



People. Fates. Program...



Marina, OST program patient:

On June 15, 2015 I left Donetsk with my two children. Before this, I had been on OST for five years, and everything in my life was fine. Then the shelling of Donetsk broke out, thus, I did not doubt a minute when I got to know about the possibility to relocate. I was offered to go to Dnipropetrovsk and at first we were really afraid – we were told that there were enemies there who would gun us down or burn at the stake... However, we were really welcomed. They accommodated us in a hotel, switching on hot water supply specially for us, then they rented us a flat and paid for our meals. What am I going to do next? Live on, look for a job. I am not going back. I know that only staying in the OST program makes my life normal. Children feel comfortable here, though at first every loud noise made them shiver; once they got terribly frightened at the roll of a thunder, I hardly managed to calm them down. Now they got used to this place and started attending school. We are treated well, I'm very grateful for everything...



Humanitarian Aid to OST Patients from Crimea and from the Armed Conflict Areas of South-Eastern Ukraine

Since May 2014, the life of many OST patients in Ukraine took a drastic turn. First, more than 800 OST patients in Crimea were deprived of their life-saving treatment, then a real threat of medication shortage and treatment interruption loomed over more than a thousand of OST patients in the armed conflict areas of Donbas.

Irina: *I was probably the first among the patients who relocated. On April 14, 2014 I came to Dnipropetrovsk. I come from Feodosia, which is in Crimea. When the talks just started spreading about possible OST problems and dosage decrease, I understood that one can hardly expect the things to improve, so I bought a ticket and went to Dnipropetrovsk. I rented a room and found a job. There was no program operating back then; later Alliance's assistance became available. I had an advantage and I was able to find a job – I am a teacher of English, I have many students and can organize my daily schedule in a convenient way. I brought my child from the Crimea, he goes to school. I got registered as an IDP and receive single mother's allowance... I am grateful to Alliance, they helped me a lot.*

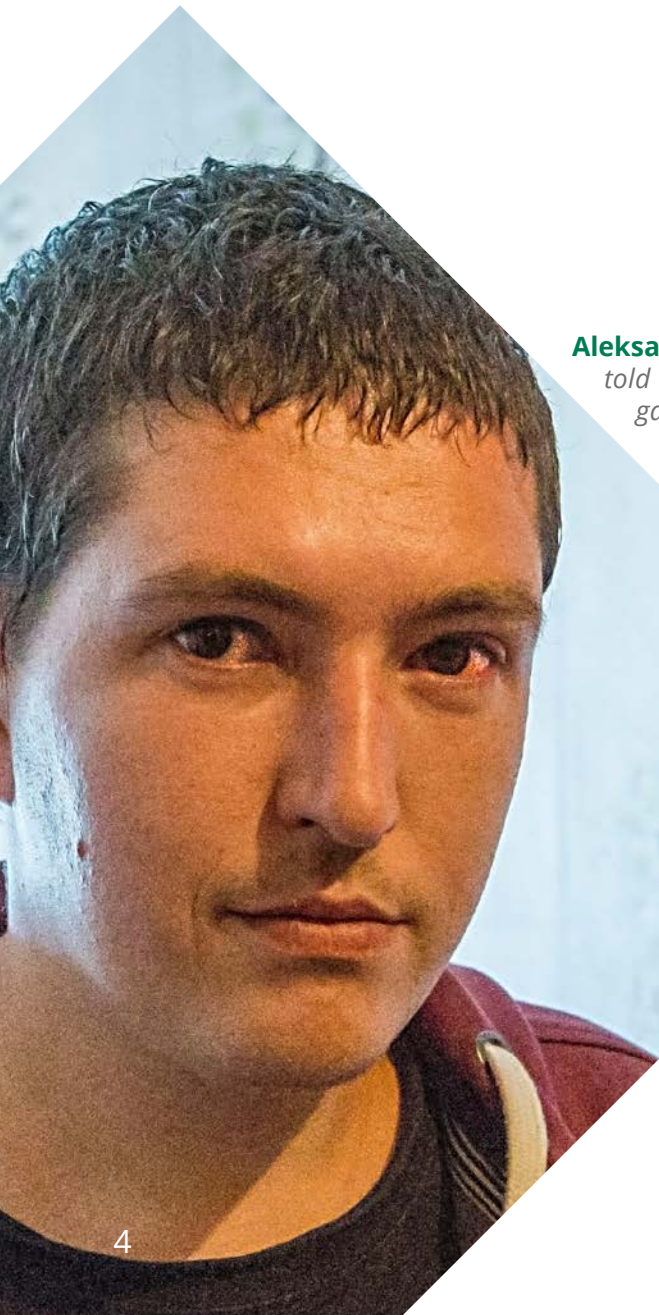
Those who remained in the Crimea are facing hard times. The survivors relapsed into street drug use, I actually do not know any people who managed to abstain. There were 75 patients at the Feodosia site prior to its closure, eight of them died, fate of others is unknown. I am trying to set up my life here. The project really helped me, I'll carry on. Everything is going to be alright...



Alliance started an active advocacy and awareness-raising campaign to protect OST patients' rights and initiated a humanitarian project to support patients.

For patients, daily access to the opioid substitution therapy is their chance to stay alive, continue treatment of other severe co-morbidities, take care of their children and parents, work, and, importantly, stay out of the illegal drug trafficking. For hundreds of patients from Crimea and Donbas, treatment interruption turned out to be a real disaster. Several dozens of patients have already died because OST programs were closed.

Alliance stays focused on this issue and looks for the new funding sources to support refugee OST patients from Crimea and internally displaced people from the military conflict areas in the Eastern Ukraine.

A close-up portrait of a young man with dark, curly hair and a serious expression, looking directly at the camera. He is wearing a dark shirt. The background is a soft-focus outdoor scene with greenery.

Aleksandr: *We knew that the stock of drugs was running short, we were told this all the time and were plunging into depression; later the doctor gathered us all and said that the site was about to close. We called the hotline and they told that we could relocate, so I contacted the regional project coordinator in Donetsk region. I like this place; they rented us a good apartment and are always ready to help. Kramatorsk is a quite ordinary city, but it seems that the sun is brighter and the air is fresher here, I don't even know how to explain... I have pity for those who stayed. No one is happy with the things there, now everybody realizes what is happening. People understand that they were wrong, but few of them have the courage to leave. I was lucky...*

The Crimea

January 1, 2014 – 806 patients (data from the last official report to UCDC)

February, 1, 2016 – 0 patients

Donetsk oblast

January 1, 2014 – 759 patients

February, 1, 2016 – 377 patients
including **288** patients in the areas controlled by Ukraine
89 patients in the areas not controlled by Ukraine

Luhansk oblast

January 1, 2014 – 639 patients

February, 1, 2016 – 202 patients in the areas controlled by Ukraine
0 patients in the areas not controlled by Ukraine

Donors:

- International Renaissance Foundation (May 2014 – March 2015)
- Elton John AIDS Foundation (October – December 2014)
- Pompidou Group of the Council of Europe (February – May 2015)
- Global Fund to Fight AIDS, Tuberculosis and Malaria (June 2015 - June 2016)

Project services:

- Prompt provision of uninterrupted OST for the refugee patients from Crimea arriving to the inland Ukraine and IDPs from the armed conflict areas.
- If necessary: HIV and TB screening, other medical care as prescribed.
- 24-hour social support and individual case management to help the patients adapt and socialize in the new settings, in particular:
 - finding accommodation and its rental at the expense of the project;
 - providing meals and meeting other household needs (procurement and monthly dispensing of food parcels and hygienic packages to project clients);
 - assistance in adaptation at the new place, employment, restoration of documents, if necessary.

Within the framework of the project “Support of OST patients/IDPs from the military conflict areas” funded by the Global Fund since June 2015, technical support is provided to the OST sites located at the controlled by Ukraine territories of Donetsk and Luhansk oblasts (repairs and equipment of site premises).



Andrey: *They treated me very well, rented me a place to live, a social worker continuously supports me as I am not familiar with the city, but I have to attend hospitals and restore my documents. I never expected to be welcomed. We had a hard time in Donetsk – the gunmen would hit a site, take 2-5 patients to dig trenches and shoot those who refused to. Seeing all that, I started looking for a place to relocate. I left my family there. There are many people left on the site, but not everybody braces up to relocate. My house and possessions were confiscated – if you relocate to Ukraine, the “DPR” authorities would put their hands on your property. What to do next? I do not know. I applied to get a disability status. Without the project, we would be thrown out to the street, and for many of us it would mean certain death.*

Support project for OST patients (refugees and IDPs) in figures and facts:

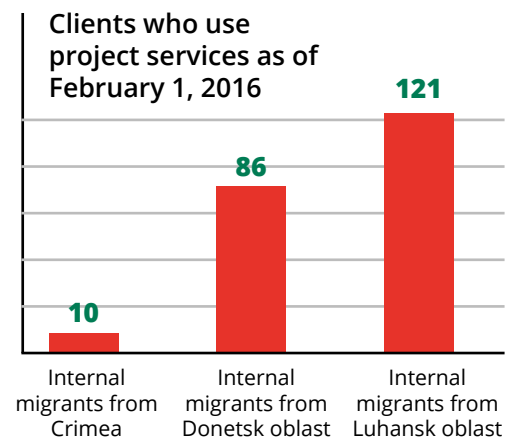
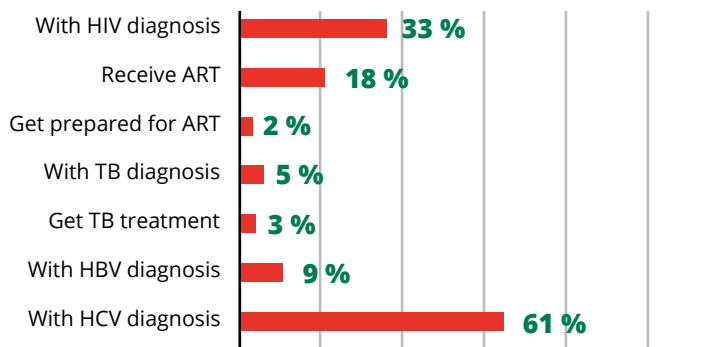
- From **May 2014 to February 2016**, **336** clients used project services (taking into account their rotation).
- Cities where the project operated or continues to operate:
- **May 2014-June 2015: Kyiv, Dnipropetrovsk, Sumy, Konotop, Vinnytsia, Kirovohrad (till June 2015), Poltava.**
- Since **June 2015**, project geography expanded to include the controlled areas of Donetsk (**Kramatorsk, Sloviansk, Chervonoarmiysk, Mariupol**) and Luhansk (**Lysychansk, Severodonetsk, Rubizhne**) oblasts, **Kharkov, Hadiach and Kremenchuk** (Poltava oblast).
- Due to the support received, **94%** of project participants got registered as IDPs.
- **45%** of participants got employed (full-time or part-time), **64%** received help with finding employment and drafting CVs.
- Due to social support, **17%** received or are registering for disability allowances.
- **74%** receive other allowances or IDP support, **10%** are in the process of registering for the support.
- **5%** obtained governmental allowance for children.
- Due to the support of project coordinators and their cooperation with social services, refugees' children were admitted to schools and kindergartens.
- **45%** obtained consultations from other doctors (at the expense of the project).

Project Clients: Who Are They?

OST patients who arrived from the occupied Crimea and the military conflict areas in Donetsk and Luhansk oblasts to OST project sites at the controlled territory of these oblasts and other project areas where project services are offered.

When enrolling patients to the project, project staff takes into account whether an OST patient's application is justified or not, as well as their personal situation (job loss, inability to find employment, in particular due to co-morbidities, giving birth to a child, etc.)

The decision to enrol patients into the project is taken by the case manager and the project manager taking into account the OST patient's status and their personal situation.



- **83%** of clients are male, **17%** are female.
- Average age is **34,2** years old.
- Average duration of drug use is **13,9** year.

Mikhail: *I want to thank you for your help. I am very ill. I've been spending most of my time after relocation in hospitals. I would not even expect someone to care for me. When I was bedridden at my place, project staff would bring me the necessary things. I do not know how I could make it along without this help.*

Relocated Patients' Support Project: Alliance Point of View

Tamara Tretskaya, Project Manager:

The need to support OST patients relocated from the Crimea arose immediately after its annexation by Russia, where OST is prohibited by law. Alliance carried out active advocacy campaign to raise funds from international organizations to help organize the stay of refugee OST patients from the Crimea in the inland Ukraine.

The International Renaissance Foundation (IRF) was the first to respond, it managed to allocate emergency funding since May 2014 for the pilot project to support these patients in Kyiv and Dnipropetrovsk. As the situation aggravated, we had to take into account the needs of IDPs from the military conflict areas in the Eastern Ukraine and the project was also launched in other cities. Other donors saw the positive results of this project and gradually acceded to its funding.

It was anything but easy. Many activities were developed and changed in the course of implementation, such as the system used to inform potential clients about the project opportunities, contacting with them to provide tickets and referral to specific cities where the medical staff was able to ensure uninterrupted OST and, if necessary, ARV-therapy and TB treatment for them. The staff of the National OST Hotline became an important link to the potential clients, ensuring prompt interaction with them. Meanwhile, having obtained the information about the arrival of relocated clients, regional coordinators of the project organized accommodation, meals and initial support for them. Sometimes we had to start from

the most basic things, for example, provide clothing and footwear to the patients, because the first of them arrived right from the military conflict areas, barely escaping the shelling. The project implementation became possible largely due to constant interaction of the Alliance staff with managers of healthcare facilities and OST site doctors. They promptly solved the issues of OST initiation for the patients who would sometimes arrive in haste, without medical documents confirming their status. But despite any «demarcation lines» severing the territory of Ukraine, site doctors always treated the project clients, first of all, as people in need of assistance and continued to cooperate in order to include patients in the project. I am extremely grateful for this. Not a single patient arriving from the Crimea or the armed conflict areas was ever denied enrolment in the OST program.

Increase of the number of patients on the sites above the standards determined by orders of the Ministry of Health of Ukraine and the difficulty of prompt re-allocation of medicines among the regions also required some inventive approaches. The solution was to include in the project additional OST sites located on the territories of Donetsk and Luhansk oblasts controlled by Ukraine, which became the most popular among the clients from the military conflict areas.

But despite all the difficulties and barriers, the project seems totally worth it, when we understand that we were able to actually change people's lives, not leaving them to cope with their treatment interruption alone. The patients had a good opportunity to adapt to new conditions.

Relocated Patients' Support Project: Doctors' Point of View

Natalia Shevchuk, doctor of the OST site (Kramatorsk):

As a doctor, I think that this program is very important. Those who decided to relocate are in need of support and case management.

Clients are different. The first three of those who came did not have any interruption in their treatment, they arrived the next day after Horlivka site was closed, and we have been already waiting for them and providing every possible support. We have already established contacts with doctors, clients bring extracts from their clinical records; we arrange this beforehand by phone and make any necessary corrections. Many clients wanted to relocate specifically to Kramatorsk, possibly because of a well-performing NGO providing harm reduction services; those preferring the Kramatorsk site got enrolled here. Medical staff from Horlivka called me; they worried for all the patients to be admitted to the same site; they were extremely attentive and scrupulous, maintained contacts with the patients as long as possible and were ready to provide any information.

All the patients currently take their standard doses of drugs; we have examined everybody and screened each case individually. When we see their condition at arrival, we really want to help them. It is easier for us to understand them – we had been under the occupational regime, we lived under shelling, thus, I understand them very well. Despite the artillery fire, we did not close the site, neither of my patients missed their doses. We always tried to stand for our patients and seek for mutual understanding.

Now we have no conflicts at the site. We had a special briefing for our old clients, we told that new ones are about to arrive and asked to pay them as much attention as possible and to help them adapt at the new place. I warned our clients that there should be no conflicts, everybody would receive drugs on common grounds. We do not have any personal preferences. No one would bite at the other's piece of cake. We have enough medicines, and the atmosphere at the site is calm and comfortable.

Larisa Dorokhina, Deputy Chief Doctor (medical matters) of the Oblast Drug Treatment Clinic (Dnipropetrovsk):

These are special, very problematic patients – they need not only enrolment in the program, but support and full medical examination as well, it's not about HIV only, but about hepatitis and somatic disorders as well. There are 46 IDPs in the oblast, among them 39 in Dnipropetrovsk, which is quite a lot. We had admitted 106 persons in total for the entire project period. They were like drowning men clutching at a straw. They arrived without any possessions or documents, we had to diagnose them and adjust their dosages. This is an integrated care center convenient for them. We provide ultrasound examinations, consultations of a neurologist, a surgeon, and an infectious disease specialist.

We understand that we are receiving not only IDPs but people with a whole bunch of problems, such as accommodation, registration, need of inpatient care or detox. It is difficult to handle these patients because we have almost no information about them, unlike our previous patients, who are already thoroughly examined. They have different mentality, thus, there is a need to seek for appropriate approaches. They even find their spouses here. We try to meet their needs, because many of them work and need to adjust the visiting hours. But those who are willing to receive the necessary help will get it for sure.

Relocated Patients' Support Project: Regional Coordinators' Point of View

Dmitriy Chekhov, project coordinator (Dnipropetrovsk):

In my opinion, the project allowed saving lives and health of many people. Almost all of them lost their dwelling – their houses were destroyed or their apartments were forcefully taken by the occupants. We provide them with life-saving treatment. Of course, there were different clients coming along, but currently there are only sensible people; those who did not want to change and adapt left the project, while others formed the backbone of the project. People with issues, criminal record or antisocial behavior leave both the project and the city. Those who stayed managed to socialize and obtain additional funding sources. Almost all of them found jobs. Unfortunately, when the project is over, I am afraid not all of them would be able to stay in Dnipropetrovsk, they'll face serious problems.

But it would not affect everybody. Yes, they'll have to settle for a lower level of life, but at least they can feel that they are not abandoned at all.



The military conflict led not only to people suffering but also to the damage of medical documents: medical records of OST patients with “wounds” from shell fragments after the shelling of OST site in Lysychansk drug treatment center during the period of time when it was in the area of armed operations. After Ukraine regained control over Lysychansk, this site was one of the first sites, which currently offer onsite prescription-based distribution of methadone to OST patients.

Relocated Patients' Support Project: Clients' Point of View

Vladimir and Elena: *We are from Horlivka, we got enrolled in the OST program right before the war. We were really happy, the life started improving; we began saving money and our parents were glad that the tide turned to the better; then the war broke out. At first we coped while the OST drug was available, but when it ran out of stock, we did not know what to do. Our friends who left prior to us told us we should relocate, doctors helped with the documents, notwithstanding some problems we had. Our trip was long and difficult; we did not have passes and had to look for transport on our own. Your organization's work is immensely important, believe us. There were 350 people on OST in Horlivka before the war. The program discontinued 3 months ago and four clients are already dead, because of internal organ failures or of overdoses. It is hardly possible to cope with this on a mere willpower.*

We found a way out here. This project saves lost souls who would otherwise be just discarded. Without it we would just die. When people receive help and support, they can improve their lives. We were literally heading to nowhere and did not even expect to be welcomed and treated with such care, but phone connection could be cut off at any time and we would just be thrown out to the street. Thus, we relocated despite our fears and lack of trust. Now we hope for the better...



Sergey and Andrey: *Everybody has very similar stories here. We were on OST for 3 years, and then we arrived here when our site was closed. Doctors told us about the opportunity to relocate, we were not aware that it was possible to obtain help and some bonuses, they just told us to move, if we wanted to leave. Those who left earlier gave us a hotline phone number. They told us what to do. With God's help we arrived here, the trip took up to 3 days.*

We received great support. We were provided with dwelling and there is some money for food and hygienic kits. We are planning to find jobs, however, it is difficult if one is in the OST program. Those who stayed are in a really bad situation – someone drinks heavily, someone got ill and bedridden, many patients died, including one man who died in a drug treatment facility which had no medicines to help him. Not everybody would decide to relocate. It is because of mistrust or the reluctance to leave families, homes, property. However, the project was the main reason to relocate. Without it we would not survive. We want to live, that's why we are here. The project coordinator should be awarded with a medal – she solves all our problems and supports us all the time.



Relocated Patients' Support Project: National OST Hotline Point of View

Svetlana Tkalya, operator of the National OST Hotline, President of Hope and Trust Foundation:

As the OST Hotline found itself on the frontlines of helping the relocated patients, we understood the importance of this program very well. Some patients who called us said that they would sleep on a bench in a park, if only they had an opportunity to continue the treatment. We were the first whom they called asking for help; there was lack of trust, there were fears and surprise that someone wants to help drug users... Operators told them about possible support within the project, about the project conditions, linked them to the coordinators, because in many cases the phone was the only communication channel for these people who often had to hide in cellars.

We helped them find tickets and draw a route for them to leave the occupied city, tracked readiness of their passes though Internet, followed them to the project

offices by maintaining phone contact, and later we became a source of information for them. A separate category of callers includes parents and relatives, who enquired distrustfully and very fastidiously about the project location and conditions. Now they call and thank us for helping their children leave, because former patients who were unable or unwilling to relocate either relapsed into street drug use or are drinking themselves to death.

We consider this project to be unique and extremely important, because many of the patients are very ill and have no other sources of help, this is like a life vest for people to adapt and start it all over again at a new place. Otherwise, they can gradually manage to decrease the dose and go back home.

Relocated Patients' Support Project: Point of View of the Association of Substitution Treatment Advocates of Ukraine (ASTAU)

Anton Basenko, Association of Substitution Treatment Advocates of Ukraine (Kyiv):

As an OST client and participant of the first pilot project in Ukraine (2004-2005), I do understand what it is like to be left without life-saving treatment one day, when you come to the closed door of an OST site and doctors say that the program is closed and they do not know when and whether at all it starts again. They would tell a patient to wait for a call. It just stuns you, knocks you out and you think that the life is over, too. In my case, at least it happened in peaceful times, I was able to go home, pluck myself together and think what to do next. But many of those guys had their houses destroyed, thus, staying in the war-affected city amidst gunfight and without the OST on top of that was just dangerous. And how could they flee leaving their accommodation,

job and family? The project was the only hope for them to either continue treatment using the support offered in crisis times, or at least have a proper detox under adequate conditions and return home, if they were unable to stay at a new place.

You know, the Association of Substitution Treatment Advocates of Ukraine has a good motto: "Nothing for us without us!" The fact that OST clients themselves and Association members became project coordinators in several cities, and project clients became volunteers, further proves the efficiency of this support if it engages the representatives of beneficiary groups and communities.



Sergey: My wife and I are from Donetsk. You can Google photos of the settlement of Oktyabrskaya coalmine and see what remained of it. This was a five-storey building right near the airport. When it all just started, recruiters with Russian flags visited our site looking for volunteers. We started to prepare for relocation. We received the necessary documents and were transferred to another site. It was easier to do back then, transfer was available for Crimeans, and we were the first patients from Donetsk to arrive to Dnipropetrovsk.

The project helps us a lot – they pay for apartment rental and provide food. I am trying to find a job. I was offered the position of a security guard at a supermarket, but I had to adjust my break with the site working hours, so finally I had to quit. A neighbor promises to find me a job at parking grounds, my wife does cleaning in a house. We handle it the way we can.

Prior to the war I was an entrepreneur, I worked as a real estate rental agent servicing several apartments. I've got a tough luck now, all these apartments are destroyed. A single family remained in our house. They live in a cellar without power supply, water and gas, and there is a bare case remained of that building. I am going to stay here, if I can. We do not fit into any group eligible for social support – we have no small children, we are not disabled or retired, the program is the only support for us.

In Donetsk I kept away from the state bodies and never asked for any help, despite having HCV and other diseases, and now I have to. Yes, we have to start from scratch, but life goes on...



Humanitarian crisis in Ukraine became a serious challenge for all organizations providing social support. Alliance will continue its efforts to support this project, because we value life and health of every patient and try to provide any possible assistance.



The life goes on – project clients are finding jobs and continuing to help their peers...

Ruslan: *I am from Luhansk, I stayed there during all the warfare because I had to help my elderly parents, who were hiding in a cellar without water and power supply... But I was forced to leave because of the methadone and ART discontinuation, and I had to continue treatment. I had been using drugs since 1995 and was enrolled in OST program in 2009. Prior to this, I had numerous convictions and arrests. Later my friend and my niece were enrolled into the program and I saw it was really working and decided to change my life. Things turned for the better, I had a job, a family, started my business.*

But when it all was just budding there, we understood what was going to happen, because the situation in the Crimea was an example for us. Those who were wiser started leaving at once, and we had our doses decreased. Then the blockade was imposed, and while many more left, I had to stay in the city to care for my ill mother. The site continued operating despite many problems. We had to start kind of advocacy activities with the "LPR" authorities, because they decided to let only the main site in drug clinic operate. 30 patients at the AIDS Center site were left out. We had many phone calls and an appointment with their so-called "minister". She was an obstetrician in some maternity clinic, and now she became the minister. She is absolutely ignorant of the topic and even does not attempt to understand anything. The compassionate women in the AIDS Center helped us, but it was a delay rather than a solution.

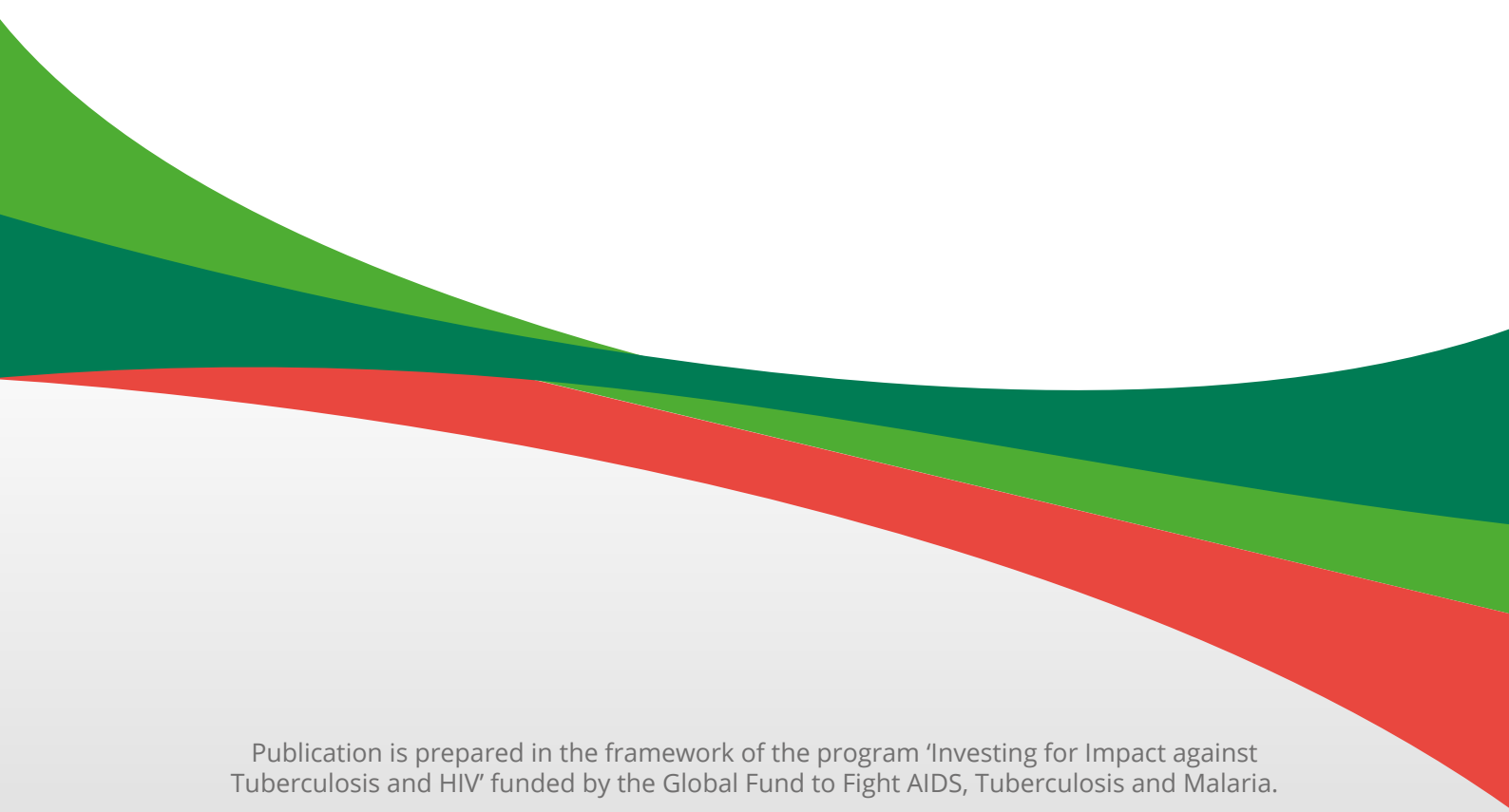
When the doses were cut to the lowest, I understood it was time to leave. I could choose between Kyiv and Dnipropetrovsk, so I opted for the latter, because a friend of mine had already moved there.

I had no job for half a year and was doing odd jobs. I have considerable experience of volunteering in Luhansk; I was not related to the harm reduction field, but my best friend and my niece were working there, so I volunteered. Upon arrival here I got acquainted with Svetlana, the director of Way to Life NGO. At first I provided volunteer help, such as making a website, updating pages in social networks, making photos. Later, a social worker vacancy opened at the site, so now I work there. I like helping others.

I would like to stay here, because there is no future for me in the LPR. I left my mother and sister on the occupied territory, but I cannot live there. The salary of a social worker is low, but it is still a job, so I'm planning to stay here and carry on.

What does the project mean to me? We would not survive without it. We are grateful for all the care and support. I compare my situation with people who relocated on their own and got into really disastrous situations. We are doing well. Thank you so much for this!





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