



Dear readers,

The year 2013 became momentous for Ukraine, because the previous government has actually pushed the country to a dead end. Millions of people, brought together by a civic protest, went to the streets to stand for their choice of the future – the European Ukraine. Alliance had declared its civil stance not only as personal choice of the staff, but also on the institutional level – at the end of year we have changed our logo, having painted it in the national flag colours and decorated with the EU stars.

As of the moment of Annual Report publication the country had changed: democracy won, the citizens have asserted in their choice of values, the Ukrainians become united, electing the political management of the country.

However, it is impossible to think without remorse about temporary and brutal annexation of the Crimea by Russia, which caused interruption of numerous programs in the HIV response field; dozens of patients who died because their substitution therapy was arbitrarily terminated; the doctors in the peninsula, condemned to professional degradation, as they are compelled to forget about using the modern expertise and return to outdated practices.

A range of programs in Donetsk and Luhansk oblasts is now implemented under a military conflict. Alliance is grateful to all its partners, who continue to work despite terrible risks. Alliance also provides every possible support to refugee substitution therapy patients, who had to leave their homes in order to obtain treatment.

We are successfully overcoming the current difficulties thanks to the solid foundation laid in 2013. I would like to draw your attention to three most significant achievements:

1. We managed to expand the Alliance's activities to other fields, without getting limited to HIV/AIDS: this year we have achieved considerable results in combating not only HIV/AIDS, but TB and Hepatitis C. Implementation of innovative methods for TB diagnostics, which were never used in Ukraine before, ensuring MDR-TB treatment and achievement of incredible price reduction for hepatitis C medicines became strong milestones in the response to these diseases.
2. We have ensured the stabilization of epidemic situation in Ukraine due to the implementation of large-scale prevention programs covering more than 280 000 of the citizens of Ukraine most vulnerable to HIV. The number of new HIV cases per 100,000 of tests decreased in comparison with the previous years; in 2013 this indicator value was 630 cases per 100,000 of tests (638 – in 2011 and 639 – in 2012).
3. We managed to further enhance our organizational performance. Our principal donor – the Global Fund to Fight AIDS, Tuberculosis and Malaria – awarded Alliance the highest performance rating (A1). Moreover, in addition to the cooperation with "traditional" donors the Alliance in 2013 had implemented fundraising innovations, in particular, organized a charitable dinner and auction under the slogan "Inspired for Life", allowing to realize the innovative fundraising methods and set up contacts with business representatives and celebrities.

I am really grateful to all the partners with whom we are carrying out diligent and consistent work on improving the situation in the country and helping people who need it most.

I am grateful to our partners from the state sector for cooperation and recognition of our role, to our donors – for financial support. Special thanks to my colleagues, the Alliance team!

With best wishes of peace, well-being and enthusiasm,
Andriy Klepikov,
Executive Director

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1

Key Achievements of ICF "International HIV/AIDS Alliance in Ukraine" in 2013

The last year of 2013 became decisive and revolutionary not only for the whole country but for ICF "International HIV/AIDS Alliance in Ukraine" (hereinafter – "Alliance-Ukraine" or "Alliance"). In fact, the Alliance activity in the reporting year was focused both on the HIV/AIDS response and on overcoming other socially dangerous infections. Behind every area, a significant progress has been made.

HIV. Top priority area of the Alliance activity was marked by significant achievements:

Decrease of the new HIV cases. Expanding the access of vulnerable groups to the prevention services caused the decrease of the new HIV infection cases in these groups. Incidence decrease in the PWID group is the most significant among all risk groups due to their greatest coverage with prevention programs. Only in the last 5 years the incidence in this group decreased from 8.2% to 3.5% (chart 1), which was also reflected in the data on official HIV cases registration (chart 2).

However, the principal achievement of HIV prevention increase among the vulnerable groups is the decrease of new HIV infection cases among general population during the last years. This epidemiological

tendency is supported by both routine surveillance data and estimates of epidemic progress forecast, proving that Ukraine had chosen the efficient HIV response strategy.

According to the official registration data, HIV incidence stabilized in 2012, when, after continuous growth during the previous years the number of new cases per 100,000 of tests already became equal to the previous year, and in 2013 this indicators had finally decreased (chart 2). At the same time, the increase of absolute number of HIV-infected persons in 2013 against the decrease of HIV cases detected in the same year evidences the improvement of operation and interaction between AIDS Centers and NGOs, which allowed to increase the share of persons registered for medical surveillance from among the newly-found HIV-positive people.

Access to services: number of persons who received HIV prevention services in 2013 increased (281 789, in 2012 this indicator was 267 420).

Geographic expansion: in 2013 large-scale HIV prevention programs for the most vulnerable groups were implemented in more than 300 towns and cities in all the territory of Ukraine.

Chart 1. Decrease of HIV incidence among PWID and coverage with prevention programs.

Source: Programmatic monitoring and epidemiological surveillance data.

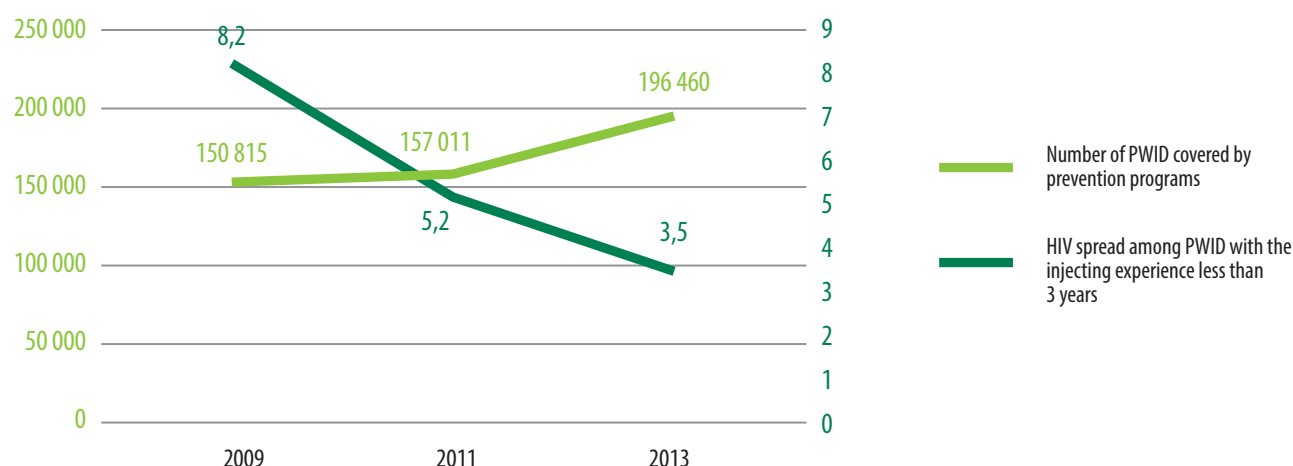


Chart 2. Number of new HIV cases depending on the testing availability.

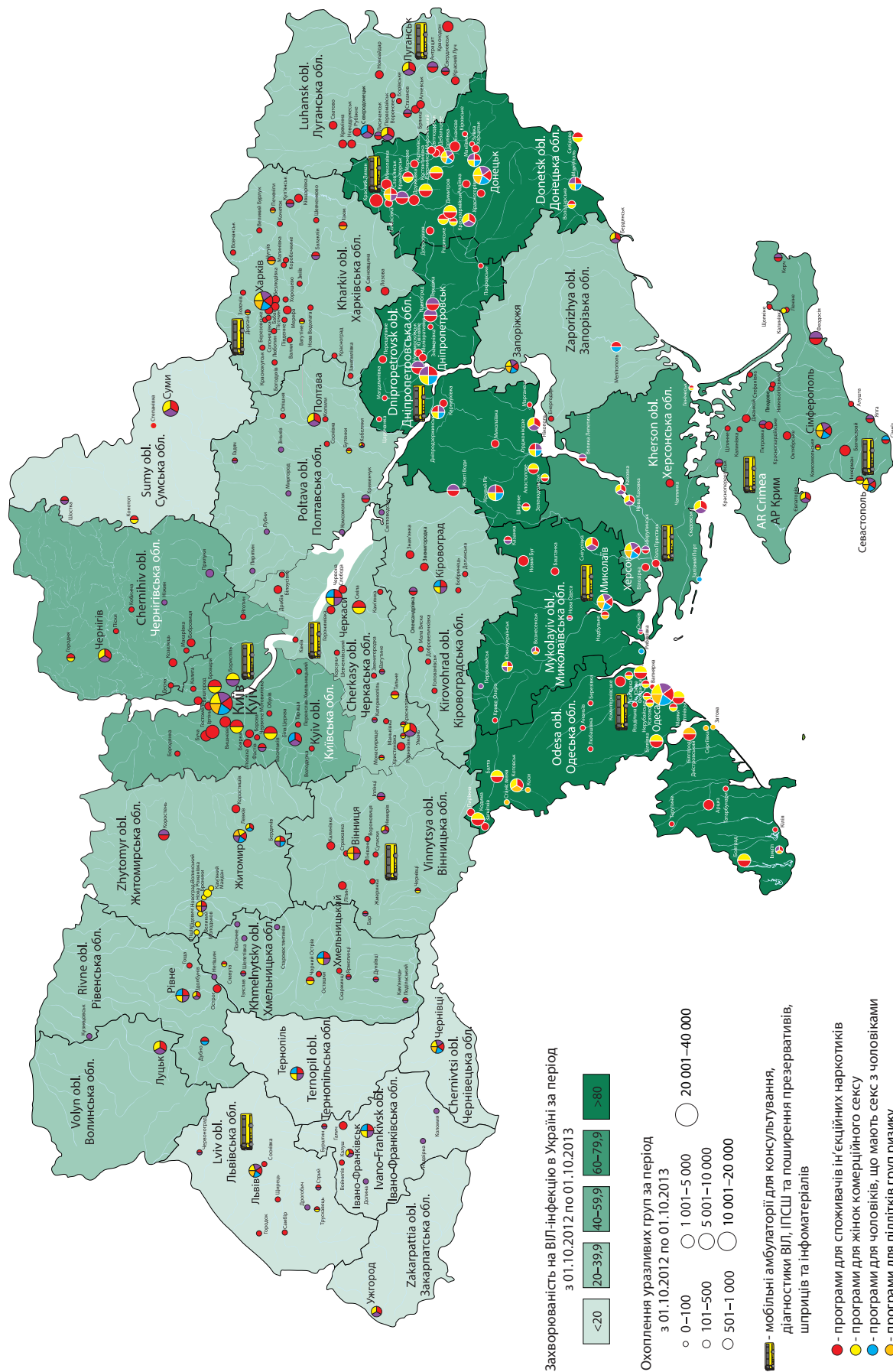
Hepatitis. Extremely high price of drugs to treat hepatitis C was an obstacle in overcoming this disease for years. The Alliance managed to get rid of these problems reaching an incredible price reduction on drugs - 2.5 times, thus providing treatment of viral hepatitis C (HCV) for 100 substitution therapy patients with hepatitis C/HIV co-infection. Patients receive therapy in specialized healthcare facilities in Kyiv, Vinnytsia, Dnipropetrovsk, Luhansk, Mykolayiv, Poltava and Sumy. Equally important was the fact that the price of USD 5,000 for the treatment course achieved by Alliance was used as a benchmark for public procurement. Consequently, the Ministry of Health could buy twice as many treatment courses of HCV from the state budget as compared to the target set up a few months ago.

Tuberculosis. In 2013, thanks to support of the Global Fund, the Alliance activity became much more significant in addressing TB epidemic in Ukraine. In particular, TB diagnosis was raised to a qualitatively new level due to first purchased and installed in specialized healthcare facilities most innovative equipment - 12

GeneXpert rapid diagnostic systems and 2 Hain molecular genetic research devices, which allow to get the TB diagnosis results and identify sensitivity to anti-TB drugs within a few hours instead of several weeks. Also, the Alliance role in expanding treatment by purchasing high-quality drugs for treatment of 1740 patients with MDR-TB can hardly be overestimated. In addition, Alliance introduced a counseling system for the prevention of TB among vulnerable groups through NGOs, and ensured access to harm reduction programs among patients in TB clinics.

Technical support and geographical expansion . In 2013, Alliance continued its global expansion - programs administered this year were focused not only on Ukraine, but also on other countries in the region, Asia and Africa. And the Alliance experts provided technical support in the implementation of HIV prevention programs in 26 countries of the world. In all these countries – from China or India to Kenya or Uganda – Alliance proceeds from the key principles of public health and helps to implement harm reduction programs.

Програми Альянсу з профілактики ВІЛ-інфекції серед уразливих груп в регіонах України, які Альянс впроваджує, надаючи підтримку партнерським організаціям



2

Strategic Priorities of Alliance-Ukraine in 2013

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 support to the programs for the populations vulnerable to HIV, TB and Hepatitis.

Our mission

Is to support communities in response to the HIV/AIDS epidemic, to overcome the spread of HIV and related epidemics through the implementation of effective models and services, strengthening healthcare system and social services, strengthening capacity 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 Alliance-Ukraine for 2013-2020

1. **Innovations.** To develop and roll out effective models of responding to the epidemic of HIV and associated diseases in Ukraine and worldwide.
2. **Access.** 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. **Policies.** To exert a structural impact on healthcare and social safety net policies in order to ensure sustainable access to the services, reduce stigma and protect rights of people who are vulnerable to HIV.
4. **Communities.** To build capacity and mobilize communities as regards ensuring their significant involvement in the response to the epidemic of HIV.
5. **Technical support.** To introduce an effective system of technical support delivery for expansion of effective international approaches and best practices of responding to the epidemic.

Our approach

- Interaction with the healthcare system of the country.
- Human rights as a fundamental principle of interventions development and implementation.
- Client-oriented and comprehensive services.
- A combined package of services directed at vulnerable groups in a concentrated epidemic.
- The need for access to ART and other treatment for vulnerable groups as part of combined services.
- Recognition of the leading role of communities in the services development.
- A peer community is an effective service provider for representatives of vulnerable groups.

3

The Role of Alliance in Ukraine in the National Response to the HIV/AIDS Epidemic in Ukraine

3.1. The Contribution of Alliance in Ukraine in Implementation of the National HIV/AIDS Program

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 for 2009-2013 years, as approved by the Law of Ukraine No. 1026-VI of February 19, 2009.

According to the National Program, 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.

<i>Program performance indicators</i>	<i>Planned in the National Program for 2013</i>	<i>Alliance Performance as of Dec. 31, 2013</i>	<i>Share of Alliance</i>
<i>Share of injecting drug users covered with prevention activities</i>	60 % (186 000)	63.4 % (196 460)	100 %
<i>Number of people who receive the substitution maintenance therapy</i>	20 000	8 525	100 %
<i>Share of children and adolescents with risky behaviors covered with prevention activities</i>	60 %	10 860	100 %
<i>Number of prisoners and detained individuals covered with prevention activities</i>	60 % (48 000)	46,7 % (37 394)	100 %
<i>Share of commercial sex workers covered with prevention activities</i>	60 % (105 600)	12,5 % (21 988)	100 %

Importantly, 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, 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".

All-Ukrainian advocacy and mobilization campaign «We Demand Treatment!» has been held in Ukraine since 2012

3.2. Policy and Advocacy at the National Level

Key priorities of advocacy for Alliance in 2013:

1. Access to HIV prevention services for representatives of vulnerable groups.
2. Overcoming legal barriers to create opportunities for effective service provision.
3. Ensuring the viability of preventive services by creating the possibility of attracting local and state budget funds.

Alliance-Ukraine lodges a claim to the ECHR against Ukraine

Legal battles had been going on more than 2 years in the administrative courts of all levels in Ukraine over the appeal against certain fragments of the Order of Ministry of Health of Ukraine No. 634 dated 29.07.2010, the enactment of which groundlessly increased criminalization of people who use opiates, a population most vulnerable to HIV, by 20 times. Having exhausted all available national mechanisms, Alliance-Ukraine for the first time was compelled to lodge a claim against the state of Ukraine to the European Court of Human Rights regarding undoubted and arbitrary violation by the state of Ukraine of the right to fair trial. Alliance-Ukraine is looking forward to unbiased and fair consideration of this case by the ECHR.

The number of ungrounded regulations for the substitution maintenance therapy in Ukraine has been removed

On April 27, 2013, The Ministry of Health of Ukraine has made amendments to the Procedure of the substitution maintenance therapy for the patients with opioid dependence, improving the process of the substitution maintenance therapy programs provision and removing a number of ungrounded barriers, which Alliance-Ukraine and other concerned organizations tried to achieve for a year. Thus, amendments to the Procedure cancel the requirement that a patient is obligated to provide documents confirming two failed attempts





Public event within the global campaign against repressive drug policies «Support. Don't punish»

of previous drug dependency treatment. Persons aged under 18 may also receive the therapy, but a written application of their parents or authorized representatives is necessary. In addition, the mechanism for provision of SMT in a healthcare facility of other region is simplified in cases if a patient changes the place of residence, is on vacation or on a business trip. The new order canceled the provision on the obligatory decision of a healthcare facility committee regarding SMT continuation. A norm on effectiveness of a guilty court verdict or a court ruling in an administrative offense case was excluded from the list of conditions for expelling from the SMT program, as well as other unreasonable restrictions.

It is finally permitted to hand the drugs directly to OST patients in Ukraine

In 9 years after the commencement of the substitution maintenance therapy in Ukraine, on October 30, 2013, the prescription-based distribution of the drugs to patients was commenced. The respective mechanism is envisaged by the Procedure approved by the Resolution of the Cabinet of Ministers No. 333 dated May 13, 2013.

The first patients already started receiving the drug (methadone) at one of the Kyiv clinics on the basis of their application to the chief physician (under the Annex No. 3 form) and a motion from the Alliance-Ukraine management to the chief physician.

According to the current edition of the Order of MoH No. 360, it is not allowed to issue the tableted methadone to SMT patients upon prescription. Thus, practical implementation of the CMU Resolution No. 333 which had approved the new progressive procedure of narcotic drugs circulation in HCFs, would allow to significantly increase the efficiency of SMT programs, patients' quality of life, enhance coverage. Similarly, this scheme is actually already working for palliative and other patients who now have an opportunity to receive in their hands or on in-home basis, personally or through their relatives, tableted morphine, tramadol and other narcotic drugs being on the same regulatory level as SMT drugs. Alliance continues to work on amending the respective legislative acts of the MoH.

Support. Don't punish public event of the global campaign for the repressive drug policy change

Alliance was a co-organizer of the event in support of the current repressive drug policy reform on the International Day against Drug Abuse and Illicit Trafficking, as well as the International Day in Support of Victims of Torture within the framework of the global Support. Don't Punish campaign held on June 26, 2013, at the same time in 26 capitals and big cities of the world, including Kyiv.

Dozens of public activists, people who use drugs legally or illegally, their parents, medical and social workers, human rights

advocates, concerned citizens came to Myhailivska square on June 26 to publicly express their protest 1) against cruel and senseless state policy which due to criminal record has severely affected the lives of tens of thousands of our citizens convicted for the storage of small amount of drug substances for personal use; 2) against forced confessions or tortures of drug-dependent people; 3) to push for abolishing of smooth-running mechanism of framing or planting drugs on a person; 4) for

putting an end to the blossoming “drug corruption” in the law enforcement bodies, against HIV/AIDS and hepatitis epidemic growth and wasting of hundreds of millions of the taxpayers funds in Ukraine.

On August 28, 2013 the Cabinet of Ministers of Ukraine has approved a progressive strategy for the state drug policy till 2020.

3.3. Cooperation with Public Authorities

In 2013, Alliance-Ukraine continued cooperation with the Ministry of Social Policy of Ukraine as to drafting standards on social services delivery in pursuance of the Law of Ukraine “On Social Services” and according to Clause 2.1.3 of the Procedure for Development of the State Standard for a Social Service, as approved by the Order of the Ministry of Social Policy of Ukraine No. 282 of May 16, 2012, registered with the Ministry of Justice under No.876/21188 of June 01, 2012.

In the first six months of 2013, draft standards on social prevention and counseling were prepared with the participation of

consultants recommended by partnering organizations (UNICEF, International Renaissance Foundation, All-Ukrainian public movement “Volunteer”) and submitted for consideration to the Department of Social Services.

In turn, the Ministry of Social Policy issued an Order “On Approval of the Draft State Standards on Social Services” whereby draft state standards on social services for prevention and counseling (hereinafter - the draft state standards) should be approved in October through December 2013 in Dnipropetrovsk, Donetsk, Zhytomyr, Zaporizhzhia, Kyiv, Poltava, Rivne, Kharkiv and Chernivtsi oblasts under the auspices of social service agencies and social services centers for families, children and youth. Unfortunately, approbation of draft standards under the auspices of NGOs was not envisaged in the Order.

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

Providing a framework for further sustainability of prevention services at the regional level

Positive results in prevention services were achieved due to regional coordination, partnership and collaboration with local authorities.

Aiming to coordinate activities and increase its efficiency, signing of Memorandums of understanding and cooperation between Alliance and oblast, city (local) administrations and councils of people’s deputies was continued in 2013. In these documents the parties agreed the basic principles and mechanisms of cooperation on the implementation of the National Program on HIV prevention, treatment, care and support for HIV-positive and AIDS patients for 2009-2013 at the regional level, and on the implementation of the Round 10 Program of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

- April 23: the Memorandum of Understanding and Cooperation with the Lviv Oblast state administration was signed.

- July 2: the tripartite Memorandum of Understanding and Cooperation with the Donetsk Oblast Council, Donetsk Oblast State Administration was signed.
- July 3: the Memorandum of Cooperation with the Council of Ministers of the Autonomous Republic of Crimea was signed.
- August 28: the Memorandum of Understanding and Cooperation with the Kharkiv Oblast State Administration was signed.
- September 4: The Agreement of Understanding and Cooperation with the Kyiv City State Administration and the International Charitable Foundation “International HIV/AIDS Alliance in Ukraine” was signed. Thereby the Kyiv city administration supports HIV/AIDS, HBV and HCV, TB and STI prevention and treatment programs.

In total, over 2012-2013 Memorandums of Cooperation with oblast state administrations and councils of people’s deputies were signed in 12 Ukrainian oblasts; Mykolayiv, Kyiv, Odesa and Donetsk oblasts; with the local administration and the council of deputies in Sevastopol; with oblast state administrations in Cherkassy, Kherson, Lviv and Kharkiv oblasts; with Main Department of Health of Dnipropetrovsk oblast state administration; Agreement of cooperation with Kyiv City State Administration.

Regional public authorities reflected their contributions in the Annexes to the Memorandum in different ways (according to local authority approvals): 1) in the form of specific amounts of funding for prevention from oblast and local budgets; 2) in the form of commitment to provide preferential rent to NGOs and charitable HIV-service organizations; 3) by allocation of funds for social procurement programs; 4) to support the substitution maintenance therapy sites; 5) as general obligations to promote the implementation of HIV/AIDS response program in the region.

- Thus, the Memorandum between Alliance-Ukraine and the Main Department of Health of the Dnipropetrovsk OSA did no recorded contributions of the Parties in prevention among vulnerable groups. However, in 2013 the oblast executive authorities allocated for such purposes UAH 467,000 from the oblast budget. In addition, the oblast program «Health of the Nation» envisaged and financed the purchase of drugs for the treatment of hepatitis C in the amount of UAH 1 million.
- AR of Crimea funded HIV prevention in the amount of over UAH 1 million under the program "Crimean's Health". In 2013, Sevastopol allocated from the local budget UAH 540,000 for prevention of HIV/AIDS, which is significantly higher than in previous years.

- Kherson Oblast funded HIV/AIDS prevention activities in the amount of over UAH 502,000 (from local, rayon and oblast budgets) in 2013.
- In Cherkasy Oblast, as part of the National Program on Prevention of HIV, Treatment, Care and Support of People Living with HIV and AIDS for 2009-2013, the overall contribution from the local budget totaled more than UAH 1 million in 2013. Pursuant to the Memorandum over UAH 679,000 were further allocated from the city and district budgets for the implementation of the social procurement, maintenance of SMT sites personnel, development of VG Center and a preferential rent.
- Donetsk Oblast allocated over UAH 2.3 million to fulfill its obligations enshrined in the Memorandum (to support activities of SMT sites, testing of representatives of at-risk populations, paying preferential rent of premises for community organizations).
- Mykolayiv Oblast financed more than UAH 2.9 million from oblast and local budgets in pursuance of the Memorandum in 2013.

During the reporting year, funds under obligations set forth in the Memorandums were allocated to ensure implementation of social procurement programs, maintenance of SMT sites personnel, preferential rent of premises for NGOs to carry out prevention activities as well as storage space.

***On August 28, 2013
the Memorandum of
Understanding and
Cooperation was signed
with Kharkiv Oblast State
Administration***



Social procurement of HIV prevention

- Cherkasy allocated UAH 80,000 on the implementation of social procurement projects related to prevention of HIV/AIDS, in particular, support of people living with HIV and representatives of vulnerable groups (including the development of the Center for homeless and vulnerable representatives of vulnerable groups at Cherkasy Charitable Organization "From Heart to Heart", and the establishment of a social enterprise at the Center).
- Kherson allocated UAH 50,000 from local budgets for the Center for registration of homeless persons and representatives of vulnerable groups (at the Mongoose Foundation).
- In 2013, as part of the program to address priority social problems in the city of Odesa, the Association "Together for Life" won the competition of social projects using the social procurement mechanism in the amount of USD 20,000 for the Fashionable to Be Healthy Project but transferred only UAH 1040. The Treasury commented on this as lack of funds.

Providing premises and preferential rent for NGOs

- For 2013, public institutions of Kyiv Oblast provided support for the development of prevention programs in the form of preferential rent for offices at the rayon hospitals, which accounted for 3% of the annual rental rate. This allowed saving project financial resources (commercial lease was 3 times higher) and efficient organizing work in healthcare facilities.
- In Kherson Oblast, the overall contribution from local and rayon budgets for rent and payment of utility services of NGOs was more than UAH 186,000 per year.
- In the reporting year, Cherkasy allocated from the city budget UAH 72,000 (office premises for Charitable Or-

ganization "From Heart to Heart" and premises of the Center for homeless and vulnerable groups with a total area of 540 square meters - instead of UAH 6,800 the organization pays UAH 800 per month).

- In Odesa, the Association "Together for Life" received premises for rent in April 2013, according to the contract the rental amount was UAH 1,149 per month. But as a result of advocacy and after repeated appeals to the city council it was decided to pay UAH 1 per year for the whole premises starting from January 1, 2014.
- In Donetsk Oblast, as of 2013 end the payment of preferential rent was provided for five HIV-service organizations in the oblast to the total amount of about UAH 250,000 (including 52 thousand for energy resources).
- The Feodosiya Department of Health allocated premises with a total area of 20 square meters under the terms of the preferential rent to perform work on HIV prevention among PWID by the youth NGO "Your Victory".
- In 2013, Mykolayiv Oblast allocated 455 sq. m on a free of charge basis for NGOs «The Way Out» and «Healthy Nation» (for warehouses and community centers) and an office with an area of 68.6 sq. m on concessional terms (50% of the cost) for ICF «The Way Out» to the total amount of UAH 178.8 thousand.

In the reporting period, regional coordinators of Alliance-Ukraine conducted working meetings with regional leaders, spoke at coordinating councils, prepared and coordinated Annexes to the Memorandums for 2013, which recorded regional contributions. In particular, this activity initiated a dialogue between the government and the community to assess proportionality of contributions to prevention activity from international donors and local governments. This work will be continued in 2014 as a part of a framework for the future sustainability of HIV prevention services among vulnerable populations at the regional level.

3.5. Alliance on the International Arena and World Media

Participation in the International Harm Reduction Conference

On June 9-12, the International Harm Reduction Conference was held in Vilnius to call on the governments of the world to provide the necessary political and financial support for response to HIV, which is still spreading in many parts of the world through injecting drug use. The theme for the event: "The Values of Harm Reduction".

The Alliance representatives actively participated in this international forum along with organizations that are part of the global Alliance network. During various sessions and presentations Ukrainian experts demonstrated successful examples of harm reduction programs at the national level.

During the conference Alliance also held a regional advocacy school on protecting interests and providing access to prevention services for PWID.

Success of harm reduction programs in Ukraine was widely discussed at the conference, and the project on access to ART for drug users was also presented.

Presentation of HIV prevention programs success

The Alliance achievements in its progress in reducing new HIV infections in Ukraine were discussed at a press briefing organized at the International Harm Reduction Conference.

"Due to harm reduction programs covering more than 170,000 injecting drug users with services, the number of diagnosed cases of HIV infection in this group in 2012 decreased by 9% compared to the previous year. This trend, which we fix already for several years, influenced the gradual decline in the incidence of HIV in the country: in 2012, for the first time since 1999, the number of diagnosed cases of HIV infection among the general population decreased by 2% compared to the previous year", - said to reporters Andriy Klepikov, Executive Director of the International HIV/AIDS Alliance in Ukraine.

United Nations Secretary-General's Special Envoy for AIDS in Eastern Europe and Central Asia Michel Kazatchkine welcomed Alliance and Ukrainian NGOs successful work. "First of all, this success was achieved through powerful multiyear advocacy of civil society, which is based on epidemiological data, human rights and influence on policy and public opinion. Second, the

Global Fund resources and support of programs in Ukraine since 2004. The third factor is political responsibility. And most importantly, this success was the result of joint work of the civil society and the government", - said the representative of the United Nations.

Nicolas Kanto, regional manager of the Global Fund to Fight AIDS, Tuberculosis and Malaria for Eastern Europe and Central Asia said that Ukraine's real example shows how using adequate planning and investment you could impact on the epidemic. "Ukraine was granted USD 600 million or 30% of the Global Fund investments in the region in response to AIDS and tuberculosis", he said. According to Nicolas Kanto, the main problem at the regional level is the coverage of vulnerable groups: "The Global Fund programs cover no more than 10% of injecting drug users in Eastern Europe and Central Asia. But if you take countries like Ukraine, the coverage of this group is 50%."

Lord Norman Fowler, the Chair of the UK House of Lords' HIV and AIDS Committee in the United Kingdom, also noted the Alliance leadership in response to HIV. «Effectiveness of harm reduction has already been proven ... the key question today is programs financing», - said the Chair of the UK Committee. He said that one of the main obstacles to prevention programs are still stigmatization and discrimination against vulnerable groups such as LGBT, injecting drug users and commercial sex workers.

Standing for the need to decriminalize drug users

Alliance-Ukraine jointly with the partners continues advocating for the need to decriminalize drug users in Ukraine within the framework of the 108-th session of the UN Human Rights Committee starting on July 8, 2014, in Geneva.

Based on the results of working with the topical shadow report submitted by Alliance-Ukraine, the Canadian HIV/AIDS Legal Network and the Eurasian Harm Reduction Network in 2012, the UN Committee had on November 23, 2012 included the problem of the excessive criminalization of drug users caused by the MoH orders in the List of Issues (clause 12) to the Government of Ukraine, whereof the Government of Ukraine had in its Replies to the List of Issues dated May 16, 2013, provided to the UN Committee a perfunctory reply being inadequate to the actual situation.

On July 8, 2013, on the opening day of the 108-th session of the UN Human Rights Committee in Geneva an informal meeting was held by the Committee members with civil society organizations which had submitted their alternative reports last year. Pavlo Skala, Senior Program Manager: Policy and Advocacy, and Mykhail Golichenko, Senior Analyst of the Canadian HIV/AIDS Legal Network participated in these informal meeting advisory sessions.



Treatment of the first 100 patients infected with hepatitis C started in October at the reduced price on the basis of specialized medical facilities of Kyiv, Vinnytsya, Dnipropetrovsk, Luhansk, Mykolayiv, Poltava and Sumy. Medicines and social support is ensured by the ICF "International HIV/AIDS Alliance in Ukraine" within the framework of pilot project on Hepatitis C treatment with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria. This project was enabled by decreasing the annual treatment cost of viral hepatitis C by 2.5 times, from USD 13200 to 5000.

THE LANCET Infectious Diseases

Global moves to make hepatitis treatments more accessible in lower-income countries have not been made, and few lower-income countries have plans for scaling up hepatitis therapy, mainly because of the complexity, toxic effects, and cost of interferon-containing regimens. Ukraine, however, has been able to launch a national hepatitis C treatment programme and negotiated lower drug costs.



The cost of Hepatitis C treatment course in Ukraine will be decreased. Considering the discount, the new price for an annual treatment course will be USD 5,000. Thus, ICF "International HIV/AIDS Alliance in Ukraine" is able to procure the necessary drugs for 100 most difficult patients with Hepatitis C.



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The greatest changes have been seen in Ukraine, which is already being hailed as a shining example for the rest of the region of how to implement harm reduction programmes and to successfully engage authorities on drug policy reforms. Ukraine has struggled for the last decade with one of the fastest growing HIV/AIDS epidemics in the world, driven by injection drug use. There are an estimated 290,000 injecting drug users in Ukraine.

But last year, for the first time, the rate of new HIV infections in Ukraine dropped. This has been put down to the widespread implementation of harm reduction programmes.



Only a third of 120 thousand officially registered people with HIV receive drugs that allow them to lead normal lives. However, according to the «International HIV/AIDS Alliance in Ukraine», there are, in fact, twice as many patients, and therefore, only one in six of them get drugs – this is one of the lowest rates in the world.



Customs Service charges anti-AIDS group Hr 3.3 million for syringes. In Ukraine, a nation with one of the highest rates of HIV infection in Europe, the International HIV/AIDS Alliance in Ukraine says it's having trouble importing syringes.



This work, supported by a Global Fund grant, is underpinned by a specially developed database called SyrEx which has been instrumental in the planning, implementation and delivery of services for drug users, a much marginalized group whose needs are often overlooked in state healthcare provisions.

4

Main Programs Performed by Alliance-Ukraine in 2013

4.1. Programs Implemented in Ukraine

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

The Program "Support for HIV and AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine" (2007–2012, phase-out period until March 2013)

Implementation of the Program "Support for HIV and AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine" financed by the Global Fund under Round 6 was completed in 2013. Its principle recipients were 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.

On April 2, 2013, a **closing conference of the program** was held and highlighted its key achievements and innovations

While opening the conference, Kostiantyn Hryshchenko, the Vice-Prime Minister of Ukraine has noted: "Implementation of the Global Fund Round 6 Program has a crucial importance for development of national response to the epidemic. Ukraine has obtained huge experience in converging the state leadership and resources of the civil society sector, significantly increased prevention services for the vulnerable groups, implemented innovative approach to prevention and treatment programs".

"Our greatest achievement is that we managed to create an efficient algorithm for cooperation with our partners, ensure sustainability of the initiated programs for their further implementation and achieving even more valuable victories. The state has taken several principally important liabilities, in particular, those related to provision of ARV medicines. Currently the therapy is provided





On April 2, 2013 a closing conference of the Program «Support for HIV and AIDS Prevention, Treatment and Care for the Most Vulnerable Populations in Ukraine» was held, highlighting key achievements and innovations of the Program

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).

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.

at the state budget expense to 92% patients who need it. We are planning to provide treatment for 53 000 HIV-positive people till the end of this year”, - said Tetiana Aleksandrina, Head of the State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases.

The conference noted that the program had been reducing a number of new registered cases of HIV in Ukraine both in the general public and in vulnerable groups since 2010. “In the country allocating zero funds from the state budget for the prevention of HIV infection, the turning point has been reached – for the first time since 1999 the decrease of HIV incidence was recorded. Ukraine owes this achievement to the financial support of the Global Fund in the amount of USD 130 million, nationwide role of the civil society and efficient work of thousands of medical and social workers”, - Andriy Klepikov, Executive Director of ICF «International HIV/AIDS Alliance in Ukraine», said during the conference.

The program "Reduction of the TB Burden in Ukraine through Decreasing the Spread of TB among Vulnerable Groups" (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 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 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 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 2013:

- **The equipment and consumables have been procured** for the total amount of USD 4 million. In particular, Alliance has procured and imported 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 **on the whole territory of Ukraine.**

- The appropriate regulatory framework in the field of healthcare for TB/HIV co-infected patients is being revised, updated and developed.
- A draft TB/HIV response M&E plan developed. M&E specialists from the TB and AIDS services had 2 trainings titled "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". 47 specialists successfully trained.

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 first phase 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" has been implemented with the framework of the Round 10 (2012-2016). The total grant amount for Ukraine is USD 301.7 million. 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.

* These programs will be modified and continued within the framework of joint HIV/TB program till the end of 2017, according to the proposal submitted to the GF under the New Funding Model.



Key Achievements in 2013

Prevention services were provided in 27 oblasts, the Autonomous Republic of Crimea and in the cities of Kyiv and Sevastopol. 77 organizations carried out prevention work among injecting drug users (PWID), including 47 – 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 2013, 163 sites in 27 regions of Ukraine were providing the SMT for 8525 patients.

Most performance indicators, including 10 key indicators under the Global Fund classification, as of December 31, 2013, were fulfilled. Over August – December, 2013, within the framework of the Round 10 a significant number of vulnerable population representatives was covered: 196,460 PWID, 37,394 SWs, 22,014 MSM and 5,518 PWID' partners, 10,860 children from the most-at-risk populations, 9,569 other people (non-injecting drug users, representatives from contact groups, etc.)

Over 2013, the number of voluntary counseling and testing (VCT) for HIV sessions constituted 118,359, including 3,914 positive results of the clients. 212,973 tests for sexually transmitted infections were made.

4.1.2. The Project “Advocacy of Access to Hepatitis C Virus (HCV) Treatment in HIV-positive People in Ukraine”

From January 1, 2012, till May 31, 2013, Alliance 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 worth highlighting are as follows:

- Establishment of the national network of activists and NGOs working in the field of HCV.
- Holding the nationwide mobilization and advocacy campaign “Demanding treatment!” since 2012.
- The campaign involved 87 non-governmental organizations as well as activists, experts and physicians.
- Adoption of the state program on the viral hepatitis C, which was developed with the active participation of Alliance.

- Allocation of UAH 34 million from the state budget for 2013 to purchase drugs.
- Development of the HCV treatment protocol with support and assistance from Alliance.
- Reduction of the cost of HCV treatment by 2.5 times.
- Also, reduction of the price of HCV diagnosis by 2 times in the network of laboratories "Synevo" and "Invitro".
- Pilot programs on HCV treatment were launched in 7 regions – 100 patients with HIV/HCV co-infection (clients of substitution therapy programs).
- 8 oblast HCV programs in place, for which UAH 17 million were allocated from the local budgets. Of these, 5 programs are in the process of development and approval.
- The Alliance activists/regional coordinators in most regions joined the drug distribution committees on HCV treatment to ensure equitable access of the population (including vulnerable groups) to drugs.

At the international level, Alliance is actively involved in the development of the WHO protocol on hepatitis treatment for countries with limited resources. The Alliance representative is a member of the WHO Strategic and Technical Advisory Committee for hepatitis (WHO STAC-HEP).

The Alliance advocates for increased access to HCV treatment not only in Ukraine but also in Eastern Europe and Central Asia and at the international level, conducting negotiations with pharma-

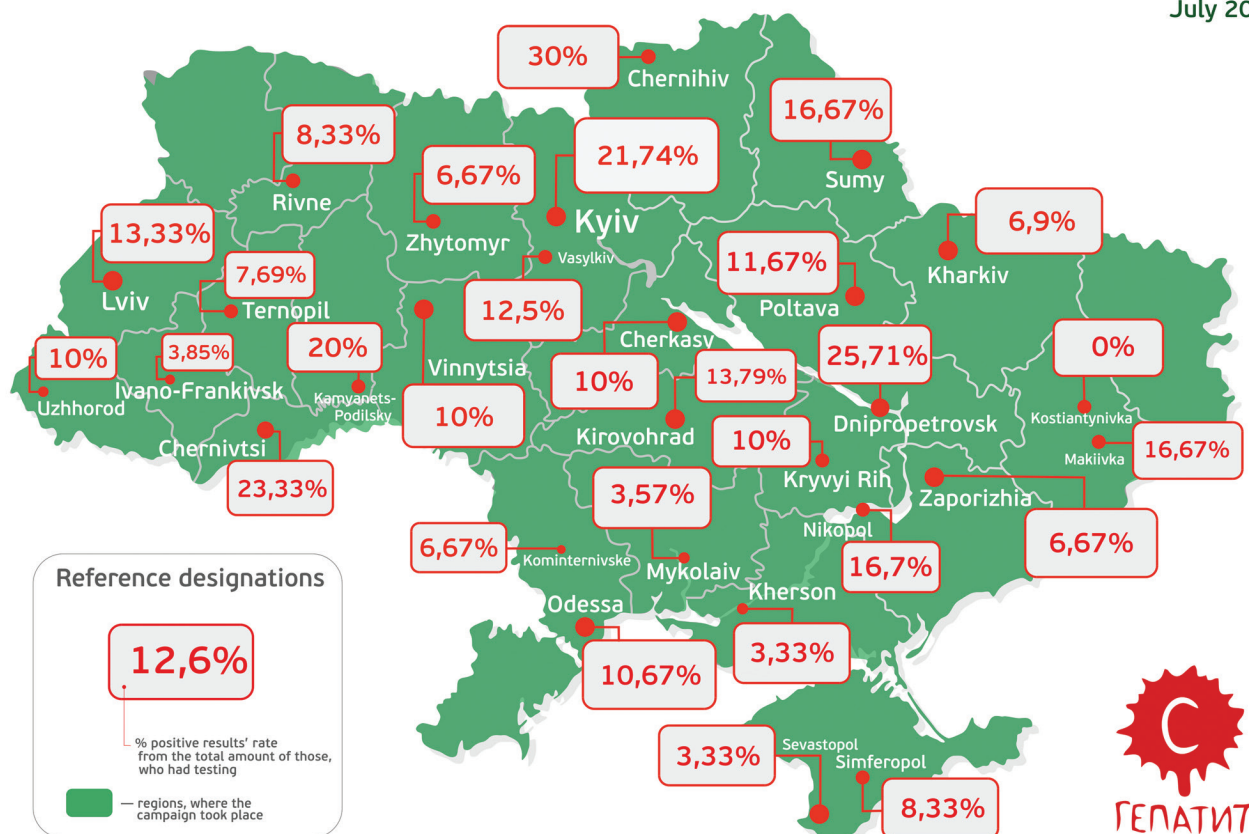
ceutical companies, taking part in international events aimed at reducing the cost of drugs, which plays a key role in providing / expanding access to treatment.

4.1.3. The Project "Advocacy Initiatives to Strengthen HIV/AIDS Response in Ukraine"

In 2012, Alliance-Ukraine continued implementing the project funded by the Levi Strauss Foundation (LSF) aimed at creating a favorable legal, political and social environment to promote and extend practices for HIV prevention and reduction of stigma and discrimination against populations that are vulnerable to HIV in Ukraine. Efforts of Alliance were mostly focused on advocacy of HIV prevention among most vulnerable populations and protection of their rights, promotion of rapid testing and use of condoms, advocacy for access to treatment of viral hepatitis at the national level. In total, USD 53,818 were disbursed for these purposes.

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.

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





4.1.4. The Project “M&E-related Technical Assistance and Improved Data Application” (METIDA)

On September 3, 2012, 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, as well as to identify needs in collection and use of strategic information, channel resources of the Project and partners for further provision of all necessary items at the national and regional levels.

To understand the current needs for further development of a sustainable and strong M&E system in response to HIV/AIDS, in early 2013 in partnership with experts from the Center for Cooperation with WHO in sentinel surveillance of HIV infection (Zagreb) and expert support from the University of California (San Francisco) **a unified national system of M&E** was evaluated. The evaluation identified key gaps in critical information in M&E and professionals’ needs to improve knowledge and skills that were discussed with national partners at the 5-th National Scientific and Practical Conference on M&E “Development of a Unified System of Monitoring and Evaluation of HIV Response in Ukraine: the Effectiveness of Management Decisions and Strengthening Intersectoral Cooperation” (November 2013).

The National dialogue on the role and significance of strategic information for making management decisions at



all levels was initiated at the workshop «Strategic information as a basis for decision-making in HIV/AIDS response» (June 2013). The event was held with the support of METIDA Project, USAID-funded RESPOND Project, the State Service of Ukraine on HIV/AIDS and other socially dangerous diseases. As part of the workshop, the concept of the national plan for monitoring and performance evaluation of the National Target Social Program on HIV/AIDS Response for 2014-2018 was presented.

In order to introduce a sustainable system of training in M&E, **a team of 24 national trainers on M&E in HIV/AIDS response** was formed (including 11 national experts and 13 specialists at the regional level). During August through October 2013 trained trainers participated in organizing and conducting 4 trainings in data collection for specialists in M&E of the regional level and 1 pilot regional training in data use. Trainers' activities will be supported during five years of the Project implementation.

Strengthening capacity of professionals in M&E and decision makers to use data for making management decisions at the local level based on the national M&E system evaluation is seen as one of the Project priorities. During the first year of the Project implementation, a series of trainings began for specialists of the regional level in data use, in particular use of data triangulation approach in HIV/AIDS response at the regional level. In September 2013, a pilot training for regional specialists in M&E was held (16 specialists in M&E from 10 Ukrainian regions were trained). As a result, at the end of 2013 METIDA Project began supporting four **regional pilot projects on data triangulation in HIV/AIDS response** in Dnepropetrovsk, Kherson, Chernihiv oblasts and in the city of Kyiv. Implementation of triangulation projects will enable regional specialists to make a complex judgment of trends in the epidemic,

taking into account regional specifics and propose measures to improve HIV response.

To develop and strengthen research capacity at all levels, the METIDA project introduces a series of training events on presentation of latest approaches to implement research in HIV/AIDS response based on contemporary international experience. In July 2013, a training for national trainers was held, who subsequently were involved in conducting four regional trainings "Features of data collection as part of the research among most-at-risk populations of HIV infection" (72 persons were trained). Also, trained regional experts received an opportunity to apply their new knowledge and skills in practice - METIDA Project held an open competition for research proposals on the implementation of regional research projects on HIV/AIDS response. Based on competition results, nine research proposals were received. Best proposals will be supported under the METIDA Project.

4.1.5. The Project "Expanding Medication Assisted Therapy (MAT) in Ukraine"

During 2013, Alliance in partnership with the School of Medicine at Yale University (USA) and the "Ukrainian Institute of Public Health Policy Research" completed collection and analysis of qualitative data under a 5-year research project «Expanding Medication Assisted Therapy (MAT) in Ukraine». 25 focus group discussions were held in five cities of Ukraine (Donetsk, Kyiv, Lviv, Mykolayiv, Odesa cities); the total number of respondents was 199 people. Collected data serve as an informational resource of program activities under the Global Fund and is the basis for understanding the «voices» of SMT patients, who were participants in the SMT program and potential SMT participants in the past.

Also, the analysis of qualitative data serves as basis for the development of tools of quantitative research that aims to identify barriers and enabling factors to expand SMT. Next steps of the project are to develop regional capacity of SMT programs using the Network for the Improvement of Addiction Treatment (NIATx) model and the rapid-cycle change model, which effectiveness will be evaluated based on program data. Also, increasing access to MAT by piloting and creating a new healthcare provision model, particularly for HIV-positive PWID using extended release naltrexone. This is a new and safe

non-narcotic drug for MAT issued only once a month, without the need for the dispensary registration and issuance only in licensed centers.

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 total first and second program year budget reached USD 408,011.

4.2. International Activity of Alliance

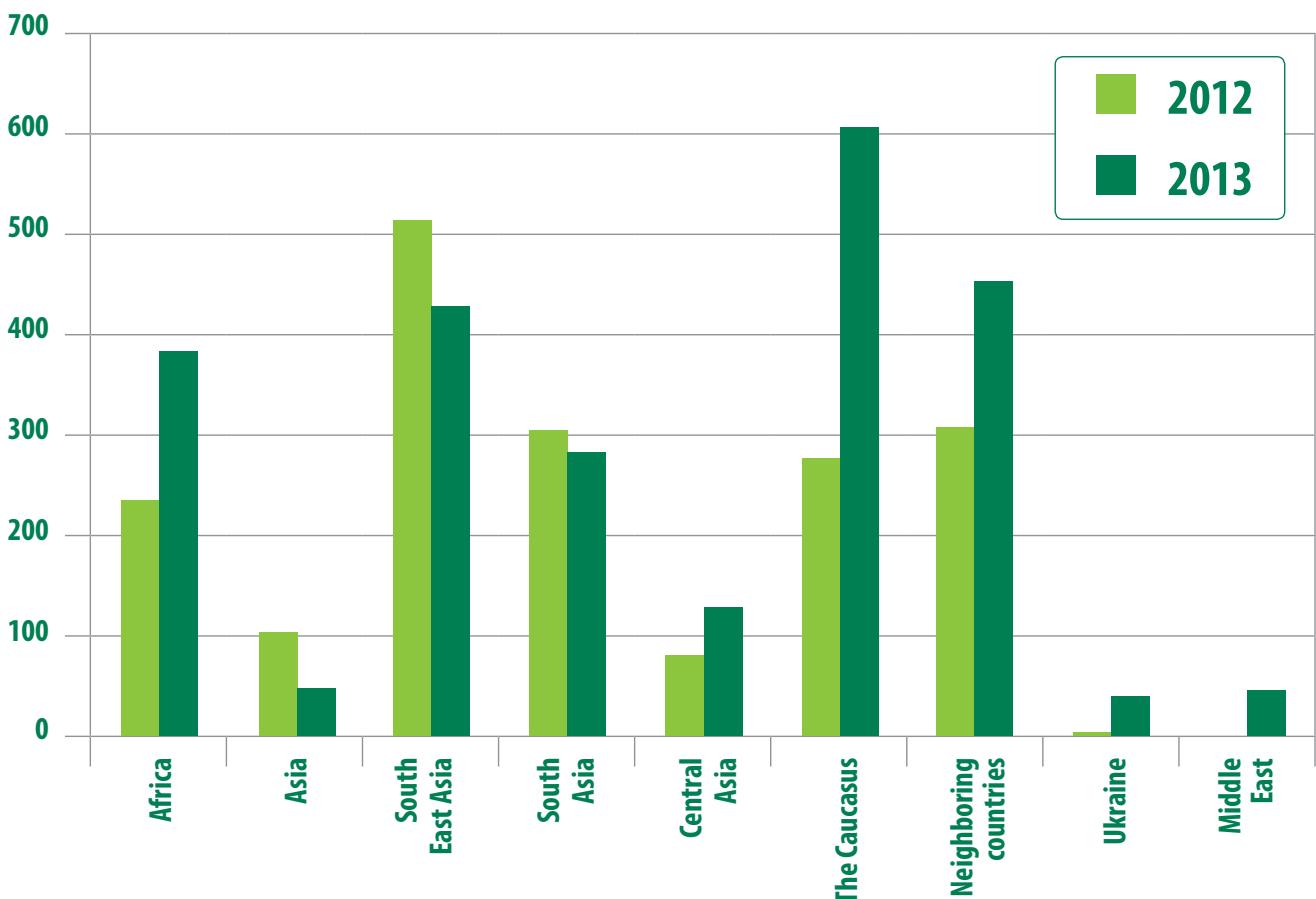
4.2.1. Technical and Methodological Support for the Response to the Epidemic of HIV in Eastern Europe and Central Asia

A Regional Technical Support Hub for Eastern Europe and Central Asia (Hub) was established more than six years ago and provides high quality international technical support services in order to

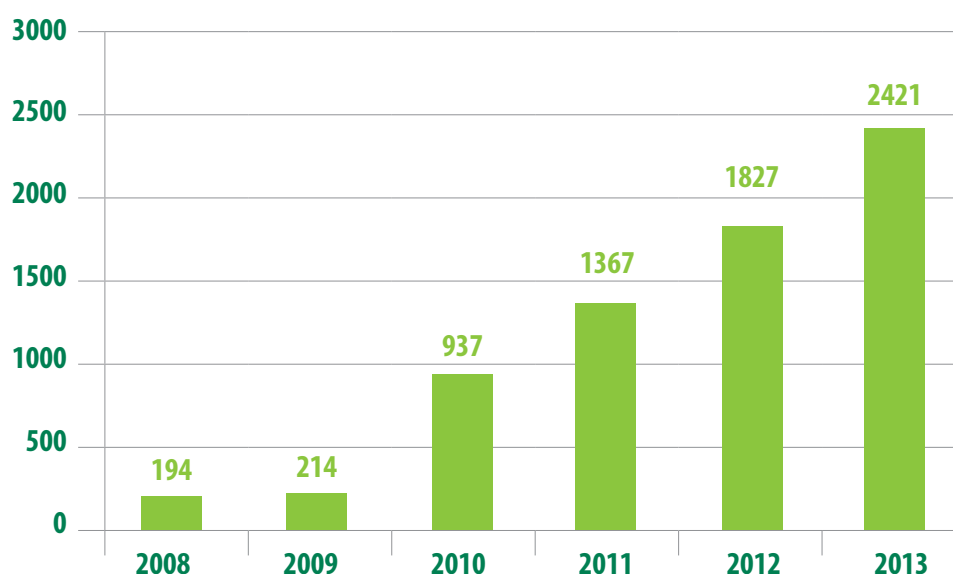
scale up the response to the epidemic of HIV/AIDS in region and in the whole world.

The Hub potential is becoming more competitive. As in the previous period, 2013 demonstrated an increase not only in the number of days of provided advisory assistance, but the geographical coverage of technical support provided by the Center. This is evidenced by figures in the chart below, which reflects the steady growth trend for technical support in Africa, the Caucasus and neighboring countries, as well as coverage of new regions, including the Middle East

Figure 3. Geographical break-down of the Center activity in 2012 and 2013.



Over 6 years, there were more than **80 projects** implemented in **28 countries** with a total number of **6,959 days** of provided technical support.

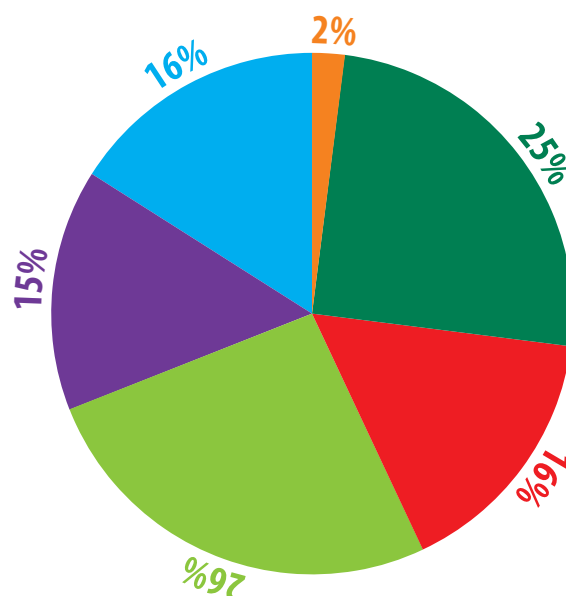
Figure 4. Dynamics of growth in the number of advisory days during 2008–2013.

In 2013, activities under long-term projects continued, including such projects as: the "Community Harm Reduction Initiative" (2012-2014) implemented at the expense of the Dutch Government, and the «Large-scale Implementation of Effective Strategies for HIV Prevention Among Vulnerable Groups in Eastern Europe» (2012-2014) funded by the European Union, and several tasks as part of the USAID AIDSTAR II designed to provide technical assistance to the epidemic response globally.

This year a project on building capacity of NGOs in monitoring and evaluation, outreach work among youth in Bangladesh,

Burundi, Ethiopia, Myanmar and Uganda (Communication - Link UP) was launched.

Below is a chart of the distribution of provided technical assistance by areas of technical support. The largest number of advisory days was devoted to monitoring and evaluation. This is due to the increasing level of the Center competence in this area and an annual expansion of reporting requirements for using funds provided by international donors. It should be noted that due to increased funding for such area as community mobilization, the number of requests to build up advocacy capacity of NGOs has increased.

Figure 5. Areas of technical assistance in 2013

In the reporting year, a successful practice of arranging study tours to Ukraine was continued to study experiences and best practices of Alliance-Ukraine in implementing effective mea-

sures to prevent HIV/AIDS among vulnerable groups. To this end, the Center organized study tours for representatives of partner organizations in Kenya, China, Belarus and Moldova.

4.2.2. 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, 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 implementation is funded 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 second budget year, EUR 363,045 were disbursed. In general, over two years EUR 701,963 were spent for the program implementation in seven aforementioned countries.

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 (PWID, 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 both preventive and medical services, and psychosocial care and support, needed for ensuring timely access to services in the field of HIV prevention, treatment and care.

For the purpose of fulfilling the planned tasks, all seven 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 (PWID, 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, on-line support for leaders of the vulnerable populations (including law advisory activities) and other events.

During 2013, under the project, a comprehensive package of services was developed for populations vulnerable to HIV, such as PWID, SWs and MSM. Also, based on availability, accessibility and quality of services data collected by experts during the evaluation and mapping in seven countries, the results of which were presented at the International Harm Reduction Conference (Vilnius, Lithuania), the on-line version of the regional service map was developed. Draft integrated service packages and the service map were discussed at national meetings, which were attended by representatives of government, international and non-governmental organizations. Based on these service packages, countries began the process of preparing national «service standards» that would serve as a basis for planning and implementing events in response to HIV epidemic in Eastern Europe and South Caucasus. Also, the work on the development and implementation of the «social procurement» mechanism began to ensure sustainability of services for populations vulnerable to HIV. A pilot project on the implementation of the «social procurement» mechanism was already launched in the Republic of Belarus.

As part of the project, the process of developing advocacy plans and technical support plans for each country was completed.

PROJECT OBJECTIVES:

- To increase a level of the understanding and practical implementation of evidence-based comprehensive HIV prevention interventions for vulnerable groups.
- 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, as 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.

In June and October 2013, two regional advocacy schools were held under the project for representatives and activists of the PWID and 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.

In 2013, much attention was paid to capacity building of communities, in the context of which two regional trainings on social mobilization and mobilization of communities vulnerable to HIV were held. As part of the technical assistance, a series of trainings were held for NGOs on the methodology and the organization of outreach work among MSM and PWID communities, gender approaches in HIV prevention among female PWID, organization and conducting qualitative research. Also, the organizations received technical support on financial and organizational issues.

4.2.3. The Project "Community Action on Harm Reduction" (CAHR) in India, Indonesia, Kenya, China and Malaysiaⁱ

The project «Community Harm Reduction Initiative» of ICF «International HIV/AIDS Alliance in Ukraine» funded by the Government of the Netherlands, began in January 1, 2011 and is implemented by Alliance-Ukraine as the most experienced subject of the Alliance network in harm reduction. 2013 is the third year of the project, which includes work in five countries - India, Indonesia, Kenya, China and Malaysia, involving a number of international partners.

The project aims to implement a number of tasks in India, Indonesia, Kenya, China and Malaysia:

1. Improving access to HIV prevention, treatment, care, rehabilitation and harm reduction for injecting drug users (PWID), their partners and children.

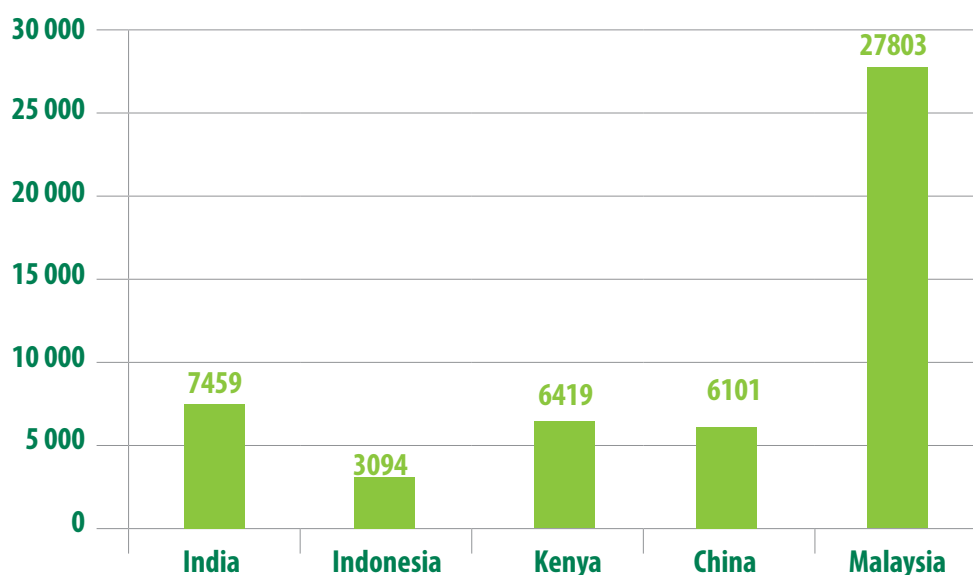
2. Increasing the capacity of partners from the community and public sectors to provide harm reduction services and health care for PWID, their partners and children.
3. Protecting the rights of drug users, their partners and children.
4. Raising awareness and sharing experiences on the role of civil society in harm reduction programs.

2013 was remarkable for the project «Community Harm Reduction Initiative». Key project achievements in various countries formed the basis for sustainable progress and helped to develop a plan of raising funds for 2014. In this sense, Kenya serves as an example: additional funding for syringe exchange programs (initiated under the project «Community Initiative to Reduce Harm») for the following year was granted to the Open Society Foundation and Mainline. In addition, three times increase of the program goals of the Global Fund Round 10 Program (Phase 2) is considered.

Operational research in the countries where the project is implemented helps to consolidate experience for further program implementation, including such key issues as quality of harm reduction services; psycho-social support for SMT patients; risks associated with drug use, and appropriate preventive supplies. The Support. Don't Punish campaign gained in momentum and became known as a clear call for liberalization of the drug policy in more than 40 cities around the world. The project "Asia Action on Harm Reduction" financed by EU was launched in 2013 based on initiatives of the project «Community Harm Reduction Initiative» on the drug policy and will significantly expand its work in the area of drug policy in the four countries where the project is implemented: India, Indonesia, China and Malaysia.

During 2013, the project activity under the "Community Harm Reduction Initiative" was fully completed in the countries where it was implemented; services were provided to injecting drug users

Figure 6. Number of PWID covered by the Community Harm Reduction Initiative



and their families and partners. As of January 1, 2014 the project covers **50,876** PWID and **211,315** individuals facing the problem of drug use, and their close relatives.

The Alliance Technical Support Center serves as the main service provider for this project.

In 2013, the Technical Support Center in Kyiv provided more than 795 man-days of technical support to partnering organizations that implement harm reduction projects under the Community Harm Reduction Initiative (AIDS Care China, India HIV/AIDS Alliance, Kenya AIDS NGOs Consortium (KANCO), Malaysian AIDS Council (MAC) and Rumah Cemara) and their subdonors. Technical support activity included organization of trainings, workshops, development of tools and systems to improve program harm reduction activities. A total of 28 organizations received technical support provided by the Kyiv Technical Support Center according to partner country specific needs.

An outreach work model – peer-driven intervention (PDI) – was adapted in China and Malaysia. Experts of the Kyiv Technical Support Center presented this model to partners in the above countries during the training sessions conducted in 2012 in Malaysia and in 2013 in China, discussed program tools and approaches with partners in these countries and made necessary amendments, depending on their needs and national context.

On August 14-16, KANCO with Médecins du monde (Mdm) and the Kyiv Technical Support Center organized a workshop «*Improvement of harm reduction services in Kenya*» aiming to improve the knowledge of participants on key components and approaches of harm reduction programs; discuss barriers to the implementation of harm reduction services and finding a possible solution to the current problems.

On November 18-20, experts from the Kyiv Technical Support Center participated in a workshop organized by KANCO in cooperation with NASCOP partnering organizations. The aim of the three-day workshop held in Nakuru (Kenya) was monitoring and evaluating capacity of government and non-governmental organizations in Kenya implementing programs for most-at-risk populations. Implementation by Alliance-Ukraine of the SyrEx database and a unique client identification code enabled the organizations implementing harm reduction programs to register new clients with the minimal risk of double registration. All representatives from various organizations and government departments agreed to use the system because it is a comprehensive and user-friendly electronic data management tool that helps to collect program data and monitor the progress of HIV prevention programs for most-at-risk populations. It can play a key role in policy and plans for decision-making, improvement and development of HIV/AIDS prevention programs in Kenya.

The Kyiv Technical Support Center organized a technical assistance visit to Indonesia to strengthen the capacity of Rumah Cemara organization in financial/grant management. The visit included an assessment of grant and financial arrangements that would allow understanding, which areas require improvement. Three-day training for Rumah Cemara staff and partnering organizations was devoted to financial management, and assistance was granted in adaption of grants and financial procedures.

Partnering organizations of the Community Harm Reduction Initiative received regular technical assistance based on their requests, including the following: development of the materials on self-help groups for drug users and their families (for MAC); materials on mapping of PWID and SMT programs using subuteks (for Rumah Cemara); materials on mental health and drug use (for India HIV/AIDS Alliance); examples of education and information materials (EIM) for drug users (for KANCO); regular continued support of partnering organizations using SyrEx in India, Kenya and Malaysia. In 2013, two experts of the Kyiv Technical Support Center visited Indonesia and China to test and improve program planning, and prepared reports summarizing key facts found during the visit and providing practical guidance for 2014.

The Kyiv Technical Support Center played a leading role in the development of publications produced under the Community Harm Reduction Initiative:

- Report “*Setting the scene: assessing and planning with harm reduction partners*” presents the results of assessment of the situation on HIV and drug use in India, Indonesia, Kenya, China and Malaysia. The main focus in the assessment is given to key partners of Alliance in the implementation of the Community Harm Reduction Initiative and emphasis is made on subrecipients (program implementation partners) and assessment of the situation in the country by four technical aspects: HIV prevention services for PWID; HIV and drug policy; organizational development issues; monitoring and evaluation of interventions.
- Publication “*Reaching drug users. A toolkit for outreach*” contains tips on doing outreach work among communities of drug users, in particular among injecting drug users. It includes proposals on optimizing the number of clients served by one outreach worker to ensure the cost-effectiveness of intervention.
- Baseline project report “*Community Harm Reduction Initiative*” highlights the results of the key efficiency evaluation study conducted at the beginning of the project implementation in five countries, presents the analysis of the results and recommendations for further research plan and improved access to quality harm reduction services.



4.3. Private Business in Response to the Epidemic

Business and celebrities joined efforts for "Inspired for Life" AIDS Charity Auction

On November 30, 2013 on the eve of the World AIDS Day over 100 representatives of corporate sector took part at the charity dinner and auction "Inspired for Life" in Kyiv. The main aim of the charitable evening was to attract attention to the problem of people vulnerable to HIV and to ensure support of business community in fighting the epidemic in Ukraine.

In total, the action raised USD 31,450. This amount will be allocated to cover the basic needs of HIV positive children who are the patients of Kyiv Child Health Center (Okhmadyt); repairing of treatment unit at the Zaporizhzhia AIDS Center; physical rehabilitation courses for HIV patients in the Vinnitsa AIDS Center.

The event was hosted by famous Ukrainian TV star Masha Yefrosynina. Fascinating Jamala and magic Karl Frierson (lead singer of De Phazz band) performed for the audience.



First charitable auction by the Alliance «**Inspired for Life**» brought together businessmen and celebrities for HIV/AIDS response in Ukraine



The event participants included choreographer Tetiana Denysova, restaurateur Mykola Tyshchenko, racing car driver and bard Oleksii Mochanov who donated lots for the auction (and also their time and skills) for the sake of support of people at the highest risk of HIV. Fashion designer Alexei Zalewski, the most known Ukrainian photographer Ihor Haidai and the most startling artist Ilya Chichkan donated their works for the charity auction. Truly notable lots were donated by Lord Norman Fowler and by Major General John Holmes, Director of British Special Forces in 1999-2001, as well as the boxing gloves of Vitaliy and Vladimir Klitchko.



5

HIV Prevention in the Vulnerable Populations

The typical package of services for all the target populations

To respond successfully to the HIV/AIDS epidemic, in 2013 Alliance-Ukraine continued its efforts to provide a comprehensive package of services to populations most vulnerable to HIV (PWID, 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.

- Distribution of female/male condoms with lubricants;
- Specialist counseling (a social and/or medical worker);
- Voluntary testing and counseling (VCT);
- Diagnostics and treatment of STIs;
- Diagnostics of hepatitis B and C;
- A system of referrals to relevant specialists;
- Group work;
- Legal advice;
- Involving clients into training activities'
- Distribution of medications of general use;
- Organizing clients' leisure time;
- Services of mobile clinics;

In 2013 Alliance supported 76 civil society organizations providing prevention services for injecting drug users in all oblasts of Ukraine



5.1. Prevention Work in Injecting Drug Users (PWID)

Throughout 2013, as part of the prevention work with injecting drug users Alliance supported 76 non-governmental organizations in all the oblast of Ukraine. Activities under the projects reached 196,400 PWID or 63.4% of the estimated total number.

Direct services that are specific for PWID:

- Syringe distribution and exchange;
- Distribution of alcohol wipes;
- Distribution of condoms;
- Syringe exchange;
- Pharmacy-based syringe exchange;
- Distribution of antiseptics;
- Counseling of PWID' sexual partners;
- Delivery of gender-sensitive services focused on female PWID (sewing courses, cosmetologist's and hair-dresser's services, children's day stay centers);
- Peer-driven intervention;
- Prevention of overdose;
- Prevention of HIV in PWID using stimulants;
- Professional training and employment.

In addition, in 2013 several pilot interventions were implemented that significantly complemented the range of services for PWID.

Increasing access to case management-based treatment for the populations at risk of HIV

During the reporting year, Ukraine implemented 27 pilot projects, the basic approach of which was individual support of

HIV-positive drug users. During the project implementation, this work allowed to put on the record at AIDS centers 1,349 clients, 1,054 of whom started antiretroviral therapy.

To achieve these results, within the framework of each project a team of two case managers and a nurse or a physician was established to involve PWID who received a positive result after a rapid test, or those who received a positive result after they were tested in the AIDS center, but avoided outpatient monitoring. The main goal of each team of case managers is to create a «green corridor» for their clients, support them at every stage: analyses, surveys, meetings with doctors, document recovery, registration, etc.

Following the appointment of the treatment, the clients shall be referred to care and support projects of the All-Ukrainian Charitable Organization "All-Ukrainian Network of PLHIV" for further support.

HIV prevention through pharmacy network.

The activity line of pharmacy-based prevention among vulnerable groups continues to develop. To increase its operations quality during 2031 on the basis of IIRC the informing, consulting and training was provided for specialists (pharmacists, line coordinators, social workers) operating in pharmacy-based prevention projects. To ensure pharmacy-based line expansion to the new regions the competition for national projects was held in the beginning of the year, ensuring access to pharmacy networks in the Crimea and Sevastopol. Thus, in 2013 161 pharmacy in cooperation with 29 NGOs in 15 regions of Ukraine provided services to 34 943 PWID and 763 FSWs, among which 11 158 PWID are new clients who entered the harm reduction projects through pharmacies. This is 13.5% of all new PWID whom Alliance covered with prevention projects during the reporting period.



They managed to cover 196 460 PWID during the year, which is 63.4% of the estimated number

Success story

Case Management Project: Poltava Experience

The Project for HIV-positive patients support based on case management method is implemented in Poltava by the Charitable Association «Light of Hope» already for the second year – it was launched as a small pilot project. Now

the organization is operating based on this approach not only in Poltava but in five rayon centers of the oblast (Lubny, Kremenchuk, Pyriatyn, Myrhorod and Hadiach). The Project Manager, Alexander Solianyk tells that the work based on this principle not just enabled an even greater number of HIV-positive people from the at-risk populations to take ARVs, but also changed the organization's approaches to operate other projects: "Implementation of the pilot project showed that the case management model is effective in various areas of activity and can be applied in any subdivisions of the organization, it is universal. To date, case management elements are used in harm reduction programs, care and support programs; it is really helpful for conditionally sentenced support project and in the adaptation center, where you can prescribe an individual plan of client support and re-socialization".

The organization is proud of its achievements in client involvement because it is not easy to form adherence to ART in drug users and other representatives of vulnerable groups who often do not take their health seriously, are not intended to end treatments or simply do not trust physicians for fear of stigma. If people found out about their HIV status, they must first go through some steps to realize it. This period is too difficult for drug users. They fear to come to the AIDS Center, like any other healthcare institution. And even without having a negative experience with healthcare workers, they are biased because of self-stigmatization and some myths that exist in their environment. Case manager objective is to establish trusting relationships, help overcome fears and mistrust, because usually when people are coming to the AIDS Center, meet positively minded doctors, then their attitude is changing. But you have to help make those first steps that are the hardest.

When the project just started, the first clients were regular visitors of outreach routes and a community center. But this is only a small number of those 90 patients who were planned to be covered by the project. Here helped relationships established with healthcare institutions: AIDS Center, tuberculosis and drug treatment clinics.

"Since our two social workers are part-time employees of the AIDS Center, they have access to the database of patients. With their help, we reached the so called "lost patients", those who have confirmed positive status, but who have not appeared for a long time, interrupted treatment", - says Oleksandr. - "And then we activate all our relationships: social workers, clients, because the city is small and most of the residents know each other. We find and work with everyone, motivate them to seek medical advice. Our patronage project is also helpful. Under the agreement with the drug treatment clinic, a patronage nurse visits the patients with a social worker, an employee of our organization. There are no data in the drug treatment clinic on the status of those who is registered but potentially many of them may be positive. One of the questions the respondents are asked on-site refers to HIV and the relevant testing. There are cases – they are not rare – when people say they are aware of their status but have not been to the AIDS Center. Also, there are people who have been registered long ago but are afraid to start ART for several reasons. So, we are working with such people, making an individual case management plan, supporting the client in the early stages and controlling his/her further steps of the first six months of treatment".

Client stories

Serhii: "First time I started taking ART in autumn, although I had been registered for five years already. Now I have passed the tests again, all is well, my health is improving. It helped that I was supported by social workers: they call and remind you should get tested, visit a physician. Thanks to them I am still alive. When they "took control over me" they said to pass tests (I had only 350 cells at that time) and showed a table demonstrating diseases that might occur, scared me a little. But I myself understand that it is better to take medications until troubles happen; so I stood on the therapy and underwent tests again. Viral load is now at zero, and the cells are fine. We communicate from time to time, the manager is calling me, and I am calling him. It is so difficult for me to pass those tests, there no veins, but he is annoying. It is good that there is someone with whom you can consult. I know that he will not always be messing with me, I don't know how I can continue further myself, but now I know my body better. It was hard during the first month; I was told that it happened with all. I have friends using drugs regularly, not taking treatment, I see the effects, there are many who are no longer alive. This scares me. I found it hard to accept the status, read all kinds of things on-line. I've lived five years with such cells, it's good that they told me what processes occurred in the body. It is important to understand your status, even if you feel fine. When he calls me, I'm just asking – is it time for biochemistry? This is his job, and this is my health. It's good that there is someone to worry about me".

Case manager's comment: "Sergei has his own story – he has a family, his wife has no HIV status, a daughter, he must work to earn money for the family, so it is important to start treatment promptly. This is the important factor that deserves attention - an individual approach to each client".

Rita: "I was already on treatment, then, gave up because there were constant headaches. Then I took on the therapy for the second time in the same way again, all in vein, I abandoned everything. And then Aliona, the manager, came to me, told about the consequences, where this might lead. At that time, cells heavily fell - to 81, I felt too bad. Perhaps, Aliona arrived at the right time - she explained that I should resume treatment, we went to the doctor together, I explained everything, I was given a new scheme that suited me really - I drink pills at 10 pm and go to bed, so I have no those terrible dizziness and headaches. I pass all analyses in time - Aliona controls everything, we are constantly in touch. I do not know whether I could live without her because this is the third attempt. It's nice that there is someone who cares about me".

Early detection of TB

Since March 1, 2013 Ukraine implemented 39 pilot projects that integrated the early TB detection service in the harm reduction program. During the projects 55,549 PWID went through screening survey, of them 8857 persons were referred for examination in TB centers, and 626 had active TB. This intervention allowed the project clients get access not only to diagnosis but also to treatment of tuberculosis.

Integration of the street nurses model in the public healthcare system

The same year, Alliance continued its pilot project to provide premedical care to PWID on outreach routes. Today, nurses could join outreach teams in 10 oblasts in Ukraine. 22 nurses operated on the street, stationary and mobile syringe exchange points to provide premedical care to 5,563 project clients. Similarly, project staff analyzed the training program for nurses in the medical training schools and colleges, as well as developed and tested training course on the basics of harm reduction programs for health workers. It is expected that next year the course will be approved as recommended for implementation. This project experience was described in the guidelines «Pre-medical care in harm reduction programs».

Other innovations

- 22 organizations continued **working with sexual partners of PWID**, implementing the Connect-U intervention under the model developed by Columbia University and adapted by Alliance. The intervention entails addressing a couple over four educational sessions, where partner learn communication techniques, work out safe sexual and injecting skills and also consider a social network of people around them and assist in maintaining safe life styles.
- **HIV prevention among desomorphine users** is becoming increasingly important: due to changes in the drug scene more and more clients are switching to pharmaceutical drugs, including desomorphine. As a result of the session, conducted by the Alliance specialists at the International Harm Reduction Conference (Vilnius, 2013), methodological recommendations were developed to improve the quality and availability of prevention services for desomorphine users. Then, the recommendations were agreed and approved by the Expert Group.
- 17 organizations continued to provide **gender-sensitive services for female PWID**. This approach is recognized by international experts as effective, and



Early detection of TB: Lviv Experience

Pavlo Lykhovyd, TB doctor, CF "Salus", was one of the initiators of this project and is now happy with the results. Since April 2013, 12 TB clients of harm reduction programs were revealed, 9 of them are already receiving appropriate treatment. Moreover, the important point is that many clients, whose tests showed a negative result, stood on chemoprophylaxis - it's very important for people with HIV-positive status.

Today, a social worker and a nurse working for the project regularly go en route with a mobile clinic, taking all willing. A social worker advises clients who come to the clinic, offers a TB survey and invites to answer the questions of the screening questionnaire. If there are more than three positive answers, the client is recommended to get his/her smear tested for infection - in many cases it appears that the client is at risk. A social worker also offers testing emphasizing that the characteristic symptoms do not imply the presence of tuberculosis. The questionnaire contains baseline questions - coughing, fever, weight reduction, etc. - and is approved by the clinical protocol for TB treatment. If a social worker notes more than three positive answers, he/she offers a sputum analysis.

"Our project has its own peculiarities", - says Pavlo, "a nurse keeps a record of patients, we say patients to give their real names, otherwise the service cannot work. The situation is different from HIV testing - the registration requires personal information according to the protocol, and we cannot do otherwise. More important is to protect our employees from infection, because TB is transmitted by airborne droplets. We try to collect all sputum samples outside, outdoors, so that there is no contact indoors. Patients are given advice on TB, registration to the clinic. This project is very much needed, although in the future it can be integrated into a standard harm reduction project, but it is really necessary to have a nurse of TB profile. It is harder to maintain a TB client than a client with HIV status - social workers are not entitled to provide social support before the TB clinic unlike with AIDS center because it is a security issue, and if God forbid a person is ill, it will not be an occupational disease, it will be a problem of the employee as such. All our customers are at risk, and we, accordingly, are also at risk - we must comply with safety rules. The TB service does not provide for anonymity, and patients must sign the informed consent for disclosure of personal data; without such data the smear will not be even checked."

One thing is to identify the disease, but to prevent it, to reach more people is an important task. Therefore, it is necessary to modify this project to integrate it into a standard package of services - first attempts were successful, so activity will be continued".

to ensure quality interventions experts of Ukrainian NGOs attended the training, which Alliance conducted in cooperation with the European Harm Reduction Network.

- In 2013, **peer-driven intervention projects** were implemented by 7 organizations. Young PWID aged 20 years and female PWID were identified as priority groups.

Implementation of a comprehensive package of interventions enabled NGOs not only to increase the coverage of clients, identify new subgroups, but, compared with 2010, to increase the coverage of female PWID from 24% to 28%. For the first time in Ukraine it was possible to realize the full comprehensive package of 9 interventions recommended for PWID by such agencies as WHO, UNAIDS and UNODC.



■ **HIV prevention among desomorphine users**



■ **Case management project: Poltava experience**

Operational research results

The operational research "**Peculiarities of behavior and attitudes towards HIV/AIDS of young drug users**" conducted in 2013 covered cities of Kyiv, Kharkiv, Horlivka (Donetsk oblast), Luhansk, Uzhhorod, Alushta (AR of Crimea). In general, 360 injecting and non-injecting drug users were interviewed.

The purpose of this research is to study behavior patterns of young drug users aged 14 to 25 years and further develop the modalities and methods of work with them.

Key findings of the research:

- The most active age when respondents start using drugs, include 14-16 years. Usually, the first encounter with drugs begins with marijuana (cannabis, hashish, etc.). One of the main reasons why respondents started using drugs, majority referred to achievement of a nice effect (68% of PWID and 86% of non-PWID). Also, quite common among the respondents' answers is to emulate the example of friends («so does most of my friends/most of my surroundings») and their authority («it was offered by an important person for me').
- The first drug they tried the majority of respondents (77% of PWID and 74% of non-PWID) got free.
- In majority of respondents, the period of transition from non-injecting to injecting drugs ranges from 6 months to 2 years. According to respondents, the reasons for switch from non-injecting to injecting drugs

was the desire to get even more pleasing effect, an example of friends ("so does most of my friends") and their authority and influence ("proposed by husband/wife/ a loved one / friends").

- Frequency of drug use in adolescence among respondents gradually increases and becomes a daily occurrence by 17. Most respondents practiced this several times a week.
- 53% of PWID never shared injecting equipment (syringes, needles of another person). Among the clients of NGOs, this indicator is 63%, non-clients - 49%. However, quite common among respondents are HIV risky behaviors. Thus, 58% of PWID withdraw a soluble drug in the syringe from shared utensils, 37% withdraw a soluble drug in the syringe from the seller's syringe or common utensils used for preparing the drug. 21% of non-PWID and 24% of PWID of those who had sexual experience always use condoms and therefore have safe sex. 79% of non-PWID and 76% of PWID who had sexual experience use condoms partly or do not use condoms during sexual intercourse. Among young drug users, there is rather significant percentage of those who were sometimes forced into sexual contacts: 25% of non-PWID and 20% of PWID. Also, a third of respondents received proposals for commercial sex: 33% of non-PWID and 33% of PWID of those who had sex.



In 2013 47 NGOs were providing HIV and STI prevention for sex workers in all regions of Ukraine.

5.2. Prevention Work in Sex Workers (SWs)

In 2013, 47 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 2013, HIV and STI prevention services covered 37,394 people which accounts for 46.7% of the total estimate of SW (80,000). There were 13,763 rapid tests for HIV, 12,716 rapid tests for syphilis, 3,915 - for gonorrhea, 4,008 - for chlamydia, 4,445 - for hepatitis B, 7,031 tests - for hepatitis C. Also, the prevention project clients had a possibility to get vaccinated against viral hepatitis B; in particular, 296 people made use of it.

Direct services that are specific for SWs:

- Peer-driven implementation and Peer-driven implementation: repeated coverage
- On-line outreach;
- Case management;
- 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.

During 2013, four meetings of expert groups were held to discuss the results of operational research, aspects of introducing new lines of work (on-line outreach, case management projects), and current issues.

The same year, a number of **training for trainers** was held on the topics: "Violence Prevention as a HIV Prevention Component among SWs", "Specifics of Sexual and Reproductive Health (SRH) of Women who Are Involved in Sex Business and/or Use Drugs", "Increased Access to Treatment of HIV in Risk Populations under the Case Management Principles", and also "Online Outreach in SWs". These trainings have laid the foundation for tutoring social workers, outreach workers and psychologists providing services to SWs in these topics by the staff of the regional NGOs both at the inter-regional resource hubs and at the regional NGOs. The total number of specialists trained over the said period constituted 275 people.

In January 2013, a summing-up meeting of organizations was held to summarize the projects **"Peer driven Intervention: Repeated Coverage"**. These projects were implemented by regional NGOs in five cities of Ukraine. Based on analysis of collected statistical information, a final report was prepared as part of the project. Also, in January and April 2013 two trainings on the peer-driven Intervention were conducted. Five seven-month long projects started on February 1, 2013. Six projects in which a priority group was reoriented to young SWs under 20 began their operation on April 1; these projects are designed for 9 months.

In the reporting year, development of a new intervention **«Group-level Intervention among SWs»** began with the participation of the international consultant James Blanchard (University of Manitoba, Canada). Through work at the group level this intervention aims to change risky behavior (sexual and injection) to a safer one. This model also provides for the use of certain elements of empowerment by involving team members, provided their voluntary consent, in volunteering, and, therefore, granting the participants in the group the responsibility, rights, obligations and trust. In December 2013 a working meeting was held with representatives of NGOs to discuss the model developed aiming at its finalization.



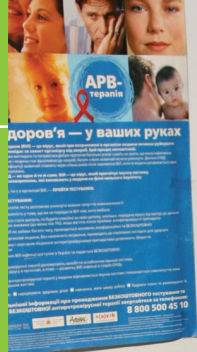
Online Outreach: Chernivtsi Experience

The Project "HIV/STIs Prevention among FSWs Using Online Outreach" was implemented at the CF «New Family» since May 2013. It was intended to counsel FSWs, especially those who are not covered by traditional outreach work. The project covered 121 female clients (only those who applied to the organization after on-line counseling sessions were counted).

"This is a very interesting project, but a challenge for us", - says project manager Natalia Stroeieva. "Of course, there are difficulties. The project was designed to immediately capture SWs, who are not easy to reveal by using traditional outreach. Thus, we managed to find the «elite» FSWs, whose attraction was unrealistic. But this woman once comes, receives condoms and other handouts, gets tested and never comes again - she has nothing to gain from that, her hour of work is worth as much that she does not need condoms, she has personal physicians, it is hard to find motivation for her. You can attract clients by hepatitis testing, because it is not easy to organize it in a regular hospital. We must constantly work to attract clients. It is not a route where she stands for a minimal fee and is glad at saving UAH 30 for condoms. During the project, we found out that our main client base is girls-students. If the «elite» FSW comes of curiosity, shall laugh and go (her returns are bigger than returns of all of us), students from colleges - often including children from boarding schools, troubled families - getting into adult life, living in a dorm, stand ready for anything. Here we must find an approach to them, because they do not identify themselves as FSWs, but, in fact, they are - they are willing to provide sexual services for a fee, for shelter. Telling her she is FSW means losing her, that is why we say that is referred to a group of high-risk sexual behavior".

One of the project employees maintains a group in the VKontakte service; this is one of the most successful project activities. There are more than 70 people in the group, and more than 300 people on the website that was created on behalf of the project developer. The website contains various information and in particular that on prevention. *«I try not to write the words "sex", "on-line counselling" on the page in the social network, I try to provide information so that readers are interested to visit our website. To learn more about it, I add the website address on each picture I place, add the link where you can go and get counselled. Of course, we're on the brink - it is not possible to determine immediately whether you counsel FSWs or adolescences at risk, still we need to see whom and where to refer to a counseling session. It is good that our organization works in different areas and we have various projects".*

Project staff tested 96 people for HIV, STD and hepatitis, positive results were not found. Although the project manager considers this as a sort of positive aspect, because it means that preventive work began early and there is a chance to reduce the danger of risky behavior, most clients have less than 2-3 year experience of providing paid sexual services. *"It is good to consider such prevention component in terms of future perspectives", - says Natalya, project person. - "We declared ourselves, reached the target audience, the client received counseling, access to physicians, specialists, they will not teach her, but simply motivate safe behavior. If a difficult situation suddenly occurs, she will know where to come, to turn to. This can happen or cannot happen, so we have to work constantly in this area. The perspective is aimed at sexually active girls-students because, oddly enough, there is no knowledge there at all. When asked whether they use a condom at last sexual intercourse, 30% said «no». They say that they have regular customers - «I trust them», «I have everything in order». They do not see/know risks. So we have something to work".*



Since May 1, 2013 piloting of a model for **on-line outreach work** on prevention of HIV and STIs among SWs by two NGOs began in Chernivtsi and Odesa. This model involves the use of special tools - the Social Intervention Tool (SIT) or «a tool for social interventions», which was created as part of the EU project called Correlation 2.0. SIT tools, is a preliminary tool in the form of a plain site where you can create your own pages, complete them with required information. Also, the tool has a «chat» function, which allows advisers to communicate with clients on-line. With this project, it is expected to reach closed groups (including bridge groups), to reach new places of work/stay of clients and disseminate information among a wider client audience. All in all, the project involved 174 PWID (119 men, 55 women) and 180 SWs. Data collected and processed during September-December 2013 enabled to prepare a report on the effectiveness of intervention; the final report is expected in February 2014. As part of the regional NGO operation, this project will continue its operation for another six months.

Operational research results

During 2013, an operational research was conducted: «**The study of knowledge about HIV/ AIDS/ STIs, attitude to problems and behavioral practices of SWs' clients**». The research was conducted in the cities of Kyiv, Obukhiv (Kyiv Oblast), Odesa, Yuzhnyi (Odesa Oblast), Donetsk, Mariupol (Donetsk Oblast), Lviv, Rivne, Kirovohrad, Vinnytsia. In total, the research involved 180 SWs and their clients as well as 12 employers (pimps, «moms», etc.). Also, it was conducted an on-line SWs' clients survey through special websites where clients buy sex for a fee.

The **main results** of this study are as follows:

- The vast majority of clients interviewed are men of middle age (26-50 years), clients who were interviewed on-line are much younger - the majority (72%) are aged 35. More than half of the clients are married (49% of those surveyed during the interview and 61% - on the Internet).
- The level of knowledge both respondent SWs and their clients is quite high – more than 70% correctly answered to most questions about HIV/AIDS/STIs.
- Safe commercial sex (always use a condom during different types of sex) is practiced by 55% of clients and 48% of SWs. Indicators of safe sex are significantly higher in the group of clients recruited through NGOs: 91% during vaginal or anal sex, and 63% during oral sex.

- The majority of SWs' clients interviewed (65%) have permanent female sexual partners. More than half of clients (56%) in the last six months had sex with random female partners. During this period, 67% of clients applied for sexual services to SWs at least 1 time per month, using typically two or more SWs. Regular female partners of SWs clients are exposed to the greatest risk of HIV/STI because 48% of clients never use a condom during sex.
- According to clients and employers of SWs, only 6% of SWs under no circumstances will allow sex without using a condom. The vast majority of clients (73% of respondents) are confident that it is enough to pay to get sex without a condom.

Also, in the reporting year an operational research was conducted: «The study of attitudes to the risk of HIV/STIs and reproductive and sexual health among PWID and SWs». The purpose of the research is to study the level of knowledge, attitude to risk of HIV/STI and reproductive and sexual health among PWID and SWs, as well as attitudes of vulnerable groups to modern means of family planning.

The research covered the cities of Kyiv, Kryvyi Rih (Dnipropetrovsk Oblast), Luhansk, Kherson, Cherkasy and Chernivtsi. In general, 729 structured interviews were conducted, including 176 interviews with female PWID who did not provide sexual services for a fee, 184 interviews with SWs who used and did not use injective drugs, 185 interviews with male PWID.



Key research findings:

- From 25% to 33% of the respondents of different groups (female PWID, male PWID, SWs-PWID and SWs-non-PWID) do not know that HIV is transmitted from a HIV-positive mother to a child during pregnancy (SWs know this more frequently than PWID);
- A third of respondents of all categories considered that it was enough after each sex to use douching by antiseptic/disinfectant solutions (e.g., myramistin, chlorhexidine, etc.) to prevent HIV and STIs;
- About a third of all categories of respondents are not aware of the high risk of HIV transmission during anal sex without a condom;
- Approximately half of the female respondents and 71% of male PWID are unaware of emergency contraception means. One third of respondents don't know some other means of contraception except condoms;
- Almost half of respondents don't know that

during oral sex without a condom there is a chance of HIV infection.

The research revealed the following risk practices among respondents:

- Prevalence of unprotected sex with regular partners among all categories;
- Prevalence of proposals for unprotected sex (including surcharge) among clients of SWs;
- Prevalence of unprotected sex with random partners (only among male PWID);
- Continuous use of antiseptics (e.g., myramistin, chlorhexidine and others that are intended for use in emergency cases of unprotected sex) among the majority of SWs;
- Female respondents virtually do not use means of emergency contraception in the case of unprotected sex;
- Prevalence of sex during menstruation, including unprotected sex;
- Improper use of condoms, which often leads to their damage.



37 394 persons were covered with HIV and STI prevention services, which is 46.7% of the estimated number of SWs (80 000)



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

During 2013, ICF “International HIV/AIDS Alliance in Ukraine” supported prevention in 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 2013, HIV prevention services reached 21,988 MSM which accounts for 12.5% of their estimated number. The figure comprises 8,030 MSM were tested for HIV using rapid tests (161 positive test results) and 14,292 – for 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, 3,852 tests for hepatitis B and 3,352 tests for hepatitis C were made. In particular, 268 project clients were hepatitis B vaccinated.

The main project activities were:

- Distribution of condoms and lubricants on outreach routes;
- Group and individual counseling on safe behavior, HIV/AIDS and STIs;
- Trainings aimed at developing of safe behavior, including motivation to use condoms and lubricants;
- Voluntary counseling and rapid HIV testing and treatment of STIs;
- Distribution of information materials;
- Conducting self-help groups; individual and group counseling by a psychologist;
- Peer-to-peer counseling;
- Conducting self-help groups including HIV-positive, MSM;
- Referral to services provided by partnering organizations;
- Dissemination of Information about the services available in the community.

Furthermore, some of the projects provide the following additional services:

- Express testing for hepatitis B and C, vaccination and hepatitis B;
- Distribution of femidoms among MSM;
- Awareness-raising and preventive leisure, including parties aimed at developing safe sexual behavior among MSM;
- Online counseling (through social networks);
- Development of information materials;
- Mentor support program;
- Peer-driven intervention projects (pilots);
- Early detection of TB (pilots).

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. In 2013, within the framework of HIV/STI prevention projects 3 supervisory trainings aiming to improve the quality of social and psychological counseling and support for MSM/LGBT were held.

Over May 31 - June 2, 2013, a **regular 6-th National Conference on LGBT movement and MSM service in Ukraine «Equality and involvement»** was held. The event is held an-

nually and has a significant impact on MSM/HIV services and on LGBT movement in Ukraine. This year, co-sponsors and title conference organizers were the International Charitable Foundation «International HIV/ AIDS Alliance in Ukraine» and the Mykolayiv Association of Gays, Lesbians and Bisexuals "LiGA". The Conference Organizing Committee also included representatives of the Ukrainian Union «Council of LGBT organizations in Ukraine», the Expert Group on health and the rights of gays and other MSM in Ukraine (EGZP-Ukraine), German Agency for International Cooperation (GIZ) in Ukraine, Zaporizhzhia regional Charitable Foundation «Gender Zed», public organization «Gay Alliance», Kryvyi Rih city department of the All-Ukrainian Charitable Organization «All-Ukrainian Network of People Living with HIV/AIDS. Participants to the conference were 105 representatives of LGBT organizations, LGBT initiative groups, civil society activists for the rights and equality of LGBT, managers and staff of social projects focusing on men who have sex with men (MSM), experts on LGBT community issues and MSM service.

During 2013, there were three meetings of the Expert Group on health and the rights of gays and other MSM in Ukraine (EG/MSM) established in 2012. The purpose of the Expert group is 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 imple-





VI National Conference on LGBT movement and MSM service in Ukraine «Equality and involvement»

mentation of the HIV/AIDS programs for 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.

In April of the reporting year, the **website «MSM Health Information Portal»** (www.msmua.org) was launched. The purpose of the site is to provide current and accurate information about prevention of HIV/AIDS and diseases specific to the at-risk population of MSM. Visitors of the portal were more than 6,000 unique Internet users. In November 2013, it was announced a Russian version of the website. Currently, all information on the portal is provided in Ukrainian and Russian languages. Also, on December 17-18 a training was held for specialists who would start on-line counseling of portal visitors. As part of the training, psychologists, physicians and social workers were trained in principles of on-line counseling.

In the first half of 2013, three pilot projects on HIV prevention among MSM based on the **Peer Driven Intervention** model began their operation. In May, 5-day training was conducted for project personnel. And in December of the reporting year

successfully completed projects reached 1110 new MSM and managed to reach previously inaccessible or closed subgroups of MSM – namely, young MSM under 20, MSM older than 35 years and bisexual MSM. Currently, information received during the pilot project is still processed for further analysis of the results.

In April of 2013, also started two pilot **projects in the early detection of tuberculosis among MSM**. Under the scheme developed for the pilot project, clients with a positive screening result of a TB survey get referrals or support for x-ray. After that, clients who receive a positive result are referred to the TB clinic to confirm the diagnosis (sputum microscopy). If the TB diagnosis is confirmed, treatment or chemoprophylaxis is prescribed.

In November, a **competition of project proposals** for prevention projects among MSM was focused on areas where work with a group of MSM was not previously carried out. 6 new NGOs were selected in 6 regions that were not previously covered by prevention programs among MSM, namely in Zhytomyr, Kirovohrad, Zakarpattia, Sumy, Vinnytsia and Chernihiv oblasts. Projects will begin their operation already in January

2014.

On December 10-11, 2013, VII 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) was held. It was organized by Alliance 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 representatives of 23 operating MSM-service projects supported by Alliance, representatives of the Ukrainian LGBT-organizations and international organizations. The key issues discussed are as follows: researches on HIV prevention among MSM in Ukraine, innovative approaches to HIV prevention in 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; drawing-up of the National Calendar of Events in the Ukrainian LGBT-movement and plans for 2014.



Operational research results

During 2013, an operational research was held, such as: «Learning lifestyle of bisexual men and their female partners in five cities of Ukraine» and «The study of transgender persons and their needs for prevention services for HIV».

The survey sample «Learning lifestyle of bisexual men and their female partners in five cities of Ukraine» was comprised of residents of the cities of Zaporizhzhia, Odesa, Kyiv, Kharkiv and Chernivtsi. In total, 403 questionnaires were received from bisexual men and 101 from their female partners.

Key results of the research:

- 64% of respondent bisexual men have a steady male/female partner: 38% one man, 30% one woman;
- Three-quarters of female partners of bisexual men (75%) have one or more regular male partners;
- The average length of relationship: for bisexual men with their male/female partner is three years, for women with their bisexual male partners it is four years;
- During the past six months, bisexual men had on average three male sexual partners and two female partners, and women had on average three male sexual partners.
- Among men who had sex with both sexes in the past month, they practiced:
 - ✓ completely safe behavior (protective equipment was always used with both men and women) - 54%;
- Participants in group sex (with the number of male/female participants being more than three individuals) were over the past six months about a third of respondent bisexual men;
- Never tested for HIV were 18% of respondent men and women.

The data obtained make it possible to assert that female partners of bisexual MSM is a group of risk and bisexual men are the bridge group through which HIV and STIs are spread from homosexual male population to the heterosexual female population and backwards.

The purpose of the research «The study of transgender individuals and their needs for preventive services for HIV» was aimed at learning transgender behavior, including sex and development of possible approaches to and models of prevention work with them. Geography of the survey covers 4 cities: Dnipropetrovsk, Kyiv, Kryvyi Rih (Dnipropetrovsk Oblast), Mykolayiv. In total, 36 transgender individuals were interviewed.

The results of the research confirmed prevalence of the following risky practices among respondent transgenders:

- Every fourth respondent transgender did not use condoms during the last anal intercourse, half of the respondents said that they did not always use lubricants during anal intercourse. Almost all respondents had sex with men, and the third, in addition, also with women. All respondents who had sexual intercourse in the last 3 months, had random and/or commercial partners, the majority also had regular partners, and the half – commercial partners. Most respondents confirmed cases of non-use of condoms during intercourse with regular and casual partners, the half – with commercial partners.
- Nearly half of respondents reported cases of sexual assault (forced sexual intercourse without a condom and/or rape and/or attempted rape and/or rape and/or forced sex in unacceptable form) in the last 12 months.

5.4. Prevention Programs for Prisoners

Since the second half of 2012, Alliance had not administered HIV prevention programs in the penitentiary institutions. At the same time, the work in this area was performed anyway, but in a somewhat different manner. Given the successful experience of partnering NGOs in the individual regions with the people who are given the non-custodial punishments and are registered (more than 300,000 persons for the current year) with the units of the criminal executive inspectorate (hereinafter – the “CEI”), and having analyzed that the estimated number of injecting drug users is 30%, the decision took place about “piloting” the line of activity “Prevention of HIV/AIDS, TB, Viral Hepatitis, STIs among the Populations Registered with Criminal Executive Inspectorates of the State Penitentiary Service (SPtS) of Ukraine” based on 287 local units of CEI throughout Ukraine; to this end, Alliance has developed two unified formats – “basic” and “in-depth” - under the Round 10 Program in early 2013..



Under the “basic” format that does not provide for the involvement of partnering NGOs, during 2013, based on an agreement signed with the relevant department of SPtS, Alliance transferred the following to **the local units of CEI throughout Ukraine: 287 information boards (1 in each unit) with special pockets for condoms and information on HIV/AIDS**, HIV testing, substitution therapy, harm reduction and tuberculosis; **229,600 copies of information materials** (each unit has received information materials of 4 types by 200 copies of each) and **1,033,200 condoms (3,600 pieces per unit)**.

Under the “in-depth” format that provides for involvement of partnering NGOs in the work with CEI, Alliance has selected nine regions of Ukraine with a high number of people registered for offenses related to drug trafficking, namely: **Dnipropetrovsk, Donetsk, Kyiv, Kirovohrad,**

Criminal Executive Inspectorate: experience of Poltava

The project on work with the clients of the criminal executive inspectorate at the basis of Poltava organization "Light of Hope" can be considered one of the most successful. Recently all city inspectorates have moved to a new building, where there is also a large room used as a community center for the clients – here one can not only carry out counseling and distribution of consumables, but also provide lectures and trainings, testing, informal activities.

The project enables to reach the groups of potential clients who are difficult to reach with traditional outreach-routes. Thus, for 2013, 290 clients were covered through CEI, of which only 39 (13%) had previously been the clients of harm reduction projects.

"Our success is that we were able to reach an understanding with the partners – said Roman Drozd, the project manager. – Penitentiary Service is meeting advances when our and their interests coincide, in this case, health issues; HIV prevention – this is a form of work that is required for all. The Project of Alliance is one of the components of the joint project; we are planning to expand our activities. We do everything declared in the grant agreement, and in extra time we are working with the same target population, but under other models, to a minimum package we are adding work on the principle of case management, trying to learn more about the person, why the crime was committed, it may be because there was no work, may be family problems, children ... We open the person's eyes, showing what is his/her problem, what can be changed, the more so that they are probationers, they can and should be corrected. Often a person has no documents. Our goal is to help – we have our own record-keeping center, we can make a passport, residence permit and registration to any person. Good communication with the employment center – we take clients from CEI for paid public works, payment is made at the cost of the employment center. There are many possibilities and the new day center will help further in our work. After all, the attitude among the drug users to persons in the uniform will be biased for a long time, but there are only the social workers in the center – they are trusted more."

"I have my own program too - said Stanislav Levchenko, Head, Poltava CEI interregional unit, – the required awareness-raising activities should be conducted. In the old building where we were sitting in small rooms, I could not do anything. One can ask for the premises and meeting room from the partners, the same public organizations. But the clients need to be taken there, and here they come for registration anyway, so we hold the events. Such cooperation with NGO is a great benefit and positive for CEI. For me, whether in the uniform or not, it is more difficult to communicate with a client, anyway I am a representative of the government institution. They are breaking mind to the social workers faster, it is more effectively. If we see during the registration that the client needs help, we simply refer him/her to the social worker."

Successful experience of Poltava became the best example of a NGO and the state sector cooperation, due to which the Alliance decided to expand it to other regions, and creation of one more community center on the basis of criminal executive inspectorate was initiated.



Mykolayiv, Odesa, Poltava, Sumy and Kharkiv, where the regional workshops and meetings "HIV prevention among PWID based on CEI local units of SPtS" were held. The seminars were held in the premises of the oblast and territorial (in the oblast) departments of SPtS and their participants were heads of oblast and territorial (in the oblast) units of CEI, and the representatives of NGOs engaged in HIV prevention among the vulnerable populations in the respective regions. The workshops have enabled all the participants to learn about the world and Ukrainian experience of cooperation between CEI and NGOs in HIV prevention among PWID, to understand better the principles of harm reduction and perspectives of further cooperation.

The Alliance signed cooperation agreements with all 9 oblast SPtS units.

At the same time, Alliance announced an open call for proposals "Prevention of HIV among PWID Based on local units of CEI under SPtS of Ukraine", which main objective is to reduce the rate of HIV infection by a set of measures to reduce the risk of HIV, STIs and viral hepatitis infection among the drug users who are registered with the local criminal-executive inspectorates. **By the contest results a support was granted to 13 NGOs for work in the nine regions above. The project activities started on April 1, 2013, in 85 regional units based on the 66 local units of CEI under SPtS of Ukraine.** The harm reduction Project contains 5 basic prevention interventions such as: 1) needle and syringe exchange, distribution of condoms and alcohol wipes; 2) counseling on HIV and drug use; 3) dissemination of information materials; 4) VCT for HIV using rapid tests; 5) diagnosis and referral for treatment of sexually transmitted infections (STIs).

Thus, based on the results of 2013, the minimum package of Project services under the "in-depth" format covered 5,848 PWID with 384,047 syringes distributed.

In addition, **on November 20–22, 2013 in Poltava were held, in partnership with UNODC, SPtS of Ukraine and Charitable Association "Light of Hope", the final annual workshop and meeting "Prevention of HIV and other socially dangerous**



diseases among the persons registered with the Criminal Executive Inspectorate: experience of cooperation with the non-governmental organizations and the prospects for further development in the context of creating the Probation Service” with

the representatives of SPTs of Ukraine, NGOs and heads of regional units/sectors of CEI. This event provided an opportunity to

Successful cooperation in 2013 resulted in signing the Memorandum of Understanding and Cooperation between Alliance and SPTs of Ukraine for the period of 2014–2016.

state penitentiary system reform and implementation of the Probation Service.

summarize the results of annual interaction between Alliance and SPTs of Ukraine, get acquainted with the best domestic and foreign practices of HIV prevention among the populations given the non-custodial punishments and define plans for the next year, taken account of the

5.5. HIV Prevention Services for the Street Children and Most-at-risk Adolescents

Under the line of activity “Prevention in the Vulnerable Adolescents with Risky Behaviors”, Alliance has worked closely with government institutions and executive bodies: the Ombudsperson for Children under the President of Ukraine, the Ministry of Social Policy of Ukraine, the Ministry of Education and Science of Ukraine, Criminal Police Office for Children of the MIA of Ukraine, Ministry of Health of Ukraine; oblast state administrations; 27 Services for Children and 27 Centers of Social Services for Family, Children and Youth; social institutions for children and boarding schools of all the 27 administrative regions of Ukraine; the Social Service Commission of the All-Ukrainian Council of Churches and Religious

Organizations; national and international governmental and non-governmental organizations that deal with problems of children in difficult circumstances and vulnerable adolescents from populations at risk of HIV infection.

The concept of work in this area comprised the following components:

- Promoting the growth of institutional capacity of the above ministries and subordinated institutions in preventing the spread of HIV among the street children, focusing on children in social institutions and centers for social and psychological rehabilitation of children, schools and social rehabilitation vocational schools, boarding schools and shelters for children.
- Motivating the cooperation of the management personnel of the agencies, organizations and

**During 2013 prevention
projects among most-at-
risk adolescents covered
10 860 clients.**

- institutions subordinated to the ministries in the field of response to HIV epidemic.
- Strengthening the capacity of the relevant personnel: awareness-raising and training activities at the link of professionals who work directly with children in the social institutions for children.
- Providing the relevant ministries with own team of trainers – the staff of the relevant services and institutions capable of teaching both adults and children (implementation of further in-house training in the Ministries).
- Determining, jointly with the ministries and the expert group, the needs of institutions in teaching and instructional materials and providing them to all social institutions and schools for children facing difficult circumstances.

The target populations of this line of activity are children aged between 10 and 18 years who stay in state social institutions for children and boarding schools, and are vulnerable to HIV due to the nature of their lifestyles. Mostly they are children that left without parental care and belong to the so-called "crisis families" (social orphans); street children who have lost their biological parents; children who spend most of their time outdoors and experiencing its harmful effects, being exposed to the risks of this lifestyle: begging, using drugs and intoxicants, turning a penny and stealing in the street, involving in the early start of sexual life and commercial sex.

During 2013, within the framework of the Program supported by the Global Fund, 25 training workshops and courses on HIV prevention were organized and held for specialists of criminal police for children, employees of social institutions for children and boarding schools, etc. Outside the Program supported by the GF, four training seminars were organized for specialists of the Center of Social Services for Family, Children and Youth of Ukraine and Children Services.

Every year, once a quarter, Alliance and the Ministry of Social Policy of Ukraine organize and hold the workshops and meetings "Organization and implementation of programs on HIV prevention, care and support in the social institutions for children and adolescents of critical categories who are vulnerable to HIV" for the heads of children services. The issues in response to epidemic were addressed, the training seminars "Coordination of approaches and implementation of measures on HIV prevention, care and support" are regularly held jointly with the Ministry of Education and Science of Ukraine for the heads of educational institutions, educational departments of oblast state administrations.

The Alliance created a multi-sector Expert Working Group of stakeholders in the field of preventive work with adolescents

at risk of HIV and EVA chaired by the Ministry of Social Policy of Ukraine. Thanks to the efforts of the Working Group, lines of activities on preventive work with most at-risk and most vulnerable adolescents with HIV risky behaviors were included in the National Target Social Program for Prevention of HIV-infection/AIDS for 2014-2018.

Since August 1, 2013 four pilot prevention projects under the model “Peer-Driven Interventions” have been implemented for adolescents with high-risk behavior in Kyiv, Sevastopol, Kherson and Mykolayiv. The model aims to provide high-quality prevention training to adolescents by using “peer-to-peer” method and forming less risky behavior. Under this method, the project staff involved over 1,500 new clients and provided a comprehensive package of services aimed at reducing the risk of HIV infection and sexually transmitted infections, to children and adolescents having high-risk behavior, including referring children to prevention projects and health professionals.

To build a sustainable multi-sector cooperation between the governmental and non-governmental organizations as an important component of the response to HIV prevalence among

children and adolescents, a discussion of the implementation strategy of the national and regional best practices on HIV prevention among the most at-risk adolescents (MARAs) was held. Five round tables (with oblast and city state administrations of Kyiv, Odesa, Kherson, Zakarpattia oblast and city of Sevastopol) and extended meetings of oblast and city Coordination Councils on preventing the spread of HIV/AIDS, drug addiction, tuberculosis and addressing child homelessness were initiated, arranged and conducted for the representatives of executive

bodies, government agencies, international and Ukrainian NGOs, to consider strategies for implementing national and regional best practices on HIV prevention among MARA, with participation of the deputy heads of OSA, heads of Children Services and Directors

of CSSFCY of the oblast state administrations, heads of departments for health and education, the Criminal Police for Children and NGOs.

In addition, regular meetings of the expert working group on HIV prevention among adolescents at high risk of HIV infection and pathogens of other socially dangerous diseases were organized and conducted with attraction of leading national and international experts from the public institutions and NGOs

During the second half of 2013, the research “Lifestyle and Basic Behavior Patterns of Children and Adolescents who Practice Risky Behavior” was arranged and held.



Jointly with the Centers of Social Services for Family, Children and Youth, the trainings on work with young people addicted to drugs were conducted. The technique of short-term counseling aimed at deciding on abstinence from psychoactive substances was presented to the experts of NGOs (social workers and project psychologists) working with MARA and young PWID.

All the above institutions and organizations were provided with interactive prevention games, designed to create a healthy life skills in children who are prone to risky behavior. Leaflets "First Aid", "HIV is not transmitted through friendship" and a set of interactive games for children of crisis categories and of different age groups (two circulations): prevention game "Adventures in the Healthy Country of Wonderland"; prevention game "Step by Step"; prevention game "Lord of the Rings"; prevention game "Photo-chip"; 4-th and 5-th editions

of the book "People and HIV", in which prevention strategies of work with children and adolescents at risk are thoroughly described, were designed, printed and distributed to all social institutions for children and social service centers for family, children and youth (under the Ministry of Ukraine for Family, Youth and Sport) boarding schools (under the MSP), the regional structures of the criminal police for children (under the MIA) and NGOs.

In the regions, 17 projects carried out work with vulnerable adolescents and at-risk children in order to reduce the spread of HIV infection, sexually transmitted infections and viral hepatitis among children and young people by providing them with the comprehensive package of services targeted at reducing risk of infection. During 2013 10,860 clients were covered with the prevention projects.

KCYO KMR «Anastasis»,
«Academy of recruits» project



Results of the operational research

During 2013, the research “Lifestyle and basic behavior patterns of vulnerable children and adolescents who practice risky behavior” was carried out, which objective was to analyze and describe the

lifestyle characteristics, mindsets and values, as well as key behavior models typical for children and adolescents having risky behavior in a daily life in some regions of Ukraine. The survey was conducted in five cities of Ukraine: Kyiv, Donetsk, Lviv, Mykolayiv and Odesa. The survey covered total of 500 at-risk adolescents aged from 10 to 18.



CF «Hope and Salvation», Simferopol

Key research findings:

- Up to two thirds of the adolescents have cellular phones. However, cell phone communication with them is a problem as their cell phones and cell phone numbers are frequently changed.
- Computer game clubs represent a major venue often frequented by adolescents during a significant period of time.
- 75% of the target group has access to the Internet, and a majority of them are registered users of the Vkontakte social network.
- The most popular occupations of at-risk adolescent are connected with sales (peddling, commission sales), promotional activities, and freight moving. The lack of personal identity documents, often due to the underage status, is the key barrier to official employment faced by many adolescents. However, more than a third of the target group representatives have reported experience related to illegal earnings, involving theft, begging, and commercial sex services.
- At-risk children and adolescents show low awareness of the value of their own health and lack basic skills of preserving it. Medical care seeking practices are often limited to extreme emergencies, when the discomfort or pain has become too hard to bear. The key barriers to access to medical care include irresponsible attitudes toward health issues, the lack of trust toward staff in healthcare facilities, as well as the absence of necessary documents. The most frequent health problems observed among this target group are pediculosis, herpes, and scabies.
- A third of children and adolescents aged between 10 and 18 years have drug using experience, and the relevant indicator of “drug addiction” shows a linear rise as their age increases. Based on self-assessments of the adolescents, the street and friends induce mostly to drugs.
- 53% of adolescents have sexual experience. More than half of the sexually active adolescents engage in unprotected sex on a regular basis or at least from time to time. Low awareness regarding the importance of condom use is one of the most common reasons for not using condoms.
- Every sixth from among the sexually active adolescents has experience of providing sex for money or other compensation, whereas this indicator for the girls amounts 26%.
- 17% of sexually active adolescents have pregnancy experience — own or of their partner. In 40% of cases, the first pregnancy occurs under the age of 15. Nearly half of teenage pregnancies have been artificially terminated. Only one in every ten live-born babies remains in the care of his/her young parents.

6 Diagnostics, Vaccination, Treatment and Procurement of Medications

6.1. Substitution Maintenance Therapy (SMT)

According to SI "Ukrainian Center for Socially Dangerous Disease Control of the MoH of Ukraine", as of December 31, 2013, 8,525 patients had access to the substitution maintenance therapy (SMT) at 163 healthcare and prevention settings in 27 regions of Ukraine with the support of Alliance. Among them 7,553 patients were on the methadone-based treatment and 972 persons received the buprenorphine-based SMT. Almost 42% of SMT patients (3,591 people) are HIV-positive, including 1,766 of them receiving the ART (49,2%), 300 more are getting ready for the ART, 1,406 patients have tuberculosis, 1,679 have hepatitis B and 4,275 have hepatitis C. A large number of patients have co-infections (are infected simultaneously with 2 or 3 causative agents of infectious diseases).

Performance under the SMT patient number indicators:

- The National Program on Prevention of HIV, Treatment, Care and Support of People Living with HIV and AIDS for 2009-2013 years: 42.6% (20,000 and 8,525 patients, respectively);
- The Global Fund Round 10 Program: 89% (9,600 and 8,525 patients, respectively).



Dynamics of patient enrolment has increased due to the Order of the Ministry of Health of Ukraine No. 238 dated March 27, 2013, which canceled the requirement for mandatory requirement of 2 previous attempts of drug treatment to include the patient in SMT which was adopted as a result of Alliance advocacy activities. Increase in the number of patients in 2013 was also due to the activities of regional coordinators of SMT programs, which began working in March 2013 in nearly all regions of Ukraine. **In the total, the 2013 increase in the number of patients was 1,186 persons, which is 1.7 times more than in 2012, and is the largest annual increase in the number of SMT patients in Ukraine for the last 7 years.**

The problems that made it impossible to meet the indicator in full:

- the current system of distribution and redistribution of SMT medications that is implemented only by publication of the orders of the Ministry of Health of Ukraine, makes it impossible to response promptly to changes in the actual needs of the regions in SMT medications;
- some provisions of the Order of the Ministry of Health of Ukraine No. 200 have an adverse impact on SMT scale-up and pose a threat to its further development in Ukraine, in particular, the requirements to confer a right to prescribe and provide SMT only on the drug treatment specialists and physicians of the specialties who passed topical advanced training on SMT at post-graduate education departments;
- requirements for mandatory out-patient monitoring of PWID who are provided SMT that greatly reduces employment opportunities for SMT patients;
- some staffing difficulties with medical staff (short-staffed healthcare settings, especially at the level of small regional centers and towns);
- pressure on site staff on the part of law enforcement bodies, etc.

Alliance actively interacts with the State Service of Ukraine on HIV/AIDS and other socially dangerous diseases on making amendments proposed by Alliance to the Order of the Ministry of Health



As of 1.01.2014 opioid substitution therapy was provided with the Alliance support to 8525 patients on the basis of 163 HCFs in 27 regions of Ukraine

of Ukraine No. 200 and making it compliant with requirements of the Cabinet of Ministers of Ukraine dated May 13, 2013, No. 333 "On Approval of the Procedures for Acquisition, Transportation, Storage, Delivery, Use and Disposal of Narcotic Drugs, Psychotropic Substances and Precursors in Healthcare Settings" that greatly expands the rights of physicians and patients regarding prescribing/taking drugs/narcotics.

By optimizing the database, the total number of patients has been determined for the first time who had access to SMT during 2013 – 10,444 patients including those patients who received SMT during 2013, but dropped out of SMT as of January 01, 2014 (died, are serving punishment, etc.).

The implementation of 33 grant agreements on provision of medical, psychological and social support to SMT patients was continued in the reporting period; the funds were granted by Alliance in 2012 to 33 NGOs in the amount of UAH 18,800,000 for the period of 2012-2013.

The number of SMT sites was increased by 14 (from 149 to 163) over the year 2013. SMT sites operate at 52 psychoneurological and drug treatment facilities, 9 AIDS centers, 19 TB clinics, 83 city and rayon hospitals.

Due to depersonificated/coded database of SMT patients created by Alliance it became possible for the first time to define the indicator – retention rate of new patients on the SMT program. Under the GF program, the target according to the indicator as of the end of 2013 is 70%, the actual figure of retaining patients on SMT was 74%.

The access of patients to integrated services was increased over 2013. As of December 31, 2013, the access to integrated services was provided to 5,777 SMT patients, with an increase in number of integrated care centers to 83, including the integrated services provided in 31 drug treatment facilities, 7 AIDS Centers, 8 TB clinics and 37 general healthcare facilities.

During the reporting period, the provision of technical assistance to ensure improvement and enhance SMT provision was continued in healthcare settings under 22 grant agreements in the amount of UAH 682,000.

Also in 2013, thanks to the hard work of Alliance with its SMT partners and active actions of the regional coordinators of SMT programs, the list of regions where SMT medications are delivered under prescription was expanded from 2 to 12. The number of patients receiving SMT medications on prescription was 104 as of January 01, 2014.

Since October 2013 the grant has been provided to ensure operation of SMT hot-line and develop the parents' movement of SMT clients. For 3 months, within the frame of the Project, 275 consultations were provided via hotline, 17 activist parents were attracted and trained at the mini-workshops in three regions of Ukraine.

In the fourth quarter of 2013, the implementation of three pilot projects "GUIDE to access point" was started in Zhytomyr, Vinnytsia and Poltava aimed at attracting PWID to SMT and providing PWID with reliable SMT information and further dissemination of this experience to other regions.

During 2013, Alliance continued preparing of multidisciplinary teams (MDT) engaging in SMT. 6 trainings on basic issues of SMT "Medical, Psychological and Social Support to SMT patients" and 5 workshops on exchange of experience were conducted for the above specialists, at which 320 members of MDT were prepared (physicians of different specialties, nurses, social workers, psychologists). Trainings on basic

SMT issues were provided under the program and using the materials of manual "Treatment of opioid dependence with opioid agonists" approved by the Central Methodical Office of Higher Medical Education of the Ministry of Health of Ukraine (Minutes No. 2 dated June 01, 2012).

In cooperation with the Ukrainian Center for Disease Control (UCDC) and the State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases, the preparation of measures on implementing liquid methadone is continued in three healthcare settings in Kyiv and Dnipropetrovsk, the draft Order of the MOH on the use of liquid methadone was completed. The Order was agreed upon with the law enforcement agencies and is being cleared with units of the Ministry of Health.

Figure 7. Dynamics in the number of SMT patients over 2007-2013

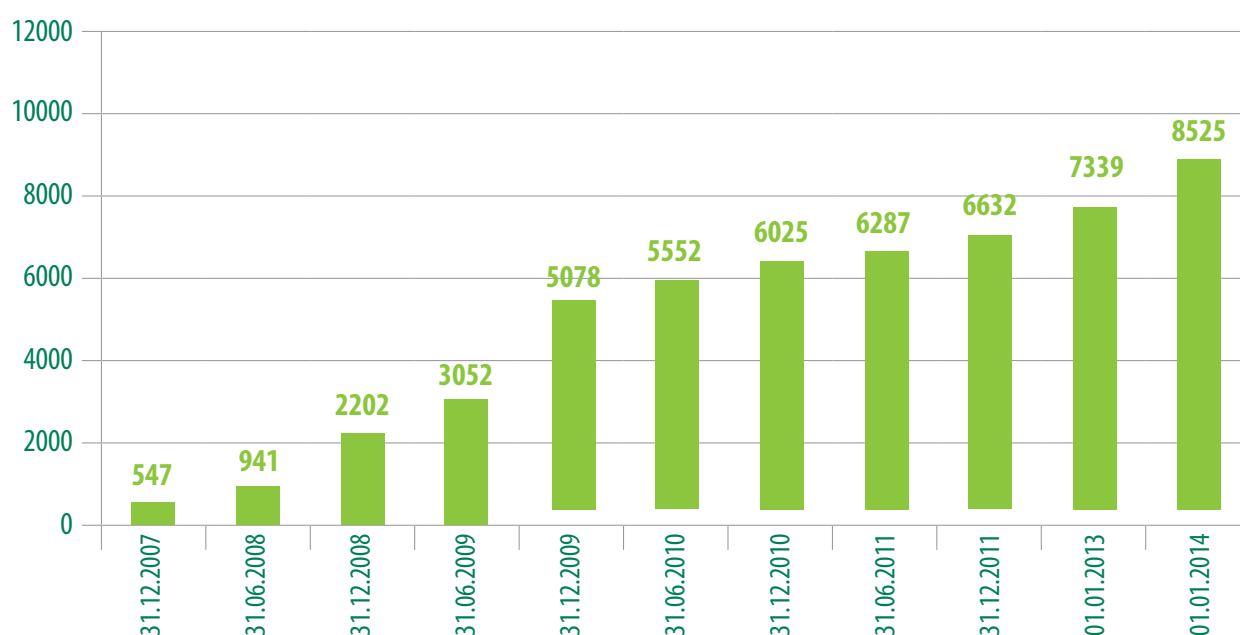
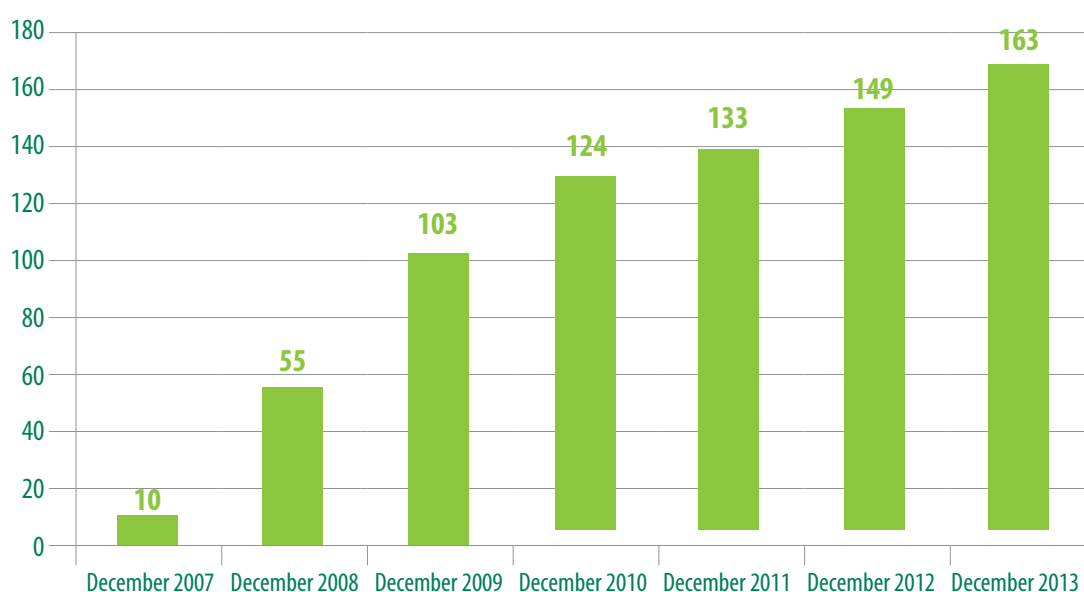


Figure 8. Dynamics in the number of SMT sites in Ukraine over 2007–2013.



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

During 2013, access of the most-at-risk populations to diagnosis and treatment of STIs was scaled up by 91 NGOs in partnership with 107 healthcare settings (sexual health clinics, AIDS Centers, city and oblast clinics) in 27 regions of Ukraine, under coordination and overall management of Alliance.

During the reporting period 83 NGOs organized under the GF program 212,973 screening tests for STDs and viral hepatitis (of these: 80,182 – for syphilis, 19,613 – for chlamydia, 19,326 – for

gonorrhea, 50,552 – for hepatitis B and 43,300 – for hepatitis C). 13,009 positive results were found with the largest number observed in those for HCV (9,363, which is 21.6% of all tested for hepatitis C). 11,339 treatment courses to STIs were provided to the at-risk populations over 2013.

In 2013, the at-risk populations were provided the medical and social services on STI diagnosis and treatment involving multidisciplinary teams. Such teams worked with 22 organizations, which also established cooperation with regional sexual health clinics and AIDS centers.

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

Active regional work on monitoring the extension of STI diagnosis and treatment services to at-risk populations is carried out in close cooperation with the Ukrainian AIDS Center. The manual “Sexual and Reproductive Health of Heterosexual Couples Affected by the HIV/AIDS Epidemic” was prepared and published.



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

In 2013, counseling and testing for HIV in the most-at-risk populations supported by Alliance were carried out under the following two lines:

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

457 HIV rapid testing and counseling sites based at 95 NGOs (stationary sites, community centers, mobile clinics, healthcare facilities cooperating with NGOs) operated throughout Ukraine.

Over 2013, the most-at-risk population representatives were provided with 113,988 voluntary counseling and rapid testing services. All in all, 3,799 positive results (3.3%) were detected. 85.8% 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.

During reporting year, Alliance carried out 2 trainings on the VCT for NGO and treatment institution representatives.

- **Counseling and HIV ELISA-based Testing for the Most-at-risk Populations at Healthcare Institutions**

Under the GF Round 10 Program in 2013 Alliance was successfully implementing the delivery of medical and social services on ELISA-based VCT to the at-risk populations at healthcare settings.

The work of multidisciplinary teams consisting of a doctor, a nurse, a social worker and a lab technician was arranged in 27 regions of Ukraine.

Operations of multidisciplinary teams involves counseling and ELISA-based testing for HIV for the at-risk populations at trust rooms and AIDS centers, taking and delivery of blood samples to labs of AIDS Centers, case management for the at-risk populations.

112,260 at-risk population representatives were ELISA tested for HIV during 2013. 9,488 positive results were detected. 6,522 persons were registered for dispensary care. 1,735 persons at risk were started ART, which is observable evidence of efficiency of NGOs involvement in establishing a full cycle of HIV TC services and providing further treatment at healthcare facilities.



Comprehensive testing for HIV/STI/hepatitis of SMT sites patients in Odesa oblast

In 2013, Alliance-Ukraine implemented a pilot project on rapid testing for HIV, STIs, hepatitis B and C of patients of three SMT sites in Odesa oblast. The project was implemented in cooperation with NGO "Rainbow" headed by the drug treatment specialist, one of the leading experts in the field of SMT programs development in Ukraine - Illya K. Podolian.

"For many years I have been working with substitution maintenance therapy programs – says Illya K. – and understand very well that the therapy per se will not solve the problem. The more services we provide, the more we get a positive result, feedback, the clients are beginning to respond. Previously, we could only offer social support, tea, candies – and people died. They are dying now, but we have far fewer deaths among the clients. A certain result has been achieved. When the program was started – none of our clients was working. Now more than 50% of the clients on buprenorphine are permanently employed, more than 20% are temporarily employed. Situation with methadone is more complicated, more time is needed for adaptation, and I have some patients who began to change themselves only after three years of constant work with them. This is a long and complex process. It makes no sense just come and get the pill. We are working on this issue. The wish of integrated approach was the reason for the initiating a pilot project. Formerly all clients were referred by us to NGOs – one reached, the other did not reach, there the tests were made and the contacts were lost, AIDS center received information not always. I decided to take this process upon myself to see the results, because every action should be analyzed. We were surprised with what we got – we suddenly see that our clients are HIV-positive, and we were not aware of the many of them. It is planned to repeat testing in six months. We will check whether there will be new cases during the stay of the client in the program – it will be the evidence of how we influence the behavior change. If there are HIV positive results, it will mean our work weakness".



As a result of pilot project implementation the following was found:

- 6 new cases of HIV. Of them, the situation was so complicated with two clients that one was prescribed ART course, the second is under anti-TB treatment to take the therapy. Another person is being treated for coexistent diseases and will be taking ART soon.
- 11 new cases of STIs (including 4 persons who were in SMT program for four years and have never been examined before).
- 158 persons (79% of patients) with a positive rapid test for hepatitis C, 11 with a positive result for hepatitis B. In 40 cases the patients were unaware of their diagnosis. Further management of patients was also ensured – 15

persons were referred to undergo detailed analyses in the laboratory at a significant discount (in cooperation with organization MRC (Medical Rehabilitation Center), which is implementing the project on treatment of hepatitis), the possibility of providing treatment to most in need patients is considered.

The project implementation confirmed the need in medical and social support to patients of SMT sites by NGOs that implement such projects. Unfortunately, state hospitals (especially drug treatment clinics) cannot always provide examination and treatment of SMT patients for HIV, STI and hepatitis C and such complex testing with rapid tests should be included in the package of basic services at the SMT sites.

Victor, the SMT site patient: «I've been on ST for four years. I work, I do not have time to take tests, go to the physician, and now it's convenient – no need to ask for a leave of absence from work, run, and therefore now I know about my health. A psychologist, a therapist, an infectious diseases specialist, a phthisiologist come here, ECG is done here. Here you can be medically examined by the basic specialists. The attitude towards health has changed – I did not think

about my health before, but now I'm looking after my health. I work and the main thing for me now is my family, work. My wife is happy. Initially we were afraid, what would be with my health; rumors were circulated in the city that here one does not live more than six months. When offered the tests – I agree to get tested, I was not surprised at positive result, since I lived a patchy life. But now I know that I am under control and everything will be fine”.





**Vaccination against viral hepatitis B.
AIDS Center, Sevastopol**

6.4. Viral Hepatitis: Testing and Treatment

Start of a Pilot Project on Viral Hepatitis C Treatment supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria

In October 2013, a long-awaited treatment of the first 100 patients with hepatitis C (HCV) began. Treatment is provided in specialized healthcare facilities in Kyiv, Vinnytsia, Dnipropetrovsk, Luhansk, Mykolayiv, Poltava and Sumy.

Alliance has provided drugs and social support under Pilot Project on Viral Hepatitis C Treatment supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The combination of pegylated interferon and ribavirin will receive representatives of the most vulnerable groups, who cannot look to for help from the state – HIV-positive SMT patients.

This project became possible because of reducing the annual cost of HCV treatment in 2.5 times – from USD 13,200 to 5,000. The initiative of Alliance urged the Government of Ukraine for further actions. On September 17, a decision by the Cabinet of Ministers of Ukraine to set up a National Program on hepatitis came into effect with an annual budget of UAH 33 million. The Ministry of Health of Ukraine took on commitments to use the new price achieved by the Alliance as a benchmark for further procurements.



6.5. Prevention and Treatment of TB

In 2013, 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.

Also, the work on revising and updating the regulatory framework for delivery of medical care to patients with TB and co-infections was carried out. Ongoing revision, update and development of the necessary legal framework in the sphere of medical care to HIV/TB co-infected clients. A training module "Pressing Issues of TB/HIV Co-infection Case Management. Best Local and International Practices" was developed; it is recommended for further tutoring of phthisiologists and infectious diseases specialists.

For the purpose of active involvement of NGOs in TB detection and management of TB patients, 3 trainings on TB prevention were held for the NGOs representatives, attended by 87 specialists.

To ensure the quality pre-and post-test counseling for HIV (individual and group) for TB patients, 5 grants of technical

assistance were provided for establishing VCT rooms in 6 TB treatment clinics.

To carry out differential TB diagnosis in HIV-positive people, 2 grants of technical assistance were allocated to equipping the wards in two AIDS centers in compliance with infection control.

Under the GF Round 10 Program "Building a Sustainable System of Comprehensive Services on HIV Prevention, Treatment, Care and Support for MARPs and PLWH in Ukraine", Alliance developed a new line of activity **"Early Detection of TB in the At-risk Populations"** was designed to reduce the prevalence of and mortality from TB among vulnerable populations by ensuring early detection and timely and unimpeded access to healthcare. The pilot project was realized by 39 NGOs implementing projects on harm reduction and HIV prevention among PWID, MSM, SWs and risk adolescents.

The training seminars were conducted for the NGOs staff on screening surveys, TB symptoms, implementation of infection control measures and establishing cooperation with the TV service at the local level.

In April-December, 2013, the screening survey covered 12,305 clients of the Project; 5,698 clients (46.3%) passed TB diagnostics, 626 (11%) TB cases were detected.

7

Technical Support of Public Organizations

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

Throughout the year 2013 the Technical Support Team of 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 with 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.

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:*

- Coordination of activities on the implementation of new approaches through expert group work on prevention among PWID, FSWs, MSM, MARA etc.;
- 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 reality, and creating innovative approaches using modern information technologies.;
- 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 2013 the work on preparing new activity lines was carried out:

- integration of early TB detection services among the clients of harm reduction projects;
- implementation of the case management approach for broader involvement of vulnerable groups in AR-treatment;
- supervision of implementing the counseling intervention for PWID' sexual partners;
- gender-sensitive approaches to service delivery;
- on-line outreach among PWID and SWs;
- counseling of vulnerable groups through the Internet.

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 inter-

regional 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 on-line course “Harm Reduction Lessons” for social services professionals.

77 training sessions and workshops at the national level were arranged and conducted in the total in 2013, at which over 1,989 professionals were trained.

The main topics of the events:

- Reproductive and sexual health;
- Case management;
- Group-level interventions;
- Specificity of social and psychological counseling of the vulnerable populations;
- Programmatic monitoring and evaluation;
- Specific features of outreach work with different target populations;
- Early detection of TB in the at-risk populations;
- VCT..

A course of theoretical and supervision trainings for the psychologists who provide consulting services to the MSM and LGBT community was started jointly with Mykolayiv association of gay, lesbian and bisexual individuals "LiGA" in 2013. 3 supervision trainings, which main purpose is to improve the quality of social and psychological counseling and support to MSM/LGBT within the HIV/STI prevention projects were organized in 2013. On November 5-7, a fifth training for MSM on safe sexual behavior was conducted. The participants of the training were 20 employees from 14 MSM-service organizations of Ukraine.

One of the important activities in 2013 was the restructuring of prevention programs to ensure the highest number of PWID who needs ARV treatment. This activity line was built on the principles of social and medical case management. As a result of preparatory work completed by the end of 2012 - early 2013, 27 NGOs received technical and financial support to create operating HIV and TB detection system among the clients of the project and their active support in the process of treatment prescription and provision. A separate position of a social worker, case manager, was created in the organizations who under the informed consent of the organization client will systematically support and manage him/her at all stages of specialized medical care according to the client's needs (out-patient monitoring registration, required medical examination, prescription of ART, SMT, TB prevention and treatment, etc.).

From May 1, 2013 two NGOs in Chernivtsi and Kharkiv started the piloting of the model of on-line outreach work on HIV and STIs prevention among SWs. This model involves the use of special tool – Social Intervention Tool (SIT), which was created within the frame of the EU Project called Correlation 2.0. With this project it is expected to target closed groups (including bridge groups), reach new places of work/stay of clients and disseminate information to a wider client audience. In total, the project enrolled 174 PWID (119 – men, 55 – women) and 180 SWs. During September-December of 2013, the data were collected and processed to prepare a report on the effectiveness of the intervention implemented; the final report is expected in February 2014.

The methodology for early TB detection among the clients of prevention programs was developed. A contest was held which resulted to support of 39 projects that have started work on April 01, 2013. Furthermore, from April 01 to December 31, screening for TB covered 55,549 clients, including confirmed diagnosis in 626 clients. Supervision of projects was carried out. Information materials in support of the project activity were published. Standards of infection control were introduced in the organizations.

In March 2013, a training for pilot peer-driven intervention projects selected to work with MARAs was held. 4 projects covering 1,520 adolescents were launched in August

3) *Providing targeted technical assistance to organizations:*

- Study trips.

In 2013, a number of study trips within Ukraine were conducted for the staff of HIV/AIDS and STIs prevention projects for PWID, SWs, MSM and risk adolescents. In the total, 36 participants from 21 organizations took part in the study trips.

The results of these trips were the development of innovative projects, improvement of existing or introduction of new services for target populations and increase in their quality.

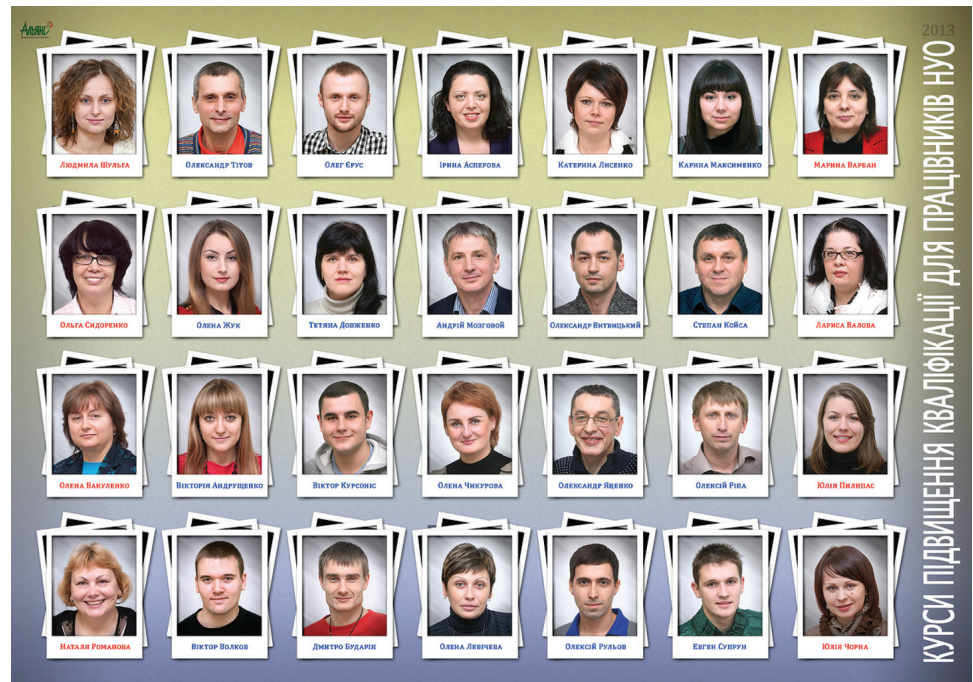
During the study trips aimed at experience exchange in HIV/AIDS and STI prevention, the participants: (a) acquired skills of on-line counseling in the social networks, work at hotlines, establishment of mobile night clinics and their work on SWs

and PWID routes; (b) familiarized with the conduct of managerial work and gained experience in staff management and became aware of client coverage computation tables, by means of which it is possible to have information on the number of clients in the organization; (c) gained knowledge on the issues of monitoring routes by social workers, work with electronic databases for internal use, teaching methods based on service center, work of social patrol, stationary NEPs and syringe exchange mechanism; (d) mastered the principles of work in the penitentiary institutions, methods of establishing contacts and communicating with clients; (e) familiarized with the work of mobile clinics, documentation and comprehensive provision of services through an established referral networks.

- Internships in more experienced and higher ranked NGOs (with the assistance of interregional knowledge hubs);
- Helping organizations in crisis;

- Counseling on services provision and other issues regarding the program. Since December 2012, the department of news and counseling for partners has been maintaining a Facebook page: <http://www.facebook.com/TechnicalSupportAllianceUkraine>.
- Supervising pilot projects, etc.

In June 2013, a study tour abroad to the projects of HIV prevention among MSM in Germany (*Munich*) was conducted



7.2. Enhancement of Social Workers' Qualifications

During 2013, the team of the Alliance Technical Assistance Unit conducted successfully refresher course for social workers at the State Institute for Family and Youth Policy of Ukraine. The course is designed for 216 academic hours, it consists of two modules:

Module 1 – “System of social work in Ukraine”: review of the legislation, subjects and objects of social work and delivery of social services, forms and methods of work, etc.

Module 2 – “Features of social work with groups vulnerable to HIV”: basics of harm reduction, basic services, specific forms and methods of work with different target groups, the ethics of social work with vulnerable groups, inter-sector cooperation, features of counseling and motivating clients of harm reduction projects, etc.

The program was reviewed and approved by the Academic Council of the State Institute for Family and Youth Policy.

Applications for participation in the courses were filed by 63 social workers from NGOs working in the area of HIV/AIDS prevention. 20 participants were selected on a competitive basis from the applications received.

The curriculum consisted of lectures, workshops, training sessions. In addition, during the course of training, the trainees performed individual independent research and practical works on designing the tools to implement various social services and organize the activities of HIV-service NGOs.

Following the training, each of the trainees prepared and defended a scientific and practical project of urgent issues of HIV-service NGOs operation and made a written test.

All trainees received a state certificate of professional development in the social sphere. This document gives them the right to work both in NGOs and public institutions.

The Alliance plans to continue further the refresher courses for social workers.

7.3. Sharing of Practices

The publishing activity of Alliance has always been one of the priority activities. The Policy and Partnership Unit develops, produces and coordinates development and publication of information products of Alliance-Ukraine. All publications are distributed to the target audience, are also available in an electronic format on the website www.aidsalliance.org.ua in the Infocenter.

The following was published over 2013:

- 16 new publications for vulnerable populations (circulation is 1,015,000 copies);
- 19 titles of reprints of previously created materials for vulnerable populations (circulation is 989,600 copies);
- 13 publications for professionals working in the field of HIV prevention (circulation is 15,700 copies).

Thus, Alliance issued 48 publications with a total circulation of 2,019,700 copies (at the expense of all grants administered by the organization).

The main types of publications are as follows:

- Information brochures/leaflets for clients of the programs;
- Guidelines for the implementation of innovative project;
- Experience of project implementation (best practices);
- Training modules;
- Analytical reports (comprehensive and brief reviews);
- Annual and program reports;
- Leaflets and posters to the events;
- Other printed matter (games, condom packaging, posters, etc.).

The main principles of publishing policies are based on the requests of field projects, regular recording and documenting, best practices of program implementation and innovative approaches and projects.

Innovative approaches of Alliance to the publication of information materials:

- Identification of themes based on "field" requests;
- Consideration of the specific prevention activities, new trends;
- The desire to fix achievements of all innovations being implemented with the support of Alliance;
- Multilevel publications (publication on the same subject for specialists/"field" practitioners/clients);
- Mandatory involvement of experts and representatives of target populations in discussion/coordination of publications;
- Using the principle of "deepening themes" in publications for target groups (recently the clients of projects are more interested in more earmarked materials than in the brochure of total content).

Activities are carried out according to the plan of publications which is prepared at the beginning of the calendar year. In the process of preparing a plan the "field" requests, recommendations of technical support managers (relevant topics, research results), managers of other projects, who may anticipate the need in publications (treatment, monitoring) are taken into account, and all projects administered by Alliance should be taken into account. The plan is reviewed regularly during the year in accordance with the regular monitoring of the state of preparation of info materials.

A detailed description of the key publications developed and published in 2013 can be found in **Appendix 5**.

7.4. Operational Research

During 2013, a series of operational researches was carried out:

- Study of lifestyles of bisexual men and their female partners in five cities of Ukraine.
- Evaluation of the pilot case management project performance.
- Evaluation of performance of the pilot project on the on-line counseling of the at-risk populations.
- Study of attitudes to HIV/STI risk and reproductive and sexual health among PWID and SWs.
- Study of knowledge about HIV/AIDS/STIs, attitude to problems and behaviors of SWs' clients.
- Lifestyle and basic behavioral patterns of vulnerable

children and adolescents who practice risky behaviors.

- Evaluation of the capacity of HIV-service NGOs (including the scope of employment) and the needs in technical assistance.
- Study of transgender behaviors and their needs in HIV prevention services.
- Peculiarities in behavior and attitudes towards HIV/AIDS of young drug users.

The key task of these researches is to develop the effective forms and methods of providing services to the target groups based on their results, as well as improve the quality of services. The detailed review of each study is presented in the proper section, which describes prevention among the vulnerable groups.

7.5. Activity of Interregional Information and Resource Centers (IIRC)

In 2013, the interregional information and resource centers (IIRCs) supported by Alliance provided diverse technical assistance to regional HIV-service organizations, including government agencies. In the total for the year, more than 600 different organizations and initiative groups from all over Ukraine received information and advice on HIV/AIDS, hepatitis, STIs, organizational and programmatic development.

Traditional forms and methods of IIRC work are trainings, seminars, workshops, supervisions for psychologists and social workers, expert visits for targeted technical assistance to organizations and initiative groups, training activities in individual organizations, as requested, training on probation, round tables, cross-sector meetings, etc. For specialist training and consulting the centers actively use their database services, websites and libraries, including electronic.

To determine the needs in technical assistance and planning of the activity, the centers conduct regular surveys of HIV-service organizations, and to highlight their activities and attract clients issue IIRC Newsletters on a regular basis.

The priority areas of IIRC work in the reporting year were: assuring quality of social and health services delivered to PWID, SWs, MSM and MARA; professional development of the NGOs staff in management, human resources management and organization of the programmatic activities. Special trainings on prevention of staff burn-out remain demanded and popular among HIV-service organizations.

During the reporting period, IIRCs conducted 429 trainings, workshops, supervisions, master-classes on work with the target groups of prevention projects and organizational development, at which 1,405 people (unique participants) were trained. Among the participants of the training events of the IIRC are the NGOs employees who provide prevention services to the vulnerable populations: social and outreach workers, psychologists, and medical professionals and staff of the CSSFCY.

During 2013, the Centers were actively engaged in organizing and carrying out the actions, press conferences and large-scale events dedicated to the memorable dates. IIRC staff with volunteers held 31 such event.

IIRCs are and remain the leading agencies providing technical assistance and training to the staff of HIV-service NGOs concerning the work with vulnerable populations, on HIV/AIDS prevention and project activity implementation at the regional level.

7.6. Publication of Informational and Educational Materials for the Populations Vulnerable to HIV

In 2013, along with special information and education materials published by Alliance and HIV-service NGOs, quite popular among vulnerable populations and specialists of harm reduction projects are 7 national and 6 regional periodicals, funded by Alliance. Each issue of these publications highlights the prevention problems, promotes prevention, care, support, re-socialization and rehabilitation services, and publishes personal stories of clients of harm reduction projects and best practices in programmatic activities of NGOs. 93 issues of regional and nationwide periodicals for the vulnerable populations and HIV-service organizations were published in 2013, with their total circulation reaching 743,000 copies. 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.

In total, 654,737 copies of national and regional periodicals were distributed during 2013.

During 2013, regional partnering NGOs of Alliance developed and issued 140 informational and educational materials (IEM), exclusive of re-issues of materials developed in previous years, and distributed 2,222,239 copies of IEM on topics of interest for prevention project clients.

All publications developed by regional NGOs and editorial boards of periodicals are subject to a thorough check by the members of the standing expert group on IEM – the editorial board of Alliance. The members of the Board are professionals who have experience in practical prevention work with the target groups and preparation and publication of the IEM. The members of the editorial board of Alliance conduct actively consultancy and supervisory work with the publishers to improve the quality of publications and strengthen the capacity of NGOs to develop and publish information and education materials on various topics.

8

Monitoring and Evaluation (M&E)

8.1. Capacity Building in the Field of M&E

Innovations and Capacity Building

In 2013, Alliance expanded and improved the process of teaching the traditional groups of specialists involved in monitoring and evaluation at the national and regional level. Thus, to ensure the implementation of completely new for Ukraine's study of recent infection cases, a series of trainings on methods of collection, preparation, storage and transportation of blood dried spot samples was held. These trainings were conducted jointly with the specialists of SI "L.V. Hromashevskyi Institute of Epidemiology and Infectious Diseases of the AMS of Ukraine", Center for Diseases Control and Prevention of the US Department of Health (CDC) and the SE "Ukrainian center of Socially Dangerous Diseases". Now, 94 Ukrainian nurses were trained to sample blood using this method, as evidenced by the appropriate certificates. These trainings will be a good investment in future relevant studies of epidemic trends, as it is planned in the nearest future to expand opportunities for sampling blood for further comprehensive study.

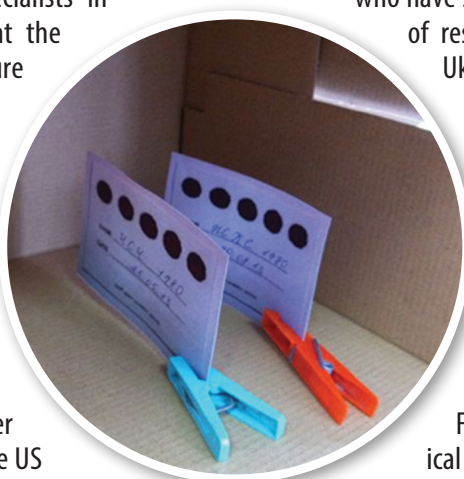
And this year the trained staff carried out dried blood spot testing and transferred the samples for laboratory analysis to the Center of Diseases Control and Prevention of the US Department of Health (CDC), Atlanta. The study of recent cases of infection among vulnerable groups using the new generation test system "LAG", which has just been developed by the CDC laboratory, will be one of the first studies in the world that is planned for 2014. The results of the study will finally answer the question of HIV incidence rates in the at-risk populations

Research "Behavior Monitoring and HIV Prevalence"

During 2013, on request of the ICF "International HIV/AIDS Alliance in Ukraine", recurrent integrated biobehavioral studies were held among all populations at risk of HIV, in particular: injecting drug users; female commercial sex workers; and men who have sex with men. As in 2011, the geography of research covers all the oblast capitals of Ukraine.

As part of the research behavioral and epidemiological data were collected regarding the factors that can lead to HIV infection, HIV and hepatitis C prevalence among PWID, MSM and SWs, and data on the level of coverage by prevention programs.

For the first time in Ukraine, epidemiological component of cross-sectional studies included not only rapid testing, but also dried blood spot testing in all the respondents who had an HIV-positive result in



the study, which will enable to detect cases of early HIV after the laboratory analysis.

Based on the results of studies, the calculations were made of indicators for the reporting under the National Monitoring and Evaluation Plan of the National Program on Prevention of HIV, Treatment, Care and Support of People Living with HIV and AIDS for 2009-2013 years and for the preparation of Ukraine's Harmonized AIDS Response Progress Report for years 2012-2013.

To validate the research results among MSM, the methodology of on-line survey was piloted that allows reaching new subgroups of MSM who cannot be reached by biobehavioral research and prevention programs.

In order to interpret correctly the data of the cross-sectional study among SWs and plan the future studies, a probe (prospective) study was conducted in four cities of Ukraine (Donetsk, Lviv, Poltava and Cherkasy). The research combined quantitative and qualitative methods. The aim is to conduct a survey among SWs category that is difficult to involve in biobehavioral research and determine the level of HIV-risk behavior, knowledge of NGO services and experience of using them, the barriers to access NGOs and social and healthcare facilities.

Results of the researches among the at-risk populations will be published in the form of reports that will be available on the website of Alliance in 2014.

8.2. Development of Programmatic Monitoring

In 2013, Alliance paid considerable attention to the strategic information tracking system for further analysis and managerial decision-making..

SyrEx Database

In the reporting year, the implementation of record-keeping on tests, referrals and managing clients to healthcare settings was continued in order to refine the results of testing and obtaining necessary medical services. All information is entered by the codes of clients, ensuring their anonymity. Regular analysis of client testing and management, test results by different groups of clients is carried out. Thus, 94,619 vulnerable persons and their partners were tested for HIV in 2013. The clients received pre-and post-test counseling and test results. With an on-line system, it was revealed that there were more positive test results in new clients, given the number of tested, than in clients of prevention projects. Based on the analysis of the results, preference is given to testing the new clients and accompanying them to the AIDS centers.

A foundation has been established for reporting under the GF client retention indicator. Information from all over the country is collected by the regional experts in gathering data and imported into the system by the codes of the clients. In summer of 2013, thanks to SyrEx, the first results of record-keeping of client retention on SMT. 77.7% of clients who began receiving SMT in the second half of 2012 continued receiving it for at least 6 months. As a result, it became possible to perform validation of the summary data on Ukraine. Analysis of the data showed the need in approval at the national level of record-keeping rules regarding the clients that are referred.

Also in 2013, a pilot project on early TB detection among the most-at-risk populations in the harm reduction projects was

started. As a result, a mechanism of record-keeping of TB screening, diagnosis and treatment in vulnerable population was created. Since 2014, the database will be replenished to the extent of performing the project activities.

Online version of SyrEx allows data analysis in real time. Thus, the current analysis was carried out of meeting the indicators allowing for influence on the programmatic process before the end of the reporting period and as a result, the indicators have been met.

During the reporting period, considerable attention was paid to improving the efficiency of work with the sub-grantees by improving the management system and optimizing the processes. In this context, the record-keeping system was designed to collect and analyze data on client coverage by minimum package of services; a mechanism was created to obtain information on use of mobile clinics, as well as the reporting process of NGOs was automated.

In May 2013, the representatives of NGOs were trained on the analysis of programmatic data and meeting the objectives with the updated version of SyrEx. Updated instructions and source documents were explained. In total, 4 trainings were provided to the project documenters. The NGO staff noted improvements in the system operation, demonstrated good knowledge of programmatic record-keeping.

The Alliance continues to provide technical support to the organizations in the work with an on-line version of the program and use of SyrEx to analyze the on-going activities.

M&E record-keeping policy improved

In order to improve the efficiency of work with sub-recipients, the system of record-keeping and reporting was optimized in 2013.

So, all source documentation was updated, record-keeping of certain activities was simplified, data collection was optimized through automation. Basic principles of forming the primary forms: confirmation of programmatic activities; collection of only the data that are analyzed; identical data for a certain period are collected only once, are not duplicated in various forms.

All instructions on programmatic monitoring and reporting are combined in a single manual, distributed and explained to Alliance sub-grantees. Single instruction contains documentation procedures of project programmatic activities, storage conditions for source documentation and monitoring of NGOs program activities, as well as detailed instructions on keeping records of programmatic activity in the on-line system.

A part of the national plan of Ukraine MESS Action Plan for 2013 was the automation of record-keeping activities of Alliance. Within the terms approved, a mechanism that will make it possible to obtain aggregated data on the events held by Alliance, monitor the implementation of the training plan, systemize storage of event materials has been developed.

Alliance-Ukraine's data quality confirmed

Reliability of the reported data was verified in the course of independent audits. Thus, the verification of data for the 1-st half of 2013 by the local agent of the Global Fund in August showed good results, which resulted in A1 rating.

In September 2013, a local agent of the Global Fund conducted on-site verification of data in Luhansk, Mykolayiv, Dnipropetrovsk and AR of Crimea. The verification confirmed the good quality of data by all indicators monitored (number of SWs covered, number of MSM covered, number of MARAs covered).

Mapping of HIV/AIDS response interventions

In the reporting year, Alliance was actively involved in a project that is being implemented by the organization PACT, on mapping HIV/AIDS interventions in order to form the National Register of HIV/AIDS, being implemented in Ukraine, and determine how evidence-based they are. The main purpose of the register is creating opportunities to make informed decisions on the use of specific prevention interventions to produce predictable results/effects in the target group.

In 2013, a list of prevention interventions that are proposed to the scientific practices implementation group. The group considered 26 interventions and determined how much they are evidence-based.

Research "Evaluation of Prevention Interventions Effectiveness in Injecting Drug Users (PWID)"

A concept, design and tools of research "Evaluation of Prevention Interventions Effectiveness in Injecting Drug Users (PWID)" were developed during the reporting year. Research design was elaborated in partnership with UCDC, PACT and USAID. The overall objective of the study is to assess the impact of HIV prevention interventions on HIV incidence rates in PWID in Ukraine. Evaluation is a prospective multicenter cohort study. The target group of the research includes PWID who received at least one prevention service before the time of participation in the research. A cohort will be selected and observed on 11 sites in different cities of Ukraine (Kyiv, Poltava, Zaporizhzhia, Simferopol, Odesa, Rivne, Chervony Lyman, Dnipropetrovsk, Mykolayiv, Ternopil and Khmelnytskyi). Primary and secondary dependent variables were measured both at the basic stage of field data collection (first phase), and the repeated (control) assessments in 6 and 12 months.

In 2013, the first stage (input of VCT testing retrospective data in SyrEx database) was completed and the second stage of research, namely the first phase of the field stage (May-December 2013) was carried out. On 11 research sites 2,100 participants were enrolled, by 200 clients of prevention projects at each site. Currently, the second phase of the field stage (second metering) and analysis of retrospective program data are being performed.

International version of SyrEx

In 2013, Alliance continued to provide technical support to the foreign projects.

SyrEx, software for recording clients and services provided to them, was upgraded for the countries of CAHR project - India, Malaysia and Kenya. The main upgrade was automation of the reporting under the project. The Malaysian AIDS Council keeps programmatic records in SyrEx since 2011, the India HIV/AIDS Alliance – since early 2012, the Kenyan AIDS NGO consortium – since September 2012.

During the year, an adapted version of SyrEx was also implemented for Middle East and North Africa Harm Reduction Association (Lebanon), which performs the GF Program in Lebanon, Afghanistan, Jordan, Tunisia and Egypt.

9

Procurement and Supplies



In 2013 total volume of the provided medical goods amounted to UAH 64.8 million

In 2013, Alliance actively continued procurements and supplies to the programs of medical and other products to ensure the current needs. The volume of provided medicinal products totaled UAH 64.8 million, of which UAH 36.1 million were spent on supplies under the GF Round 10 Program and UAH 28.7 million under the GF Round 9 Program.

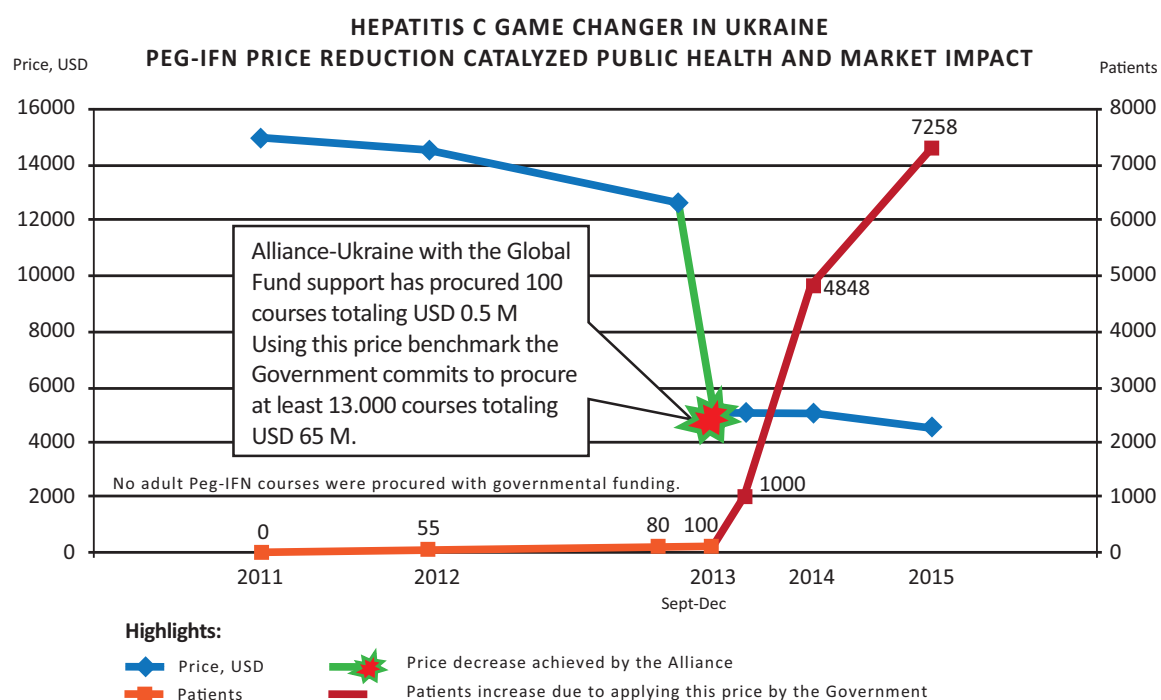
Among the wide range of products supplied in 2013 the following items were the main:

- second line TB drugs delivered to healthcare facilities in the total amount of UAH 16.8 million;
- syringes, needles and alcohol wipes – the volume of supplies was UAH 11.6 million;
- condoms and gel lubricants – supplied to partnering NGOs in the amount of UAH 9.3 million;
- substitution therapy medications (SMT: methadone and buprenorphine), UAH 5.8 million;
- drugs to treat hepatitis C, delivered to healthcare facilities in 7 regions of Ukraine to the total amount of UAH 4.2 million

Major Outcomes of the Round 10 Program

1. During 2013, imports of syringes, condoms and lubricants totaled 29 TEU (commonly used standard to measure cargoes, which equals 20 ft container). It is almost equal to the volumes of the previous year. However, in the reporting year the number of overstock of prevention materials significantly increased, which is associated with the preparation of Alliance to the transition period between the two phases of the Round 10 Program.
2. In the reporting year, Alliance supplies to partnering NGOs and healthcare facilities of a wide range of rapid tests for HIV, hepatitis and STIs diagnosis (UAH 2.5 million), STI drugs (UAH 0.4 million), hepatitis B vaccines (UAH 0.2 million) were of strategic importance.
3. The expansion of HIV, hepatitis and STI diagnosis programs implemented in 2013 was effectively ensured with the supply of about 280,000 rapid and confirmatory tests, which allowed partnering NGOs and healthcare facilities to cover the most vulnerable to epidemic populations.
4. During 2013, within the Round 10 Program, Alliance made large-scale procurements of equipment. These include 30 laboratory systems by Pima™ of Alere (Germany). The system is a portable desktop cytometer which promptly, highly accurately and easily determines the absolute number of CD4 cells in whole blood samples at a point of care. It is specific of these systems that they can be used both in the laboratory and non-laboratory conditions (e.g., during the physician visit or in the field). The results of one sample testing are ready in 20 minutes only (!). In the future, it is planned to use them widely, particularly in mobile clinics that will help expand the geography of HIV testing. In December 2013, three dosing system for the liquid form of methadone were imported in Ukraine for the first time ever. As expected, they will have been probed as necessary by April 2014 and then SMT will be started promptly in 3 treatment facilities (1 in Dnipropetrovsk and 2 in Kyiv).
5. In 2013, Alliance kept on effective practices of centralized procurements for other contractors of the GF programs in Ukraine. In particular, under Round 10 Alliance acquired and delivered to the recipients a wide range of medicinal products, diagnostic products, condoms and consumables in 2013. Timely (and also, at best prices) the supply of goods made it possible for the partners of Alliance, namely AUCO "All-Ukrainian Network of People Living with HIV" and SI "Ukrainian Center for Socially Dangerous Diseases Control", to focus effectively on other program components.
6. Another important acquisition under the procurement programs of Alliance in 2013 became the long-awaited purchase of 15 trucks for subsequent re-equipping into mobile clinics for women. Vehicles were centrally procured directly from the manufacturer, Iveco of Italy, subsequently customs cleared by Alliance in Ukraine and cost about 35% less than similar procurements in Ukraine. Presently, all vehicles are being re-equipped. It is expected that by May-June 2014 they will have been delivered to partnering NGOs in the regions to provide for testing programs and provision of medical and consulting care to the relevant at-risk populations.

Figure 9.



Major Outcomes of the Round 9 Program

1. Additional procurement of equipment and medicinal products for the purpose of equipping the laboratories for TB microbiological diagnosis was made. Smear drying incubators, devices for coagulation of the culture media, distillation apparatus, and containers to transport biological material tubes were purchased to the total amount of UAH 1,548,488.
2. In addition to 11 GeneXpert systems (equipment to detect *M. tuberculosis* and mutations responsible for rifampicin resistance directly from sputum, with result obtained within two hours) imported, another 5 systems of the equipment and consumables (reagents) to all devices were delivered in 2012.
3. Device sets Hain Lifescience were installed in two laboratories: Kharkiv Oblast TB Clinic and Mykolayiv Oblast TB Clinic. This equipment is designed for fast detection and identification of *Mycobacterium tuberculosis* complex and determination of mutations resulting in drug resistance of this microorganism strain to prescribe adequate antibacterial therapy scheme to TB patient
4. Laboratories were outfitted in accordance with the requirements for PCR diagnosis of TB with the following equipment: amplifiers, centrifuges, PCR box-
es, micro-centrifuges, refrigerators, biological class II safety cabinets and consumables – sets of batch pipettes, autoclave bags, sets of pipette and tube stands.
5. Provision of the regions of Ukraine with consumables for analyzers Bactec MGIT 960 was continued. A second batch of consumables to the total amount of UAH 2,125,045 was delivered to recipients in 26 regions of Ukraine.
6. Standing and extraction fans were installed in the following TB treatment clinics: Oblast TB Treatment Clinic No. 3 (Kharkiv oblast, city of Zmiyiv), Oblast TB Hospital No. 3 (Kharkiv) and Lviv Regional Pulmonology Clinical Diagnostic Center (Lviv). The total value of work performed is UAH 2,328,522.

Principal trends in supply and logistics of other drugs

Taking into consideration the above, it can be noted that over the past reporting period, Alliance-Ukraine achieved considerable progress and success in the implementation of the procurement component under the programs. In addition to the procurement of drugs and medicinal products, it is worth noting the significant achievements of Alliance in organizing logistics of products purchased in 2013. The Alliance gained experience in this area, and cooperation with the best market operators allowed for timely and accurate delivery of all product range. Generally, three separate channels were created for distributing the products: for bulk deliveries of products not requiring special temperature conditions when delivered; a separate channel for delivery of test kits and medicines; as well as a channel for distribution of SMT drugs (falling into the narcotics group). As a result, the risks of damage to expensive products during the transportation were excluded. Furthermore, a significant centralization of supplies, compliance with strict delivery schedule and one of the best rates in the market made it possible in 2013 to further reduce the unit costs, compared to the previous years.

In the area of administrative procurement, 42 projects to the total amount of more than UAH 19.7 million were implemented during 2013, including organization and conduction of 9 operational and biobehavioral researches, 1 pilot project for professional development of social workers of HIV-service NGO staff, creation of a web-site for MSM under the peer-driven intervention program, production and installation of information boards in the institutions of the Ministry of Interior of Ukraine. The implementation of these projects contributed to the operating efficiency and achievement of key programmatic objectives.

During the reporting period, Alliance made 2 procurements of medicines and equipment for the needs of NSCH "Okhmadyt". Funded from the different sources, the total amount of procurement was UAH 217,000, which, in turn, greatly supported this national-level facility.

10

Awareness-raising campaigns for the general public and targeted programs

10.1. All-Ukrainian Campaign "Demanding Treatment!"

On July 27-30, 2013, in Kyiv and 30 cities of Ukraine information and prevention events dedicated to the World Hepatitis Day were held. During the events all those willing had an opportunity to be rapid tested for hepatitis and obtain practical recommendations regarding prevention, learn more about the diagnostics and treatment of viral hepatitis. In the total, during the event the health workers tested 1,422 persons for hepatitis C, among them 182 (12.9%) had positive results.



10.2. Letter to St. Nicholas

For an eighth year in a row, Alliance-Ukraine together with friends and partners fulfills dreams and desires of children affected by HIV/AIDS. And the reporting year was no exception – a charity event “Letter to St. Nicholas” was successful.

In 2013, we received 323 letters from children staying in 11 institutions from different regions of the country. Due to the active participation of Alliance-Ukraine, our friends and partners, not a single letter has gone unnoticed, and the children obtained cherished gifts.

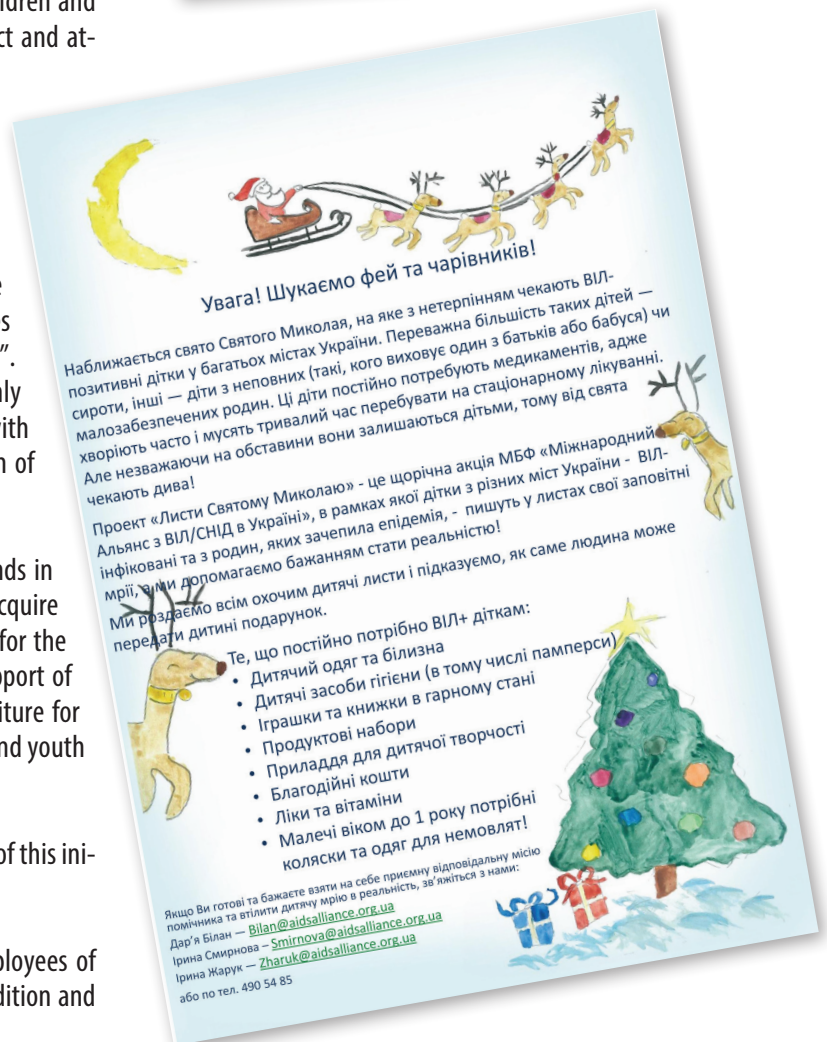
This time, the children’s dreams included a desire to learn how to better draw, skate or roller, as well as read fluently and build erector sets. Also, the kids wished to have a camera, a synthesizer, and one boy asked for spinning and horseback riding. With joint efforts, we were able to make every wish come true on St. Nicholas’s Day. Shouts of kids cause incredible happiness: “Oh, that’s exactly what I wanted!”, this phrase was heard everywhere during the presentation of gifts. The happy eyes of children and their parents motivate us to further expand the project and attract a wide range of caring assistants of St. Nicholas.

We thank everyone who was involved in making the children’s dreams true and helped, in particular, collect toys, baby clothes, diapers, candy, hygiene products for kids, books. Special thanks goes to the organizers of the festival to the Saint Nicholas Day in the “Clinic to Treat Children with HIV/AIDS”, which operates in the National Children’s Special Hospital “Okhmadyt”. On December 19, the volunteers of the project solemnly handed over gifts to young patients, treated them with sweets, held amazing workshops on making snowmen of socks, coloring New-Year toys and making bracelets.

This year, the project partners allocated charitable funds in the amount of UAH 166,458.30, which were spent to acquire medicines for young patients and medical equipment for the Clinic. 48 children received winter boots. With the support of the MIT Children project of Henkel Ukraine, baby furniture for the Kyiv left bank city center for HIV-positive children and youth was purchased.

SHELL Company has been one of the principal partners of this initiative for several years in a line.

We are proud that the volunteer initiative of the employees of Alliance-Ukraine has turned into a good charitable tradition and got strengthened with a great circle of friends!



Appendices

Appendix 1

Financial overview of ICF “International HIV/AIDS Alliance in Ukraine” activities for 2013.

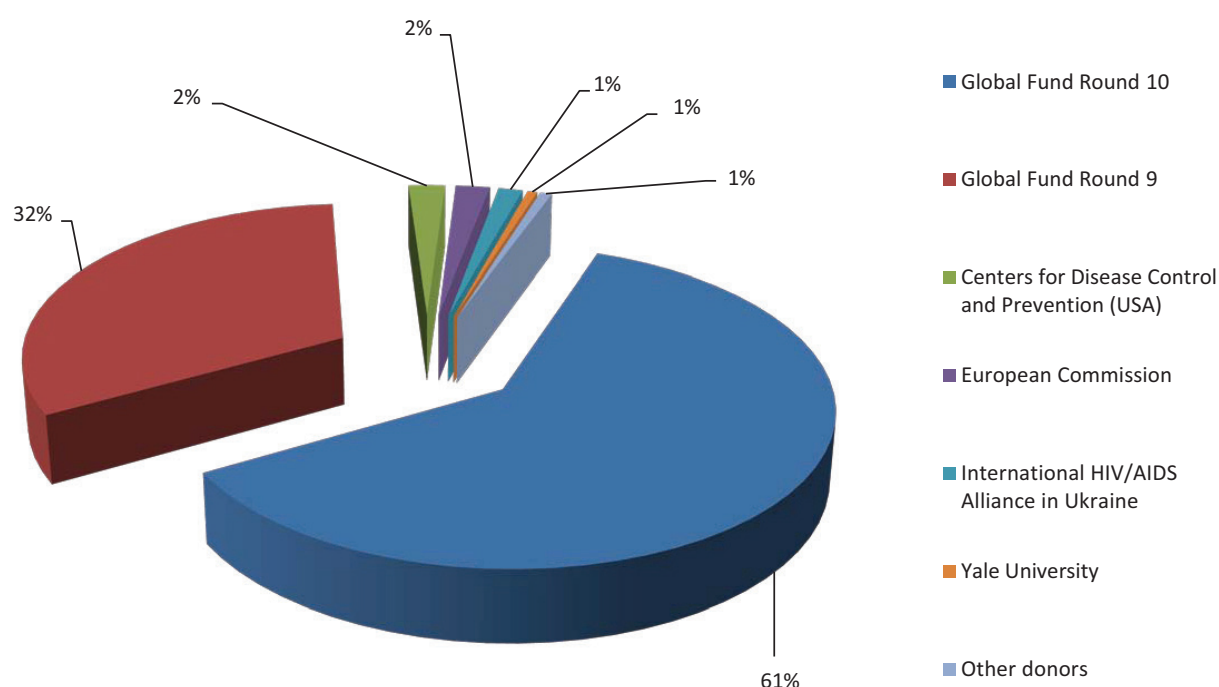
Таблиця 1. Structure of funds provided in 2013

Donor (project)	Funds		
	USD thousands	UAH thousands*	Share (%)
Global Fund to Fight AIDS, Tuberculosis and Malaria (<i>Building a sustainable system of comprehensive services on HIV prevention, treatment, care and support for MARPs and PLWH in Ukraine – Round 10</i>)	20 296	162 228	61,21%
Global Fund to Fight AIDS, Tuberculosis and Malaria (<i>The reduction of the epidemic of tuberculosis in Ukraine by expanding the access to high-quality services to fight against this disease- Round 9</i>) **	10 674	85 316	32,19%
Centers for Disease Control and Prevention (USA) (<i>M&E-related Technical Assistance and Improved Data Application in HIV (METIDA)</i>)	686	5 487	2,07%
European Commission (<i>Broader Introduction of Effective HIV Prevention Strategies Targeting Populations at Most Risk in the ENPI-East Region</i>)	641	5 125	1,93%
ICF “International HIV/AIDS Alliance in Ukraine” (<i>Regional Technical Support Hub; Community Action for Harm Reduction; Fund of Innovations</i>)	458	3 660	1,38%
Yale University (<i>Expanding Medication Assisted Therapy in Ukraine</i>)	183	1 463	0,55%
Other donors***	220	1 756	0,66%
Total	33 158	265 035	100,00%

* UAH/USD exchange rate is the official exchange rate of the National bank of Ukraine applicable as for the moment of disbursement receiving.

** Funding is provided through the Fund of Rinat Akhmetov “Development of Ukraine” and SE “Ukrainian Center for the Socially Dangerous Diseases Control of the MoH of Ukraine»

*** Projects with funding of less than UAH 800,000

Diagram 1. Structure of funds provided in 2013**Table 2. Budget fulfillment in 2013**

Donor (project)	Planned expenses (UAH thousands)	Actual expenditure (UAH thousands)	Fulfillment (%)
Global Fund to Fight AIDS, Tuberculosis and Malaria (<i>Building a sustainable system of comprehensive services on HIV prevention, treatment, care and support for MARPs and PLWH in Ukraine – Round 10</i>)	216 363	208 713	96,46%
Global Fund to Fight AIDS, Tuberculosis and Malaria (<i>The reduction of the epidemic of tuberculosis in Ukraine by expanding the access to high-quality services to fight against this disease- Round 9</i>) **	56 053	37 372	66,67%
Centers for Disease Control and Prevention (USA) (<i>M&E-related Technical Assistance and Improved Data Application in HIV (METIDA)</i>)	7 182	5 533	77,05%
ICF "International HIV/AIDS Alliance in Ukraine" (<i>Regional Technical Support Hub; Community Action for Harm Reduction; Fund of Innovations</i>)	4 283	3 702	86,43%
European Commission (<i>Broader Introduction of Effective HIV Prevention Strategies Targeting Populations at Most Risk in the ENPI-East Region</i>)	3 446	3 017	87,56%
Yale University (<i>Expanding Medication Assisted Therapy in Ukraine</i>)	2 052	1 212	59,06%
Other donors**	2 089	2 544	121,78%***
Total	291 468	262 093	89,92%

* Funding is provided through the Fund of Rinat Akhmetov "Development of Ukraine" and SE "Ukrainian Center for the Socially Dangerous Diseases Control of the MoH of Ukraine»

** Projects with funding of less than UAH 800,000

*** Used funds include the balances from previous periods

Diagram 2. Structure of expenditures in 2013 (breakup by categories)

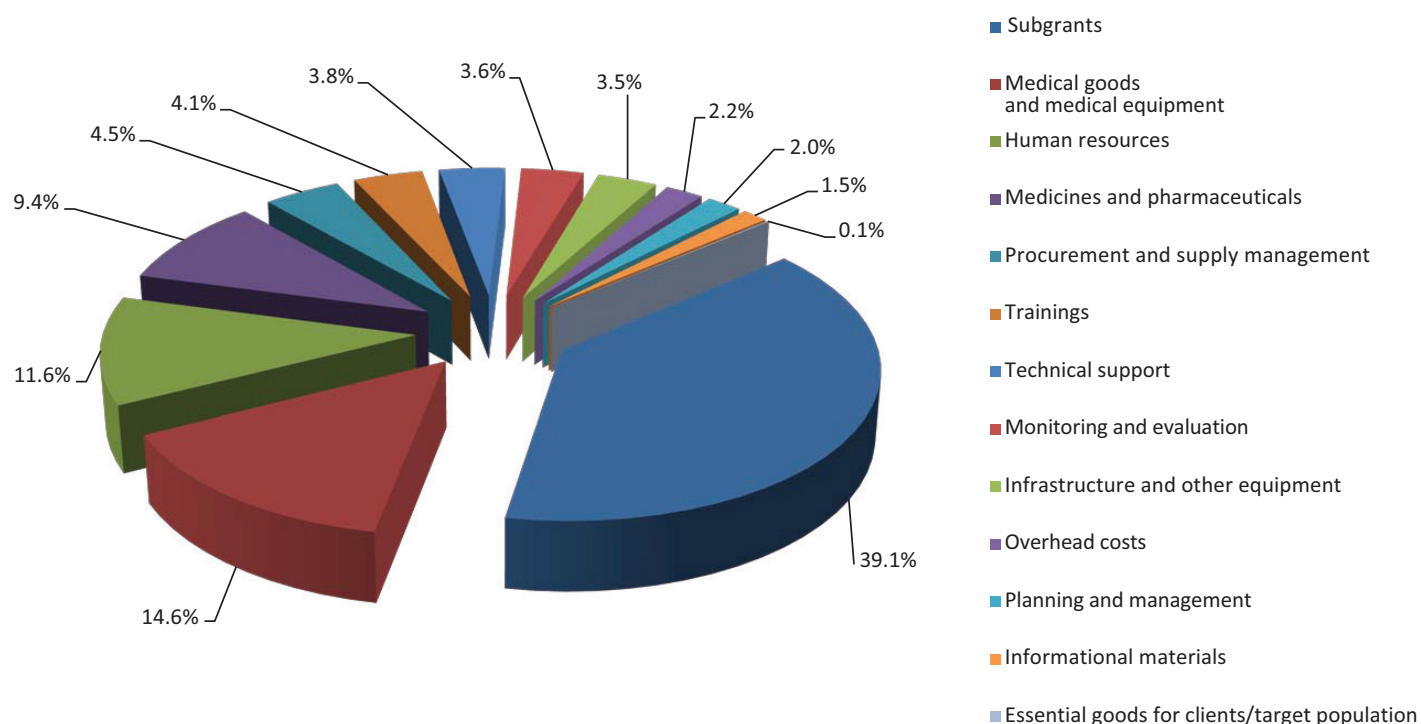


Diagram 3. Structure of expenditures in 2013 by disease type

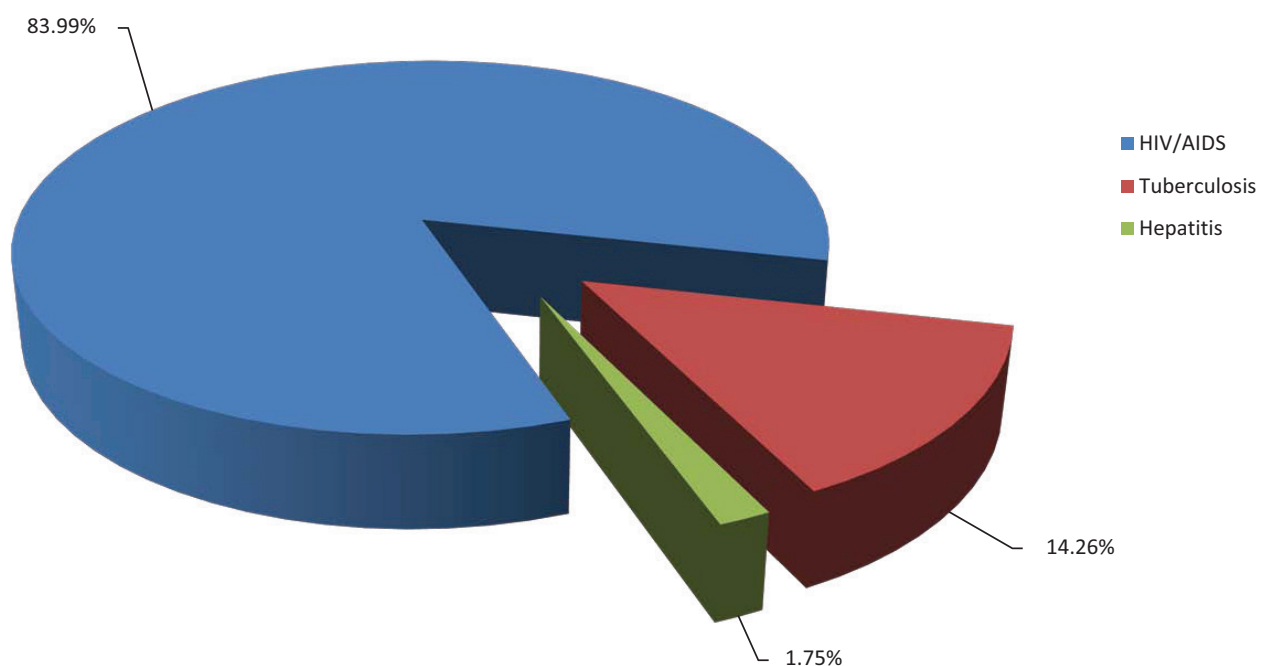
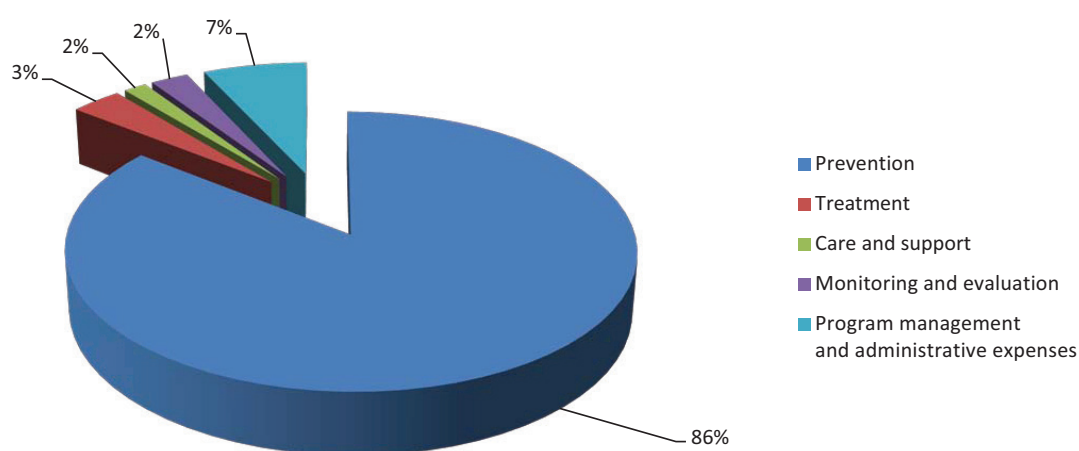
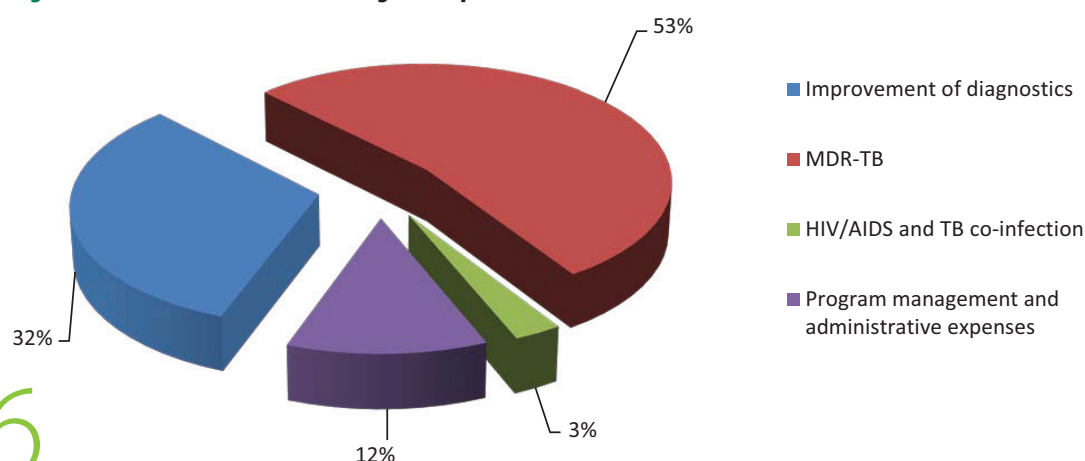


Table 3. Budget fulfillment of Round 10 Program «Building a sustainable system of comprehensive services on HIV prevention, treatment, care and support for MARPs and PLWH in Ukraine» in 2013.

Key programmatic goal	Planned expenses (UAH thousands)	Actual expenditure (UAH thousands)	Fulfillment (%)
Prevention	182 637	178 749	97,87%
Treatment	11 998	7 100	59,18%
Care and support	3 544	3 212	90,64%
Monitoring and evaluation	3 347	5 244	156,66%
Program management and administrative expenses	14 837	14 408	97,11%
Total	216 363	208 713	96,46%

Diagram 4. Structure of Round 10 Program expenses in 2013**Table 4. Budget fulfillment of Round 10 Program «The reduction of the epidemic of tuberculosis in Ukraine by expanding the access to high-quality services to fight against this disease» in 2013**

Task	Planned expenses (UAH thousands)	Actual expenditure (UAH thousands)	Fulfillment (%)
Improvement of diagnostics	10 870	12 027	110,64%
MDR-TB	38 929	19 865	51,03%
HIV/AIDS and TB co-infection	1 202	1 061	88,21%
Program management and administrative expenses	5 052	4 420	87,50%
Total	56 053	37 373	66,67%

Diagram 5. Structure of Round 9 Program expenses in 2013

Appendix 2

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

**Consolidated Financial Statements
for the Year Ended 31 December 2013**

(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 2013

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 2013, the consolidated 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 UAS 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:

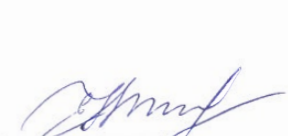
- Designing, implementing, and maintaining an effective and sound system of internal controls, throughout the Organization;
- Maintaining adequate accounting records that are sufficient to show and explain the Organization's transactions and disclose with reasonable accuracy at any time the consolidated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

The consolidated financial statements for the year ended 31 December 2013 were authorized for issue by the Organization's management on 18 July 2014:

On behalf of the Organization's management:


Klepikov A.,
Executive Director




Nosatska O.,
Chief Accountant



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INDEPENDENT AUDITOR'S REPORT

To 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 2013, 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 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 2013, and their consolidated financial performance and consolidated cash flows for the year then ended in accordance with Ukrainian Accounting Standards.

Emphasis of Matter

We draw your attention to Explanatory note 2 to the consolidated financial statements. The impact of the continuing economic crisis and political turmoil in Ukraine and their final resolution are unpredictable and may adversely affect the Ukrainian economy and the operations of the Organization. Our opinion is not qualified in respect of this matter.

Deloitte & Touche

18 July 2014

Certified Auditor



Oles Shevchenko

Auditor's Certificate No. 006964

Issued by the Audit Chamber of Ukraine on 27 September 2012

the Basis of Resolution of the Audit Chamber of Ukraine No. 257/2, effective until 27 September 2017

PrJSC "Deloitte & Touche Ukrainian Services Company"
48, 50A, Zhylianska Str., Kyiv, 01033, Ukraine

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

**CONSOLIDATED BALANCE SHEET (CONSOLIDATED STATEMENT OF FINANCIAL POSITION)
AS OF 31 DECEMBER 2013
(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	1000	945	496
historical cost	1001	2,351	2,436
accumulated amortization	1002	(1,406)	(1,940)
Capital investments in progress	1005	-	3,484
Property and equipment	1010	946	891
historical cost	1011	4,851	5,304
accumulated depreciation	1012	(3,905)	(4,413)
Investment property	1015	-	-
cost of investment property	1016	-	-
accumulated depreciation of investment property	1017	-	-
Non-current biological assets	1020	-	-
cost of non-current biological assets	1021	-	-
accumulated depreciation of non-current biological assets	1022	-	-
Non-current financial investments accounted for under equity method of			
other enterprises	1030	-	-
other financial investments	1035	-	-
Non-current accounts receivable	1040	-	-
Deferred tax assets	1045	-	-
Goodwill	1050	-	-
Deferred acquisition expenses	1060	-	-
Cash balance in centralized insurance reserve funds	1065	-	-
Other non-current assets	1090	-	-
Total on Section I	1095	1,891	4,871
II. Current assets			
Inventories	1100	1,367	26,833
Production inventories	1101	1,367	26,833
Work in progress	1102	-	-
Finished goods	1103	-	-
Merchandise	1104	-	-
Current biological assets	1110	-	-
Reinsurance deposits	1115	-	-
Promissory notes received	1120	-	-
Accounts receivable for products, goods, works, and services	1125	543	49
Accounts receivable on settlements:			
advances issued	1130	13,023	6,281
with the state budget	1135	1	4
including income taxes	1136	-	-
Accounts receivable on settlements on income accrued	1140	-	-
Accounts receivable on internal settlements	1145	-	-
Other current accounts receivable	1155	19,841	3,558
Current financial investments	1160	-	1,009
Cash and cash equivalents	1165	90,538	98,648
Cash on hand	1166	-	-
Accounts with banks	1167	90,538	98,648
Prepaid expenses	1170	2,299	2,058
Reinsurer's share in insurance reserves	1180	-	-
including in:			
reserves for long-term liabilities	1181	-	-
reserves for claims or payments due	1182	-	-
unearned premium reserves	1183	-	-
other insurance reserves	1184	-	-
Other current assets	1190	-	-
Total on Section II	1195	127,612	138,440
III. Non-current assets held for sale and disposal groups	1200	-	-
Total assets	1300	129,503	143,311

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

**CONSOLIDATED BALANCE SHEET (CONSOLIDATED STATEMENT OF FINANCIAL POSITION)
AS OF 31 DECEMBER 2013 (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			
Registered (share) capital	1400	-	-
Contributions to unregistered contributed capital	1401	-	-
Revaluation reserve	1405	-	-
Additional capital	1410	-	-
Share premium	1411	-	-
Cumulative exchange differences	1412	-	-
Reserve capital	1415	-	-
Retained earnings (uncovered loss)	1420	17,323	21,716
Unpaid capital	1425	-	-
Withdrawn capital	1430	-	-
Other reserves	1435	-	-
Total on Section I	1495	17,323	21,716
II. Non-current liabilities and provisions			
Deferred tax liabilities	1500	-	-
Retirement benefit obligations	1505	-	-
Long-term borrowings from banks	1510	-	-
Other non-current liabilities	1515	-	-
Non-current provisions	1520	-	-
Non-current provisions for staff costs	1521	-	-
Special purpose funding	1525	104,400	104,490
Charity	1526	-	-
Insurance reserves	1530	-	-
including:			
reserves for long-term liabilities	1531	-	-
reserves for claims or payments due	1532	-	-
unearned premium reserves	1533	-	-
other insurance reserves	1534	-	-
Investment contracts	1535	-	-
Prize fund	1540	-	-
Reserve for jackpot payment	1545	-	-
Total on Section II	1595	104,400	104,490
III. Current liabilities and provisions			
Short-term borrowings from banks	1600	-	-
Promissory notes issued	1605	-	-
Current accounts payable on:			
non-current liabilities	1610	-	-
goods, works, services	1615	3,504	9,944
settlements with the state budget	1620	48	151
including income taxes	1621	29	59
insurance	1625	12	-
staff costs	1630	41	15
Current accounts payable on advances received	1635	-	75
Current accounts payable on settlements with participants	1640	-	-
Current accounts payable on internal settlements	1645	-	-

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

**CONSOLIDATED BALANCE SHEET (CONSOLIDATED STATEMENT OF FINANCIAL POSITION)
AS OF 31 DECEMBER 2013 (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
Current accounts payable on insurance activities	1650	-	-
Current provisions	1660	1,419	1,194
Deferred income	1665	2,754	5,723
Deferred fee and commission income from reinsurers	1670	-	-
Other current liabilities	1690	2	3
Total on Section III	1695	7,780	17,105
IV. Liabilities attributable to non-current assets held for sale and disposal groups	1700	-	-
V. Net value of non-government pension fund assets	1800	-	-
Total equity and liabilities	1900	129,503	143,311

Klepikov A.,
Executive Director



Nosatska O.,
Chief Accountant

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

**CONSOLIDATED STATEMENT OF FINANCIAL RESULTS (CONSOLIDATED STATEMENT OF
COMPREHENSIVE INCOME)
FOR THE YEAR ENDED 31 DECEMBER 2013
(in Ukrainian Hryvnias and in thousands)**

I. FINANCIAL RESULTS

Item	Line code	Reporting period	Prior period
1	2	3	4
Net revenue from sale of products (goods, works, services)	2000	4,730	2,842
Net premiums earned	2010	-	-
Premiums written, gross	2011	-	-
Premiums ceded to reinsurance	2012	-	-
Change in reserve of unearned premiums, gross	2013	-	-
Change in reinsurer's share in unearned premium reserve	2014	-	-
Cost of products sold (goods, works, services)	2050	(3,562)	(1,942)
Net losses on insurance claims	2070	-	-
Gross:			
Profit	2090	1,168	900
Gains (losses) on changes in reserves for long-term liabilities	2105	-	-
Gains (losses) on changes in other insurance reserves	2110	-	-
Change in other insurance reserves, gross	2111	-	-
Change in reinsurers' share in other insurance reserves	2112	-	-
Other operating income	2120	267,015	264,644
Gain on change in the value of assets measured at fair value	2121	-	-
Gain on initial recognition of biological assets and agricultural produce	2122	-	-
Administrative expenses	2130	(40,504)	(36,482)
Distribution costs	2150	-	-
Other operating expenses	2180	(223,039)	(226,457)
Loss on change in the value of assets measured at fair value	2181	-	-
Expense on initial recognition of biological assets and agricultural produce	2182	-	-
Financial results from operating activities:			
Profit	2190	4,640	2,605
Loss	2195	-	-
Income on equity investments	2200	-	-
Other finance income	2220	-	-
Other income	2240	-	-
Gain on charity	2241	-	-
Finance costs	2250	-	-
Losses on equity investments	2255	-	-
Other expense	2270	(131)	(3)
Gain (loss) on the effect of inflation on monetary items	2275	-	-
Financial result before tax:			
Profit	2290	4,509	2,602
Income tax expense	2300	(116)	(42)
Profit (loss) from discontinued operations after tax	2305	-	-
Net financial result:			
Profit	2350	4,393	2,560
Loss	2355	-	-

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

**CONSOLIDATED STATEMENT OF FINANCIAL RESULTS (CONSOLIDATED STATEMENT OF
COMPREHENSIVE INCOME)
FOR THE YEAR ENDED 31 DECEMBER 2013 (CONTINUED)
(in Ukrainian Hryvnias and in thousands)**

II. COMPREHENSIVE INCOME

Item	Line code	Reporting period	Prior period
1	2	3	4
Increase (decrease) in the value of non-current assets	2400	-	-
Increase (decrease) in the value of financial instruments	2405	-	-
Cumulative exchange differences	2410	-	-
Share in other comprehensive income of associates and joint ventures	2415	-	-
Other comprehensive income	2445	-	-
Other comprehensive income before tax	2450	-	-
Income taxes attributable to other comprehensive income	2455	-	-
Other comprehensive income after tax	2460	-	-
Comprehensive income (total of lines 2350, 2355, and 2460)	2465	4,393	2,560

III. ELEMENTS OF OPERATING EXPENSE

Item	Line code	Reporting period	Prior period
1	2	3	4
Materials	2500	64,752	96,067
Staff costs	2505	29,931	26,637
Social charges	2510	8,954	7,909
Depreciation and amortization	2515	1,055	1,306
Other operating expenses	2520	162,413	132,962
Total	2550	267,105	264,881

IV. RATIOS OF EARNINGS PER SHARE

Item	Line code	Reporting period	Prior period
1	2	3	4
Average annual number of ordinary shares	2600	-	-
Adjusted average annual number of ordinary shares	2605	-	-
Net profit (loss) per ordinary share	2610	-	-
Adjusted net profit (loss) per ordinary share	2615	-	-
Dividends per ordinary share	2650	-	-

Klepikov A.,
Executive Director

Nosatska O.,
Chief Accountant

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

**CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2013
(in Ukrainian Hryvnias and in thousands)**

Item	Line code	Reporting period	Prior period
1	2	3	4
I. Cash flows from operating activities			
Cash inflows from:			
Sales of products (goods, works, services)	3000	6,170	2,765
Return of taxes and duties	3005	317	370
including value added tax	3006	-	-
Special purpose funding	3010	264,837	285,948
Proceeds on subsidies, grants	3011	-	-
Proceeds on advances from buyers and customers	3015	75	-
Proceeds on advances returned	3020	1,242	763
Proceeds on interest on current accounts balances	3025	-	-
Proceeds on debtors' forfeits (fines, penalties)	3035	-	-
Proceeds on operating leases	3040	-	-
Proceeds on royalty, copyright received	3045	-	-
Proceeds on insurance premiums	3050	-	-
Proceeds of financial institutions on loans repaid	3055	-	-
Other proceeds	3095	4,212	2,726
Cash outflows for payment: Goods (works, services)	3100	(114,170)	(107,653)
Staff costs	3105	(24,731)	(22,118)
Social charges	3110	(9,798)	(10,946)
Liabilities on taxes and duties	3115	(5,264)	(4,619)
Payments for income tax liabilities	3116	(86)	(60)
Payments for value added tax liabilities	3117	(304)	(237)
Payments for liabilities on other taxes and duties	3118	(4,874)	(4,322)
Payments for advance	3135	(4,684)	(13,023)
Repayments for advance	3140	-	-
Payments for special purpose contributions	3145	(103,118)	(119,311)
Payments for liabilities under insurance contracts	3150	-	-
Payments for loan granting by financial institutions	3155	-	-
Other payments	3190	(2,185)	(2,411)
Net cash flow from operating activities	3195	12,903	12,491
II. Cash flows from investing activities			
Proceeds on sale of:			
Financial investments	3200	-	-
Non-current assets	3205	-	-
Proceeds on the received:			
Interest	3215	-	-
Dividends	3220	-	-
Proceeds on derivatives	3225	-	-
Proceeds on repayment of borrowings	3230	-	-
Proceeds on disposal of subsidiary and other business entity	3235	-	-
Other proceeds	3250	-	-
Purchase of:			
Financial investments	3255	(1,009)	-
Non-current assets	3260	(4,055)	(852)
Payments under derivatives	3270	-	-
Payments on issuance of loans	3275	-	-
Payments on acquisition of subsidiary and other business entity	3280	-	-
Other payments	3290	-	-
Net cash flow from investing activities	3295	(5,064)	(852)

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

**CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2013 (CONTINUED)
(in Ukrainian Hryvnias and in thousands)**

Item	Line code	Reporting period	Prior period
1	2	3	4
III. Cash flows from financing activities			
Proceeds on:			
Equity issued	3300	-	-
Borrowings received	3305	-	-
Proceeds on sale of interest in subsidiary	3310	-	-
Other proceeds	3340	-	-
Outflows to:			
Treasury shares	3345	-	-
Repayment of borrowings	3350	-	-
Dividends paid	3355	-	-
Repayment of interest	3360	-	-
Repayment under finance leases	3365	-	-
Repayment of interest in subsidiary	3370	-	-
Repayments to non-controlling interests in subsidiaries	3375	-	-
Other payments	3390	-	-
Net cash flow from financing activities	3395	-	-
Net cash flows for the reporting period	3400	7,839	11,639
Cash balance at the beginning of the year	3405	90,538	78,899
Effect of changes in foreign exchange rates on the cash balance	3410	271	-
Cash balance at the end of the year	3415	98,648	90,538

Klepikov A.,
Executive Director



Nosatska O.,
Chief Accountant

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

CONSOLIDATED STATEMENT OF EQUITY FOR THE YEAR ENDED 31 DECEMBER 2013 (in Ukrainian Hryvnias and in thousands)

Item	Line code	Registered capital	Revaluation reserve	Additional capital	Reserve capital	Retained earnings/ (uncovered loss)	Total
1	2	3	4	5	6	7	8
Balance at the beginning of the year	4000	-	-	-	-	17,323	17,323
Adjustment for:							
Change in accounting policies	4005	-	-	-	-	-	-
Correction of errors	4010	-	-	-	-	-	-
Other changes	4090	-	-	-	-	-	-
Adjusted balance at the beginning of the year	4095	-	-	-	-	17,323	17,323
Net profit (loss) for the reporting period	4100	-	-	-	-	4,393	4,393
Other comprehensive income for the reporting period	4110	-	-	-	-	-	-
Revaluation surplus (deficit) in non-current assets	4111	-	-	-	-	-	-
Revaluation surplus (deficit) in financial instruments	4112	-	-	-	-	-	-
Cumulative exchange differences	4113	-	-	-	-	-	-
Share of other comprehensive income in associates and joint ventures	4114	-	-	-	-	-	-
Other comprehensive income	4116	-	-	-	-	-	-

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

CONSOLIDATED STATEMENT OF EQUITY
FOR THE YEAR ENDED 31 DECEMBER 2013 (CONTINUED)
(in Ukrainian hryvnias and in thousands)

Item	Line code	Registered capital	Revaluation reserve	Additional capital	Reserve capital	Retained earnings/ (uncovered loss)	Total
1	2	3	4	5	6	7	8
Distribution of profits:							
Payments to owners (dividends)	4200	-	-	-	-	-	-
Distributions to registered capital	4205	-	-	-	-	-	-
Charges to reserve capital	4210	-	-	-	-	-	-
Net profit payable to the state budget under the laws	4215	-	-	-	-	-	-
Net profit payable for creation of specialized (special purpose) funds	4220	-	-	-	-	-	-
Net profit payable for financial incentives	4225	-	-	-	-	-	-
Contributions of participants:							
Contributions to capital	4240	-	-	-	-	-	-
Capital receivable settlement	4245	-	-	-	-	-	-
Capital withdrawals:							
Redemption of shares (stakes)	4260	-	-	-	-	-	-
Resale of treasury shares (stakes)	4265	-	-	-	-	-	-
Cancellation of treasury shares (stakes)	4270	-	-	-	-	-	-
Withdrawal of stakes in equity	4275	-	-	-	-	-	-
Decrease in nominal value of shares	4280	-	-	-	-	-	-
Other changes in equity	4290	-	-	-	-	-	-
Purchase (sale) of non-controlling interest in subsidiary	4291	-	-	-	-	-	-
Total changes in equity	4295	-	-	-	-	4,393	4,393
Balance at the end of the year	4300	-	-	-	-	21,716	21,716




Klepikov A.,
Executive Director



Nosatska O.,
Chief Accountant

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	Registered capital	Revaluation reserve	Additional capital	Reserve capital	Retained earnings/ (uncovered loss)	Total
1	2	3	4	5	6	7	8
Balance at the beginning of the year	4000	-	-	-	-	14,763	14,763
Adjustment for:							
Change in accounting policies	4005	-	-	-	-	-	-
Correction of errors	4010	-	-	-	-	-	-
Other changes	4090	-	-	-	-	-	-
Adjusted balance at the beginning of the year	4095	-	-	-	-	14,763	14,763
Net profit (loss) for the reporting period	4100	-	-	-	-	2,560	2,560
Other comprehensive income for the reporting period	4110	-	-	-	-	-	-
Revaluation surplus (deficit) in non-current assets	4111	-	-	-	-	-	-
Revaluation surplus (deficit) in financial instruments	4112	-	-	-	-	-	-
Cumulative exchange differences	4113	-	-	-	-	-	-
Share of other comprehensive income in associates and joint ventures	4114	-	-	-	-	-	-
Other comprehensive income	4116	-	-	-	-	-	-

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	Registered capital	Revaluation reserve	Additional capital	Reserve capital	Retained earnings/ (uncovered loss)	Total
1	2	3	4	5	6	7	8
Distribution of profits:							
Payments to owners (dividends)	4200	-	-	-	-	-	-
Distributions to registered capital	4205	-	-	-	-	-	-
Charges to reserve capital	4210	-	-	-	-	-	-
Net profit payable to the state budget under the laws	4215	-	-	-	-	-	-
Net profit payable for creation of specialized (special purpose) funds	4220	-	-	-	-	-	-
Net profit payable for financial incentives	4225	-	-	-	-	-	-
Contributions of participants:							
Contributions to capital	4240	-	-	-	-	-	-
Capital receivable settlement	4245	-	-	-	-	-	-
Capital withdrawals:							
Redemption of shares (stakes)	4260	-	-	-	-	-	-
Resale of treasury shares (stakes)	4265	-	-	-	-	-	-
Cancellation of treasury shares (stakes)	4270	-	-	-	-	-	-
Withdrawal of stakes in equity	4275	-	-	-	-	-	-
Decrease in nominal value of shares	4280	-	-	-	-	-	-
Other changes in equity	4290	-	-	-	-	-	-
Purchase (sale) of non-controlling interest in subsidiary	4291	-	-	-	-	-	-
Total changes in equity	4295	-	-	-	-	2,560	2,560
Balance at the end of the year	4300	-	-	-	-	17,323	17,323



Klepikov A.,
Executive Director

Nosatska O.,
Chief Accountant

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

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2013
(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	Revaluation (surplus +, deficit -)		Disposals during the year		Amortization accrued during the year	Impairment losses for the year	Other changes during the year		Balance at the end of the year	
		Historical (revalued) cost	Accumulated amortization		Historical (revalued) cost	Accumulated amortization	Historical (revalued) cost	Accumulated amortization			Historical (revalued) cost	Accumulated amortization	Historical (revalued) cost	Accumulated amortization
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Rights to use natural resources	010	-	-	-	-	-	-	-	-	-	-	-	-	-
Property rights	020	-	-	-	-	-	-	-	-	-	-	-	-	-
Trademark rights	030	-	-	-	-	-	-	-	-	-	-	-	-	-
Industrial property rights	040	-	-	-	-	-	-	-	-	-	-	-	-	-
Copyrights and related rights	050	-	-	-	-	-	-	-	-	-	-	-	-	-
	060	-	-	-	-	-	-	-	-	-	-	-	-	-
Other intangible assets	070	2,351	1,406	102	-	-	17	13	547	-	-	-	2,436	1,940
Total	080	2,351	1,406	102	-	-	17	13	547	-	-	-	2,436	1,940
Goodwill	090	-	-	-	-	-	-	-	-	-	-	-	-	-
From line 080 column 14													(081)	-
cost of intangible assets with restricted ownership rights													(082)	-
cost of intangible assets pledged as collateral													(083)	-
cost of internally generated intangible assets													(084)	-
cost of intangible assets acquired at the cost of special purpose financing													(085)	-
accumulated amortization of intangible assets with restricted ownership rights														-

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

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2013 (CONTINUED)
(in Ukrainian Hryvnias and in thousands)

II. Property and equipment

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 (revalued) cost	Accumulated depreciation		Historical (revalued) cost	Accumulated depreciation	Historical (revalued) cost	Accumulated depreciation			Historical (revalued) cost	Accumulated depreciation	Historical (revalued) cost	Accumulated depreciation	Historical (revalued) cost	Accumulated depreciation	Historical (revalued) cost	Accumulated depreciation	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
Land plots	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Investment property	105	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital expenditure on land improvement	110	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Buildings, constructions, and transmission equipment	120	28	19	-	-	-	-	-	5	-	-	-	28	24	-	-	-	-	-
Machinery and equipment	130	3,840	2,903	360	-	-	-	-	410	-	-	-	4,200	3,313	-	-	-	-	-
Vehicles	140	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tools, devices, and fixtures (furniture)	150	17	17	-	-	-	-	-	-	-	-	-	17	17	-	-	-	-	-
Livestock	160	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Perennial plants	170	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other property and equipment	180	459	459	-	-	-	-	-	-	-	-	-	459	459	-	-	-	-	-
Library stock	190	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Low-value non-current tangible assets	200	507	507	93	-	-	-	-	93	-	-	-	600	600	-	-	-	-	-
Temporary constructions	210	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Natural resources	220	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Returnable containers	230	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leased items	240	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other non-current tangible assets	250	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	260	4,851	3,905	453	-	-	-	-	508	-	-	-	5,304	4,413	-	-	-	-	-

From line 260 column 14

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

(261)
 (262)
 (263)
 (264)
 (2641)
 (265)
 (2651)
 (266)
 (267)
 (268)
 (269)

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

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2013 (CONTINUED)
(in Ukrainian Hryvnias and in thousands)**

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	3,844	3,484
Acquisition (construction) of other non-current tangible assets	300	93	-
Acquisition (creation) of intangible assets	310	102	-
Acquisition (cultivation) of non-current biological assets	320	-	-
Other	330	-	-
Total	340	4,039	3,484

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	1,009	-	1,009
Total (Section A + Section B)	420	1,009	-	1,009

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)	_____	1,009
fair value	(425)	_____	-
amortized cost	(426)	_____	-

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

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2013 (CONTINUED)
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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	-	2,164
Operating foreign exchange difference	450	853	549
Sale of other current assets	460	-	-
Penalties, fines, forfeits	470	158	-
Maintenance of housing and utility, social and cultural units	480	-	-
Other operating income and expense	490	266,004	260,830
including:			
charges to provision for doubtful debt	491	X	396
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 expense:			
Dividends	530	-	X
Interest	540	X	-
Finance leases of assets	550	-	-
Other finance income and expense	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	4
Other income and expense	630	-	127

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	98,648
Other accounts with banks (letters of credit, checks)	660	-
Cash in transit	670	-
Cash equivalents	680	-
Total	690	98,648

From line 070 column 4 of Balance Sheet – Restricted cash	(691)	-
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INTERNATIONAL CHARITABLE FOUNDATION “INTERNATIONAL HIV/AIDS ALLIANCE IN UKRAINE”

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2013 (CONTINUED)
(in Ukrainian Hryvnias and in thousands)

VII. Provisions and reserves

Types of provisions and reserves	Line code	Balance at the beginning of the year	Increase during the reporting period		Used during the year	Reversed unused amount in the reporting period	Expected recovery of losses by other parties included in the provision valuation	Balance at the end of the year
			Accrued (created)	Additional charges				
1	2	3	4	5	6	7	8	9
Provision for unused vacations	710	1,419	226	-	451	-	-	1,194
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 provisions	770	-	-	-	-	-	-	-
Provision for doubtful debts	775	25	396	-	-	-	-	421
Total	780	1,444	622	-	451	-	-	1,615

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

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
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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	26,833	-	-
Work in progress	890	-	-	-
Finished goods	900	-	-	-
Merchandise	910	-	-	-
Total	920	26,833	-	-

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	49	-	-	-
Other current accounts receivable	950	3,558	10	-	-

Bad debts written off in the reporting year

(951) -

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	-

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

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2013 (CONTINUED)
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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	-
Retained earnings at the end of the year	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	116
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	116
including:		
current income tax	1241	116
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	1,055
Used during the year – Total	1310	1,055
including for:		
construction	1311	-
acquisition (construction) and improvement of property and equipment	1312	953
including machinery and equipment	1313	410
acquisition (construction) of intangible assets	1314	102
repayment of loans received for capital investments	1315	-
	1316	-
	1317	-

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

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2013 (CONTINUED)
(in Ukrainian Hryvnias and in thousands)

XIV. Biological assets

Groups of biological assets		Line code	Accounted for at historical cost										Accounted for at fair value						
			Balance at the beginning of the year Historical cost		Additions during the year		Disposals during the year		Impairment losses		Reversal of impairment		Balance at the end of the year		Balance at the beginning of the year		Revaluations during the year		Disposals during the year
			3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		
1		2																	
Non-current biological assets –																			
Total including:		1410	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
work stock		1411	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
productive livestock		1412	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
perennial plantings		1413	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
		1414	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
other non-current biological assets		1415	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Current biological assets – Total																			
including:		1420	-	X	-	-	X	X	-	-	-	X	-	-	-	-	-		
animals on rearing and fattening		1421	-	X	-	-	X	X	-	-	-	X	-	-	-	-	-		
biological assets in biotransformation (other than animals on rearing and fattening)																			
		1422	-	X	-	-	X	X	-	-	-	X	-	-	-	-	-		
		1423	-	X	-	-	X	X	-	-	-	X	-	-	-	-	-		
		1424	-	X	-	-	X	X	-	-	-	X	-	-	-	-	-		
other current biological assets		1430	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
total																			

From line 1430 columns 5 and 14 cost of biological assets purchased through special purpose funding (1431)

From line 1430 columns 6 and 16 net book value of non-current biological assets, historical cost of current biological assets, and fair value of biological assets lost as a result of extraordinary events (1432)

From line 1430 columns 11 and 17 carrying amounts of biological assets for which there is a restriction of ownership rights (1433)

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

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2013 (CONTINUED)
(in Ukrainian Hryvnias and in thousands)

XV. Financial results from initial recognition and sale of agricultural produce and additional biological assets

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	
				Income	Expense				Sales	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	-	-	-	-	-	-	-	-	-
	1539	-	-	-	-	-	-	-	-	-
Agricultural produce and additional biological assets – Total	1540	-	-	-	-	-	-	-	-	-



Klepikov A.,
Executive Director

Nosatska O.,
Chief Accountant

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

EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2013 (in Ukrainian Hryvnias and in thousands unless otherwise indicated)

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 against HIV infection spreading and 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 47,514 thousand (equivalent of UAH 379,779 thousand as of 31 December 2013) and they were expected to be available to 31 March 2014.

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), which, until 1 October 2013, was provided through the Charitable Foundation "Development of Ukraine" and, after 1 October 2013, through State Institution "Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine". The first agreed amount of funds for Phase I of Round 9 amounted to USD 15,851 thousand (equivalent of UAH 126,697 thousand), with the period of realization ended on 31 December 2013. On 30 September 2013, the realization of Phase I of Round 9 was suspended due to the change in the initial recipient, the role of which was transferred to State Institution "Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine". During the fourth quarter of 2013, the Organization returned the unused amount of UAH 1,433 thousand to the Charitable Foundation "Development of Ukraine". Balance of the unused funding under Phase I of Round 9 as of 31 December 2013 in the amount of USD 2,475 thousand (equivalent of UAH 19,783 thousand as of 31 December 2013) should be returned to the Charitable Foundation "Development of Ukraine".

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

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(in Ukrainian Hryvnias and in thousands unless otherwise indicated)

In September 2012, the Organization signed a grant agreement with the Center for Disease Control and Prevention, USA, to implement the Program “Engaging Local Indigenous Organizations in Developing HIV/AIDS Monitoring and Evaluation Capacity in Ukraine under the President's Emergency Plan for AIDS Relief” for the periods from 30 September 2012 to 29 September 2013 (first year program) and from 30 September 2013 to 29 September 2014 (second year program). The amounts of first and second year grants were USD 800 thousand and USD 1,300 thousand (equivalent of UAH 6,394 thousand and UAH 10,391 thousand as of 31 December 2013), respectively.

The Organization is also involved in the realization of projects funded by other donors that are listed and expenses of which are disclosed in Explanatory Note 7.

As of 31 December 2013, the Organization employed 124 persons (as of 31 December 2012: 123 persons). The registered office of the Organization is located at: 5 Dymytrova Str., Bldg. 10a, Floor 9, Kyiv, 03680, Ukraine.

2. OPERATING ENVIRONMENT

Since November 2013, Ukraine has been in a political and economic turmoil. Ukrainian Hryvnia devalued against major world currencies, and significant external financing is required to maintain stability of the economy. The National Bank of Ukraine (“NBU”), among other measures, has imposed temporary restrictions on processing of client payments by banks and on the purchase of foreign currency on the inter-bank market. In February 2014, Ukraine's sovereign rating has been downgraded to CCC with a negative outlook.

In February 2014, the Parliament of Ukraine voted for reinstatement of the 2004 Constitution and dismissal of the incumbent President. In March 2014, Crimea, an autonomous republic of Ukraine, was effectively annexed by the Russian Federation. On 25 May 2014, the presidential election was held, and a new President of Ukraine was elected.

In April-May 2014, operating activities of the NBU, the banking system, and enterprises in general were additionally adversely affected by the separatist movements and the collapse of law and order enforcement in Luhansk and Donetsk regions.

Stabilization of the economy and the political situation depends, to a large extent, upon success of the Ukrainian government's efforts, yet further economic and political developments are currently unpredictable and their adverse affect on the Ukrainian economy may continue.

3. 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 2013 and cover the period from 1 January 2013 to 31 December 2013.

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.

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

EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2013

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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 LLC "Alliance-Ukraine Consultancy" (the "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.

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

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 three years). Amortization of intangible assets commences when the assets are ready for their intended use.

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:

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

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.

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**EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
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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.

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”.

Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but so that the increased amount does not exceed the carrying amount that would have been determined had no impairment loss been recognized for the asset in prior years.

Capital investments in progress – The item of capital investments in progress reflects the cost of capital investments (incomplete at the balance sheet date) in the non-current assets transferred for modernization, which will increase their initial cost.

Inventories – Inventories are mainly represented by drugs, other health care medications, and handout materials. An accounting unit of inventories is acknowledged to be a homogeneous group, batch, or type.

Inventories are carried at cost that includes expenditure incurred in acquiring inventories, delivering, and bringing them to their existing condition for the intended use. Disposal cost of inventories is determined for individual groups using average weighted cost method and identifiable cost of individual inventory items. As of the balance sheet date, the Organization reviews the expiry dates of inventories (including drugs) and, if they are short-term or delayed, writes off the respective inventories. The inventories are recorded net of provision for slow moving, damaged, or obsolete assets.

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.

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

EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2013 (in Ukrainian Hryvnias and in thousands unless otherwise indicated)

Other accounts receivable – Other current accounts receivable of the Organization are mostly attributable to the sub-recipients that receive financing through the Organization from the Global Fund, the Charitable Foundation "Development of Ukraine", State Institution "Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine", and other donors. As of each balance sheet date, the Organization reviews the intended use of advances by sub-recipients and assesses the recoverability of funds from them in the event the expenses are recognized as inappropriate. Other current accounts receivable are carried on the balance sheet net of the provision for inappropriate use of advances by sub-recipients.

Provision for doubtful debts – The amount of provision for doubtful debts is determined by the Organization's management based on their estimates regarding possibility of sub-recipients to perform program activities in accordance with the grant agreement. The provision is created when there is objective evidence that the Organization may fail to obtain the proof from the sub-recipients that their program activities were carried in accordance with the terms of the grant agreement. The Organization also creates the provision for doubtful debts the recovery on which is considered as doubtful.

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

Current financial investments – Financial investments for the period of not longer than one year that may be easily realized at any time (other than investments that are cash equivalents) and non-current financial investments repayable within twelve months from the balance sheet date. As of 31 December 2013, current financial investments comprised a letter of credit issued for the period of five month and with the final maturity on 12 March 2014.

Prepaid expenses – Prepaid expenses are stated at the actual cost of the funds paid and accrued provision for employee vacations. Prepaid expenses are recognized in the consolidated statement of financial results when they are incurred.

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 reduced by other operating income in the consolidated statement of financial results in respective amounts that match with the depreciation and amortization charge recognized during the reporting period on such property and equipment and intangible assets.

Special purpose funding – Special purpose funding is initially recognized when the respective cash proceeds are received from donors. Special purpose funding received is subsequently reduced in amount of incurred expenses related to the program with simultaneous recognition of other operating income. Cost of property and equipment and intangible assets acquired at the expense of special purpose funding is depreciated and amortized over their useful lives, with simultaneous recognition of other operating income. Balance of the special purpose funding received in respect of which the Organization has not yet incurred expenditures is recorded on the Organization's balance sheet in section "Non-current liabilities and provisions".

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.

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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.

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.

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.

All expenses are recognized as expenses of the period when they are incurred and included in profit or loss based on the accrual method.

Operating leases – Operating lease is a lease under which the Organization does not obtain 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. Rentals are prepaid by the Organization for the period of not longer than 12 months from the balance sheet date and recognized as “Prepaid Expenses”.

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:

	As of 31 December 2013	Average exchange rate for 2013	As of 31 December 2012	Average exchange rate for 2012
UAH/USD	7.9930	7.9930	7.9930	7.9910
UAH/EUR	11.0415	10.6122	10.5372	10.2706

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 2013 and 2012 and, thus, did not recognize them in the consolidated financial statements.

The Organization made certain reclassifications of accounts payable accrued as of 31 December 2012 by their types to insure their better comparability and disclosure as of 31 December 2013.

4. CASH AND CASH EQUIVALENTS

As of 31 December, cash and cash equivalents represented by balances on current accounts with banks are as follows:

	2013	2012
USD-denominated cash	93,255	85,939
UAH-denominated cash	2,789	4,281
EUR-denominated cash	2,604	318
Total	98,648	90,538

Almost all cash of the Organization (98% of consolidated cash amount) is placed by the Organization in a domestic bank with a credit rating at the level of "B" as of 31 December 2013.

5. OTHER CURRENT ACCOUNTS RECEIVABLE

As of 31 December 2013 and 2012, other current accounts receivable were represented by the balances of advances issued by the Organization to the sub-recipients that receive financing from the Organization funded by the Global Fund and other donors in the amount of UAH 3,558 thousand and UAH 19,841 thousand, respectively. Those amounts of advances issued are net of the provision for doubtful debts amounting to UAH 421 thousand and UAH 25 thousand as of 31 December 2013 and 2012, respectively.

Movements in the provision for doubtful debts are as follows:

	2013	2012
Balance at the beginning of the year	25	388
Increase in the provision for doubtful debts	396	25
Amounts written off during the year	-	(388)
Balance at the end of the year	421	25

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6. CAPITAL INVESTMENTS IN PROGRESS

During the year ended 31 December 2013, the Organization acquired and partly modernized the vehicles to be used under the Programs for the amount of UAH 3,484 thousand that were not yet put into operation as of 31 December 2013 due to their transfer for re-equipment as mobile medical centers. Subsequently, the Organization is planning to transfer the mobile medical centers to sub-recipient for temporary use on the terms of care and custody.

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7. ADMINISTRATIVE AND OTHER OPERATING EXPENSES

Movements in administrative and other operating expenses for the year ended 31 December 2013 by components and programs are as follows:

	Global Fund Round 10 Phase 1	Global Fund Round 9 Phase 1	Global Fund Round 9 Phase 2	Global Fund Round 6 Phase 2	US Agency for International Development (Sunrise)	Own non-special purpose funds	Global Fund Round 6 Phase 1	Center for Disease Control and Prevention, Europe and Central Asia	Regional Center for Technical Support to Central Europe and Central Asia	Global Fund Round 6 Project Closing	European Commission	Other	Total
Depreciation and amortization	38	95	-	236	-	391	12	23	-	-	-	145	1,055
Payroll and social charges	21,317	2,732	570	-	-	-	-	1,543	-	-	-	4,892	31,054
Office costs	3,625	456	73	18	56	-	-	272	194	-	-	1,730	6,424
Other	401	69	4	-	5	15	-	25	5	246	105	1,096	1,971
Total administrative expenses	25,381	3,352	647	254	61	406	12	1,863	199	246	105	7,863	40,504
Inventories:	39,718	21,207	784	1,048	-	8	8	13	-	12	14	342	63,174
Health care goods	37,751	21,139	784	733	-	-	-	-	-	-	-	231	60,638
Other inventories	1,967	68	-	315	-	8	8	13	-	12	14	111	2,536
Expenses of sub-recipients	117,446	562	-	320	329	-	-	-	-	-	-	79	118,736
Monitoring and assessment	7,266	157	-	512	-	-	-	-	-	-	-	-	7,935
Delivery and storage of health care goods and health equipment	5,358	296	97	-	-	-	-	-	-	-	-	9	5,760
Travel and conference expenses	8,150	401	23	105	123	-	-	2,567	903	149	1,309	209	13,939
Technical support	8,454	399	6	-	141	-	-	884	560	62	500	514	11,520
Other	992	12	8	-	-	-	-	1	-	415	493	54	1,975
Total other operating expenses	187,384	23,034	918	1,985	593	8	8	3,465	1,463	638	2,316	1,207	223,039

Payroll and charges to outsourced staff under civil law contracts in the amount of UAH 7,705 thousand are included in technical support item.

During the year ended 31 December 2012, administrative and other operating expenses were not accounted for by programs.

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8. RELATED PARTY TRANSACTIONS

The only related party transactions during the years ended 31 December 2013 and 2012 were current remuneration payments to the Organization's key management personnel.

For the year ended 31 December 2013, total remuneration to the Organization's key management personnel was included in administrative expenses and amounted to UAH 4,257 thousand (for the year ended 31 December 2012: UAH 3,894 thousand).

9. CONTINGENCIES AND CONTRACTUAL COMMITMENTS

Taxation – Alliance Ukraine is a non-profit organization subject to specific tax requirements. Ukraine's tax environment is characterized by complexity in tax administering, arbitrary interpretation by tax authorities of tax laws and regulations that, inter alia, can increase fiscal pressure on tax payers. Inconsistent application, interpretation, and enforcement of tax laws can lead to litigation which, as a consequence, may result in the imposition of additional taxes, penalties, and interest, and these amounts could be material. Facing current economic and political issues, the government considers implementing certain reforms in the tax system of Ukraine. Currently, it is not clear what specific measures will be undertaken within these reforms, nor what overall impact they will have on the tax environment in general and on the tax standing of the Organization in particular. Management believes that the Organization has been in compliance with all requirements of the effective tax legislation.

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 2013 and 2012, the Organization has non-cancelable commitments within one year on the operating leases of premises in the amount of UAH 842 thousand and UAH 1,974 thousand, respectively. As of 31 December 2013, the Organization had commitments on the purchase of vehicles in respect of which a credit account was opened for the amount of UAH 1,009 thousand (equivalent of USD 126 thousand as of 31 December 2013) for the period of five months and final maturity on 12 March 2014. This secured letter of credit is classified in the consolidated financial statements as a current financial investment.

10. RISK MANAGEMENT POLICIES

Major categories of the Organization's financial instruments are as follows:

	31 December 2013	31 December 2012
Financial assets		
Cash and cash equivalents	98,648	90,538
Current financial investments	1,009	-
Accounts receivable for products, goods, works, and services: net realizable value	49	543
Total financial assets	99,706	91,081

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	31 December 2013	31 December 2012
Financial liabilities		
Other current liabilities	3	2
Provision for employee payments	1,194	1,419
Current accounts payable on staff costs	15	41
Current accounts payable on goods, works, services	9,944	3,504
Current accounts payable on insurance	-	12
Total financial liabilities	11,156	4,978

The main risks arising in the course of use of the Organization's financial instruments are those related to inappropriate use of funds by sub-recipients, foreign currency risk exposures, and liquidity and concentration risks.

Risk of inappropriate use of funds by sub-recipients – The Organization is exposed to a risk of inappropriate use of funds by sub-recipients, i.e. a risk that the recipients obtaining funds from the Organization may not be able to use the funds for a program in accordance with the terms and the budget of a grant agreement, thus causing loss to the Organization.

This risk is mainly attributable to other current accounts receivable represented by advances issued to sub-recipients. The amounts are recorded in the consolidated financial statements net of provision for inappropriate use of advances to sub-recipients and from placement of cash by sub-recipients in insolvent banks. This provision is calculated by the Organization's management based on the recoverability of funds by sub-recipients.

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 2013 and 2012 are as follows:

	31 December 2013		31 December 2012	
	USD	EUR	USD	EUR
Assets				
Cash and cash equivalents	93,255	2,604	85,939	318
Current financial investments	1,009	-	-	-
Accounts receivable on advances issued	-	-	8,534	2
Total assets	94,264	2,604	94,473	320
Liabilities				
Current accounts payable on goods, works, services	7,083	315	1,680	-
Total liabilities	7,083	315	1,680	-
Net currency position	87,181	2,289	92,793	320

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The following table details the Organization's sensitivity to weakening of UAH against USD and EUR by 50%. 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 estimated exchange rate fluctuations.

	31 December 2013		31 December 2012	
	USD	EUR	USD	EUR
Profit	43,591	1,145	46,397	160

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 2013 and 2012, 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 2013, funding provided by the Global Fund amounted to 93% of all donations received by the Organization. To manage this concentration risk, the Organization seeks for obtaining additional financing from other donors.

11. 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 major 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 2013 and 2012, fair value of all assets and liabilities of the Organization is estimated by the Organization's management to approximate their carrying amounts.

12. SUBSEQUENT EVENTS

Subsequent to 31 December 2013, the outstanding balance of special purpose funding to implement Phase I of Round 9 in the amount of USD 2,475 thousand (equivalent of UAH 19,783 thousand as of 31 December 2013) was returned to the Charitable Foundation "Development of Ukraine".

On 31 March 2014, the official letter from the Global Fund stipulated for the increase in the funding of Phase I Round 10 to the total amount of USD 68,097 thousand (equivalent of UAH 544,299 thousand as of 31 December 2013) and extended the periods of its execution to 31 December 2014.

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To obtain access to the funds issued to Ukraine, the National Board for Issues of Fighting Tuberculosis and HIV-infection/AIDS submitted on 15 June 2014 a new application for funding in the form of a joint conceptual document of TB/HIV to the Global Fund in which the Organization is one of the principal recipients.

Subsequent to 31 December 2013, the restricted cash on the letter of credit in the amount of UAH 1,009 thousand as of 31 December 2013 was returned to the Organization due to the failure of a subcontractor to comply with the delivery terms under sales-purchase agreement in respect of which the respective letter of credit was issued.

In May 2014, the Organization signed an additional grant agreement with the Center for Disease Control and Prevention ("CDC"), USA, to implement the Program "Engaging Local Indigenous Organizations in Developing HIV/AIDS Monitoring and Evaluation Capacity in Ukraine under the President's Emergency Plan for AIDS Relief", under which the second year program was extended to 31 March 2015 and the amount of funding was increased to USD 1,900 thousand (equivalent of UAH 15,187 thousand as of 31 December 2013).

As of 31 December 2013, the Organization had no long-lived assets in Crimea, an autonomous republic of Ukraine, effectively annexed by the Russian Federation in March 2014. During the year ended 31 December 2013, the Organization incurred expenses through its sub-recipients located in Crimea in the amount of UAH 9,577 thousand. The amount of advances issued to the sub-recipients located in Crimea as of 31 December 2013 was immaterial and was fully used under the Programs or returned by sub-recipients to the Organization in 2014.

13. APPROVAL OF THE CONSOLIDATED FINANCIAL STATEMENTS

These consolidated financial statements were approved by management and authorized for issue on 18 July 2014.

Appendix 3

Key Results of Alliance-Ukraine's Prevention Activities in 2013

Coverage of the Most-at-risk Populations with Prevention Services in 2013, <i>unique clients</i>													
Oblast/region	PWID		SWs			MSM		Street children*		PWID' partners		Others **	
	Men	Women	Men	Women	Transgenders	Men	Transgenders	Men	Women	Men	Women	Men	Women
AR of Crimea	7 851	2 863		2 130		866		446	189	5	37	1	0
Vinnitsia oblast	2 371	670		693				231	100			65	21
Volyn oblast	1 167	235		498								0	0
Dnipropetrovsk oblast	19 467	9 289		2 724		1 634	4			273	416	516	320
Donetsk oblast	22 178	7 685		1 330		1 185		672	450	478	789	206	93
Zhytomyr oblast	1 833	493		812		36		283	89	19	138	22	0
Zakarpattia oblast	538	160		139								0	0
Zaporizhzhia oblast	2 015	671	1	480		1 225		300	91	47	94	287	141
Ivano-Frankivsk oblast	978	230		301								2	0
Kyiv oblast	8 738	3 219		272		298				90	109	130	123
Kirovohrad oblast	3 722	883		455						58	136	24	26
Luhansk oblast	8 037	3 036		1 402						100	134	136	46
Lviv oblast	2 218	511		2 006		1 002		215	136		125	12	4
Mykolayiv oblast	4 138	2 111	4	3 127		1 415		685	242	22	46	52	28
Odesa oblast	17 972	7 285		5 491		1 923	20	917	465	338	566	407	427
Poltava	2 324	836		206							103	22	38
Rivne oblast	1 118	481		659		167				38	38	0	0
Sumy oblast	4 109	859		1 023						18	27	0	0
Ternopil oblast	624	248		292		127						0	0
Kharkiv oblast	7 866	2 212	5	3 179		853		1 012	544	50	241	62	22
Kherson oblast	3 732	1 170		717		660	2	647	431	11	29	180	146
Khmelnytskyi oblast	2 245	816		850						6	92	0	0
Cherkasy oblast	5 649	2 125		1 504		813				74	233	233	106
Chernihiv oblast	1 143	405		76						35	73	0	0
Chernivtsi oblast	1 518	1 043		534		476		311	147			4	33
Kyiv city	14 520	5 124	11	6 309	97	9 022		980	653	189	134	144	66
Sevastopol city	2 282	915		727		508		461	278	56	73	2	1
Total for Ukraine	142 151	54 309	21	37 276	97	21 962	26	7 073	3 787	1 899	3 619	4 341	5 228

* Under NGOs' projects only

** Clients of SWs, inner circle of vulnerable populations representatives, non-injecting drug users

Number of Consumables Distributed in 2013			
Oblast/region	Male condoms	Female condoms (femidoms)	Syringes
AR of Crimea	1 082 429	12000	1 068 834
Vinnitsia oblast	246 790	5674	433 423
Volyn oblast	203 848	3300	174 090
Dnipropetrovsk oblast	1 759 589	24692	3 379 888
Donetsk oblast	1 532 491	15546	3 951 574
Zhytomyr oblast	308 344	4622	289 909
Zakarpattia oblast	62 130	2000	85 817
Zaporizhzhia oblast	284 441	5576	278 320
Ivano-Frankivsk oblast	67 595	891	95 889
Kyiv oblast	504 583	5820	961 555
Kirovohrad oblast	241 001	2000	366 420
Luhansk oblast	524 622	5548	1 324 256
Lviv oblast	618 131	12980	248 411
Mykolayiv oblast	993 067	19650	541 164
Odesa oblast	2 297 794	123538	2 719 786
Poltava oblast	191 161	2140	353 931
Rivne oblast	189 892	2000	144 713
Sumy oblast	329 026	5000	437 609
Ternopil oblast	103 849	2161	147 214
Kharkiv oblast	815 225	4274	832 369
Kherson oblast	562 757	4042	720 969
Khmelnyskyi oblast	386 581	7535	350 532
Cherkasy oblast	633 345	17637	1 045 639
Chernihiv oblast	67 971	265	173 347
Chernivtsi oblast	204 402	2000	260 416
Kyiv city	2 985 544	30820	3 147 656
Sevastopol city	365 074	5000	346 577
Total for Ukraine	17 561 682	326711	23 880 308

Counseling and Rapid Testing for HIV during 2013

Oblast/region	PWID		SWs		MSM		Street children*		PWID' partners		Others **	
	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
AR of Crimea	3 787	169	908	9	259	4	253	0	39	0	0	0
Vinnitsia oblast	1 382	4	401	0	0	0	161	0	0	0	0	0
Volyn oblast	560	20	160	4	0	0	0	0	0	0	0	0
Dnipropetrovsk oblast	10 517	701	1278	49	744	6	0	0	522	68	264	10
Donetsk oblast	13 268	490	674	43	570	25	446	3	790	70	14	2
Zhytomyr oblast	763	37	266	2	1	0	144	0	105	0	13	0
Zakarpattia oblast	340	0	82	0	0	0	0	0	0	0	0	0
Zaporizhzhia oblast	782	29	144	3	460	5	157	0	53	4	89	12
Ivano-Frankivsk oblast	487	9	52	0	0	0	0	0	0	0	0	0
Kyiv oblast	4 515	197	3	0	126	2	0	0	146	4	221	0
Kirovohrad oblast	1 846	15	177	4	0	0	0	0	97	0	50	0
Luhansk oblast	4 713	166	822	1	0	0	0	0	25	1	61	0
Lviv oblast	1 354	74	988	3	390	17	180	0	27	4	3	1
Mykolayiv oblast	2 103	75	1403	6	500	1	239	3	1	0	1	0
Odesa oblast	10 017	266	2324	19	1216	23	491	17	176	18	604	19
Poltava oblast	1 521	48	123	0	0	0	0	0	80	1	0	0
Rivne oblast	777	13	420	5	40	0	0	0	18	0	0	0
Sumy oblast	1 224	8	283	0	0	0	0	0	30	0	0	0
Ternopil oblast	577	6	121	1	52	1	0	0	0	0	0	0
Kharkiv oblast	3 929	120	1557	10	269	11	547	0	264	3	26	1
Kherson oblast	2 125	22	540	4	220	0	240	0	2	0	128	1
Khmelnyskyi oblast	1 515	152	359	37	0	0	0	0	89	0	0	0
Cherkasy oblast	2 993	103	940	8	320	13	0	0	119	1	60	0
Chernihiv oblast	1 031	61	58	0	0	0	0	0	102	3	0	0
Chernivtsi oblast	928	3	228	0	168	0	120	0	0	0	22	0
Kyiv city	9 900	401	2241	63	3387	51	580	23	304	4	115	0
Sevastopol city	1 363	19	281	1	149	2	119	0	0	0	1	0
Total for Ukraine	84 317	3 208	16 833	272	8 871	161	3 677	46	2 989	181	1 672	46

* Under NGOs' projects only

** Clients of SWs, inner circle of vulnerable populations representatives, non-injecting drug users

Screening in Representatives of the Populations that are Vulnerable to HIV and STIs (Syphilis, Gonorrhea, Chlamydia, Hepatitis B and C) in 2013

	PWID		SWs		MSM		Street children*		PWID' partners		Others **	
Oblast/region	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
AR of Crimea	3825	110	1192	8	332	4	303	0		0	0	0
Vinnitsia oblast	2610	31	1046	5		0	175	0		0	105	4
Volyn oblast	840	23	280	6		0		0		0	0	0
Dnipropetrovsk oblast	14185	654	3069	73	1480	1		0	796	41	380	23
Donetsk oblast	29027	2991	2298	83	1251	12	1037	6	1739	142	4	1
Zhytomyr oblast	1447	3	901	1	1	1	152	0	122	0	21	0
Zakarpattia oblast	643	9	104	2		0		0		0	0	0
Zaporizhzhia oblast	1265	173	380	19	765	1	157	0	112	5	264	9
Ivano-Frankivsk oblast	654	15	80	0	1	0		0		0	0	0
Kyiv oblast	6029	578	90	3	123	0		0	262	17	67	0
Kirovohrad oblast	2530	256	265	4		0		0	269	35	0	0
Luhansk oblast	7057	636	2261	62		0		0	27	0	76	1
Lviv oblast	2801	206	2299	97	425	0	99	0	84	3	3	0
Mykolayiv oblast	3563	336	4361	113	623	0	369	0	4	0	4	0
Odesa oblast	18679	973	5602	137	1878	31	478	0	385	19	633	34
Poltava oblast	3272	441	165	5		0		0	209	7	60	7
Rivne oblast	660	104	1195	3	54	0		0	27	1	0	0
Sumy oblast	1220	144	554	7		0		0	2	0	0	0
Ternopil oblast	790	61	430	0	89	0		0		0	0	0
Kharkiv oblast	4654	269	2477	28	403	16	528	1	466	22	79	0
Kherson oblast	3698	345	1490	94	180	2	378	0	9	0	434	21
Khmelnytskyi oblast	3180	93	937	40		0		0	297	1	0	0
Cherkasy oblast	5695	206	2962	47	730	4		0	423	15	392	6
Chernihiv oblast	1613	250	105	3		0		0	291	8	0	0
Chernivtsi oblast	922	0	485	0	194	0	120	0		0	22	0
Kyiv city	18743	2217	5661	159	5471	21	1512	70	767	62	436	37
Sevastopol city	2927	154	762	35	292	6	119	0	2	0	1	0
Total	142529	11278	41451	1034	14292	99	5427	77	6293	378	2981	143

* Under NGOs' projects only

** Clients of SWs, inner circle of vulnerable populations representatives, non-injecting drug users

Appendix 4

List of Grantees and Implementers of Alliance-Ukraine projects in 2013

Summary data on the grant agreements of ICF «International HIV/AIDS Alliance in Ukraine» in 2013

Nº	NGO Name	Donors programme (*)	Oblast	Number of funded projects	Total amount of signed commitments (UAH)	Funding of recipients/implementing partners (UAH)
1	Charitable fund «Nadiya ta poryatunok»	GF	Crimea	4	3 846 172	3 286 892
2	Youth public organization «Molodizhnyy Tsent Zhinochkyh Initsiatyv»	GF	Crimea	7	2 283 834	1 913 575
3	Bakhchysarai public organization «Molodizhna hromads'ka orhanizatsiya «Tvoya peremoha»	GF	Crimea	5	765 982	671 902
4	Public organization «Tsent resotsializatsiyi narkozalezhnoyi molodi «Tvoya Peremoha»	GF	Crimea	1	585 649	516 617
5	Sevastopol city charitable fund «Gavan' plus»	GF	Crimea	2	306 327	229 864
6	Crimea regional branch of PLH	FDU	Crimea	1	75 144	72 059
7	Crimean Republican «Narcology»	GF	Crimea	1	0	19 996
8	Public organization «Tsent resotsializatsiyi khimichno-uzalezhnennykh «Nezalezhnist'»	GF	Vinnytsya oblast	6	1 936 826	1 671 612
9	Public organization «Vinnyts'kyi oblasnyy hromads'kyi Konhres «Stalist'»	GF	Vinnytsya oblast	1	162 808	161 735
10	Vinnytsia Regional AIDS Center	GF	Vinnytsya oblast	1	149 901	107 048
11	Volyn' regional charitable fund «Shans»	GF	Volyn region	2	528 898	446 029
12	Dnipropetrovsk Public organization «Nadiya plyus»	GF	Dnipropetrovsk region	5	1 821 631	1 529 552
13	Charitable fund «Hromads'ke zdorov'ya», Kryvyi rih	GF	Dnipropetrovsk region	2	1 461 921	1 302 166
14	Public organisation «Drevo Zhyttya»	GF	Dnipropetrovsk oblast	5	1 197 590	1 127 618
15	Public organization «Tsent pidtrymky sim'yi»	GF	Dnipropetrovsk oblast	2	1 118 507	1 075 119

Nº	NGO Name	Donors programme (*)	Oblast	Number of funded projects	Total amount of signed commitments (UAH)	Funding of recipients/implementing partners (UAH)
16	Charitable fund «Virtus»	GF	Dnipropetrovsk oblast	4	1 262 166	1 060 952
17	Dnieprodzerzhinsk City Charitable Fund «Impuls»	GF	Dnipropetrovsk oblast	3	964 132	869 139
18	Dnipropetrovsk regional charitable organization «Dialog PLYuS»	GF	Dnipropetrovsk oblast	1	713 223	612 121
19	Public organisation «Doroha Zhyttya Dnipro»	GF	Dnipropetrovsk oblast	3	637 345	545 725
20	Zhovti Vody City Charitable fund «Promin'»	GF	Dnipropetrovsk oblast	4	574 145	500 178
21	Kryvyy Rig city charitable organization «Nashe maybutnye»	GF	Dnipropetrovsk oblast	2	432 801	383 522
22	Kryvyi Rig regional Branch of Charitable Organization «All-Ukrainian Network of PLHW»	GF	Dnipropetrovsk oblast	2	408 145	340 257
23	Dnipropetrovsk Oblast Public Organisation «Perekhrestia»	GF	Dnipropetrovsk oblast	2	315 601	334 852
24	City public centre of drug-addicted «Maybutnye bez SNID»	GF	Dnipropetrovsk oblast	3	393 904	330 267
25	Regional public organization «Dniprovs'ki humanitarni initsiatyvy»	GF	Dnipropetrovsk oblast	2	359 675	309 167
26	Ordzhenikidze city charitable organization fund «Dopomoha»	GF	Dnipropetrovsk oblast	2	322 394	38 423
27	Dnipropetrovsk city public organization «Tsentr seksual'noho zdorov'ya»	GF	Dnipropetrovsk oblast	1	79 552	66 283
28	Novomoskovsk city center of primary health care	GF	Dnipropetrovsk oblast	1	0	30 752
29	Public organization Soyuz «Amikus»	GF	Donetsk oblast	5	2 268 011	1 848 895
30	Donetsk oblast charitable fund «Oberih»	GF	Donetsk oblast	3	1 984 688	1 628 261
31	Public organization «Liniya zhyttya Gorlivka city»	GF	Donetsk oblast	5	1 368 547	1 110 176
32	Public organization «Donbas bez narkotyktiv»	GF	Donetsk oblast	2	1 075 592	908 361
33	Slov'jansk city public organization «Nasha dopomoha»	GF	Donetsk oblast	2	1 059 831	902 314
34	Donetsk Society of assistance for the HIV-infected	GF	Donetsk oblast	1	753 475	620 013
35	Donetsk regional charitable fund «Promin'»	GF	Donetsk oblast	2	578 174	495 026
36	Public organization «Mariupol's'ka spilka molodi»	GF	Donetsk oblast	1	573 855	458 463
37	Donetsk City Youth Public Organization «Rozvytok. Initsiatyva. Partnerstvo»	GF	Donetsk oblast	2	496 443	417 005

№	NGO Name	Donors programme (*)	Oblast	Number of funded projects	Total amount of signed commitments (UAH)	Funding of recipients/implementing partners (UAH)
38	Donetsk Regional Charitable Organization «Svitanok»	GF	Donetsk oblast	2	498 651	382 346
39	Public organization «Fund Stymul»	GF	Donetsk oblast	1	447 556	366 829
40	Charitable fund «Caritas Donetsk»	GF	Donetsk oblast	1	380 090	316 873
41	Kramators'k City Charitable organization «Novyy den'»	GF	Donetsk oblast	1	354 213	274 969
42	Public Organization «Istok»	GF	Donetsk oblast	2	229 500	196 590
43	Charitable fund «Zdorov'ya natsiyi»	GF	Donetsk oblast	1	169 073	139 157
44	Charitable Organisation «Klub «Tviy vybir»	GF	Donetsk oblast	1	0	23 790
45	Zhytomyr oblast public organization «Perspektyva»	GF	Zhytomyr oblast	7	1 560 844	1 271 793
46	Novograd Volyn charitable fund «Nekhay tvoye sertse b"yet'sya»	GF	Zhytomyr oblast	1	164 730	127 676
47	Zhytomyr regional AIDS center	GF	Zhytomyr oblast	1	49 702	49 317
48	Zhytomyr regional venereal clinic	GF	Zhytomyr oblast	1	21 355	7 274
49	Zakarpattia regional Charitable fund «Rada zhyttia»	GF	Zakarpattia oblast	1	305 198	248 517
50	Zakarpattia regional fund of antialcohol, antinarcotics, antitobacco programs and chemical addictions prevention support	GF	Zakarpattia oblast	1	106 484	71 100
51	Zakarpattia AIDS center	GF	Zakarpattia oblast	1	67 072	59 670
52	Charitable fund «Spodivannya»	GF	Zaporizhzhya oblast	5	919 531	815 519
53	Charitable fund «Vse mozhlivo»	FDU / GF	Zaporizhzhya oblast	6	529 456	461 333
54	Zaporizhzhya regional Branch of Charitable Organization «All-Ukrainian Network of PLHW»	GF	Zaporizhzhya oblast	3	463 337	389 309
55	Zaporizhia regional charitable foundation «Gender Z»	GF	Zaporizhzhya oblast	2	384 326	344 804
56	Zaporizhzhya Regional organization of the Red Cross Society of Ukraine	GF	Zaporizhzhya oblast	1	105 362	87 735
57	Charitable fund «Reabilitatsiynyy tsentr narkozalezhnykh «Zakhid Shans»	GF	Ivano-Frankivsk oblast	4	403 090	337 125
58	Ivano-Frankivsk regional Clinical Infectious Diseases Hospital	FDU / GF	Ivano-Frankivsk oblast	2	231 508	243 142
59	Public organization «Fond dopomohy «Zhyttya»	GF	Kyiv oblast	4	729 669	573 577
60	Bila Tserkva Charitable city organization «Aura+»	GF	Kyiv oblast	1	305 304	252 268

Nº	NGO Name	Donors programme (*)	Oblast	Number of funded projects	Total amount of signed commitments (UAH)	Funding of recipients/implementing partners (UAH)
61	Brovary city charitable foundation «Peremoha»	GF	Kyiv oblast	1	264 290	213 537
62	Bilocerktivske psikhonarkologichne territorial medical obednannya	GF	Kyiv oblast	1	8 000	8 000
63	Charitable fund «Povernennya do zhyttya»	GF	Kirovograd oblast	3	1 058 883	831 754
64	Kirovograd regional Branch of Charitable Organization «All-Ukrainian Network of PLHW»	GF	Kirovograd oblast	2	221 723	180 950
65	Kirovograd Charitable Organisation «Vidkryte Sertse»	GF	Kirovograd oblast	1	57 445	48 202
66	Lugansk charitable fund «Krok u maybutnye»	GF	Lugansk oblast	5	3 001 968	1 805 071
67	Charitable organization «Obriy»	GF	Lugansk oblast	3	387 439	273 137
68	Lugansk Charitable fund «Anty Snid»	GF	Lugansk oblast	1	77 093	69 973
69	Luhansk ACO "All-Ukrainian Network of PLWH"	FDU	Lugansk oblast	1	37 010	37 010
70	Lugansk AIDS Center	GF	Lugansk oblast	1	15 033	15 033
71	Charitable fund «SALYUS»	GF	Lviv oblast	8	2 577 591	2 105 007
72	Lviv Charitable fund «Avante»	GF	Lviv oblast	1	304 531	245 704
73	All-Ukrainian charitable organization «Ukrainian Institute of Public Health Policy Research»	GF / YL	Kyiv city	3	4 983 488	4 147 745
74	All-Ukrainian Charitable Organization «Convictus Ukraine»	GF	Kyiv city	7	3 695 208	3 333 446
75	International Charitable Fund «Vertical»	GF	Kyiv city	7	3 499 160	2 947 444
76	International Public Organization «Labor and Health Social Initiatives»	GF	Kyiv city	2	2 804 973	2 797 229
77	Public organization «Klub «Eney»	GF	Kyiv city	2	3 205 408	2 754 957
78	Public organization «Gay Alliance»	GF	Kyiv city	1	2 419 318	2 021 004
79	Public organization «Tsentr psykhosotsial'noyi reabilitatsiyi khimichno zaleznoyi molodi «Krok za krokom»	GF	Kyiv city	3	1 749 701	1 474 509
80	Substance Abuse and AIDS Prevention Fund	GF	Kyiv city	1	1 596 484	1 334 519
81	All-Ukrainian Charitable Organization «Ukrainian Association of Public Health»	GF	Kyiv city	1	1 323 599	1 323 599
82	Charitable fund «Drop in Tsentr»	GF	Kyiv city	2	1 188 656	1 002 365
83	Kyiv City Center for Social Services for Families, Children and Youth Kyiv City State Administration	GF	Kyiv city	2	1 002 168	747 112
84	Gay-Alliance Ukraine	GF	Kyiv city	2	611 633	481 943

Nº	NGO Name	Donors programme (*)	Oblast	Number of funded projects	Total amount of signed commitments (UAH)	Funding of recipients/implementing partners (UAH)
85	PO 'Fundation 'Harmonizovane Suspilstvo''	GF	Kyiv city	1	306 223	296 056
86	Charitable fund «NIKA KYIV»	GF	Kyiv city	1	347 745	287 547
87	Kyiv oblast public organizaton «Spryannya medyko-sotsial'noyi reabilitatsiyi lyudey z khimichnoyu zalezhnistyu «Feniks»	GF	Kyiv city	1	287 465	255 691
88	Charitable organization «All-Ukrainian League «Legalife»	GF	Kyiv city	1	299 049	252 538
89	All-Ukrainian Harm Reduction Association	GF	Kyiv city	1	305 692	229 483
90	Public organization «Molodizhnyy tsentr z problem transformatsiyi sotsial'noyi sfery Sotsium - XXI»	GF	Kyiv city	1	293 377	220 383
91	Kyiv oblast charitable fund «Nadiya ta Dovira»	GF	Kyiv city	1	79 654	79 654
92	Kyiv City Central Tuberculosis Dispensary	FDU	Kyiv city	1	39 868	39 706
93	Mykolayiv city charitable fund «Yunitus»	GF	Mykolayiv oblast	4	2 389 928	2 061 043
94	Mykolayiv regional charitable fund «Nove storichcha»	GF	Mykolayiv oblast	6	2 125 460	1 679 285
95	Mykolayiv city charitable fund «Vykhid»	GF	Mykolayiv oblast	4	1 197 242	1 039 482
96	Mykolaiv association of HIV-infected «Chas zhyttya»	GF	Mykolayiv oblast	3	846 877	676 774
97	Pershotravensk City Charitable fund «Zdorova natsiya»	GF	Mykolayiv oblast	3	411 782	380 295
98	Mykolayiv Association of Gays, Lesbians and Bisexuals «Liga»	GF	Mykolayiv oblast	2	415 053	357 024
99	Charity Fund for tuberculosis «Vita-lait»	GF	Mykolayiv oblast	4	433 727	301 842
100	Odessa Foundation for Rehabilitation and Social Adaptation of Citizens without determining residence «The Way Home»	GF	Odesa oblast	4	5 140 918	4 318 939
101	Public organization «Molodizhnyy tsentr rozvytku»	GF	Odesa oblast	4	2 210 281	1 812 811
102	Public organization «Hromads'kyi rukh «Vira, Nadiya, Lyubov»	GF	Odesa oblast	1	1 711 801	1 421 066
103	Youth public organization «Molodizhnyy Hromads'kyi Rukh «Partner»	GF	Odesa oblast	2	825 954	700 303
104	Public organisation «Era Myloserdya»	GF	Odesa oblast	2	509 836	466 461
105	Charitable fund «Veselka»	GF	Odesa oblast	5	310 166	283 279

Nº	NGO Name	Donors programme (*)	Oblast	Number of funded projects	Total amount of signed commitments (UAH)	Funding of recipients/implementing partners (UAH)
106	Charitable organization «Ob'yednannya neuryadovykh orhanizatsiy Odes'koyi oblasti «Razom za zhyttya»	GF	Odesa oblast	4	352 795	265 484
107	Youth public organization «Klub vzayemodopomohy «Zhyttya+»	GF	Odesa oblast	1	215 230	177 317
108	Charitable Association for HIV-infected and AIDS patients «Svitlo Nadiyi»	GF	Poltava oblast	6	1 643 532	1 330 179
109	Charitable fund «Hromads'ke zdorov'ya», Poltava	GF	Poltava oblast	3	1 545 417	1 172 487
110	International Charitable Organization «Federatsiya «Klubnyy Dim»	GF	Poltava oblast	1	296 949	262 673
111	Poltava regional AIDS Center	GF	Poltava oblast	1	90 111	98 635
112	Rivne oblast charitable fund «Maybutnye bez SNIDu»	GF	Rivne oblast	5	1 075 466	912 686
113	Charitable fund «Krok nazustrich»	GF	Sumy oblast	2	986 952	786 651
114	Sumy Oblast Youth Public Organization «Klub resotsializatsiyi khimichno-uzalezhnennykh «ShANS»	FDU / GF	Sumy oblast	6	569 004	525 777
115	Sumy AIDS center	GF	Sumy oblast	1	85 766	70 117
116	Sumy oblast council "Oblast narcological dispensa	GF	Sumy oblast	1	8 123	8 123
117	Ternopil organization «Spiritual and Psychological Supporting Centre «Dzherela»	GF	Ternopil oblast	3	561 992	445 553
118	Ternopil Regional Charitable Organization «Nadyia ta Zhyttya»	GF	Ternopil oblast	2	108 324	90 262
119	Kharkiv city charitable fund «Blago»	GF	Kharkiv oblast	5	2 719 645	2 008 214
120	Kharkiv Regional Charitable Fund «Parus»	GF	Kharkiv oblast	8	1 078 147	948 110
121	Kharkiv city charitable fund «Nadiya Ye»	GF	Kharkiv oblast	2	745 279	619 978
122	Kharkiv regional public organization «POZYTYV»	GF	Kharkiv oblast	2	269 029	244 410
123	Kharkov regional narcological dispensary	GF	Kharkiv oblast	1	33 850	33 850
124	Kherson regional charitable fund «Manhust»	FDU / GF	Kherson oblast	7	2 003 409	1 639 530
125	Kherson City Youth Organization «Khrysty-yans'kyi molodizhnyy rukh «ANASTASIS»	GF	Kherson oblast	2	585 974	514 226
126	Kherson Regional Branch of the League of Social Workers of Ukraine	GF	Kherson oblast	2	314 147	275 224
127	Kherson city public organisation «Asotsiatsiya 21 stolittya»	GF	Kherson oblast	1	274 045	228 830

Nº	NGO Name	Donors programme (*)	Oblast	Number of funded projects	Total amount of signed commitments (UAH)	Funding of recipients/implementing partners (UAH)
128	Public organization «Nova khvylya dlya krashchoho maybutn'oho»	GF	Kherson oblast	1	178 247	150 003
129	Kherson oblast public organization «Adaptation centre «Vybir zhyttia»	GF	Kherson oblast	1	165 845	138 181
130	Association of Assistance of Drug Addiction Problems «Viktoriia»	GF	Khmelnitskiy oblast	5	1 351 635	1 108 932
131	Charitable fund «V maybutne z nadieyu»	GF	Khmelnitskiy oblast	1	88 553	75 396
132	Charitable fund «Insayt»	GF	Cherkasy oblast	6	1 587 552	1 345 471
133	Charitable fund «Vid sertsya do sertsya»	GF	Cherkasy oblast	5	800 469	782 703
134	Charitable fund «Volya»	GF	Cherkasy oblast	4	783 286	683 493
135	Public organization «Gay-alliance Cherkasy»	GF	Cherkasy oblast	2	649 961	529 953
136	Public regional organization «Smilyans'kyy mis'kyy informatsiyno-konsul'tatyvnyy tsentr zakhystu sim'yi ta osobystosti «Dialoh»	GF	Cherkasy oblast	4	555 888	479 124
137	Charitable fund «VAM»	GF	Cherkasy oblast	2	658 273	251 753
138	Drabiv Charitable organization «Argo»	GF	Cherkasy oblast	2	90 755	82 553
139	Cherkasy Regional Branch of the League of Social Workers of Ukraine	GF	Cherkasy oblast	1	46 824	40 541
140	Charitable fund «Nova sim'ya»	GF	Chernivtsi oblast	4	1 303 149	1 059 361
141	Chernivci regional public organization «Lyudy Bukovyny»	GF	Chernivtsi oblast	1	131 011	105 514
142	Chernivtsi Regional Charitable Fund «Tsentr plyus»	GF	Chernivtsi oblast	1	44 132	37 669
143	Chernihiv public organization «Tsentr resotsial-izatsiyni khimichno-uzalezhenykh «Vedys»	GF	Chernigiv oblast	2	374 994	258 470
144	Chernihiv Regional Public Organization «Vidrodzhennya natsiyni»	GF	Chernigiv oblast	1	250 935	208 572
145	Gorodnya District Charitable Organization «Svitlo Aratty»	GF	Chernigiv oblast	1	88 492	58 717
Total amount of unused funds refunded under grant agreements in 2013						-59 143
Total:				371	122 581 024	102 337 139

* Funding programs

GF Alliance-Ukraine grant under the Global Fund Program "Support for HIV and AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine" (Round 6) and/or "Building a sustainable system of comprehensive services on HIV prevention, treatment, care and support for MARPs and PLWH in Ukraine" (Round 10)

FDU Alliance-Ukraine grant «The reduction of the epidemic of tuberculosis in Ukraine by expanding the access to high-quality services to fight against this disease» (Round 9). Funding is provided through Rinat Akhmetov's Foundation for Development of Ukraine

YL Alliance-Ukraine grant within the partnership with Yale University, USA

Appendix 5

Total cost of supplied pharmaceuticals and medical goods by regions in 2013

Region/oblast	Male condoms, pcs	Female condoms, pcs	Lubricants, pcs	Needles and syringes	Alcohol wipes	Rapid tests for HIV	Rapid tests for syphilis	Rapid tests for chlamydia
	Cost in UAH							
Vinnitsya oblast	16 531	14 809	10 208	185 225	27 840	6 486	5 348	0
Volyn oblast	51 955	14 809	22 730	68 366	8 387	4 140	1 495	2 600
Dnipropetrovsk oblast	540 806	113 537	326 822	2 019 488	299 837	73 140	34 558	48 000
Donetsk oblast	467 597	74 046	184 901	1 418 969	219 078	83 145	44 620	46 400
Zhytomyr oblast	87 379	24 682	61 992	105 106	13 920	8 556	6 670	1 800
Zakarpattia oblast	28 339	9 873	12 398	33 056	4 640	2 829	1 495	1 800
Zaporizhya oblast	77 933	24 682	36 121	116 063	19 534	11 868	6 900	8 400
Ivano-Frankivsk oblast	28 670	4 936	12 398	50 686	7 685	3 864	1 898	1 200
Kyiv city	1 060 358	177 710	341 163	2 165 241	269 596	99 981	33 638	67 200
Kyiv oblast	21 585	0	7 232	208 808	28 652	6 003	2 933	3 600
Kirovograd oblast	70 848	9 873	35 129	114 467	17 400	9 660	8 050	1 800
AR of Crimea	350 839	59 237	167 337	509 876	77 523	34 983	21 160	9 600
Lugansk oblast	71 462	9 873	15 457	316 678	39 173	15 594	3 508	17 000
Lviv oblast	210 182	64 173	100 055	119 490	18 224	15 456	6 958	9 400
Mykolayiv oblast	342 432	93 792	154 856	307 776	36 818	30 429	20 010	20 400
Odesa oblast	746 266	617 050	371 167	1 376 395	225 690	90 528	44 793	57 200
Poltava oblast	61 402	9 873	28 806	144 410	21 750	4 830	4 945	0
Rivne oblast	54 317	9 873	22 730	101 594	13 920	4 830	978	3 200
Sevastopol	103 910	14 809	48 519	139 706	23 200	12 558	6 900	6 200
Sumy oblast	113 357	24 682	54 677	251 572	29 580	10 488	3 450	3 200
Ternopil oblast	49 594	14 809	19 589	63 212	8 712	3 519	1 553	3 200
Kharkiv oblast	107 406	14 809	193 167	452 406	71 079	39 123	17 365	1 000
Kherson oblast	120 442	19 746	58 892	442 027	62 640	18 699	7 705	17 000
Khmelnitsky oblast	101 549	24 682	43 394	170 494	25 056	10 902	7 015	7 200
Cherkasy oblast	219 694	88 855	212 591	522 521	73 950	32 085	17 940	23 400
Chernivtsi oblast	70 848	9 873	35 087	87 786	13 920	10 626	9 200	0
Chernigiv oblast	12 375	0	3 100	117 280	15 759	4 416	2 875	0
Total	5 188 076	1 545 093	2 580 520	11 608 700	1 673 561	648 738	323 955	360 800

Rapid tests for gonorrhea	Rapid tests for hepatitis B	HB-core tests	Rapid tests for hepatitis C	Rapid pregnancy tests	Combi-tests	Disinfecting agent - chlorhexidine, 100 ml	Hepatitis B vaccine	Methadone hydrochloride	Buprenorphine hydrochloride
Cost in UAH									
0	3 198	0	750	0	2 800	21 646	0	81 116	101 249
3 120	640	0	900	1 050	1 120	0	0	34 864	75 948
61 680	5 117	1 318	5 400	1 365	54 600	3 034	11 993	344 396	182 829
59 280	33 003	958	38 100	2 355	74 480	42 240	10 793	315 330	165 911
2 160	4 541	0	1 800	360	0	0	0	56 947	61 608
2 160	1 279	0	0	0	0	0	0	21 863	25 483
8 880	2 814	1 318	4 800	300	0	0	4 797	50 565	149 753
1 440	1 087	719	0	90	0	0	2 399	65 038	103 956
80 160	24 241	8 745	28 875	3 090	122 080	17 696	56 365	253 030	662 934
4 320	768	0	900	0	6 440	0	0	84 702	34 539
0	0	0	0	0	0	0	0	84 024	68 714
12 000	0	0	2 250	1 140	0	14 751	0	314 752	98 244
20 160	3 934	0	5 063	210	15 680	2 512	0	248 899	41 627
11 280	5 181	0	4 950	900	2 800	0	0	82 059	56 740
23 520	11 833	3 594	7 500	1 830	10 080	10 112	11 993	258 515	146 190
69 360	38 184	9 344	23 400	2 850	22 400	19 592	34 778	63 934	182 455
0	128	0	150	180	5 600	0	0	185 638	120 956
3 840	448	0	0	255	2 240	0	0	49 612	56 819
7 200	5 437	3 235	6 375	0	0	0	35 978	65 084	0
3 840	2 686	0	3 150	420	0	9 480	0	43 596	96 965
4 800	1 471	719	0	180	1 680	0	4 797	40 869	75 926
960	5 437	1 318	9 375	1 920	12 600	6 952	16 790	24 323	0
16 320	640	1 438	7 875	330	1 680	0	15 590	77 145	99 060
8 640	5 565	0	1 350	0	0	0	0	120 639	0
28 320	12 216	0	14 250	705	0	0	0	69 930	62 307
0	1 151	0	1 350	180	0	0	0	25 429	49 869
0	0	0	0	0	2 800	0	0	25 053	25 267
433 440	170 997	32 705	168 563	19 710	339 080	148 014	206 271	3 087 351	2 745 351

Continued Appendix 5

Region/oblast	Hepatitis C treatment drugs	STI treatment drugs	EIA test systems, mediums, closed blood sampling systems and probes	Total for Round 10	Second line TB treatment drugs	Pure substances	Incubator	Nutritive media densifier unit
	Cost in UAH							
Vinnitsya oblast	418 151	5 924	15 890	917 170	104 234	17 534		31 517
Volyn oblast	0	4 417	11 426	307 968	0	2 153	16 478	31 517
Dnipropetrovsk oblast	836 302	50 864	33 537	5 048 622	2 049 860	18 186		
Donetsk oblast	0	44 101	702	3 326 008	2 472 352	18 186		
Zhytomyr oblast	0	10 241	9 679	457 442	0	17 534	16 478	31 517
Zakarpattia oblast	0	2 058	3 657	150 930	0	17 223		31 517
Zaporizhya oblast	0	12 461	18 440	555 629	657 051	17 534	16 478	31 517
Ivano-Frankivsk oblast	0	4 933	11 481	302 479	0	17 223	16 478	31 517
Kyiv city	1 254 452	28 646	18 009	6 773 210	0	18 038		
Kyiv oblast	0	36 658	3 465	450 604	662 793	17 534		31 517
Kirovograd oblast	0	6 019	0	425 984	0	17 534	16 478	31 517
AR of Crimea	0	24 085	16 825	1 714 602	1 166 908	19 916	16 478	31 517
Lugansk oblast	292 706	1 776	8 622	1 129 933	1 665 858	20 227	16 478	
Lviv oblast	0	17 858	13 140	738 845	1 028 873	20 227		31 517
Mykolayiv oblast	334 521	28 001	6 594	1 860 794	765 511	19 916	16 478	31 517
Odesa oblast	0	37 586	14 913	4 047 885	2 588 856	19 916	16 478	31 517
Poltava oblast	627 226	2 264	2 551	1 220 708	65 676	19 576		31 517
Rivne oblast	0	5 131	5 057	334 844	0	19 576		31 517
Sevastopol	0	8 562	17 715	505 387	0	18 613	16 478	31 517
Sumy oblast	418 151	4 065	11 860	1 085 219	98 210	19 264		31 517
Ternopil oblast	0	1 203	5 755	301 589	0	18 924		
Kharkiv oblast	0	9 370	11 337	996 736	1 923 037	20 110		31 517
Kherson oblast	0	36 632	18 813	1 022 673	948 537	19 916	16 478	31 517
Khmelnysky oblast	0	6 312	2 984	535 782	0	19 916		31 517
Cherkasy oblast	0	7 850	16 964	1 403 580	0	19 576		
Chernivtsi oblast	0	3 027	2 574	320 921	0	18 924	16 478	31 517
Chernigiv oblast	0	10 165	7 050	226 140	572 008	19 916		
Total	4 181 508	410 211	289 041	36 161 684	16 769 763	493 192	197 736	630 340

Uninterrupted power supply unit	Distilling unit	Containers for biological material test tubes transportation	GeneXpert real-time PCR system	GeneXpert real-time PCR system diagnostic reagents	Consumables to BACTEC™ MGIT™ 960 analyzer	Amplifier	Biological safety box	Centrifuge	Infectious material utilization container	Refrigerator
Cost in UAH										
24 296	20 000	4 044	136 000	113 231	91 738					
36 036		5 392	136 000	92 499	11 165					
39 876	20 000	13 480		95 688	147 561					
41 156	20 000	16 176		139 545	539 265					
34 756	20 000	4 044	136 000	92 499	16 747					
52 080	40 000	5 392	136 000	92 499	86 156					
42 436	40 000	9 436		107 649	97 321					
44 180	20 000	4 044	136 000	92 499	119 650					
44 619		4 044	136 000	63 792	97 321					
17 676	20 000	3 370		83 727	97 321					
27 320	20 000	4 044	136 000	92 499	86 156					
65 916	60 000	6 740		87 714	102 903					
9 996		6 740		83 727	114 067					
44 753	20 000	4 044		83 727	102 903					
76 376	20 000	5 392		39 870	114 067	72 022	96 040	50 990	612	15 893
62 076	20 000	6 740		139 545	125 232					
28 136	80 000	4 718	136 000	92 499	22 329					
29 880	20 000	5 392	136 000	92 499	183 477					
18 140	20 000	0	136 000	79 740	74 991					
15 116		2 696	136 000	92 499	16 747					
33 476	20 000	6 740	136 000	92 499	11 165					
84 056	20 000	9 436		83 727	102 903	72 022	96 040	50 990	612	15 893
52 896	40 000	10 110		83 727	97 321					
34 756		6 740	136 000	92 499	22 329					
8 716		4 718	136 000	92 499	16 747					
33 720	20 000	2 696	136 000	92 499	80 574					
23 016		4 044		103 662	86 156					
1 025 465	560 000	160 412	2 040 000	2 499 058	2 664 311	144 044	192 080	101 980	1 224	31 785

Continued Appendix 5

Region/oblast	Hain Lifescience equipment complex	Diagnostic reagents for Hain Lifescience equipment complex	Mini-centrifuge	PCR box	Laboratory consumables	Dosing pipettes set	Total Round 9	Total for both GF programs
Cost in UAH								
Vinnitsya oblast							542 594	1 459 765
Volyn oblast							331 240	639 208
Dnipropetrovsk oblast							2 384 652	7 433 274
Donetsk oblast							3 246 681	6 572 689
Zhytomyr oblast							369 575	827 017
Zakarpattia oblast							460 867	611 797
Zaporizhya oblast							1 019 422	1 575 051
Ivano-Frankivsk oblast							481 590	784 069
Kyiv city							363 813	7 137 024
Kyiv oblast							933 939	1 384 543
Kirovograd oblast							431 548	857 532
AR of Crimea							1 558 092	3 272 694
Lugansk oblast							1 917 094	3 047 027
Lviv oblast							1 336 045	2 074 890
Mykolayiv oblast	388 387	116 400	5 685	24 500	14 735	28 051	1 902 443	3 763 237
Odesa oblast							3 010 361	7 058 246
Poltava oblast							480 451	1 701 159
Rivne oblast							518 340	853 184
Sevastopol							395 479	900 866
Sumy oblast							412 049	1 497 268
Ternopil oblast							318 804	620 392
Kharkiv oblast	388 387	116 400	5 685	24 500	14 735	28 051	3 088 101	4 084 837
Kherson oblast							1 300 502	2 323 176
Khmelnysky oblast							343 758	879 539
Cherkasy oblast							278 256	1 681 835
Chernivtsi oblast							432 407	753 328
Chernigiv oblast							808 803	1 034 942
Total	776 774	232 800	11 370	49 000	29 471	56 102	28 666 905	64 828 590

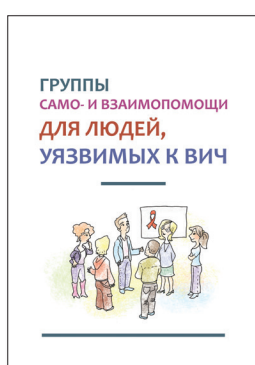
Appendix 6

Information and Guidance Activities of ICF “International HIV/AIDS Alliance in Ukraine”, *List of Publications in 2013*

Publications for HIV prevention specialists

Self and Mutual Help Groups for People Vulnerable to HIV

This guide is intended for those who have the strength, desire and ability to become an organizer of self and mutual help groups, and also strains after learning how to work with such groups. The publication contains information about what is a group of self- and mutual help, group dynamics, how to organize and manage it, etc. For the beginners, a section with the tentative indicative group management plan is provided.



An integrated approach to the provision of medical and psychosocial services for clients of substitution maintenance therapy in Ukraine

The publication describes the practices of integrated care centers for SMT clients that operate with the support of Alliance-Ukraine, their record, key components of the approach; it also discloses the content of all existing models and contains recommendations for further implementation of such models.



First Aid in Harm Reduction Projects

This publication analyzes the international experience in providing primary healthcare services in terms of street outreach work and talks about the experience of existing projects of first-aid for vulnerable populations in field outreach routes (project “Nurses in Harm Reduction Projects” and “Patronage Nurses”), provides a brief analysis of the projects, take-aways and success stories.





Manual for training the mentoring support program staff and volunteers

The manual dedicated to training the staff and volunteers of the mentoring support project which is unique for Ukraine. It is a logical continuation of the publication "Mentoring Support Program. Guidelines for Implementation in Ukraine".



Case Management for the Groups Vulnerable to HIV: Rising by the Steps of the Service. Module 2. Training of Social Workers for management of Clients from the Most-at-risk Populations to Ensure Access to treatment of HIV

This publication includes a training module designed to enhance the knowledge and develop skills that are necessary for the effective work of project case managers. It is meant for social workers, psychologists of harm reduction projects - the future case managers of the Project "Increasing Access to Treatment of HIV for the Populations at Risk".



Prevention posters for specialists of NGOs and healthcare institutions

Alliance-Ukraine has issued a set of prevention posters designed for professionals of NGOs and healthcare institutions operating in prevention of HIV and other socially dangerous diseases. The publication is prepared and published under the project "Building a Sustainable System of Comprehensive Services for HIV/AIDS Prevention, Treatment, Care and Support for Most-at-risk Populations and PLHIV in Ukraine", supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The set includes folder with five A2 format posters ("HIV", "HIV test", "TB", "Hepatitis C", "Sexually Transmitted Infections"), as well as brochures on prevention containing all the information presented in the posters.



Sexual and Reproductive Health of Heterosexual Couples Affected by the HIV/AIDS Epidemic

The manual is intended for professionals of HIV-service NGOs, counsels of psychosocial support projects, social workers, psychologists of HIV/AIDS Service and healthcare facilities that provide services in reproductive health, as well as for people affected by HIV/AIDS.

Publications for the vulnerable populations

A new, extended edition of series of leaflets for drug users

The Series includes 19 leaflets on harm reduction ("HIV", "TB", "Hepatitis", "Using Drugs Harm reduction", "Opiates", "Stimulants", "Pharmacy Drugs", "Club Drugs", "Safe Sex", "Sex and Drugs", "Chemical Dependency", "Effect of Opiates on Central Nervous System", "Effect of Stimulants on Central Nervous System", "Overdose", "Substitution Therapy", "Veins", "Piercing", "Tattoo", "Condoms and Lubricants").

Prevention Leaflets for SWs

Prevention leaflets highlight the main topics of possible interest for the clients of the programs - women who provide sexual services for a fee. The series includes 6 leaflets: "Reducing the Risks of Sex Work", "Women's Personal Hygiene", "Oral Sex", "How to Negotiate with a Client about the Use of Condoms", "Cooperation with Police", "Tattoos and Piercings".

Alcohol and HIV

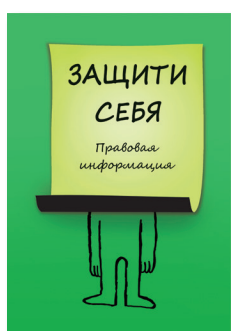
The brochure provides basic information about alcohol addiction and focuses on the main points that provoke HIV-risky behavior resulting from alcohol use. Attention is paid also to the effects of alcohol on an HIV-positive person.

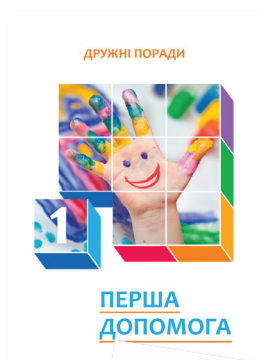
Women's Personal Hygiene

The publication contains key information about the basics of women personal hygiene, particularly the use of antiseptics.

Protect Yourself. Legal Information for Drug Users

The publication is a revised edition factoring in current realities and the new Criminal Code, of the brochure "309", which was in great demand among PWID. Information is provided on the rights that have drug users, as well as responsibility for violations of the law, how to protect yourself in crisis situations, in addition, the typical situations are described, basic legal information is provided and table of sizes of drugs that are illicit trafficking.





First Aid. Friendly Tips

The brochure is intended primarily for adolescents at risk who have to spend a lot of time on the street. The book outlined the basics of first aid in the most common situations.

Fighters of the Intimate Front. A Leaflet for Projects Working with MSM

This leaflet presents, in an accessible form, the basic information about all types of condoms and is focused on the specifics of using certain types of them for safe sex among MSM.

The threat on-line. A Leaflet for Projects Working with MSM

The specialized leaflet contains the basic information about the risks from communication in Internet and social networks for people with the same-sex sexual orientation, tips are given on how not to get into a life- and health-threatening situation.

Answers to Difficult Questions. Publication for Projects Working with MSM

The leaflet is for parents and friends of lesbian, gay, bisexual and transgender people.

Video "A Chance to Live"

"A Chance to Live" is a single clip containing the stories of 5 people who managed to change their own future thanks to the harm reduction programs, five real stories describing how prevention services for the most vulnerable people affect their health, survival and social welfare.

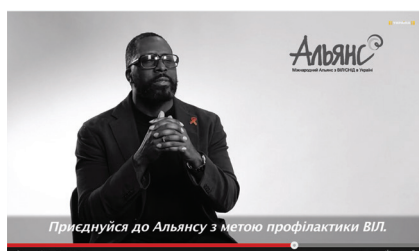
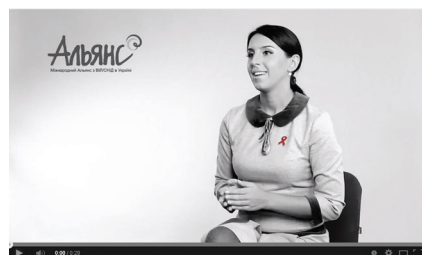
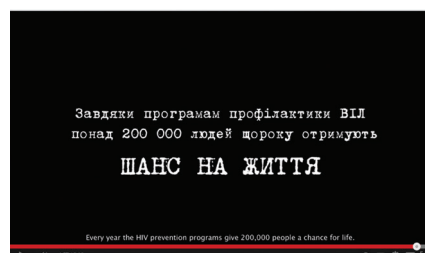
<https://www.youtube.com/watch?v=ytrXZ6Fbnll&feature=youtu.be>

To the World AIDS Day Alliance-Ukraine prepared short informational videos on forming tolerant attitude, overcoming stigma and discrimination towards HIV-positive people.

Singers Jamala and Carl Frierson told about their attitude to the problem in this video.

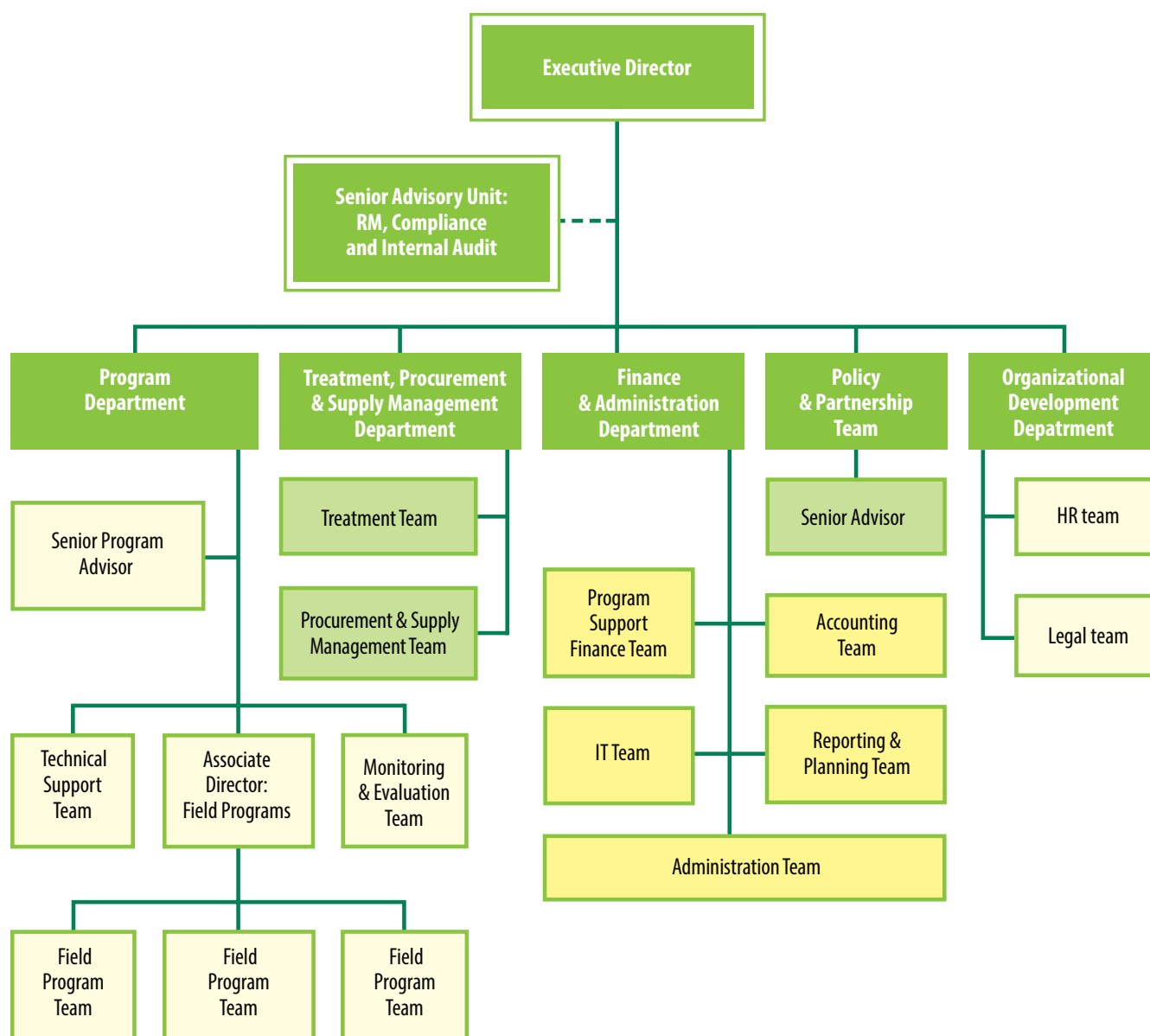
<https://www.youtube.com/watch?v=eD1AVEJ-d5U>

<https://www.youtube.com/watch?v=YQBpi6NneO8>



Appendix 7

Organization Chart of ICF “International HIV/AIDS Alliance in Ukraine”*



* As of 31 December 2013

Додаток 8

Staff and consultants of ICF «International HIV/AIDS Alliance in Ukraine»^{*}

Members of Statutory Bodies

GOVERNING BOARD

Yuriy Kobyshcha	Board Chairman
Svitlana Antonyak	
Iryna Borushek	
Roman Kobets	
Anya Sarang	
Andrey Kryvokorytov	

SUPERVISORY COMMITTEE

Jon Cooper	Committee Chairman
Vadim Menzhulin	
Natalia Sannikova	
Irena Gryga	
James Hart	

GENERAL MEETING

Slava Kushakov
Yuriy Kobyshcha
Julie Saunders-Bondarenko

^{*} As of 31 December 2013

Directorate

Klepikov Andriy	Executive Director
Smyrnov Pavlo	Deputy Executive Director: Program
Brodskaya Vlasta	Organizational Development Director (<i>maternity leave</i>)
Islam Zahedul	Director: Treatment, Procurement and Supply Management
Kukhar Oleg	Finance Director
Obozna-Petrova Viktoriya	Organizational Development Director, Head of HR
Kushakov Vyacheslav	Senior Advisor
Deshko Tetyana	Associate Director: Field Programs, Project Director: CAHR
Dovbakh Ganna	Associate Director: Policy and Partnership
Filippovych Sergiy	Associate Director: Treatment
Varetska Olga	Associate Director: Strategic Information, Monitoring and Evaluation

Personal Assistants

Bondarenko Anastasia	Personal Assistant to Executive Director
Babenko Anastasia	Personal Assistant to Deputy Executive Director: Program
Eremina Ganna	Personal Assistant to Director: Treatment, Procurement and Supply Management
Kushnir Evgeniy	Personal Assistant to Associate Director: Field Programs

Senior Advisory Unit: Risk Management, Compliance and Internal Audit

Liudogovskiy Artem	Advisor: Risk Management, Compliance and Internal Audit
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Policy and Partnership Team

Madoiani Karen	Senior Communication Manager
Naduta Galyna	Senior Manager: Regional Policy and Coordination
Rabinova Vlada	Senior Program Manager: Regional Technical Support Hub
Skala Pavlo	Senior Program Manager: Policy and Advocacy
Andrushchenko Myroslava	Program Manager: Knowledge Sharing
Khmel Lesya	Project Operational Manager
Maystat Lyudmyla	Program Manager: Hepatitis, Program Officer: Policy, Advocacy and Technical Support
Bilous Olga	Inventory & Distribution Officer
Sukhomlynova Iryna	Program Officer: Production and Design
Babanina Iryna	Translator
Oliylyk Anna	Translator (<i>maternity leave</i>)
Peday Georgiy	Editor/Proofreader
Deineka Olena	Program Assistant: Policy and Partnership

Program Department

Purick Olena	Senior Program Advisor
Basenko Anton	Senior Program Officer: National Programs

Monitoring & Evaluation Team

Mykhalchuk Tetyana	Senior Program Manager: Monitoring & Evaluation and Donor Reporting
Samko Maria	Senior Program Manager: Programmatic Monitoring and Evaluation, HIV/TB
Salyuk Tetyana	Program Manager: Research and Evaluation
Sazonova Yana	Senior Program Officer: Research and Field Analysis
Klymenko Nadiya	Program Assistant: Monitoring and Evaluation
Matvichuk Igor	Program Officer: Reporting and Planning
Uvarkina Kateryna	Program Assistant: Monitoring and Evaluation (<i>maternity leave</i>)

M&E-related Technical Assistance and Improved Data Application in HIV (METIDA) Project Team

Salyuk Tetyana	Project Director: METIDA
Nima Tetyana	Project Manager: Capacity Building and Surveillance
Khomych Liudmyla	Project Officer: Studies and Evaluations
Nikolko Marina	Project Officer: Capacity Building
Ikonnikova-Skutsenia Liudmyla	Project Assistant: METIDA

Field Program Team (South - West region)

Isakov Viktor	Head of Team: Field Programs
Matskiv Nadezhda	Senior Program Officer: Field Programs
Slobodianiuk Kateryna	Senior Program Officer: Field Programs
Dolechek Olga	Program Officer: Field Programs
Oksenyuk Oleksandra	Program Officer: Field Programs (<i>maternity leave</i>)
Filippovych Myroslava	Program Assistant: Field Programs
Khomidova Yulia	Program Assistant: Field Programs (<i>maternity leave</i>)

Field Program Team (North - West region)

Chura Volodymyr	Head of Team: Field Programs
Barnard Tetyana	Senior Officer: Health Products
Goncharenko Olena	Senior Program Officer: Field Programs
Bilan Darya	Program Officer: Field Programs
Yangol Nadiya	Program Officer: Field Programs
Churanova Olga	Program Assistant: Field Programs

Field Program Team (East region)

Shurpach Lyudmyla	Head of Team: Field Programs
Bezimenka Svitlana	Senior Program Officer: Field Programs
Kononkova Oksana	Senior Program Officer: Field Programs
Salnikova Anna	Program Officer: Field Programs
Smirnova Iryna	Program Assistant: Field Programs

Technical Support Team

Shulga Lyudmila	Head of Team: Technical Support
Debelyuk Myroslava	Technical Support Manager (<i>maternity leave</i>)
German Olena	Technical Support Manager
Moskovchenko Natalia	Technical Support Manager
Tokar Anna	Technical Support Manager
Varban Maryna	Program Manager: Technical Support Resources Development
Zharuk Iryna	Technical Support Manager
Dergausova Anna	Program Assistant: Technical Support

Treatment, Procurement and Supply Management Department

Procurement and Supply Management team

Malykh Iryna	Head of Team: Procurement and Supply Management
Velikiy Vitaliy	PSM Manager
Garusovska Anna	Senior Procurement Officer
Polyakova Tetyana	Senior Procurement Officer
Romanovskaya Taisiya	Senior Procurement Officer
Diachuk Tatiana	Procurement Officer

Treatment team

Mazhnaya Alyona	Project Manager: Research
Savenko Oksana	Program Manager: Treatment
Smetanina Oksana	Program Manager: HIV/Tuberculosis
Tretska Tamara	Program Manager: Substitution Maintenance Therapy
Burgay Olga	Senior Program Officer: Treatment
Kolomiets Victor	Senior Program Officer: Substitution Treatment
Prokhorova Tetiana	Program Officer: Research
Tyshkevych Anna	Assistant to Treatment Unit

Organizational Development Department

Human Resources Team

Rybchak Oksana	Human Resources Manager
Goncharenko Ganna	Senior Human Resources Officer
Prodan Maksym	Human Resources Officer

Legal Team

Voytenko Ihor	Head of Legal
Sverdlov Oleksiy	Legal Officer

Finance and Administration Department

Bubnova Kristina	Financial Controller
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Accounting Team

Nosatska Olena	Chief Accountant
Kravets Alla	Senior Accountant
Yatskova Olena	Senior Accountant (<i>import/purchase</i>), Accountant,
Chemiya Olga	Accountant
Zorya Anastasia	Accountant
Ivanitska Kateryna	Assistant: Accounting

Administration Team

Maslennikova Maryna	Head of Administration team
Dordyuk Kseniya	Administration Officer
Vinaryeva Alyona	Administration Officer
Yaremenko Ivanna	Administration Officer
Yakovlev Mykhaylo	Household Manager
Sheremet Valeriy	Secretary
Valter Valentyna	Secretary
Kutsayenko Galya	Assistant to Head of Administration Team
Glazko Valentyna	Cleaner
Shevchenko Svitlana	Housekeeper
Tkacheva Antonina	Cleaner

Information Technologies Team

Zavarzin Alexander	Head of Information Technologies
Goncharenko Sergiy	IT Infrastructure Manager
Zelenskiy Igor	Data Manager
Usenko Pavlo	Senior IT Officer

Reporting and Planning team

Sidorenko Ilona	Head of Team: Reporting and Planning, Finance
Boiko Kateryna	Finance Manager: Reporting & Planning
Kozhemyachenko Iryna	Finance Manager: Reporting & Planning
Zozulynskiy Yuriy	Senior Finance Officer: Reporting & Planning

Program Support Finance team

Zozulynska Olga	Head of Program Support Finance team
Lebedeva Olga	Finance Manager
Morozova Nataliya	Finance Manager
Tytovska Kateryna	Finance Manager (<i>maternity leave</i>)
Krasnukha Yuriy	Senior Finance Officer
Lesnikova Olesia	Senior Finance Officer
Tretiak Tetiana	Senior Finance Officer
Yatsko Oksana	Senior Finance Officer
Yatsura Olena	Senior Finance Officer
Ivasenko Kseniya	Finance Officer
Kharlashkina Olga	Assistant: Program Support Finance

Consultants

Regional Coordinators

Afanasiadi Tetyana	Regional Coordinator, Odesa region
Kalinina Alla	Regional Coordinator, Cherkasy region
Kuvshynova Yevgeniya	Regional Coordinator, Kyiv region
Lysak Yevgeniya	Regional Coordinator, Kherson region
Olabina Valentyna	Regional Coordinator, Mykolaiv region
Pavlenko Valentyna	Regional Coordinator, Donetsk region
Potapova Iryna	Regional Coordinator, Sevastopol
Sluzhynska Mariana	Regional Coordinator, Lviv region
Yaroshevskiy Myhaylo	Regional Coordinator, Dnipropetrovsk region
Yatsyuk Oleksandr	Regional Coordinator, AR Crimea
Yurchenko Oleksandr	Regional Coordinator, Kyiv

Permanent Consultants

Setter Vasyl	Driver
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