible assets:			
net book value	010	1,341	945
historical cost	011	2,150	2,351
accumulated amortization	012	(809)	(1,406)
Construction in progress	020	-	-
Property and equipment:			
net book value	030	1,007	946
historical cost	031	4,250	4,851
accumulated depreciation	032	(3,243)	(3,905)
Long-term biological assets:			
net book value	035	-	-
historical cost	036	-	-
accumulated depreciation	037	-	-
Long-term financial investments:			
accounted for on an equity basis	040	-	-
other financial investments	045	-	-
Long-term receivables	050	-	-
Net book value of investment property	055	-	-
historical cost	056	-	-
accumulated depreciation	057	-	-
Deferred tax assets	060	-	-
Goodwill	065	-	-
Other non-current assets	070	-	-
Total on Section I	080	2,348	1,891
II. Current assets			
Inventories:			
raw materials	100	12,075	1,367
current biological assets	110	-	-
work in progress	120	-	-
finished goods	130	-	-
merchandise	140	-	-
Promissory notes received	150	-	-
Trade accounts receivable for goods, works, services:			
net realizable value	160	-	543
historical cost	161	-	543
provision for doubtful debts	162	-	-
Accounts receivable:			
with the state budget	170	127	1
on advances paid	180	-	13,023
on income accrued	190	-	-
on internal settlements	200	-	-
Other current accounts receivable	210	6,763	19,841
Current financial investments	220	-	-
Cash and cash equivalents:			
in national currency	230	3,448	4,281
including cash	231	-	-
in foreign currency	240	75,451	86,257
Other current assets	250	-	-
Total on Section II	260	97,864	125,313
III. Deferred expenses	270	1,303	2,299
IV. Assets held for sale	275	-	-
TOTAL ASSETS	280	101,515	129,503

**INTERNATIONAL CHARITABLE FOUNDATION
“INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE”**

**CONSOLIDATED BALANCE SHEET
AS OF 31 DECEMBER 2012 (CONTINUED)
(in Ukrainian Hryvnias and in thousands)**

Equity and liabilities	Line code		
		At the beginning of the reporting period	At the end of the reporting period
1	2	3	4
I. Equity			
Contributed capital	300	-	-
Share capital	310	-	-
Additional paid-in capital	320	-	-
Other additional capital	330	-	-
Reserve capital	340	-	-
Retained earnings	350	14,763	17,323
Unpaid capital	360	-	-
Withdrawn capital	370	-	-
Total on Section I	380	14,763	17,323
II. Provisions for subsequent expense and payments			
Provision for staff costs	400	907	1,419
Other provisions	410	-	-
Special purpose funding	420	80,708	104,400
Total on Section II	430	81,615	105,819
III. Non-current liabilities			
Long-term bank loans	440	-	-
Other non-current financial liabilities	450	-	-
Deferred tax liabilities	460	-	-
Other non-current liabilities	470	-	-
Total on Section III	480	-	-
IV. Current liabilities			
Short-term bank loans	500	-	-
Current portion of non-current liabilities	510	-	-
Promissory notes payable	520	-	-
Accounts payable for goods, works, services	530	263	61
Current liabilities on settlements:			
on advances received	540	-	-
with the state budget	550	104	48
on off-budget payments	560	-	-
on insurance	570	1	12
on staff costs	580	104	41
on settlements with participants	590	-	-
on internal settlements	600	-	-
Liabilities related to property and equipment and disposal groups held for sale	605	-	-
Other current liabilities	610	1,952	3,445
Total on Section IV	620	2,424	3,607
V. Deferred income	630	2,713	2,754
TOTAL EQUITY AND LIABILITIES	640	101,515	129,503

Klepikov A.,
Executive Director

Zatulwizer L.,
Chief Accountant



**INTERNATIONAL CHARITABLE FOUNDATION
“INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE”**

**CONSOLIDATED STATEMENT OF FINANCIAL RESULTS
FOR THE YEAR ENDED 31 DECEMBER 2012
(in Ukrainian Hryvnias and in thousands)**

I. FINANCIAL RESULTS

Item	Line code	Reporting period	Prior period
1	2	3	4
Revenue from sale of products (goods, works, services)	010	3,410	5,816
Value added tax	015	(568)	(969)
Excise duty	020	-	-
	025	-	-
Other deductions from income	030	-	-
Net revenue from sale of products (goods, works, services)	035	2,842	4,847
Cost of sales of products (goods, works, services)	040	(1,942)	(2,681)
Gross:			
profit	050	900	2,166
loss	055	-	-
Other operating income	060	264,644	208,783
including on initial recognition of biological assets	061	-	-
Administrative expenses	070	(36,482)	(35,211)
Distribution costs	080	-	-
Other operating expenses	090	(226,457)	(175,101)
Financial results from operating activities:			
profit	100	2,605	637
loss	105	-	-
Income from equity investments	110	-	-
Other finance income	120	-	-
Other income	130	-	-
Finance costs	140	-	-
Losses from equity investments	150	-	-
Other expenses	160	(3)	(6)
Financial results from ordinary activities before tax:			
profit	170	2,602	631
loss	175	-	-
Financial results from discontinued operations:			
profit	176	-	-
loss	177	-	-
Income tax from ordinary activities	180	(42)	(59)
Gain on income tax from ordinary activities	185		
Financial results from ordinary activities:			
profit	190	2,560	572
loss	195	-	-
Extraordinary:			
income	200	-	-
expense	205	-	-
Taxes from extraordinary profits	210	-	-
Net:			
profit	220	2,560	572
loss	225	-	-
Incentive payments	226	-	-

**INTERNATIONAL CHARITABLE FOUNDATION
“INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE”**

**CONSOLIDATED STATEMENT OF FINANCIAL RESULTS
FOR THE YEAR ENDED 31 DECEMBER 2012 (CONTINUED)**
(in Ukrainian Hryvnias and in thousands)

II. ELEMENTS OF OPERATING EXPENSE

Item	Line code	Reporting period	Prior period
1	2	3	4
Material expenditures	230	96,067	51,446
Staff costs	240	26,637	24,474
Social charges	250	7,909	6,869
Depreciation and amortization	260	1,306	1,297
Other operating expense	270	132,962	128,908
Total	280	264,881	212,994

III. RATIOS OF PROFITABILITY PER SHARE

Item	Line code	Reporting period	Prior period
1	2	3	4
Average annual number of ordinary shares	300	-	-
Adjusted average annual number of ordinary shares	310	-	-
Net profit/(loss) per ordinary share, UAH	320	-	-
Adjusted net profit/(loss) per ordinary share, UAH	330	-	-
Dividends per ordinary share	340	-	-

Klepikov A.,
Executive Director



Zatulyukha L.,
Chief Accountant

**INTERNATIONAL CHARITABLE FOUNDATION
“INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE”**

**CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2012
(in Ukrainian Hryvnias and in thousands)**

Item	Line code	Reporting period	Similar period of prior year
1	2	3	4
I. Cash flows from operating activities			
Cash inflows from:			
Sales of products (goods, works, services)	010	2,765	5,490
Repayment of promissory notes received	015	-	-
Buyers and advance customers	020	-	-
Repayment of advances	030	763	1,508
Banking institutions on interest on current accounts	035	-	-
Value added tax from the budget	040	-	-
Repayment of other taxes and charges (mandatory payments)	045	370	102
Grants, benefits received	050	-	-
Special purpose funding	060	285,948	203,092
Debtors penalties (fines, penalties)	070	-	-
Other proceeds	080	2,726	1,191
Payment for:			
Goods (works, services)	090	(107,653)	(48,096)
Advances paid	095	(13,023)	-
Repayment of advances	100	-	-
Employees	105	(22,118)	(20,076)
Travel costs	110	(876)	(693)
Value added tax liabilities	115	(237)	(650)
Income tax liabilities	120	(60)	(12)
Social charges	125	(10,946)	(9,515)
Liabilities on other taxes and duties (mandatory payments)	130	(4,322)	(4,174)
Special purpose contributions	140	(119,311)	(96,395)
Other payments	145	(1,535)	(1,714)
Net cash flow before extraordinary events	150	12,491	30,058
Cash flow from extraordinary events	160	-	-
Net cash flow from operating activities	170	12,491	30,058
II. Cash flows from investing activities			
Sale of:			
financial investments	180	-	-
non-current assets	190	-	-
property complexes	200	-	-
Received:			
interest	210	-	-
dividends	220	-	-
Other proceeds	230	-	-
Purchase of:			
financial investments	240	-	-
non-current assets	250	(852)	(685)
property complexes	260	-	-
Other payments	270	-	-
Net cash flow before extraordinary events	280	(852)	(685)
Cash flow from extraordinary events	290	-	-
Net cash flow from investing activities	300	(852)	(685)

**INTERNATIONAL CHARITABLE FOUNDATION
“INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE”**

**CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2012 (CONTINUED)**
(in Ukrainian Hryvnias and in thousands)

Item	Line code	Reporting period	Similar period of prior year
1	2	3	4
III. Cash flows from financing activities			
Proceeds on equity issue	310	-	-
Loans received	320	-	-
Other proceeds	330	-	-
Repayment of loans	340	-	-
Dividends paid	350	-	-
Other payments	360	-	-
Net cash flow before extraordinary events	370	-	-
Cash flow from extraordinary events	380	-	-
Net cash flow from financing activities	390	-	-
Net cash flow for the reporting period	400	11,639	29,373
Cash balance at the beginning of the year	410	78,899	49,526
Effect of changes in foreign exchange rates on the cash balance	420	-	-
Cash balance at the end of the year	430	90,538	78,899

Klepikov A.,
Executive Director



INTERNATIONAL CHARITABLE FOUNDATION “INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE”
CONSOLIDATED STATEMENT OF EQUITY
FOR THE YEAR ENDED 31 DECEMBER 2012
(in Ukrainian Hryvnias and in thousands)

Item	Line code	Contributed capital	Share capital	Additional paid-in capital	Other additional capital	Reserve capital	Retained earnings	Unpaid capital	Withdrawn capital	Total
1	2	3	4	5	6	7	8	9	10	11
Balance at the beginning of the year	010	-	-	-	-	-	-	14,763	-	14,763
Adjustment for:										
Change in accounting policies	020	-	-	-	-	-	-	-	-	-
Correction of errors	030	-	-	-	-	-	-	-	-	-
Other changes	040	-	-	-	-	-	-	-	-	-
Adjusted balance at the beginning of the year	050	-	-	-	-	-	14,763	-	-	14,763
Revaluation of assets:										
Revaluation surplus of property and equipment	060	-	-	-	-	-	-	-	-	-
Revaluation deficit of property and equipment	070	-	-	-	-	-	-	-	-	-
Revaluation surplus of construction in progress	080	-	-	-	-	-	-	-	-	-
Revaluation deficit of construction in progress	090	-	-	-	-	-	-	-	-	-
Revaluation surplus of intangible assets	100	-	-	-	-	-	-	-	-	-
Revaluation deficit of intangible assets	110	-	-	-	-	-	-	-	-	-
Net profit (loss) for the reporting period	130	-	-	-	-	-	2,560	-	-	2,560

INTERNATIONAL CHARITABLE FOUNDATION "INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE"
CONSOLIDATED STATEMENT OF EQUITY
FOR THE YEAR ENDED 31 DECEMBER 2012 (CONTINUED)
(in Ukrainian Hryvnias and in thousands)

Item	Line code	Contributed capital	Share capital	Additional paid-in capital	Other additional capital	Reserve capital	Retained earnings	Unpaid capital	Withdrawn capital	Total
1	2	3	4	5	6	7	8	9	10	11
Distribution of profit:										
Payments to owners (dividends)	140	-	-	-	-	-	-	-	-	-
Distribution of profit to contributed capital	150	-	-	-	-	-	-	-	-	-
Distribution of profit to reserve capital	160	-	-	-	-	-	-	-	-	-
Distribution of profit to reserve capital	170	-	-	-	-	-	-	-	-	-
Contributions of participants:										
Contributions to equity	180	-	-	-	-	-	-	-	-	-
Capital Repayment	190	-	-	-	-	-	-	-	-	-
Capital Repayment	200	-	-	-	-	-	-	-	-	-
Withdrawal of capital:										
Redemption of shares (stakes)	210	-	-	-	-	-	-	-	-	-
Resale of treasury shares (stakes)	220	-	-	-	-	-	-	-	-	-
Cancellation of treasury shares (stakes)	230	-	-	-	-	-	-	-	-	-
Withdrawal of stakes in equity	240	-	-	-	-	-	-	-	-	-
Decrease in nominal value of shares	250	-	-	-	-	-	-	-	-	-
Other changes in equity:										
Write-off of irrecoverable losses	260	-	-	-	-	-	-	-	-	-
Assets received free of charge	270	-	-	-	-	-	-	-	-	-
Total changes in equity	290	-	-	-	-	-	-	-	-	-
Balance at the end of the year	300	-	-	-	-	-	-	-	-	-



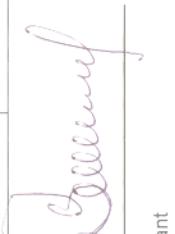
Klepikov A.,
Executive Director

INTERNATIONAL CHARITABLE FOUNDATION "INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE"
CONSOLIDATED STATEMENT OF EQUITY
FOR THE YEAR ENDED 31 DECEMBER 2011
(in Ukrainian Hryvnias and in thousands)

Item	Line code	Contributed capital	Share capital	Additional paid-in capital	Other additional capital	Reserve capital	Retained earnings	Unpaid capital	Withdrawn capital	Total
1	2	3	4	5	6	7	8	9	10	11
Balance at the beginning of the year	010	-	-	-	-	-	14,191	-	-	14,191
Adjustment for:										
Change in accounting policies	020	-	-	-	-	-	-	-	-	-
Correction of errors	030	-	-	-	-	-	-	-	-	-
Other changes	040	-	-	-	-	-	-	-	-	-
Adjusted balance at the beginning of the year	050	-	-	-	-	-	14,191	-	-	14,191
Revaluation of assets:										
Revaluation surplus of property and equipment	060	-	-	-	-	-	-	-	-	-
Revaluation deficit of property and equipment	070	-	-	-	-	-	-	-	-	-
Revaluation surplus of construction in progress	080	-	-	-	-	-	-	-	-	-
Revaluation deficit of construction in progress	090	-	-	-	-	-	-	-	-	-
Revaluation surplus of intangible assets	100	-	-	-	-	-	-	-	-	-
Revaluation deficit of intangible assets	110	-	-	-	-	-	-	-	-	-
Net profit (loss) for the reporting period	130	-	-	-	-	-	572	-	-	572

INTERNATIONAL CHARITABLE FOUNDATION "INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE"
CONSOLIDATED STATEMENT OF EQUITY
FOR THE YEAR ENDED 31 DECEMBER 2011 (CONTINUED)
(in Ukrainian Hryvnias and in thousands)

Item	Line code	Contributed capital	Share capital	Additional paid-in capital	Other additional capital	Reserve capital	Retained earnings	Unpaid capital	Withdrawn capital	Total
1	2	3	4	5	6	7	8	9	10	11
Distribution of profit:										
Payments to owners (dividends)	140	-	-	-	-	-	-	-	-	-
Distribution of profit to contributed capital	150	-	-	-	-	-	-	-	-	-
Distribution of profit to reserve capital	160	-	-	-	-	-	-	-	-	-
Distribution of profit to reserve capital	170	-	-	-	-	-	-	-	-	-
Contributions of participants:										
Contributions to equity	180	-	-	-	-	-	-	-	-	-
Capital repayment	190	-	-	-	-	-	-	-	-	-
Capital repayment	200	-	-	-	-	-	-	-	-	-
Withdrawal of capital:										
Redemption of shares (stakes)	210	-	-	-	-	-	-	-	-	-
Resale of treasury shares (stakes)	220	-	-	-	-	-	-	-	-	-
Cancellation of treasury shares (stakes)	230	-	-	-	-	-	-	-	-	-
Withdrawal of stakes in equity	240	-	-	-	-	-	-	-	-	-
Decrease in nominal value of shares	250	-	-	-	-	-	-	-	-	-
Other changes in equity:										
Write-off of irrecoverable losses	260	-	-	-	-	-	-	-	-	-
Assets received free of charge	270	-	-	-	-	-	-	-	-	-
Total changes in equity	290	-	-	-	-	-	-	-	-	-
Balance at the end of the year	300	-	-	-	-	-	-	-	-	-
										14,763
										14,763



 Klepikov A.,
 Executive Director

INTERNATIONAL CHARITABLE FOUNDATION "INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE"

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2012

(in Ukrainian Hryvnias and in thousands)

I. Intangible assets

Groups of intangible assets	Line code	Balance at the beginning of the year		Additions during the year	(surplus +, deficit -)	Revaluation historical (revalued) accumulated amortization	Disposals during the year historical (revalued) accumulated amortization	Amortization accrued during the year historical (revalued) accumulated amortization	Impairment losses for the year historical (revalued) accumulated amortization	Other changes during the year historical (revalued) accumulated amortization	Balance at the end of the year historical (revalued) accumulated amortization	accumulated amortization
		historical cost (revalued)	historical cost (revalued)									
1	2	3	4	5	6	7	8	9	10	11	12	13
Rights to use natural resources	010	-	-	-	-	-	-	-	-	-	-	-
Property rights	020	-	-	-	-	-	-	-	-	-	-	-
Trademark rights	030	-	-	-	-	-	-	-	-	-	-	-
Industrial property rights	040	-	-	-	-	-	-	-	-	-	-	-
Copyrights and related rights	050	-	-	-	-	-	-	-	-	-	-	-
Other intangible assets	060	-	-	-	-	-	-	-	-	-	-	-
Total	080	2,150	(809)	201	-	-	-	-	(597)	-	2,351	(1,406)
Goodwill	090	-	-	-	-	-	-	-	(597)	-	2,351	(1,406)

From line 080 column 14

cost of intangible assets with restricted ownership rights

cost of intangible assets pledged as collateral

cost of self-made intangible assets

cost of intangible assets acquired at the cost of special purpose financing

accumulated amortization of intangible assets with restricted ownership rights

(081)

(082)

(083)

(084)

(085)

INTERNATIONAL CHARITABLE FOUNDATION “INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE”

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2012 (CONTINUED)**
(in Ukrainian Hryvnias and in thousands)

Groups of property and equipment	Line code	Balance at the beginning of the year	Additions during the year	Revaluation (surplus +, deficit -)	Disposals during the year	Depreciation charge for the year	Impairment losses	Other changes for the year	Balance at the end of the year		Received under finance leases	Including transferred to operating leases
									historical cost (revalued)	historical accumulated depreciation (revalued)		
Land plots	1	2	3	4	5	6	7	8	9	10	11	12
Investment property	105	-	-	-	-	-	-	-	-	-	-	-
Capital expenditure on land improvement	110	-	-	-	-	-	-	-	-	-	-	-
Buildings, constructions, and transmission equipment	120	28	(11)	-	-	-	-	-	-	-	-	-
Machinery and equipment	130	3,271	(2,358)	603	-	-	(34)	33	(578)	-	-	28 (19) (2,903)
Vehicles	140	-	-	-	-	-	-	-	-	-	-	-
Tools, devices, and fixtures (furniture)	150	17	(11)	-	-	-	-	(6)	-	-	17 (17)	-
Livestock	160	-	-	-	-	-	-	-	-	-	-	-
Perennial plants	170	-	-	-	-	-	-	-	-	-	-	-
Other property and equipment	180	464	(393)	-	-	(5)	3	(69)	-	-	459 (459)	-
Library stock	190	-	-	-	-	-	-	-	-	-	-	-
Low-valued non-current tangible assets	200	470	(470)	48	-	(11)	11	(48)	-	-	507 (507)	-
Temporary constructions	210	-	-	-	-	-	-	-	-	-	-	-
Natural resources	220	-	-	-	-	-	-	-	-	-	-	-
Returnable containers	230	-	-	-	-	-	-	-	-	-	-	-
Leased items	240	-	-	-	-	-	-	-	-	-	-	-
Other non-current tangible assets	250	-	-	-	-	-	(50)	47	(709)	-	-	4,831 (3,905)
Total	260	4,250	(3,243)	651	-	-	(50)	47	(709)	-	-	(261) (262)

cost of property and equipment for which there is a restriction of ownership rights in accordance with the effective legislation
cost of property and equipment pledged as collateral
net book value of temporarily idle assets (conservation, reconstruction, etc.)

historical (revalued) cost of fully depreciated property and equipment leased property and equipment of integral property complexes

cost of property and equipment held for sale net book value of property and equipment disposed as a result of extraordinary events

cost of property equipment acquired by using special purpose funds cost of property and equipment received under operating leases

accumulated depreciation of property and equipment for which there is a restriction of ownership rights cost of investment property measured at fair value

From line 260 column 14

From line 260 column 8

From line 260 column 5

From line 260 column 15

From line 260 column 14

**INTERNATIONAL CHARITABLE FOUNDATION
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III. Capital investments

Item	Line code	For the year	At the end of the year
1	2	3	4
Construction in progress	280	-	-
Acquisition (construction) of property and equipment	290	603	-
Acquisition (construction) of other non-current tangible assets	300	48	-
Acquisition (creation) of intangible assets	310	201	-
Acquisition (creation) of non-current biological assets	320	-	-
Other	330	-	-
Total	340	852	-

From line 340 column 3 capital investments to investment property _____ -
finance costs included in capital investments _____ -

IV. Financial investments

Item	Line code	For the year	At the end of the year	
			non-current	current
1	2	3	4	5
A. Financial investments accounted under the equity method in:				
associates	350	-	-	-
subsidiaries	360	-	-	-
joint ventures	370	-	-	-
B. Other financial investments in:				
stakes in contributed capital of other companies	380	-	-	-
shares	390	-	-	-
bonds	400	-	-	-
other	410	-	-	-
Total (Section A + Section B)	420	-	-	-

From line 045 column 4 of Balance Sheet
Other non-current financial investments presented at:
cost _____ (421) -
fair value _____ (422) -
amortized cost _____ (423) -

From line 220 column 4 of Balance Sheet
Current financial investments presented at:
cost _____ (424) -
fair value _____ (425) -
amortized cost _____ (426) -

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V. Income and expense

Item	Line code	Income	Expense
1	2	3	4
A. Other operating income and expense			
Operating leases of assets	440	-	1,997
Operating foreign exchange difference	450	572	597
Sale of other current assets	460	-	-
Penalties, fines, forfeits	470	103	-
Maintenance of housing and utility, social and cultural units	480	-	-
Other operating income and expense including:	490	263,969	260,345
charges to provision for doubtful debt	491	X	25
non-productive expense and losses	492	X	-
B. Income and expense from investments in:			
Associates	500	-	-
Subsidiaries	510	-	-
Joint ventures	520	-	-
C. Other finance income and costs:			
Dividends	530	-	X
Interest	540	X	-
Finance leases	550	-	-
Other finance income and costs	560	-	-
D. Other income and expense			
Sale of financial investments	570	-	-
Income from business combination	580	-	-
Valuation cost	590	-	-
Non-operating foreign exchange difference	600	-	-
Assets received free of charge	610	-	X
Write-off of non-current assets	620	X	-
Other income and expense	630	-	3
Exchange (barter) transactions with products (goods, works, services)	(631)		-
Share in revenues from sale of products (goods, works, services) under exchange (barter) contracts with related parties	(632)		-
From line 540-560 column 4: Finance costs included in cost of sales from principal activities	(633)		-

VI. Cash and cash equivalents

Item	Line code	At the end of the year
1	2	3
Cash on hand	640	-
Current accounts with banks	650	90,538
Other accounts with banks (letters of credit, checks)	660	-
Cash in transit	670	-
Cash equivalents	680	-
Total	690	90,538
From line 070 column 4 of Balance Sheet – Restricted cash	(691)	-

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VII. Provisions and reserves						
Types of provisions and reserves	Line code	Balance at the beginning of the year	Increase during the reporting period	Provisions used during the year	Provisions reversed in the reporting period	Expected recovery of losses by other parties included in the provision valuation
1	2	3	4	5	6	7
Provision for unused vacations	710	907	723	-	211	-
Provision for subsequent expense on additional retirement benefits	720	-	-	-	-	-
Provision for subsequent expense on guarantee obligations	730	-	-	-	-	-
Provision for subsequent restructuring expense	740	-	-	-	-	-
Provision for subsequent expense under onerous contract liabilities	750	-	-	-	-	-
Other provisions	760	-	-	-	-	-
Insurance reserves	770	-	-	-	-	-
Provision for doubtful debts	775	388	25	388	-	25
Total	780	1,295	748	599	-	1,444

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VIII. Inventories

Item	Line code	Carrying amounts at the end of the year	Revaluation during the year	
			Increase in net realizable value*	revaluation decrease
1	2	3	4	5
Raw materials and supplies	800	-	-	-
Purchased semi-finished products and component parts	810	-	-	-
Fuel	820	-	-	-
Containers and packaging inventory	830	-	-	-
Construction materials	840	-	-	-
Spare parts	850	-	-	-
Agricultural materials	860	-	-	-
Current biological assets	870	-	-	-
Low-value items	880	1,367	-	-
Work in progress	890	-	-	-
Finished goods	900	-	-	-
Merchandise	910	-	-	-
Total	920	1,367	-	-

From line 920 column 3 Carrying amounts of inventories:

presented at net realizable value	(921)	-
transferred to processing	(922)	-
pledged as collateral	(923)	-
transferred to commission	(924)	-
Assets at custodial storage (off-balance account 02)	(925)	-
From line 275 column 4 of Balance Sheet – Inventories held for sale	(926)	-

* Determined according to Paragraph 28 of Ukrainian Accounting Standard 9 "Inventory".

IX. Accounts receivable

Item	Line code	Total at the end of the year	including on accounts outstanding		
			up to 12 months	from 12 to 18 months	from 18 to 36 months
1	2	3	4	5	6
Accounts receivable for goods, works, services	940	543	-	-	-
Other current accounts receivable	950	19,841	-	25	-
Bad debts written off in the reporting year			(951)	388	
From lines 940 and 950 column 3 Accounts receivable from related parties			(952)	-	

X. Shortages and losses from inventory damage

Item	Line code	Amount
1	2	3
Identified (written off) shortages and losses during the year	960	-
Recognized as liabilities of responsible persons in the reporting year	970	-
Shortages and losses for which responsible persons were not identified at year end (off-balance sheet account 072)	980	-

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XI. Construction contracts

Item	Line code	Amount
1	2	3
Income from construction contracts during the reporting year	1110	-
Accounts payable and receivable at the end of the reporting year:		
gross by customers	1120	-
gross to customers	1130	-
advances received	1140	-
Delayed payments at the year end	1150	-
Cost of works performed by subcontractors under construction contracts in progress	1160	-

XII. Income taxes

Item	Line code	Amount
1	2	3
Current income tax	1210	42
Deferred tax assets:		
at the beginning of the reporting year	1220	-
at the end of the reporting year	1225	-
Deferred tax liabilities:		
at the beginning of the reporting year	1230	-
at the end of the reporting year	1235	-
Included into Statement of Financial Results – Total	1240	42
including:		
current income tax	1241	42
decrease (increase) in deferred tax assets	1242	-
increase (decrease) in deferred tax liabilities	1243	-
Presented in equity – Total	1250	-
including:		
current income tax	1251	-
decrease (increase) in deferred tax assets	1252	-
increase (decrease) in deferred tax liabilities	1253	-

XIII. Use of depreciation and amortization charges

Item	Line code	Amount
1	2	3
Charged during the reporting year	1300	1,306
Used during the year – Total	1310	852
including for:		
construction	1311	-
acquisition (construction) and improvement of property and equipment	1312	651
including machinery and equipment	1313	603
acquisition (construction) of intangible assets	1314	201
repayment of loans received for capital investments	1315	-
	1316	-
	1317	-

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Item	Line code	Cost of initial recognition	Expense related to biotransformations	Results from initial recognition		Decrease from revaluation	Revenue from sale	Cost of sales	Financial result (profit +, loss -) from sales	
				income	expense				initial recognition and sale	
1	2	3	4	5	6	7	8	9	10	11
Plant products and additional biological assets – Total	1500	-	-	-	-	-	-	-	-	-
including:										
Grain and pulse crops	1510	-	-	-	-	-	-	-	-	-
including:										
wheat	1511	-	-	-	-	-	-	-	-	-
soya	1512	-	-	-	-	-	-	-	-	-
sunflower	1513	-	-	-	-	-	-	-	-	-
rape	1514	-	-	-	-	-	-	-	-	-
sugar beet (refinery)	1515	-	-	-	-	-	-	-	-	-
potatoes	1516	-	-	-	-	-	-	-	-	-
fruit (seed, stone)	1517	-	-	-	-	-	-	-	-	-
other plant products	1518	-	-	-	-	-	-	-	-	-
additional biological assets of plant products	1519	-	-	-	-	-	-	-	-	-
Animal products and additional biological assets – Total	1520	-	-	-	-	-	-	-	-	-
including:										
liveweight gain – Total	1530	-	-	-	-	-	-	-	-	-
including:										
cattle	1531	-	-	-	-	-	-	-	-	-
pigs	1532	-	-	-	-	-	-	-	-	-
milk	1533	-	-	-	-	-	-	-	-	-
wool	1534	-	-	-	-	-	-	-	-	-
eggs	1535	-	-	-	-	-	-	-	-	-
other animal products	1536	-	-	-	-	-	-	-	-	-
Additional biological assets of animal products	1537	-	-	-	-	-	-	-	-	-
Fishery products	1538	-	-	-	-	-	-	-	-	-
Agricultural produce and additional biological assets – Total	1539	-	-	-	-	-	-	-	-	-



Klepikov A.,
Executive Director

**INTERNATIONAL CHARITABLE FOUNDATION
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**EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
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1. GENERAL INFORMATION

International Charitable Foundation “International HIV/AIDS Alliance in Ukraine” (hereinafter, “Alliance Ukraine”) is an international charitable foundation initially established under provisions of the Law of Ukraine “On Charity and Charitable Organizations” in late 2002 that started its operations since its registration with the Ministry of Justice of Ukraine in March 2003. On acquiring managerial independence from its founder, International HIV/AIDS Alliance (United Kingdom), at the beginning of 2009, Alliance Ukraine became an independent linking organization retaining membership in the International HIV/AIDS Alliance Global Partnership. The consolidated financial statements comprise the financial statements of Alliance Ukraine and its wholly owned subsidiary LLC “Alliance-Ukraine Consultancy” registered in Kyiv, Ukraine (collectively referred to as the “Organization”).

Alliance Ukraine's principal activities are as follows:

- Fighting HIV infection spreading, AIDS mortality, and alleviation of the negative impact of the epidemic through supporting community actions against HIV/AIDS in Ukraine, Europe, and Central Asia region;
- Dissemination of effective ways to prevention and treatment of HIV/AIDS in Ukraine.

The core business of the wholly owned subsidiary of Alliance Ukraine, LLC “Alliance-Ukraine Consultancy”, is rendering consulting services on fighting HIV infection and AIDS to its customers and International HIV/AIDS Alliance (United Kingdom).

The activities of the Organization are financed by grants and donations. One of the major grants is provided by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (hereinafter, the “Global Fund”) directly to the Organization and is used to fund the “Building a Sustainable System of Comprehensive Services on HIV Prevention, Treatment, Care and Support for Most-at-Risk Populations and People Living with HIV/AIDS in Ukraine” program (Round 10) in accordance with the grant agreement entered into under No. UKR-011-G08-H dated 15 December 2011. Total funds under this agreement amount to USD 43,615 thousand (equivalent of UAH 348,615 thousand as of 31 December 2012) and they are expected to be available to late December 2013.

The Organization also receives another funding from the Global Fund for the “Reducing the Tuberculosis Burden in Ukraine through Expanding and Enhancing Access to High Quality Tuberculosis Services” program (Round 9) provided through the Charitable Foundation “Development of Ukraine”. The grant is financed in two phases. The total amount of funds for Phase I for the years 2011 and 2012 is USD 12,456 thousand (equivalent of UAH 99,461 thousand) according to the updated supplementary agreement with the Charitable Foundation “Development of Ukraine” dated 11 April 2012. In accordance with the supplementary agreement with the Charitable Foundation “Development of Ukraine” dated 26 December 2012, Phase I of Round 9 was extended to 30 June 2013.

During the year ended 31 December 2012, the Organization was also financed by another funding received from the Global Fund under the Program “Support for HIV and AIDS Prevention, Treatment and Care for most Vulnerable Populations in Ukraine” (Round 6). This grant is limited to USD 79,223 thousand (equivalent of UAH 633,229 thousand as of 31 December 2012). The grant was available to the Organization during five years beginning from August 2007 to 31 July 2012 in two phases: Phase I – from 1 August 2007 to 31 July 2009 and Phase II – from 1 August 2009 to 31 July 2012. Activities on the Program’s closure were approved by the close-out plan and budget for the period from 1 August 2012 to 30 April 2013.

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As of 31 December 2012, the Organization employed 123 persons (as of 31 December 2011: 120 persons). The registered office of the Organization is located at: Dmytrova Str., 5, bldg. 10a, Floor 9, Kyiv, 03680, Ukraine.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

General information – The accompanying consolidated financial statements of the Organization have been prepared in accordance with Ukrainian Accounting Standards (“UAS”), as approved by the Ministry of Finance of Ukraine and registered with the Ministry of Justice of Ukraine as of the date of the consolidated financial statements preparation.

The accompanying consolidated financial statements were prepared as of 31 December 2012 and cover the period from 1 January 2012 to 31 December 2012.

These consolidated financial statements have been prepared in the national currency of Ukraine – Hryvnias (“UAH”). Unless otherwise indicated, the amounts are presented in UAH and in thousands.

The preparation of the consolidated financial statements in accordance with UAS requires that management make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and reported amounts of revenues and expenses during the reporting period. Actual results could differ from such estimates.

Basis of consolidation – The consolidated financial statements incorporate the financial statements of Alliance Ukraine (the “Parent”) and entity controlled by the Parent (its subsidiary). Control is achieved when the Parent has the power to govern the financial and operating policies of an entity, either directly or indirectly, so as to obtain benefits from its activities. The financial statements of the subsidiary are included in the consolidated financial statements of the Organization from the date when control effectively commences.

When necessary, adjustments are made to the financial statements of the subsidiary to bring their accounting policies into line with those used by the Parent.

All intra-group transactions, balances, income, and expenses are eliminated in full on consolidation.

Property and equipment – All property and equipment items are carried at historical cost, less any accumulated depreciation and accumulated impairment losses. Historical cost of property and equipment consists of the purchase price, non-refundable indirect taxes related to their purchase, costs of installation, and maintenance of property and equipment, and other directly attributable costs of bringing the property and equipment items to working condition for their intended use.

Depreciation of all groups of property and equipment is calculated using a straight line method over the following useful lives:

	Number of years
Buildings, constructions, and transmission equipment	3 years
Machinery and equipment	3 years
Tools, devices, and fixtures (furniture)	3 years
Other fixed assets	3 years
Low-value non-current tangible assets	Fully depreciated when put in use

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The historical cost of property and equipment items is increased by the expenditures related to the property and equipment item's improvement (modernization, modification, additional construction, equipment installation, reconstruction, etc.), which increases future economic benefits initially expected from the use of an item of property and equipment. The capitalized cost of property and equipment improvement is depreciated using the straight-line method at the same rates as the respective property and equipment items.

Repairs and maintenance expenditures, as well as costs related to servicing of assets, are included in the consolidated statement of financial results for the period when incurred.

The gain or loss arising on the disposal of an item of property and equipment is determined as the difference between the sales proceeds and carrying amounts and included in other income or expense from ordinary activities.

Intangible assets – Intangible assets acquired by the Organization and which have finite useful lives consist primarily of IT software.

IT software rights acquired or received free of charge are carried at cost, less accumulated amortization and accumulated impairment losses. Amortization of intangible assets is recognized on a straight-line basis over their estimated useful lives (basically 3 years). Amortization of intangible assets commences when the assets are ready for their intended use.

Impairment of tangible and intangible assets – At each balance sheet date, the Organization reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indicator that those assets have suffered an impairment loss. If any such indicator exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where it is not possible to estimate the recoverable amount of an individual asset, the Organization estimates the recoverable amount of the cash-generating unit to which the asset belongs.

The recoverable amount is the higher of fair value, less costs to sell, and value in use. Where carrying values exceed the estimated recoverable amount, assets are written down to their recoverable amount, and impairment loss is recognized in the respective period and is included in operating expenses.

Impairment losses of property and equipment items are included in other expenses of the reporting period, with the respective reduction in the balance sheet of the historical cost and accumulated depreciation amounts that are reported in the notes to the consolidated financial statements in the column “Other changes for the year”.

If, as of the balance sheet date, the impairment indicators cease to exist, the Organization recognizes reversal of impairment loss. At the same time, the carrying amounts of the asset, upon their recovery, should not exceed their carrying amounts as determined at the recovery date, net of the previous impairment losses amount. Reversal of impairment loss is recognized immediately in the consolidated statement of financial results.

Inventories – Inventories are valued at the lower of cost and net realizable value. Net realizable value of inventories is determined as their fair values, less all estimated costs necessary to make the sale. Costs of inventories and low-value items are accounted for using the FIFO (“first-in, first-out”) and specific identification of cost methods and include expenditure incurred in acquiring inventories and bringing them to their existing location and condition for the intended use.

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Inventories are carried net of allowance for slow-moving, damaged, or obsolete items.

Accounts receivable on advances issued – Accounts receivable on advances issued are represented by the advances issued to suppliers in the course of purchasing equipment, inventories, including medical supplies, services, etc. in order to conduct the activities under the Programs and are carried as advances issued, less any provision for doubtful debts.

Other accounts receivable – Other current accounts receivable are carried at net realizable value, less any provision for doubtful debts.

Other current accounts receivable are recognized as assets when it is probable that future economic benefits will flow to the Organization, and their amounts can be measured reliably.

Other current accounts receivable of the Organization are mostly attributable to the sub-recipients that receive financing and perform charity activities on behalf of the Organization.

Provision for doubtful debts – The amount of provision for doubtful debts is determined by the Organization's management based on their estimates regarding solvency of specific debtors. The provision is created when there is objective evidence that the Organization may fail to recover all amounts due in accordance with the original terms of the agreement. The Organization fully provides for doubtful debts of the Organization's debtors that are outstanding for over 365 days. The Organization also creates the provision for doubtful and bad debts the recovery on which is considered as doubtful.

Cash and cash equivalents – Cash and cash equivalents include cash on hand and cash with banks.

Deferred income – Deferred income is mainly represented by the net book value of property and equipment and intangible assets received free of charge and not yet fully depreciated or amortized. Deferred income is recognized as other operating income in the consolidated statement of financial results through matching with the depreciation and amortization charge recognized in the reporting period.

Financial instruments – Financial instruments are initially measured and recorded at their actual cost which consists of the fair value of assets, liabilities, or equity instruments provided or received in exchange of the respective financial instrument and expense directly attributable to acquisition or disposal of the financial instrument (fees, mandatory duties, and payments for transfer of financial instruments, etc.). At each subsequent balance sheet date upon recognition, financial assets are measured at their fair value, and financial liabilities are measured at amortized cost.

The Organization's management believes that the fair value of cash and cash equivalents, accounts receivable, and accounts payable is actually equal to their carrying amounts due to the short-term nature of those instruments.

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Revenue recognition – Revenue of the Organization is attributable to its subsidiary, LLC “Alliance-Ukraine Consultancy”, for providing consultancy services. Revenue from rendering of services is recognized by reference to the stage of completion of the transaction at the end of the reporting period, if its outcome can be reliably estimated. The outcome of a transaction can be estimated reliably when all the following conditions are satisfied:

- The amount of revenue can be measured reliably;
- It is probable that the economic benefits associated with the transaction will flow to the entity;
- The stage of completion of the transaction at the end of the reporting period can be measured reliably; and
- The costs incurred for the transaction and the costs to complete the transaction can be measured reliably.

Received special purpose funding is recognized as other operating income in the periods, in which corresponding expenses related to the Programs financed are incurred. Cost of tangible and intangible assets obtained as a special purpose funding is recognized as other operating income during the period of their useful lives to be in line with the depreciation/amortization charged on those assets. Balance of special purpose funding not yet incurred by the Organization is carried on the Organization's balance sheet in provisions for expense and payments.

Expense recognition – Expense incurred by the Organization is represented by the costs of services rendered by subcontractors, office premises leases, payroll expenses, and other services.

Administrative expenses mainly consist of payroll expenses to the Organization's employees and other expenses.

Operating leases – Operating lease is a lease under which the Organization does not transfer substantially all the risks and rewards of use and ownership of the asset. Rental costs are recognized in the consolidated financial statements as expense of the current period over the term of the relevant lease.

Foreign currency translation – Monetary assets and liabilities denominated in foreign currencies are translated into UAH at the exchange rates established by the National Bank of Ukraine at the end of the reporting period. Revenue and expense denominated in foreign currencies are translated at the exchange rates established by the National Bank of Ukraine at the dates of the respective transactions. All realized and unrealized gains and losses arising on exchange differences are recognized in the consolidated statement of financial results.

The relevant exchange rates were as follows:

	<u>As of 31 December 2012</u>	<u>Average exchange rate for 2012</u>	<u>As of 31 December 2011</u>	<u>Average exchange rate for 2011</u>
UAH/USD	7.9930	7.9910	7.9898	7.9677
UAH/EUR	10.5372	10.2692	10.2981	11.0926

Contingent liabilities and assets – Contingent liabilities are not recognized in the consolidated financial statements. They are disclosed in the explanatory notes to the consolidated financial statements unless the possibility of an outflow of resources embodying economic benefits is remote.

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Contingent assets are not recognized in the consolidated financial statements but disclosed in the explanatory notes to the consolidated financial statements when an inflow of economic benefits is probable.

Income taxes – Alliance Ukraine is registered as a non-tax payer, so, except for certain transactions amount of which is not material, all income tax expenses are attributable to the subsidiary of the Organization, LLC “Alliance-Ukraine Consultancy”. Income tax expense is based on the sum of profit or loss for the year and deferred tax. The Organization’s management estimated deferred income taxes as immaterial for the years ended 31 December 2012 and 2011 and, thus, did not recognize them in the consolidated financial statements.

3. CASH AND CASH EQUIVALENTS

As of 31 December, cash and cash equivalents are as follows:

	2012	2011
USD-denominated cash	85,939	75,451
UAH-denominated cash	4,281	3,448
EUR-denominated cash	318	-
Total	90,538	78,899

4. OTHER CURRENT ACCOUNTS RECEIVABLE

As of 31 December 2012 and 2011, other current accounts receivable were mostly attributable to the sub-recipients that receive financing and perform charity activities on behalf of the Organization in the amount of UAH 19,841 thousand and UAH 6,763 thousand, respectively. Those amounts of receivables are net of the provision for doubtful debts amounting to UAH 25 thousand and UAH 388 thousand as of 31 December 2012 and 2011, respectively.

Movements in the provision for doubtful debts are as follows:

	2012	2011
Balance at the beginning of the year	388	143
Increase in the provision for doubtful debts	25	245
Amounts written off during the year	(388)	-
Balance at the end of the year	25	388

5. RELATED PARTY TRANSACTIONS

The only related party transactions during 2012 and 2011 were current remuneration payments to the Organization’s key management personnel.

For the year ended 31 December 2012, total remuneration to the Organization’s key management personnel was included in administrative expenses and amounted to UAH 3,894 thousand (for the year ended 31 December 2011: UAH 3,139 thousand); there were no borrowings and other non-current benefits.

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6. CONTINGENCIES AND CONTRACTUAL COMMITMENTS

Operating environment – Most of the Organization's operations are within Ukraine. Emerging markets, such as Ukraine, are subject to different risks than more developed markets, including economic, political and social, and legal and legislative risks. Laws and regulations affecting businesses in Ukraine continue to change rapidly, and tax and regulatory rules within Ukraine are subject to varying interpretations. The future economic direction of Ukraine is heavily influenced by the efficiency of economic, fiscal, and monetary measures undertaken by the government, together with developments in the legal, regulatory, and political environment.

Taxation – The local and national tax environment in Ukraine is constantly changing. In addition, there are cases of its inconsistent application, interpretation and enforcement. Non-compliance with Ukrainian laws and regulations can lead to the imposition of severe penalties and interest. Future tax examinations could raise issues or assessments which are contrary to the Organization's tax filings. As of 31 December 2012, there is a risk that the tax authorities' interpretation of income derived from foreign currency sales may differ from the treatment used by the Organization, and they may assess corporate income taxes in the amount of UAH 432 thousand and penalties in the amount of UAH 108 thousand. While the Organization believes it has complied with local tax legislation, there have been many new tax and foreign currency laws and related regulations introduced in recent years, which are not always clearly written.

Legal issues – The Organization is involved in litigation and other claims that are in the ordinary course of its business activities, none of which has had, individually or in the aggregate, a material adverse impact on the Organization. Management believes that the outcome of such matters will not have a material impact on its consolidated financial position or operating results.

Operating leases commitments – As of 31 December 2012 and 2011, the Organization has the non-cancelable commitments within one year on the operating leases of premises in the amount of UAH 1,974 thousand and UAH 1,974 thousand, respectively.

7. RISK MANAGEMENT POLICIES

Major categories of financial instruments – The Organization's principal financial liabilities comprise provision for employee benefits, accounts payable for goods, works, services, current liabilities on settlements with the state budget, staff costs, and insurance, and other current liabilities. The main purpose of these financial instruments is to raise funds for the Organization's operations. The Organization has various financial assets, such as cash and cash equivalents, accounts receivable for goods, works, services, and other current receivables.

	31 December 2012	31 December 2011
Financial assets		
Cash and cash equivalents	90,538	78,899
Other current receivables	19,841	6,763
Accounts receivable for goods, works, services: net realizable value	543	-
Total financial assets	110,922	85,662

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	31 December 2012	31 December 2011
Financial liabilities		
Other current liabilities	3,445	1,952
Provision for employee benefits	1,419	907
Accounts payable for goods, works, services	61	263
Current liabilities on settlements with the state budget	48	104
Current liabilities on settlement of staff costs	41	104
Current liabilities on settlement of insurance	12	1
Total financial liabilities	5,026	3,331

The main risks arising in the course of use of the Organization's financial instruments are those related to credit, foreign currency risk exposures, and liquidity risk.

Credit risk – The Organization is exposed to credit risk which is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

The Organization's credit risk is primarily attributable to its trade and other current accounts receivable. The amounts presented are net of provision for doubtful debts, which is calculated by the Organization's management based on previous experience and its assessment of the current economic situation.

Foreign currency risk – Foreign currency risk is the risk that the financial results of the Organization will be adversely impacted by changes in exchange rates to which the Organization is exposed. The Organization undertakes certain transactions denominated in foreign currencies. The Organization does not use any derivatives to manage its foreign currency risk exposure.

The carrying amounts of the Organization's foreign currency denominated monetary assets and liabilities as of 31 December 2012 and 2011 are as follows:

	31 December 2012		31 December 2011	
	USD	EUR	USD	EUR
Assets				
Cash and cash equivalents	85,939	318	75,451	-
Accounts receivable on advances paid	8,534	2	-	-
Other current accounts receivable	-	-	-	19
Total assets	94,473	320	75,451	19
Liabilities				
Other current liabilities	1,680	-	101	-
Total liabilities	1,680	-	101	-
Net currency position	92,793	320	75,350	19

The following table details the Organization's sensitivity to weakening of UAH against USD and EUR by 10%. This sensitivity level presents management's estimates regarding possible foreign currency exchange fluctuations as of the reporting dates. The sensitivity analysis includes only outstanding balances of foreign currency denominated monetary assets and adjusts their translation to presentation currency at the end of the period with reference to 10% exchange rate fluctuations.

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	31 December 2012		31 December 2011	
	USD	EUR	USD	EUR
Profit	9,279	32	7,535	2

Liquidity risk – Liquidity risk is the risk that the Organization will not be able to settle all liabilities as they are due. The Organization’s liquidity position is carefully monitored and managed. The Organization has in place a detailed budgeting and cash forecasting process to help ensure that it has adequate cash available to meet its payment obligations.

As of 31 December 2012 and 2011, all financial liabilities of the Organization based on contractual payments were due within the period from one to three months.

Concentration risk – During the year ended 31 December 2012, funding provided by the Global Fund amounted to 97% of all donations received by the Organization. To manage this concentration risk, the Organization seeks for obtaining additional financing from other donors.

8. FAIR VALUE OF FINANCIAL INSTRUMENTS

Estimated fair value disclosures of financial instruments are made in accordance with the requirements of UAS 13 “Financial Instruments”. Fair value is defined as the amount at which the instrument could be exchanged in a current transaction between knowledgeable, willing parties in an arm’s length transaction, other than in forced or liquidation sale. As no readily available market exists for a large part of the Organization’s financial instruments, professional judgment is necessary to determine fair value, based on current economic conditions and specific risks attributable to the instrument. The estimates presented herein are not necessarily indicative of the amounts the Organization could realize in a market exchange from the sale of its full holdings of a particular instrument.

As of 31 December 2012 and 2011, fair value of all assets and liabilities of the Organization is estimated by the Organization’s management to approximate their carrying amounts.

9. SUBSEQUENT EVENTS

Subsequent to 31 December 2012, the amount of funding for implementation of Phase I of Round 9 was increased to USD 15,851 thousand (equivalent of UAH 126,697 thousand as of 31 December 2012).

10. APPROVAL OF THE CONSOLIDATED FINANCIAL STATEMENTS

These consolidated financial statements were approved by management and authorized for issue on 13 August 2013.

Appendix 6. Information and Guidance Activities of the ICF “International HIV/AIDS Alliance in Ukraine”, List of Publications that Went out of Print in 2012

Publications for the Vulnerable Populations



Reproductive Health

The brochure is targeted at the program clients and provides basic information on the male and female reproductive systems, basic rules of personal hygiene, information on the means of contraception, characteristics of contraception for HIV-positive persons and drug users, as well as general information on the sexually transmitted infections.

The Turning Point: Assistance in Crisis Situations

This publication contains the information on what should be done and who may help in a crisis situation and also reveals the reasons of crises and their peculiarities. The authors consider the brochure not as a guide to some actions but as a motivation to overcome difficult life circumstances. It will be useful for people facing a crisis situation and also for prevention program social workers and psychologists in terms of delivery of effective social management of crisis clients.



Protect Your Rights: Interaction with the Police

The brochure is intended for all project clients and also for social and outreach workers who counsel the clients. It presents in plain terms the principal algorithms of actions/behaviors in the most typical situations of the communication with police: when a person is stopped on the street or is invited to the police district, when the police comes to do a house-check, etc.

Safe Injection (2012)

This publication is targeted at the harm reduction program clients who inject drugs and contains basic information on safe injections, possible complications and ways to avoid them.



Publications for HIV Prevention Specialists

Directory of Organizations in the Field of HIV/AIDS (2012)



This new edition of the Directory of Organizations in the Field of HIV/AIDS presents the reference and contact information about the public executive authorities, committees of the Verkhovna Rada of Ukraine, the State Social Services for Family, Children and Youth, healthcare and prevention settings, scientific and research organizations, all-Ukrainian organizations, regional NGOs and international organizations.



Strong We Stand. Mobilization and Capacity Building of Communities that Are Vulnerable to HIV

This practical guide for community leaders and trainers is designed to cover fundamental theoretical and methodological approaches to capacity building of the communities that are vulnerable to HIV. It contains 57 training exercises and a number of tables and case studies on the community development in Ukraine.



Client Management for the Populations that are Vulnerable to HIV

The publication is a training guide the purpose of which is adjustment of the client management concept and its tools in prevention projects.



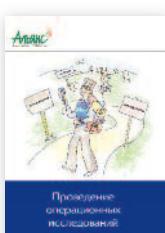
Competence in Business Communication

The manual presents the description of business communication and its types. It also describes the features of partner perception in communication, active listening techniques, and types of influence in communication. The book is designed to assist in selection of an optimal approach for productive collaboration, teach to listen, overcome barriers to communication and understanding of others, regardless of their style of communication. The manual also contains guidance on how to prepare a business conversation and hold a round-table. The practical exercises reinforce the theoretical material. The publication is targeted at heads and staff of the HIV/AIDS prevention NGOs.



Harm Reduction Lessons. Training Manual

The publication is intended for individual or group training of HIV prevention program social workers. It covers the material on common challenges faced by the populations that are vulnerable to HIV and people living with HIV. The content of this manual is designed to meet the needs of HIV service organization social workers who usually do not have basic education in the social work and/or special medical background. The material is presented in the form of "lessons" which contain the information (theoretical) part and questions for self-control (tests and keys to them).



Guideline on Arrangement and Holding of Operational Surveys

The publication deals with an operational survey as a basic evidence tool for the programs and their quality evaluation. The manual covers the information on planning and arrangement of the survey, collection and systematization of data, dissemination and use of the findings. All the research steps are illustrated with the examples taken from the operational surveys arranged and held by the ICF "International HIV/AIDS Alliance in Ukraine" in 2007–2011.



Peer-Driven Interventions for Female Sex Workers: Ukrainian Experience

The publication summarizes the Ukrainian experience in implementing the prevention model in female sex workers (known as the "peer-driven intervention"). In 2010, the model was first adapted and introduced in the prevention projects for the FSWs. The manual describes a concept of this model and its basic tools based on the Ukrainian experience. During their work, the authors were using the lessons learnt from the projects which had been already implemented the model.

HIV Counseling and Rapid Testing for HIV under the Projects for the Most-at-risk Populations

The publication provides an overview of the international and Ukrainian experience in HIV counseling and rapid testing for HIV. This publication is targeted at the NGOs and/or healthcare and prevention settings which are already implementing or just plan to introduce prevention projects in their regions using the rapid tests for HIV.



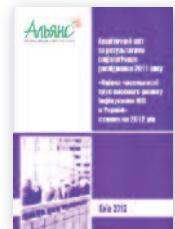
Effectiveness Evaluation for the HIV Prevention Intervention in Users of the Amphetamine-type Substances through Changing Individual Behaviors at the Group Level (Brief Findings)

The publication presents the results of implementation of a new form of work with the IDUs who use the amphetamine-type drugs, i.e. the “Intervention of Group-level Behavior Changes through the Individual Impact”.

Publications on Monitoring and Evaluation

Analytical Report Subsequent to the Sociological Study “Estimation of the Size of the Populations that Are Most at Risk of HIV in Ukraine in 2011”

The report displays the results of calculations of the estimated numbers of injecting drug users, female sex workers, and men who have sex with men at the level of each oblast center, region and at the national level. The publication describes methods for calculating the estimated size of each population, provides calculations of the estimates, approaches to extrapolation of the results from the oblast center to the entire region and their validation. The publication also offers an algorithm of calculating the estimated size of injecting drug users at the level of oblast/region rayons. The brochure will be useful for representatives of the national authorities and local self-government, public health specialists, researchers and managers of the NGOs working with the vulnerable populations.



Monitoring of Behavior and HIV Prevalence among the IDUs as a Component of Second Generation Surveillance

The brochure presents findings on the socio-demographic structure of the IDUs in Ukraine, drug use and condom practices with different types of partners, etc. A particular focus is made on the analysis of HIV prevalence among injecting drug users and coverage of the IDUs with prevention programs. The survey findings highlight both the national and the regional levels. In some key aspects they are compared with those from similar surveys conducted in 2008–2009.

Monitoring of Behavior and HIV Prevalence among the SWs as a Component of Second Generation Surveillance

The findings presented in this paper relate to the socio-demographic structure of the FSWs in Ukraine, alcohol and drug use, condom practices with different types of partners, etc. A particular focus is made on the analysis of HIV prevalence among the FSWs (and also the prevalence of Hepatitis B, C, HIV, and syphilis markers), coverage of the FSWs with prevention programs. The survey findings highlight both the national and the regional levels. In some key aspects they are compared with those from similar surveys conducted in 2008–2009.





Monitoring of Behavior and HIV Prevalence among the MSM as a Component of Second Generation Surveillance

The report contains information subsequent to the biobehavioral survey among men having sex with men, specifically on risky practices of the MSM, and a level of knowledge on ways of HIV transmission, coverage of the MSM with prevention programs. A particular focus is made on the findings of the linked survey, i.e. respondents' blood testing for HIV and syphilis, and factors of exposure to HIV.



Monitoring of Behavior and HIV Prevalence among Ukrainian Labor Migrants as a Component of Second Generation Surveillance

The report contains information subsequent to the biobehavioral survey among labor migrants, specifically on their risky practices, and a level of knowledge on ways of HIV transmission, coverage of labor migrants with prevention programs.

Appendix 7. Organization Chart of the ICF “International HIV/AIDS Alliance in Ukraine”



Appendix 8. Composition of the Governing Board, Supervisory Committee, General Meeting and Staff of the ICF “International HIV/AIDS Alliance in Ukraine”

Staff Members and Consultants of the ICF “International HIV/AIDS Alliance in Ukraine”, as of December 31, 2012

Directorate

Andriy Klepikov	Executive Director
Pavlo Smyrnov	Deputy Executive Director / Director: Field Programs
Zahedul Islam	Director: Treatment, Procurement and Policy
Vlasta Brodcka	Director: Institutional Development / child care leave
Oleh Kukhar	Finance Director
Victoria Obozna-Petrova	Director: Institutional Development / Head of HR Management Team
Ganna Dovbach	Associate Director: Policy and Partner Relations
Olha Varetska	Associate Director: Strategic Information, Monitoring and Evaluation
Tetiana Deshko	Associate Director: Regional Programs, Head of Project: Community Harm Reduction Initiative
Sergii Filippovich	Associate Director: Treatment
Viacheslav Kushakov	Senior Adviser: Community Action on Harm Reduction Project

Personal Assistants to Directors

Dmytro Fomenko	Personal Assistant to Executive Director
Anastasia Babenko	Personal Assistant to Deputy Executive Director/Director: Field Programs
Hanna Yeremina	Personal Assistant to Director: Treatment, Procurement and Policy
Yevhen Kushnir	Personal Assistant to Associate Director: Regional Programs

Risk Management and Compliance Department

Artem Liudogovskyi

Advisor: Internal Audit and Risk Management

Policy and Knowledge Sharing Team

Karen Madoian	Senior Officer: Communications
Halyna Naduta	Senior Officer: Regional Policy and Coordination
Pavlo Skala	Project Manager: Policy and Advocacy
Myroslava Andrushchenko	Officer: Experience Sharing
Liudmyla Maistat	Program Officer: Viral Hepatitis / Program Officer: Policy & Advocacy
Lesia Khmel	Eastern Europe Program Manager
Vlada Rabinova	Senior Officer: Regional Hub
Olha Bilous	Specialist: Inventory and Distribution of Information Materials
Kateryna Kosmina	Specialist: Publishing and Design
Iryna Babanina	Translator
Hanna Oliynyk	Translator / child care leave
Heorhiy Peday	Editor/Proof-reader
Oksana Veres	Assistant to Policy and Knowledge Sharing Team

Field Programs Department

Olena Purik

Senior Advisor: Field Programs

Monitoring & Evaluation Team

Ihor Matviychuk
Tetiana Mykhachuk

M&E Team Specialist: Reporting and Planning
Senior Program Manager: Programmatic M&E and Donor Reporting

Mariya Samko
Tetiana Nima

Senior Program Manager: M&E of HIV and TB Programs
Project Manager: Capacity Building and Sentinel Surveillance

Tetiana Saliuk

Program Manager: Research and Evaluation / METIDA Project Manager

Inna Shvab
Marianna Nikolko
Olha Khan
Liudmyla Khomych
Kateryna Uvarkina

Senior Program Officer: Research and Field Analysis
Specialist: Capacity Building Project
Specialist: HIV and TB Research
Specialist: Research and Evaluation Project
Assistant to Monitoring and Evaluation Team

Field Programs, Southern-West Team

Victor Isakov
Natalia Moskovchenko
Nadiya Matskiv
Kateryna Slobodianiuk
Olexandra Okseniuk
Yuliya Khomidova

Head of Team
Senior Program Officer
Senior Program Officer
Senior Program Officer
Program Officer / child care leave
Assistant to Field Programs, Southern-West Team

Field Programs, Northern-West Team

Volodymyr Chura	Head of Team
Tetiana Barnard	Senior Program Officer
Olena Honcharenko	Senior Program Officer
Daria Ivanenko	Program Officer
Nadiya Yanhol	Program Officer
Olha Churanova	Assistant to Field Programs, Northern-West Team

Field Programs, Eastern Team

Liudmyla Shurpach	Head of Team
Табакова Кіана Валеріївна	Senior Program Officer
Andriy Khrapal	Senior Program Officer
Svitlana Bezymenna	Program Officer
Oksana Kononkova	Program Officer
Hanna Salnikova	Assistant to Field Programs, Eastern Team

Technical Support Team

Liudmyla Shulga	Head of Team
Maryna Varban	Program Manager: Technical Support Resources
Development	
Natalia Dvinskykh	Technical Support Manager
Myroslava Debeliuk	Technical Support Manager
Iryna Zharuk	Technical Support Manager
Hanna Tokar	Technical Support Manager
Hanna Derhausova	Assistant to Technical Support Team

Treatment, Procurement and Policy Department

Procurement and Supply Management Team

Iryna Malykh	Head of Team
Vitaliy Velykyi	Program Officer: Procurement and Supply Management
Tetiana Poliakova	Senior Officer: Procurement and Supply Management
Tayisiya Romanovska	Senior Officer: Procurement and Supply Management
Hanna Harusovska	Program Officer: Procurement and Supply Management
Olha Denisiuk	Program Officer: HIV/TB
Tetiana Diachuk	Program Officer: Procurement and Supply Management
Maksym Ivanenko	Assistant to Procurement and Supply Management Team

Treatment Team

Vladyslav Volchkov	Officer: Medical Supplies Management
Oksana Savenko	Program Manager: Treatment
Oksana Smetanina	Program Manager: HIV/TB
Tamara Tretska	Program Manager: Substitution Treatment
Olha Burhay	Senior Program Officer: Treatment
Victor Kolomiyets	Senior Program Officer: Treatment
Yevgeniia Heliukh	Program Officer: TB and HIV Programs
Tetiana Prokhorova	Assistant to Treatment Team

Department of Institutional Development

HR Management Team

Oksana Rybchak	Head of Team
Hanna Honcharenko	Senior Program Officer
Maksym Prodan	Program Officer

Legal Advisory Team

Igor Voytenko	Head of Team
Vasyl Parfeniuk	Legal Adviser

Finance and Administration Department

Kristina Bubnova	Finance Controller
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Accounting Team

Larysa Zatulyviter	Head of Accounting Team
Olena Nosatska	Deputy Head of Accounting Team
Alla Kravets	Senior Accountant
Olena Yatskova	Senior Accountant / Accountant
Olha Diubina	Accountant
Anastasiya Zoria	Accountant
Kateryna Ivanytska	Assistant to Accounting Team

Maintenance and Administration Team

Natalia Kosenko	Head of Team
Maryna Maslennikova	Head of Team / child care leave
Aliona Vinareva	Administration Officer
Kseniya Dordiuk	Administration Officer
Ivanna Yaremenko	Administration Officer
Iryna Smyrnova	Secretary
Valeriy Sheremet	Secretary
Mykhailo Yakovlev	Household Manager
Svitlana Shevchenko	Housekeeper
Valentyna Glazko	Janitor
Antonina Tkachova	Janitor
Halyna Kutsayenko	Assistant to Head of Team

IT Team

Oleksandr Zavarzin	Head of Team
Igor Zelenskyi	Officer: Data Processing Systems
Viacheslav Yatsiuk	System Administrator
Pavlo Usenko	Senior IT Officer

Reporting & Planning Team

Ilona Sydorenko	Head of Team
Iryna Kozhemiachko	Officer: Reporting & Planning
Kateryna Boyko	Senior Officer: Reporting & Planning
Olesia Lesnikova	Senior Officer: Reporting & Planning
Yuriy Zozulynskiy	Reporting & Planning Officer

Field Support, Finance Team

Olha Zozulynska	Head of Team
Natalia Morozova	Finance Officer
Kateryna Tytovska	Finance Officer
Igor Arbatov	Senior Finance Officer
Svitlana Voynich	Senior Finance Officer
Oksana Yatsko	Senior Finance Officer
Olena Yatsura	Senior Finance Officer
Kseniya Ivasenko	Finance Officer
Oleh Bauman	Assistant to Field Support, Finance Team

Regional Coordinators

Valentyna Pavlenko	Regional Coordinator, Donetsk
Yevheniya Kuvshynova	Regional Coordinator, Kyiv oblast
Tetiana Afanasiadi	Regional Coordinator, Odesa
Alla Kalinina	Regional Coordinator, Cherkasy
Yevheniya Lysak	Regional Coordinator, Kherson
Iryna Potapova	Regional Coordinator, Sevastopol
Valentyna Olabina	Regional Coordinator, Mykolayiv
Mykhaylo Yaroshevskiy	Regional Coordinator, Dnipropetrovsk
Olexandr Yatsyuk	Regional Coordinator, AR of Crimea

Permanent Consultants

Vasyl Setter	Driver
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The Alliance is grateful for the support in 2012



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