

2011

Annual Report

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Supporting community action on HIV/AIDS



Dear readers!

2011 was a remarkable year for us because the Alliance has changed. After 10 years of successful operation in HIV/AIDS response in Ukraine we decided to expand our activities. We began implementing a large-scale program on TB, undertook the work in other countries not only in our geographic region but also in South-Eastern Asia and Africa countries. Also we have strengthened organizational capacity by carrying out reorganization and updating the procedures.

Obtaining new funding is also an important achievement: at the end of 2011 the Alliance, together with two other principal recipients — Network of PLH and the Ukrainian AIDS Center — had signed the agreement with the Global Fund for the implementation of Round 10 project with total budget being approximately USD 86 million. We appreciate the trust shown by the country and Global Fund and consider the line of Alliance activities to be important for overcoming the epidemic among vulnerable groups — injecting drug users, men having sex with men, female sex workers etc.



The year 2011 lays a stable foundation for successful operations in the future: due to coverage of injecting drug users with prevention activities the number of new HIV infection cases in this group decreased in comparison with previous years. We have achieved even more convincing success in 9 regions of Ukraine where USAID-supported SUNRISE project had been being implemented during 7 years. In these regions it was possible to decrease HIV infection growth pace to 1% compared with 8% in other regions despite starting with much less favourable initial conditions. The Minister of Health and the United States Ambassador to Ukraine both have noted these results.

Moreover, the President of Ukraine Victor Yanukovich in his address dated December 1, 2011 also recognized this year as a turning point, “In combating HIV/AIDS epidemic we have first encouraging results: in 2001 HIV infection growth pace has decreased...”. This outcome of the activities line is connected with Alliance and its partners, and the President sets substantial hopes on our sector, “I am convinced that achieving favorable epidemiological conditions depends on active participation of the civil society organizations in the HIV infection response sphere”.

We set even more serious assignments for the next year, and their fulfillment directly depends on the efficiency of our cooperation. We will win together!

With gratitude to our donors and partners,

*Andriy Klepikov,
Executive Director*

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1. 1. Key Achievements of ICF “International HIV/AIDS Alliance in Ukraine” in 2011

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

“The Partnership of the Global Fund with Alliance has had a significant impact on the situation with response to the HIV/AIDS epidemic in Eastern Europe. The incidence rate among injecting drug users has stabilized, and the HIV prevalence among this population has decreased. Harm reduction programs for most vulnerable groups have become a pledge of such performance. Although much remains to be done, the experience of prevention programs for most vulnerable populations in Ukraine gains in global spread as best practices. In severe circumstances, a significant progress has been achieved which results can be proud of”

Michel Kazatchkine,
Executive Director of the
Global Fund in 2007–2012
(during his visit to Kyiv in
February 16, 2012)



Slowdown in Spread of the Epidemic among the General Population

Targeted prevention

The positive epidemic trends at regional and national levels were made possible primarily due to effective implementation of prevention programs among populations most vulnerable to HIV. In 2011, prevention services covered a considerable part of vulnerable populations:

- 157,011 of IDUs (54% of the estimated amount);
- 28,224 SWs (40% of the estimated amount);
- 19,130 MSM (20% of the estimated amount);
- 25,497 prisoners (18% of all prisoners).

In general, at the end of 2011 preventive measures under the Program covered 54,387 children deprived of parental care.

The years of joint efforts in response to the HIV epidemic, in particular among most-at-risk populations, have provided Ukraine with the sustainable trend of the stabilizing epidemic situation and decreasing infection rates. The official data of the Ukrainian AIDS Center of the Ministry of Health of Ukraine depict that the **country incidence rates have fallen by almost a factor of four** since the Alliance commenced implementing the Global Fund's programs and the USAID SUNRISE project. While in 2004 a number of registered new cases of HIV increased by 2,482 as against the previous year, in 2011 the incidence rate equaled 687 new cases only.

The effectiveness of prevention programs can be traced especially clearly, if the results in regions where the preventive measures have been the most intensive due to the synergy of programs performed by ICF "International HIV/AIDS Alliance in Ukraine" with the support of USAID and the Global Fund are compared.

In the regions where in addition to the projects of the Global Fund ICF "International HIV/AIDS Alliance in Ukraine" implemented the USAID SUNRISE Project, the results appeared to be better, despite the heavier initial conditions. In the most affected regions, covered by SUNRISE, the annual HIV incidence rate decreased.

Stabilization of the Epidemic among IDUs

The routine and sentinel surveillance findings yet again confirm the significant impact of prevention programs on lowering HIV prevalence rates among IDUs. An absolute number of first-time cases of HIV among IDUs stabilized in 2006 and has tended to decrease since 2009. **A share of HIV-positive results among all IDUs tested has been steadily declining** since 2006, when it was 16.5%, down to 11.3% in 2011. The fact that the **epidemic expansion among recent IDUs has been stalled** can be considered as the most characteristic attainment. This very subpopulation is indicative of HIV incidence rates. The recent integrated bio-behavioral survey findings depict that the HIV prevalence rate in the subpopulation of IDUs using drugs for less than 3 years has fallen by more than 5 times: from 29.9% in 2004¹ to 5.5% in 2011² (see Chart 1). The average annual HIV incidence rate among IDUs is at 2%.

¹ Subsequent to the findings of the 2004 sentinel epidemiological survey held by the Ukrainian AIDS Center in 6 cities of Ukraine.

² Subsequent to the 2011 survey "Monitoring of Behavior and Prevalence of HIV among Injecting Drugs Users" held by the O. Yaremenko Ukrainian Institute of Social Researches in 27 cities of Ukraine.

Cost effectiveness

An important characteristic of ICF “International HIV/AIDS Alliance in Ukraine” prevention programs is their cost effectiveness. An article by a team of researchers from Stanford University³ published in 2011 concludes that the substitution therapy programs in Ukraine implemented by ICF “International HIV/AIDS Alliance in Ukraine” are cost effective and represent best practices for the whole region: “...substitution therapy is a highly cost-effective option for the growing mixed HIV epidemic in Ukraine. A strategy that expands both methadone substitution therapy and ART to high levels is the most effective intervention, and is very cost effective by WHO criteria. When expanding ART, access to methadone substitution therapy provides additional benefit in infections averted. Our findings are potentially relevant to other settings with mixed HIV epidemics”, notes the study.

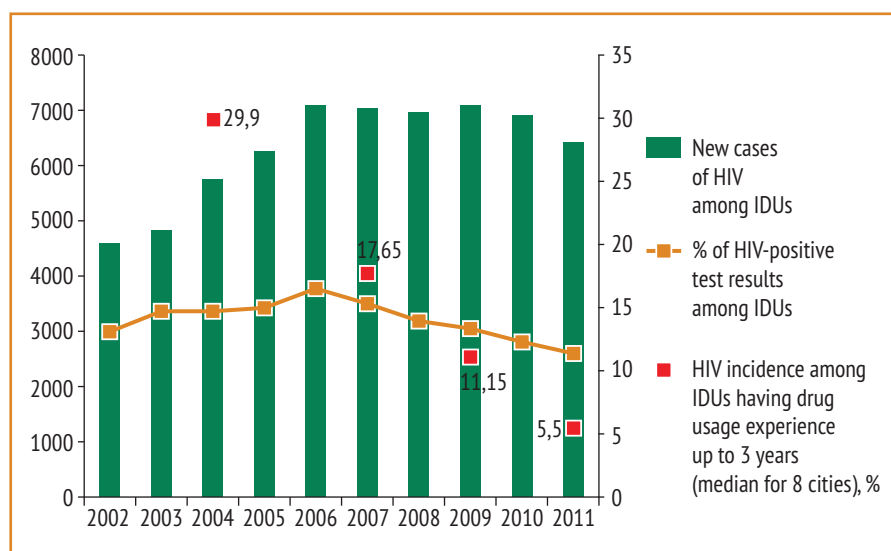


Chart 1. Indicators of Trends in HIV Incidence among IDUs

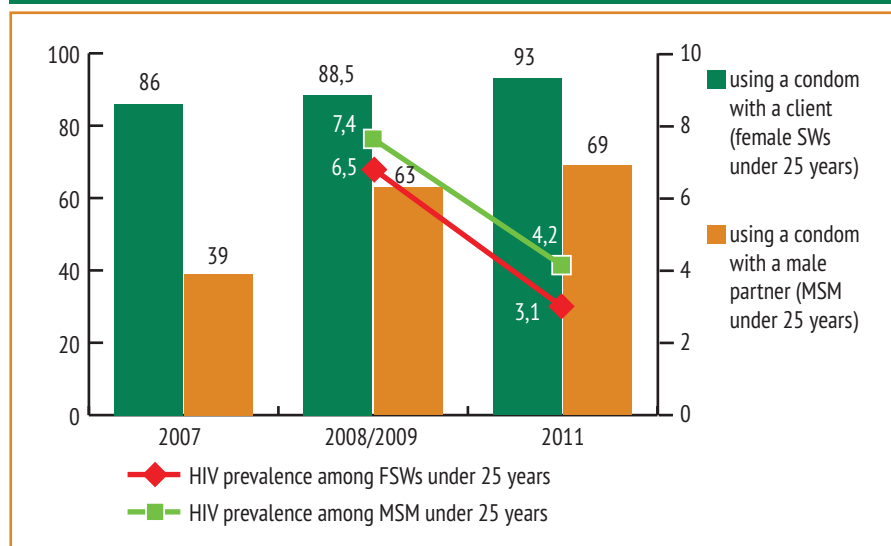


Chart 2. Indicators of safe behavior and HIV prevalence among SWs and MSM⁴

HIV Prevalence among Young SWs and MSM Decreases because of Safer Behavior

The recent epidemiological monitoring findings suggest that HIV prevalence among SWs and MSM under 25 has almost halved over the last two years. HIV prevalence in this age group reflects the current HIV prevalence trend, and therefore, we hope that, subject to further expansion of the range of prevention services for these two groups, the actual incidence rates for these groups will decrease in subsequent years (see Chart 2).

³ Alistair SS, Owens DK, Brandeau ML (2011) Effectiveness and Cost Effectiveness of Expanding Harm Reduction and Antiretroviral Therapy in a Mixed HIV Epidemic: A Modeling Analysis for Ukraine. PLoS Med 8(3): e1000423.

⁴ The study “Monitoring of Behavior of Female Sex Workers” was conducted in 12 Ukraine oblast centers by the O. Yaremenko Ukrainian Institute of Social Researches. The study “Monitoring of Behavior and HIV Prevalence among Female Sex Workers as a Component of Second Generation HIV Epidemiological Surveillance” (2008, 2009 and 2011) was conducted by the Kyiv International Institute of Sociology. In 2011 – in 26 cities of Ukraine. The Study “Monitoring of Behavior and Prevalence of HIV among Men Having Sex with Men as a Component of Second Generation Surveillance” (2007) was conducted by the O. Yaremenko Ukrainian Institute of Social Researches in 12 cities. In 2009 and 2011, studies among MSM were conducted by the Center of Social Expertise of the National Academy of Science of Ukraine (in 2011 – in 27 cities of Ukraine).

1.2. Impact on the National and International Policy on HIV/AIDS

A Target Prevention

“The contribution of civil society in combating the HIV/AIDS epidemic in Ukraine cannot be overestimated... Successes of Ukraine in combating HIV/AIDS are, to a large extent, due to the donors, their commitment and carrying out of obligations to the Global Fund to Fight AIDS, Tuberculosis and Malaria”.

From address of the President of Ukraine Viktor Yanukovich to the UN General Assembly, June 08, 2011.⁵

Improved National Legislation and the State Policy on HIV/AIDS

In early 2011, the President of Ukraine signed amendments to the Law of Ukraine “On AIDS Prevention and Social Protection of the Population”, passed by the Verkhovna Rada in late December 2010. The new Law incorporated most of the proposals submitted by ICF “International HIV/AIDS Alliance in Ukraine” which professionals contributed to the interagency law drafting task force at the Ministry of Health of Ukraine and followed it up at later stages. In particular, under the amended Law *“the State guarantees to provide for HIV prevention through harm reduction programs which, among other things, envision using substitution maintenance therapy for persons suffering from drug dependence, and creating conditions for the exchange of used injection needles and syringes for sterile ones, followed by their recycling”*. Therefore, the harm reduction programs gained support at the level of the Law of Ukraine, while the substitution maintenance therapy is

now settled under two laws of Ukraine. In addition, the revised Law finally took off the problem of access to voluntary counseling and testing for HIV for minors aged 14 and older (subject to their consent), and eliminated a number of other discriminatory restrictions.

For a long time, adoption of the legal framework basis that would reduce the tax burden on prevention programs in terms of tax *exemption* of GF grant-related operations has been an important issue in advocacy activities of ICF “International HIV/AIDS Alliance in Ukraine” and partner organizations. Comments of Alliance representatives and partners have appeared in the top national media (Inter, 1+1, Channel 5, New Channel, TV 24, etc.).

As a result, the Prime Minister of Ukraine Mykola Azarov stated: *“We will definitely exempt from tax charitable foundations and organizations that supply AIDS prevention means into our country”*, and the Ministry of Health of Ukraine has initiated revising the Resolution of the Cabinet of Ministers of Ukraine no. 785 dated June 09, 2011 which introduced VAT on female and male condoms, offering a relevant CMU Draft Regulation “On Amendments to the List of Medical Products which Sales are Exempt from Taxation with Value-Added Tax”, and the Cabinet of Ministers has approved such amendments.

ICF “International HIV/AIDS Alliance in Ukraine” has repeatedly raised the issue of tax and duty exemptions for the Global Fund assistance as a whole, engaging the National Council on TB and HIV/AIDS under the Cabinet of Ministers of Ukraine into tackling this matter. Thus, necessary background was established for approval by the Cabinet of Ministers of Ukraine of the draft law “On the Implementation of the Programs of the Global Fund to Fight AIDS, Tuberculosis and Malaria in Ukraine” envisioning tax and customs duty exemptions for the Global Fund assistance duties which took place early in 2012.

⁵ <http://www.mfa.gov.ua/uno/ua/news/detail/60724.htm>



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Николай Азаров
 Отвечаю на один из самых часто задаваемых и обсуждаемых сегодня вопросов.
 Презервативы не должны дорожать!
 Однозначно мы освободим от налогообложения благотворительные фонды и организации, которые поставляют в нашу страну средства защиты от СПИДа.



КАБІНЕТ МІНІСТРІВ УКРАЇНИ
 ПРЕМ'ЄР-МІНІСТР

До доповідної записки заступника
 Міністра Кабінету Міністрів України
 Аністратенка Ю. С.
 від 4 жовтня 2011 р.

**ЄМЦЮ І. М. – експлікація
 МОГИЛЬОВУ А. Я.**

Пропону створити міжвідомчу робочу групу із залученням представників громадських організацій, у тому числі міжнародних, для розроблення заходів, спрямованих на розширення застосування замісної підтримувальної терапії для споживачів ін'єкційних наркотиків, зокрема ВІЛ-інфікованих, і забезпечення належного контролю за обігом лікарських (наркотичних) засобів, які застосовуються для такої терапії.

Про результати поінформувати Кабінет Міністрів.

АНИСТРАТЕНКУ Ю. С.
 Дніпрову О. С. (Поспелову О. О.)

Микола АЗАРОВ
 КОПІЯ ВІДПРАВЛЕНА

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Protection of Populations Exposed to HIV, Physicians and Non-governmental Organizations from Unlawful Pressure of Law Enforcement and Regulatory Agencies

In 2011, HIV-service NGOs that implement projects under the Global Fund program, including the substitution maintenance therapy programs, and their clients across the country faced an unprecedented pressure from law enforcement and regulatory authorities which consisted in collection of personal information on all patients, including their HIV status, arbitrary police visits to healthcare settings and numerous inspections of non-governmental organizations. ICF “International HIV/AIDS Alliance in Ukraine” initiated a successful advocacy and information campaign aimed at protecting the harm reduction and substitution therapy programs from pressure of law enforcement and regulatory authorities, numerous unwarranted inspections which in 2011 peaked over the more than ten-year organization record. The advocacy activities of ICF “International HIV/AIDS Alliance in Ukraine” and “All-Ukrainian Network of People Living with HIV/AIDS” have drawn attention of the international community, and as a result, the Prime Minister of Ukraine Mykola Azarov instructed the Minister of Health and the Minister of Internal Affairs to foster using substitution maintenance therapy for injecting drug users. One of the key officials who exerted the pressure on the substitution therapy programs was dismissed (Head of the Department against Illegal Drug Circulation at the Ministry of Internal Affairs of Ukraine), and the Ministry of Health of Ukraine officially and publicly spoke out with an information statement in support of substitution therapy.

The Ukrainian HIV Prevention Program Has Become Best Practice for International Partners

In March 2011, the Alliance office hosted a meeting of Eric Goosby, Ambassador at Large and Global AIDS Coordinator, Department of State, USA, with activists of the organizations related to substitution maintenance therapy (SMT) programs in Ukraine. The meeting participants discussed the burning issues in implementation of these programs in Ukraine and systematic violations of the rights of patients and medical staff. The Ambassador Goosby re-affirmed the need to scale up SMT programs (as it was stipulated in the Partnership Framework between the Government of Ukraine and the Government of the United States of America on Cooperation in Countering HIV/AIDS in 2011-2015) and assured that violations of the rights of patients and medical staff would elicit a proper response. Also, the Global Coordinator on HIV/AIDS visited the Kyiv City AIDS Center which implemented SMT programs supported by USAID and the Global Fund.



On May 11, 2011, the News Hour program of the U.S. public television (PBS), the TV channel with the highest ratings of confidence of American viewers, issued a report on successes and challenges in the prevention and treatment of HIV/AIDS in our country, in which the focus was made on projects implemented by ICF “International HIV/AIDS Alliance in Ukraine” under the Global Fund and USAID programs.

Ambassador Eric Goosby meets ST activists in the Alliance

In June 2011, Tetiana Afanasiadi, an activist of the movement to protect the rights of PLWH and drug dependents, the Alliance regional coordinator in Odesa oblast, opened a meeting of the General Assembly on AIDS attended by 30 heads of states and governments and 192 official country delegations, and addressed the international press together with the UN Secretary-General Ban Ki-moon and the UNAIDS Executive Director Michel Sidibe. Andriy Klepikov, Alliance Executive Director, attended the meeting as a member of the official delegation of Ukraine, as well as public hearings, following his interview about the situation with AIDS in Ukraine to the “Voice of America.”



Tetyana Afanasiadi opens the UN General Assembly on AIDS

Comments of the Alliance Executive Director, and Nalin Mehta, a spokesman for the Global Fund, were made public by Deutsche Welle. The Deutsche Welle report was about the satisfaction of the Global Fund with the way its resources are used in Ukraine and the Ukraine urgent need of continued support of the Global Fund to respond to the epidemic in the country.

1.3. Розширення сфер програмної діяльності

In 2011, ICF “International HIV/AIDS Alliance in Ukraine” actively expanded its efforts to prevention of other burning epidemics in Ukraine — tuberculosis and viral hepatitis among most-at-risk populations. The similarity of at-risk populations vulnerable to HIV, viral hepatitis and tuberculosis in Ukraine encouraged ICF “International HIV/AIDS Alliance in Ukraine” to begin work on prevention of these infections among vulnerable populations as a harm reduction component.

Prevention of Tuberculosis

Ukraine has a high TB incidence rate (by this indicators it ranks seventh in Europe), and prevention activities in this area is a priority for ICF “International HIV/AIDS Alliance in Ukraine”. Prevention of tuberculosis among vulnerable populations, prevention of HIV among TB patients, procurement of medications and provision of integrated care services to co-infected clients under the substitution therapy programs are major challenges in the focus of the organization activities. In 2011, ICF “International HIV/AIDS Alliance in Ukraine” became one of Ukraine's largest co-contractor under the TB control program which is implemented by the Rinat Akhmetov Charitable Foundation for Development of Ukraine with the financial assistance by the Global Fund to Fight AIDS, Tuberculosis and Malaria under the Round 9 Program. Response to tuberculosis is an important part of other Alliance programs. In particular, more than 1,200 TB patients receive substitution therapy under the Alliance projects. In 2011, the number of integrated substitution therapy centers, where HIV/AIDS and TB diagnostics and treatment activities can be arranged, grew from 8 to 34.

A leading German newspaper “Bild” published a success story that demonstrates the effective synergy of the Global Fund Programs on Prevention of HIV and Tuberculosis implemented by ICF “International HIV/AIDS Alliance in Ukraine”. The same point is raised in the “TV Europe Coalition” report published in several European languages.

Response to the Hepatitis Epidemic

Work on prevention of viral hepatitis also went on in 2011. The Hepatitis B Vaccine Project under the Global Fund Round 6 Program continued through 19 NGOs. And advocacy activities also developed under the project that was supported by the International Renaissance Foundation. The Concept of the National Targeted Social Program for Prevention, Diagnostics and Treatment of Viral Hepatitis until 2016 was prepared with the active participation of ICF “International HIV/AIDS Alliance in Ukraine” and then approved by the Cabinet of Ministers of Ukraine. Events to mark the World Hepatitis Day took place in Kiev and six other regions of Ukraine, hundreds of people got tested in mobile clinics, with information materials distributed and signatures for an appeal to the Minister of Health about the need to accelerate the development of the State Targeted Program gathered. The event was widely covered by the national and regional media. Posters and billboards specially designed by Benjamin Norskov, a designer from New York Parsons the New School for Design, were placed in the cities’ streets.

1.4. Geography of Activities Expanded to New Regions (Programs in Africa and Asia)

Community Action on Harm Reduction for ICF “International HIV/AIDS Alliance in Ukraine”

The Community Action on Harm Reduction (CAHR) is a program funded by the Dutch government and implemented by ICF “International HIV/AIDS Alliance in Ukraine” in China, India, Indonesia, Kenya, and Malaysia. The program aims to provide opportunities for drug users, their partners and children to lead healthier lifestyle, have better access to health care, be less exposed to stigma and more involved in the social and public life.

The Program is implemented locally by a consortium of implementing partners from 5 countries with the support of several international technical partners, including the Alliance Kyiv Technical Support Center, the International Drug Policy Consortium (IDPC), Harm Reduction International (an international organization for harm reduction) (HRI), AIDS Foundation East-West (AFEW), the International Network of People Who Use Drugs (INPUD), and the Association “Information about Prevention for AIDS” (PILS).

In general, the program is coordinated by the governing body located in the office of ICF “International HIV/AIDS Alliance in Ukraine”. Such location facilitates access of implementing partners to rich expertise on HIV and drug use harm reduction, gained by ICF “International HIV/AIDS Alliance in Ukraine” which has the most extensive expertise in this area among members of the International HIV/AIDS Alliance. This model proved to be quite effective in terms of achieving significant results in the Program implementation in 2011.

Local programmatic arrangements were initiated on the basis of specially developed assessments and a planning process conducted in five countries. It enabled developing the most appropriate interventions which implementation has already begun in most of the countries (except India, where there was a delay in project approval by the government). In 2011, programmatic services reached 4,000 IDUs and about 15,000 of their partners, family members and friends.

The Program Consortium has provided a substantial technical support for local activities that were focused on the development of harm reduction programs and outreach work, creation of client registration systems and service delivery monitoring (using SyrEx — a special software developed by ICF “International HIV/AIDS Alliance in Ukraine”), development of skills in dissemination of information on behavioral changes, psychosocial support programs for opioid substitution therapy clients, work with prisoners, improving the accessibility of HIV testing through targeted outreach work and the use of rapid tests, programs for stimulant users, and developing skills necessary to work on policy and advocacy.

The well-coordinated work of the partners contributed to achievement of significant results:

- Substantial contribution to the implementation of innovative harm reduction programs in Africa. During development of the program it was expected that Kenya would conduct only minor initial studies. The Kenya AIDS NGOs Consortium (KANCO) supported by CAHR partners and other stakeholders (including government agencies in charge of drug control and HIV, as well as UNODC) has reasonably used the program capacities and surpassed all expectations. In December 2011, the first Kenyan clients received harm reduction services. Intensive technical support provided to KANCO and 5 partner NGOs put them in a central position in the development of harm reduction measures at both national and regional levels. During the International Conference on AIDS and STIs in Africa (ICASA) KANCO was the main coordinating center for the regional harm reduction network. Having these powers, KANCO will play an important role in achieving a more sustainable funding for further development of harm reduction programs in Kenya and neighboring countries.
- Improving access to anonymous HIV testing for IDUs in China. Regular HIV testing in China isn't anonymous and is carried out in the laboratories of local Centers for Disease Control (CDC). The results are provided only within few days, often demotivating people from getting tested for HIV. Alliance provided technical support for a pilot project on anonymous rapid testing for HIV at syringe exchange sites, community centers, as well as outreach routes. The new service, introduced in November, has been praised by both program clients and employees of partner organizations. Since then, 350 tests have been conducted at two centers in Chengdu, and this approach promises to improve significantly IDUs' access to testing.
- Improving behavior change activities under HIV prevention projects. A series of workshops have been conducted for outreach workers participating in programs for IDUs that are managed by the Malaysian AIDS Council (MAC), including programs funded by the Ministry of Health and the Global Fund. A new protocol of behavioral changes was developed. It is designed to improve HIV prevention and dissemination of harm reduction information, and will be applied to all programs implemented by MAC. The SyrEx service monitoring system will serve all MAC projects (meaning — all projects on HIV prevention among IDUs in Malaysia) for the sake of improved data quality and planning.

CAHR has contributed to a productive exchange between practitioners in the field of harm reduction. Alliance and MAC have been hosts to visits of experts from all project countries.

2. Strategic Priorities of ICF “International HIV/AIDS Alliance in Ukraine” in 2011

The ICF “International HIV/AIDS Alliance in Ukraine” is a leading professional organization and a national leader of measures on the response to HIV/AIDS epidemic in Ukraine, as well as an independent organization within the International HIV/AIDS Alliance, a global partnership of over 30 organizations from different countries:



**Strategic Priorities of ICF
“International HIV/AIDS Alliance
in Ukraine”**

In 2011, strategic priorities of ICF “International HIV/AIDS Alliance in Ukraine” which had been defined and implemented by 2010 were revised, updated and expanded.

Mission of ICF “International HIV/AIDS Alliance in Ukraine”

Supporting Communities — Impact on the Epidemic. Reducing HIV prevalence and AIDS mortality, mitigating the negative impact of the epidemic, supporting communities in their response to HIV/AIDS in Ukraine, as well as extending effective approaches to prevention and treatment of HIV/AIDS in Eastern Europe and Central Asia.

The main strategic objectives defined are as follows:

- Objective 1. Services:** providing comprehensive evidence-based services for vulnerable populations in the concentrated epidemics.
- Objective 2. Policy and human rights:** the impact on policy making for HIV/AIDS, tuberculosis and drug use in order to reduce stigma and discrimination, and protect human rights.
- Objective 3. Mobilizing communities:** support and mobilization of communities for active involvement in the response to the epidemic.
- Objective 4. Center for Best Practices:** dissemination of best practices and innovations for effective response to the epidemic.

3. Main programs performed by ICF “International HIV/AIDS Alliance in Ukraine” in 2011



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

3.1.1. The program “Support for HIV and AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine” (2007-2011)

The program “Support for HIV and AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine” is financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria within its Round 6 grant. It has two principal recipients are ICF “International HIV/AIDS Alliance in Ukraine” and All-Ukrainian NGO “All-Ukrainian Network of People Living with HIV”. The program implementation period is August 2007 through July 2012.

The overall program goal is to reduce the number of HIV transmission cases and the rates of HIV-related morbidity and mortality through the implementation of actions focused on most vulnerable populations. The program has a direct targeted objective to scale-up access to prevention, treatment, care and support for people who are most vulnerable to HIV/AIDS and most affected by the epidemic, primarily injecting drug users (IDUs), men who have sex with men (MSM), commercial sex workers (CSWs), prisoners, street children aged 10–18 years, and people living with HIV/AIDS (PLWHA).

The program has five key objectives:

1. To ensure adequate access to integrated prevention, treatment, care and support services for most vulnerable populations (Alliance-Ukraine is the key implementation organization).
2. To scale-up comprehensive care and treatment services for PLWHA and to ensure equal access for injecting drug users and representatives of other vulnerable populations (implementing organizations are Alliance-Ukraine and the Network).
3. To scale-up access to comprehensive counseling services in order to develop adherence, provide psychological and social support and care for PLWHA (key implementing organization is the Network).
4. To create favorable conditions for long-term and an efficient response to the HIV/AIDS epidemic in Ukraine (implementing organizations are Alliance-Ukraine and the Network).
5. To implement monitoring and evaluation (M&E) of program performance, and to strengthen the National Monitoring and Evaluation System (implementing organizations are Alliance-Ukraine and the Network).

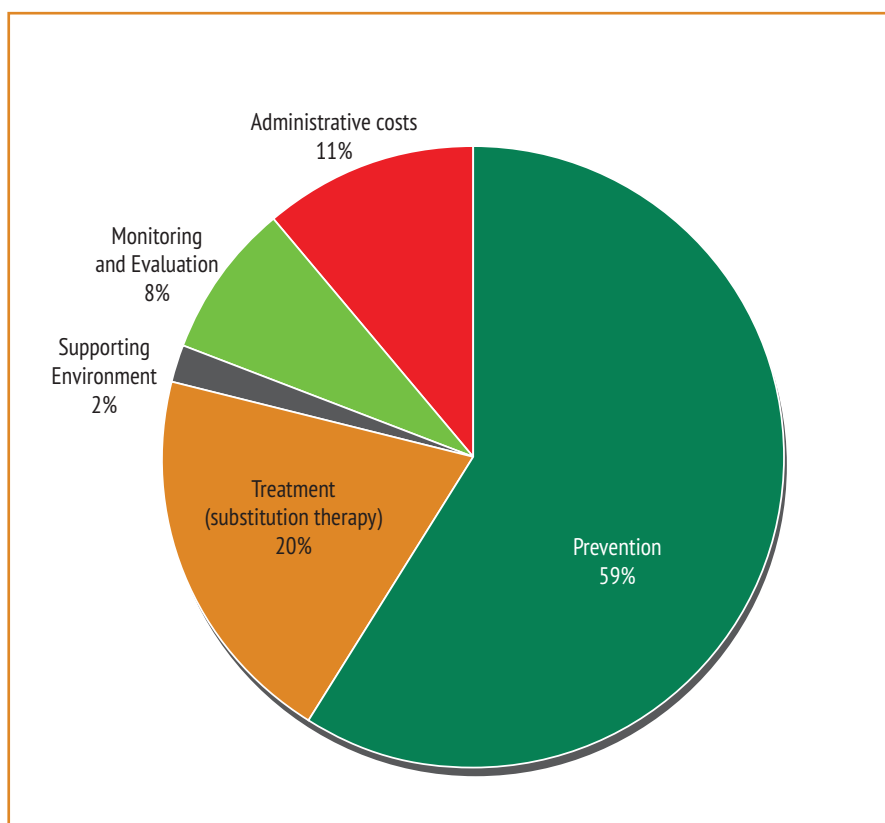


Chart 3. Expenses Breakdown for the Project “Support for HIV and AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine” in the second half of 2011.

Key Outcomes of Program Implementation in 2011

In 2011, Alliance was implementing planned activities in their second stage that were started in August 2009. The Program was implemented in all regions of Ukraine within national and regional projects that are currently being implemented by 159 sub-receptients.

In 2011, HIV prevention projects within the Program reached 157,011 IDUs (54% of the estimated number); 28,224 CSWs (40% of the estimated number); 19,130 MSM (20% of the estimated number); and 25,497 prisoners. At the end of the reporting period preventive measures under the Program covered 54,387 children deprived of parental care.

The substitution maintenance therapy program continued to work on the basis of 133 healthcare and prevention settings in 27 regions of Ukraine, providing services to 6,632 patients. Services to programs clients were provided by 143 pharmacies, 95 non-governmental organizations in cooperation with 104 healthcare settings to prevent and treat sexually transmitted infections, and 30,771 treatment courses were launched. The program in Ukraine involved 15 mobile clinics.



Reliability of quantitative data was verified by independent audits. In particular, during the period from March to April 2011 ICF “International HIV/AIDS Alliance in Ukraine” underwent a data quality audit (DQA) initiated by USAID. External indicators audit showed that ICF “International HIV/AIDS Alliance in Ukraine” “organized a reliable system of reporting and data collection” (a single data collection system for all programs, regardless of the donor). Audits of data showed their high quality. Data accuracy was equal to almost 100% by all indicators reported by Alliance.

3.1.2. Program “Reducing the TB Burden in Ukraine through Reducing TB Prevalence among Vulnerable Populations” (2010–2014)

In 2010, Ukraine received the first-ever five-year grant from the Global Fund to respond to TB in Ukraine worth about USD 100 million under the **Round 9** Program. The principal recipient in Ukraine is the Rinat Akhmetov Charitable Foundation for Development of Ukraine. ICF “International HIV/AIDS Alliance in Ukraine” with other state and non-governmental organizations — the TB Control Center (MoH), the State Department of Ukraine for the Execution of Sentences, the Ukrainian Red Cross Society, PATH (“The Program for Advancement through Health and Education”) will work as a sub-recipient of the 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 respond to the TB epidemic in Ukraine.

ICF “International HIV/AIDS Alliance in Ukraine” acts as a sub-recipient of the Rinat Akhmetov Charitable Foundation for Development of Ukraine on the component **“Improving Access to High Quality Services for Patients having TB/HIV Co-infection”**.

The main tasks of ICF “International HIV/AIDS Alliance in 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.
- 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 results for 2011:

- 10 grants provided to non-governmental organizations to implement prevention programs on HIV/STIs among patients who are treated in TB clinics. 2,170 persons reached with HIV prevention services under the Project.
- 5 trainings for NGOs on “Prevention of Tuberculosis among HIV-positive and Vulnerable Populations” were held with 149 people trained.
- Work is underway to revise and develop national protocols to provide medical care for HIV/TB patients.
- Two open competitive selections “Support of Creation of Diagnostic Blocks in AIDS Centers and Penitentiary Institutions” (five such wards will be established) and three open competitive selections “Technical Support of Creation of Appropriate Conditions for Pre- and Post-testing Counseling on HIV (for individuals and groups) at TB Clinics” were held (support was received by nine TB clinics).
- A series of trainings and workshops on monitoring and evaluation for HIV/TB specialists (professionals of organizational and technical offices at tuberculosis clinics, regional M&E centers at oblast AIDS centers) were organized.



3.1.3. Program “Long-term System of Provision of Comprehensive services for HIV/AIDS Prevention, Treatment, Care and Support for Most-at-risk Populations in Ukraine” (2012–2016)

On December 15, 2011, the Global Fund to Fight AIDS, Tuberculosis and Malaria signed an agreement with Ukraine to provide funding for the program in response to the HIV/AIDS epidemic under Round 10 “**Long-term System of Provision of Comprehensive Services for HIV / AIDS Prevention, Treatment, Care and Support for Most-at-risk Populations in Ukraine**” (2012-2016). Total grant amount for Ukraine is USD 301.7 million. Now, the guaranteed funding from the Global Fund equals to USD 86 million for 2012-2013. Principle recipients to be responsible for implementing the grant are the Ukrainian AIDS Center of the Ministry of Health of Ukraine, ICF “International HIV/AIDS Alliance in Ukraine” and the AUCF “All-Ukrainian Network of People Living with HIV/AIDS.” The fact that among three principal recipients there is a government institution is indicative of the increasing role and responsibility of the state in response to HIV/AIDS in Ukraine.

The GF grant will be focused on prevention, treatment, care and support for people living with HIV and their environment, populations at higher risk of HIV, as well as the general population. Specifically, approximately 180,000 injecting drug users, 19,000 children and adolescents among vulnerable populations, almost 11,000 HIV-positive patients on antiretroviral therapy (1,700 of them are in places of confinement), 9,600 patients of the substitution therapy program are to be reached. It is expected that more than 60,000 HIV-positive people and their significant others will be covered with care and support services.

The Program implementation began on January 01, 2012.

3.2. The “Project of Scaling up the National Response to HIV/AIDS through Information and Services” (SUNRISE) with the support of the U.S. Agency for International Development (2004–2011)

“The synergy between the Global Fund and USAID’s SUNRISE project has produced an impressive reduction in the spread of the HIV epidemic in the nine regions where these projects worked”.

John F. Tefft, U.S. Ambassador to Ukraine, at the final conference of the SUNRISE Project, December 09, 2011

January 1, 2012, is an official completion date of the SUNRISE Project — a seven-year Project on HIV/AIDS in Ukraine which was administered by ICF “International HIV/AIDS Alliance in Ukraine” with the financial support of the U.S. Agency for International Development (USAID). The total funding was USD 13 million.

From 2004 to 2011, ICF “International HIV/AIDS Alliance in Ukraine” combined efforts with the Program for Appropriate Technology in Health (PATH) and the “All-Ukrainian Network of People Living with HIV/AIDS” to implement the Project “Scaling up the National Response to HIV/AIDS through Information and

Services (SUNRISE)”.

The SUNRISE Project was aimed at significant reduction of HIV transmission among the populations most vulnerable to HIV/AIDS by a significantly increased access to high quality information and services on prevention and care among these groups in the selected regions of Ukraine.

The SUNRISE Project contributed to innovations that helped to slow down the HIV epidemic in the most affected regions and in the country as a whole.

It can be deemed that the key achievement of the Project is that the behavior of at-risk populations has changed for the safer one. As a result, the incidence and prevalence of HIV, particularly among young people, have reduced. This made it possible to practically stop the growing number of new HIV cases among the general population in the most affected regions and extend the Project across the country.

Goals	Description	Description
Goal 1	To effectively reach at least 60 percent of key populations (IDUs, SWs) with effective, high quality information and services to prevent parenteral and sexual transmission of HIV in the strategically selected sites	Overall 235,864 clients from key populations (IDUs, SWs) received services, which is 66 percent of the estimated size of these populations by the end of main project implementation as of September 30, 2009
Goal 2	To increase the accessibility of high-quality care and support information and services for people living with HIV and other populations affected by the epidemic	44,077 PLWH were covered with services and information by the end of main project implementation as of September 30, 2009.
Goal 3	To strengthen the prevention-care continuum, with a particular focus on improving the quality and reach of VCT services.	1,135 VCT-providers were trained by the end of main project implementation as of September 30, 2009; 50,230 VCT HIV tests were provided by the end of main project implementation as of September 30, 2009. Totally 63,069 cases of VCT were provided as of September 30, 2011, using rapid tests for HIV
Goal 4	To strengthen the ability of local organizations and communities to collaboratively analyze, plan, deliver, monitor, and evaluate newly introduced information and services.	7,538 individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and being faithful as of September 30, 2011; 1,205 individuals trained in HIV-related institutional capacity building by the end of main project implementation as of September 30, 2009.

Major Project Achievements

- 1. Behavior of at-risk populations has changed for the safer one.** In particular, the percentage of people using sterile injecting equipment has grown from 80% to 90% over three years. According to the surveys, the reported use of condoms during the last sexual intercourse has also gone up to 64% from 39% over two years only (2007-2009).
- 2. HIV prevalence is significantly decreasing in vulnerable populations.** Over seven years of the Project implementation HIV prevalence among injecting drug users has decreased from 47.5% to 28.1%, while among sex workers it has fallen from 26.2% to 16.2% (in the regions left uncovered with the Project the reduction rates have been largely lower).
- 3. Reduction in HIV incidence among vulnerable populations.** In 2004, HIV prevalence among people who recently started using drugs in Ukraine was almost 30%. Just in 2009, this rate has reduced to slightly below 6%. Sentinel surveillance data also indicate that the percentage of new HIV positive cases among IDUs and especially young IDUs is declining in all the regions covered by the SUNRISE Project.
- 4. Project innovations become sustainable and expand across the country.** A number of innovations introduced with the assistance of the SUNRISE Project have been integrated with the programs of the Global Fund, and they are expanding across the country (a typical example is pharmacy-based prevention initiated under SUNRISE).
- 5. Project achievements lead to reduction in overall rates of HIV Transmission.** HIV incidence rates have shown most dramatic reduction in the regions covered by SUNRISE (the annual growth rate of new HIV cases has dropped from 27 percent in 2004 to 1 percent in 2010), as well as in the country in general (the growth rate dropped from 22 percent in 2004 to 8 percent in 2010).

“This seven-year project, effective for Ukraine, laid the foundation for innovative activities allowing to cover the most vulnerable populations with healthcare services and also to ensure sustainability of such services”.

Oleksandr Tolstanov, Deputy Minister of Health of Ukraine, at the final conference of the SUNRISE Project, December 09, 2011.

3.3. Project “Advocacy Initiatives to Strengthen HIV/AIDS Response in Ukraine” with the Financial Support of the Levi Strauss Foundation (2010–2011)

In 2011, 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.

Alliance’s advocacy efforts were mostly focused on promoting testing with rapid tests, legalizing the disposal of used syringes within the harm reduction program, establishing a network of lawyers to support organizations involved in harm reduction programs, providing information to the general public about HIV/AIDS problems and reducing the levels of stigma and discrimination against vulnerable populations.



3.4. Advocacy Project “Green Light” Supported by the International Renaissance Foundation (2009–2011)

In 2011, ICF “International HIV/AIDS Alliance in Ukraine” completed the implementation of the Project “Green Light” supported by the International Renaissance Foundation which had lasted from May 2009 and was aimed at overcoming existing barriers and establishing a more favorable environment for implementation of harm reduction programs, inclusive of substitution maintenance therapy, in Ukraine.

The project target audiences include government authorities and law enforcement bodies at the national and local levels, civil society organizations that implement harm reduction programs, including substitution maintenance therapy, and populations most vulnerable to HIV, in particular IDUs, as well as national and regional media.

Under the project, several agreements on cooperation of local NGOs with territorial internal affairs bodies to promote more effective implementation of prevention and treatment programs have been signed, an informal network of human rights defenders and lawyers who are active in response to HIV/AIDS established, including HR and SMT services, a more favorable environment for the effective implementation of prevention and treatment programs formed. As a result, involvement and coverage of clients who inject drugs with HR and SMT services have increased a meaningful interaction with public authorities in charge of the developing and implementing drug policy in Ukraine, and advanced law enforcement bodies’ awareness of HR and SMT programs operation. At the same time, the level of community mobilization and capacity of SMT members to assert their rights and interests, and adequately respond to violations has increased.

The project “Green Light” produced three informational and educational films (full and abridged versions) for IDUs and organizations working with this vulnerable population on the relevant topics:

1. Fundamentals of drug use harm reduction.
2. Overdose prevention and reduction of injecting drug use risks.
3. Legal aspects of drug dependence.

Target audiences and NGOs working with them were involved in the casting of actors and directly in the filming of movies as consultants, as well as supporting actors.

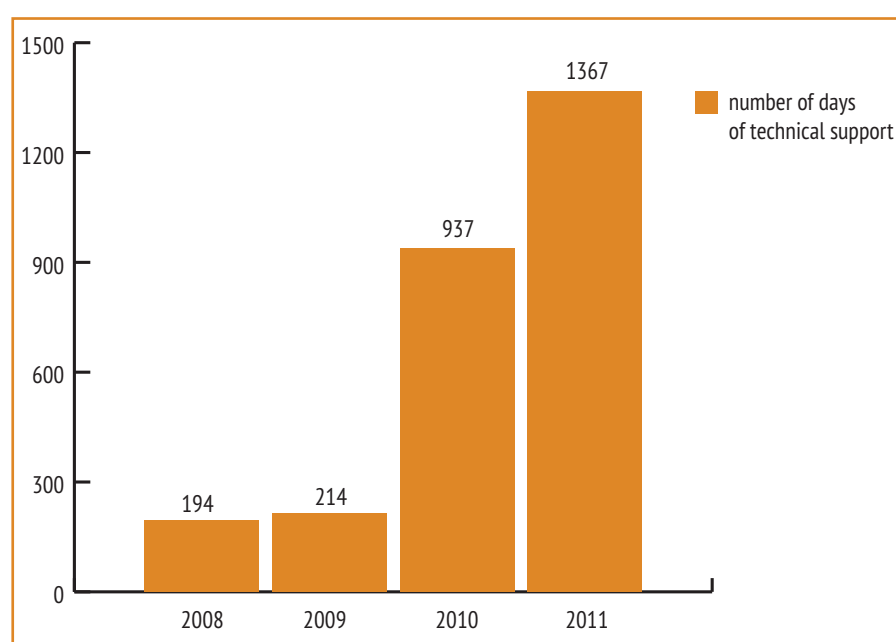


Ensuring the rights of vulnerable populations is an important component of response to the HIV/AIDS epidemic. ICF “International HIV/AIDS Alliance in Ukraine” together with the International Renaissance Foundation and other partner organizations plans to continue implementing specific measures and support initiatives aimed at protecting the rights of participants in the harm reduction programs, decriminalization of IDUs in Ukraine based on experience and relevant documents worked out in the implementation of advocacy project “Green Light”.

3.5. Technical and methodological support for the response to HIV in Eastern Europe and Central Asia

A Regional Technical Support Hub for Eastern Europe and Central Asia (Hub) was established in 2008 to improve access of civil society organizations to high-quality technical support services in order to expand activities aimed at HIV/AIDS response throughout the region.

The Hub potential is becoming more competitive. In this sense, 2011 is indicative of intensive development of support, and impressive results achieved. Compared to previous years, it became more successful, given the number of days devoted to counseling. This can be seen in Chart 4 below which shows a steady increase in technical support (TS) as the number of days of technical support provided over the past four years.



The total number of days of TS for 4 years was **2,712** days in **22 countries**. The total number of individual cases of technical assistance organized over 4 years in **22 countries** was **69**.

The main mission of the Hub is to strengthen technical knowledge and experience in the region to respond to the epidemic. Each year the geography of the Hub work is expanding. For example, during the CAHR project implementation the Hub has extended its activities considerably, as it has started working in the regions of Asia and South East Asia (China, Malaysia, Indonesia, India) and South Africa (Kenya) (see Chart 5). 2011 was marked by such major projects as the *Community Action on Harm Reduction (CAHR)*, *AIDSTAR II* (with the financial support from the U.S. Agency for International Development).

Chart 4. The Growth of Technical Support volume (2008–2011)

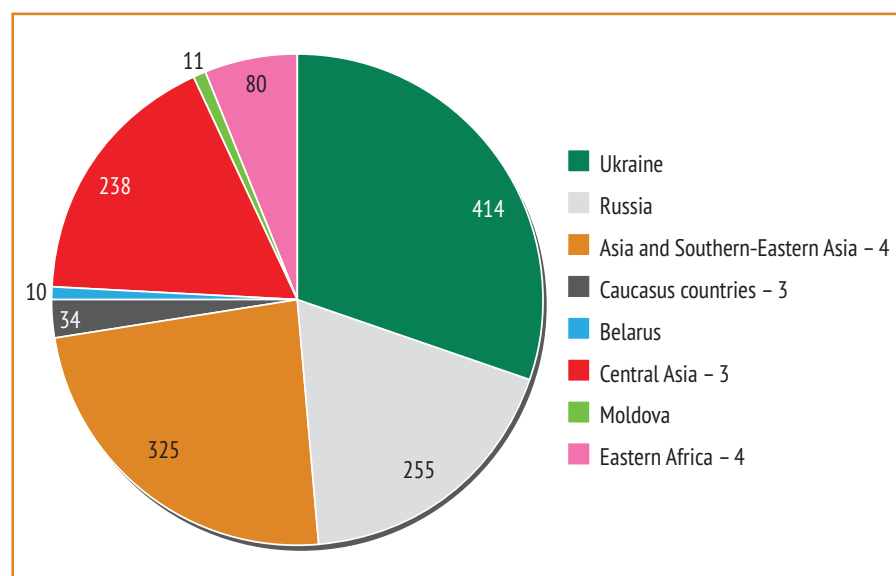


Chart 5. Regional Breakdown of Hub projects in 2011 and the Number of Technical Support Days (totally 15 countries and 1,367 days of technical support)

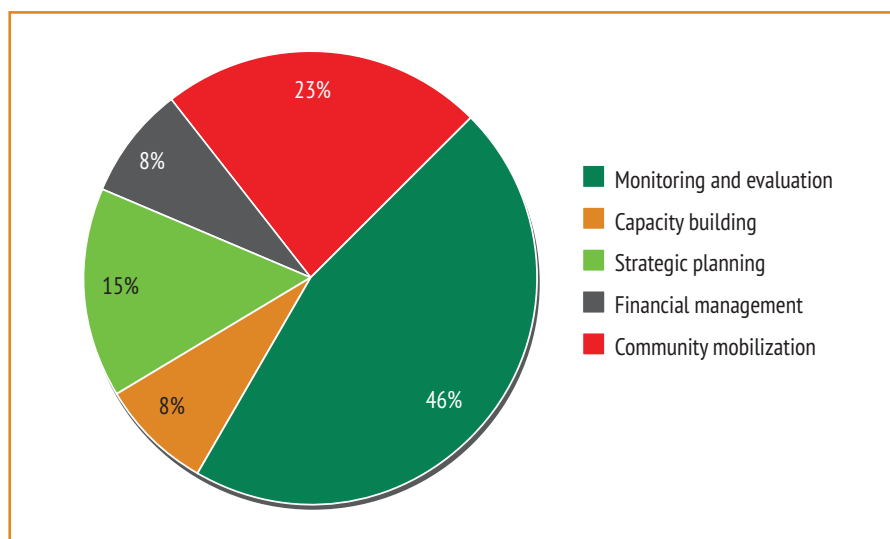


Chart 6. Areas of Technical Support, by TS cases in 2011

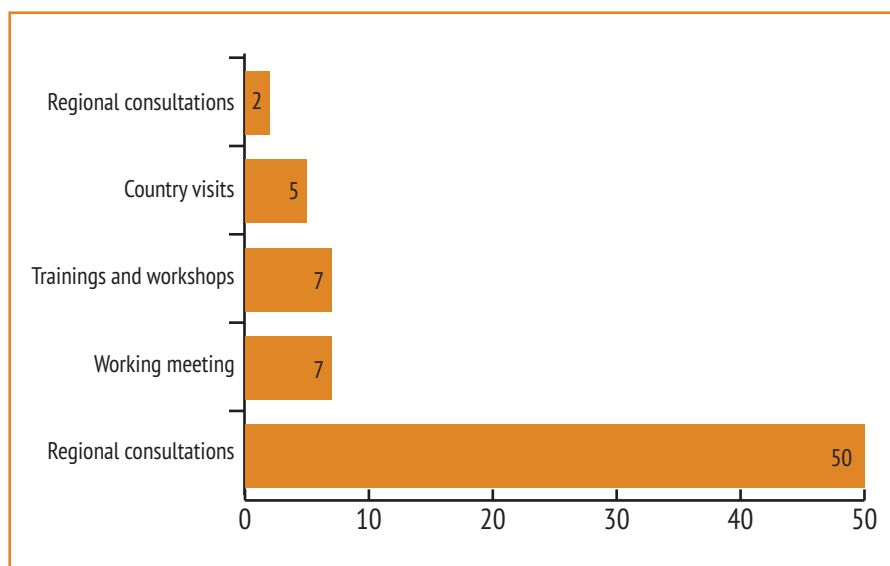


Chart 7. Kinds of Technical Support, by Cases

In 2011, fruitful partnership activities initiated in previous years continued, including the in-depth study of areas that need or require technical support. In particular, 11 cases of TS were initiated and partially implemented in 2011, including the following areas (see Chart 6)⁶.

Technical support of various kinds is provided by the Center. The presented below chart 7 breaks down TS days by methods in 2011.

The main donors/clients of the Hub include:

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

Cooperation with international donors, such as the Global Fund, UNAIDS, and WHO. is the strategic area of the Hub activities, as it

enabled obtaining access to the world market for providers of technical support.

Since 2009, the Regional Center has been successfully implementing the project, supported by the U.S. Agency for International Development as part of the project “AIDS Support and Technical Assistance Resources” (AIDSTAR II). Each year it receives additional funding for the development and implementation of the comprehensive HIV prevention, treatment and support services for MSM in 6 countries of Eastern Europe: Armenia, Georgia, Azerbaijan, Russia, Moldova, and Belarus. Now, the negotiation process is underway as to its extension.

Yet our another achievement is a victory and contract award under the bidding by the European Commission under the project “Capacity Building for Non-state Actors in Relation to HIV/AIDS Prevention, Treatment and Care for the European Neighborhood and Partnership Countries.” The implementation of this project envisioned for the regional level during the next three years.

⁶ Provided that one project may involve several different areas of activities.

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

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



Alliance Ukraine is the co-implementer of the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV-positive People and Patients with AIDS for 2009-2013 Under the Law No. 1026-VI dated 19/02/2009

In 2011, a significantly higher level of funding was secured for Program activities than it was originally planned in the Law (UAH 138,191,000 as compared to the previously planned UAH 96,913,000). For example, UAH 62,800,000 was spent on prevention activities among injecting drug users (the planned amount was UAH 50,300,000); prevention activities for female sex workers — UAH 18,900,000 (as compared to the planned UAH 15,800,000); HIV prevention among men who have sex with men — UAH 6,050,000 (as compared to the planned UAH 4,900,000). Such significant increase in funding was achieved thanks to the strengthened cooperation between the national and local non-governmental and governmental implementers and international organizations within the grant provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as thanks to the redistribution of responsibilities between the Principal Recipients of the Round 6 Global Fund grant.

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.

Program performance indicators	Planned in the National Program for 20101	Alliance Implementation Results as of Dec. 31, 2010	Alliance share as of 31.12.2010
Number of established regional monitoring and evaluation centers and facilitation of their activities	14	10	71%
Share of injecting drug users covered with prevention activities	40% (116 000)	54,1% (157 011)	135%
Number of people who receive substitution maintenance therapy	14 000	6 632	47,3%
Share of children and adolescents with risky behaviors covered with prevention activities	40%	54 387	-
Number of prisoners and detained individuals covered with prevention activities	40% (58 000)	17,6% (25 497)	44%
Share of commercial sex workers covered with prevention activities	40% (28 000)	40,3% (28 224)	100,8%
Share of men who have sex with men covered with prevention activities	40% (38 000)	20,1% (19 130)	50,3%

It is important to note that Alliance-Ukraine has fully met its commitments to achieve its share of the national program indicators within the funding provided by the Global Fund under its Round 6 grant, and by other donors. However, 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 substitution maintenance therapy”.

At the end of 2011, only 47% of patients out of 14,000 planned by the National Program, were receiving SMT. Almost all the SMT patients were receiving SMT medications purchased under the Global Fund Round 6 Program. SMT medications have not been publicly procured any time since 2005, when the introduction of SMT began in Ukraine. One of the main reasons that precluded the attainment of the objectives of the National Program on increasing access to SMT was restricted imports of methadone in finished dosage forms, as approved by the CMU Resolution no. 207 dated February 28, 2011 (CMU Resolution no. 207).



4.2. Policy and Advocacy – Counteracting Pressure and Criminalization

In 2011, ICF “International HIV/AIDS Alliance in Ukraine” initiated a successful advocacy and awareness-raising campaign aimed at protection of harm reduction and substitution therapy programs from pressure of law enforcement structures, numerous unwarranted inspections which in 2011 peaked for more than ten-year history of the organization.



In December 2010, the Verkhovna Rada of Ukraine adopted a new wording of the Law of Ukraine “On Prevention of AIDS and Social Protection”, whereby *the State guarantees to provide for HIV prevention through harm reduction programs which, among other things, envision using substitution maintenance therapy for persons suffering from drug dependence, and creating conditions for the exchange of used injection needles and syringes for sterile ones, followed by their recycling*, which was the result of a long-term joint advocacy work of international and national NGOs, including Alliance experts.

Nevertheless, in January 2011 HIV-service NGOs that implement projects under the Global Fund program, including substitution maintenance therapy programs and drug dependent clients of programs across the country faced an unprecedented pressure from law enforcement and regulatory authorities which consisted of collecting personal information on all patients, including their HIV status, arbitrary police visits to healthcare settings and numerous inspections of non-governmental organizations.

This became an impetus for pro-active advocacy activities. In particular, ICF “International HIV/AIDS Alliance in Ukraine” together with the “All-Ukrainian Network of People Living with HIV/AIDS” sent to the President of Ukraine, international partners and human rights organizations and media a relevant open appeal and information messages. As a result, the problem attracted the attention of the Global Fund, UNAIDS, WHO, UNDP, the European Commission, the U.S. Department of State, Human Rights Watch, as well as top media and information agencies: international (Washington Post, Wall Street Journal, British Medical Journal, Associated Press, etc.) and local media (Correspondent, Ukrainian Pravda, UNIAN, ICTV, etc.).

In March 2011, the Alliance office hosted a meeting of Eric Goosby, Ambassador at Large and Global AIDS Coordinator, Department of State, USA, with activists of the organizations related to substitution maintenance therapy (SMT) programs in Ukraine. The meeting participants discussed the burning issues in implementation of these programs in Ukraine and systematic violations of the rights of patients and medical staff. The Ambassador Goosby re-affirmed the need to scale up SMT programs (as it was stipulated in the Partnership Framework between the Government of Ukraine and the Government of the United States of America on Cooperation in Countering HIV/AIDS in 2011-2015) and assured that violations of the rights of patients and medical staff would elicit a proper response.

This international publicity could not remain without attention of the government in Ukraine. In February 2011, the Prime Minister of Ukraine Mykola Azarov instructed the Minister of Health and the Minister of Internal Affairs to foster using substitution maintenance therapy for injecting drug users. And the Ministry of Health of Ukraine officially and publicly spoke out with an information statement in support of substitution therapy for the first time over the recent two years.

Also, a powerful media advocacy campaign was organized to protect organizations, recipients of humanitarian assistance that implement HR and SMT programs, from a number of unjustified inspections that took place during the reporting period, and the tax burden. Comments of Alliance representatives and partners have appeared in the top national media (Inter, 1+1, Channel 5, New Channel, TV 24, the First National, etc.).

The situation with police interference in the activities of local prevention and treatment projects was carefully studied, the facts of violations of drug dependents' rights collected and analyzed. A communication was established with NGOs and activists of the Association of SMT Participants and a parent organization of SMT patients, organizations that implement projects on harm reduction among IDUs. Legal advice was provided by phone and in person, including on-site visits. The local non-governmental organizations that implement HR and SMT programs were involved in the collection of information on evidences of interference with project activities that have been systematized by ICF "International HIV/AIDS Alliance in Ukraine" and sent to the competent government authorities.

Back in 2010, after the regular presidential elections in Ukraine and forming the new government in Ukraine the systemic pressure on human rights, especially on the rights of vulnerable populations, particularly drug dependent persons has increased.

In particular, after adoption and entry into force of the Order of the Ministry of Health of Ukraine no.634 dated July 29, 2010 "On Approving Tables of Small, Large and Significantly Large Amounts of Narcotic Drugs, Psychotropic Substances and Precursors in Illicit Circulation" the level of criminalization of the most common drugs in illicit circulation, taken by injection, has increased 20 times. The problem directly affects at least 59.8 thousand, or 76% of all officially registered persons with the Ministry of Health of Ukraine subject to out-patient monitoring of chronic dependence on opioids.

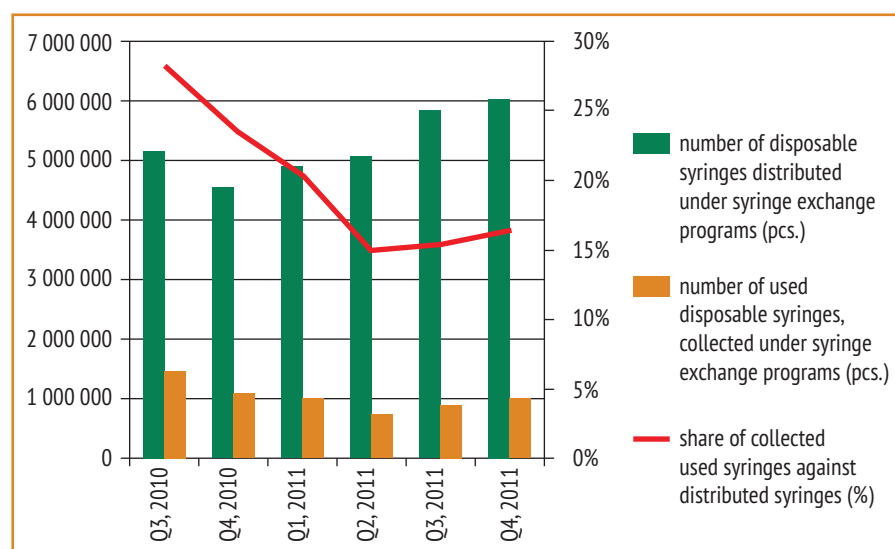


Chart 8. The number of distributed and collected single-use syringes within the framework of harm reduction programs

As a result of this unreasonable solution of the Ministry of Health of Ukraine, the socially useful activities on the exchange of dirty needles and syringes, supported by ICF "International HIV/AIDS Alliance in Ukraine" under the relevant National Program on HIV/AIDS in 2011 was, in fact, paralyzed. For the year, collection of syringes has critically decreased: from 4,714,163 in 2010 to 3,632,750 in 2011, i.e. it was collected 1,081,413 syringes less (see Chart 8).



Ministry of Health and Ministry of Internal Affairs are sued in court under the claim lodged by Alliance with the demand to decrease criminalization of IDUs

After all possible measures to influence the Ministry of Health of Ukraine regarding the elimination or operational review of the relevant order have been exhausted, in April 2011, ICF “International HIV/AIDS Alliance in Ukraine” filed an administrative appeal to the Regional Administrative Court of Kyiv to recognize illegal provisions of the MoH Order no. 634 dated July 29, 2010 in part of setting amounts of particular narcotic substances.

The representative from the Ministry of Health of Ukraine who is the main person in charge of HIV/AIDS and other socially dangerous infections at the Ministry together with the Ministry of Internal Affairs of Ukraine and the Office of the Prosecutor General of Ukraine upheld the unquestionable legality of the order in open court proceedings, despite the decision of the National Council on Response to TB and HIV/AIDS of the Cabinet of Ministers of Ukraine dated November 11, 2010 on the need to review “ceilings of drugs” and the repeated assurances of heads of relevant MoH services of the need to review the relevant regulation. The court ignored findings of ICF “International HIV/AIDS Alliance in Ukraine” and non-compliance of the MoH order with effective legislation and provisions of the Convention for the Protection of Human Rights and Fundamental Freedoms.

Assuming the first-instance judgment improper, ICF “International HIV/AIDS Alliance in Ukraine” within the established deadline appealed to the Kyiv Administrative Court of Appeal in October 2011 requesting to cancel and reconsider the relevant judicial decision.

Podolyan’s Case is Won!

One of the most illustrative cases of intervention of law enforcement bodies in the functioning of STM programs was a criminal case against a drug treatment specialist in substitution maintenance therapy from Odesa Illya Kostiantynovych Podolyan who received an advocacy and human rights support from ICF “International HIV/AIDS Alliance in Ukraine”. I.K. Podolyan was detained by police in March, 2010, and subsequently arrested, he was kept in the pretrial detention center for 4 months. The main allegations were 44 facts of committing illegal sales of SMT medications to patients under the program.

Dozens of local NGOs and international organizations urged senior government officials and the Office of the Prosecutor General of Ukraine to dismiss the doctor and terminate prosecution of medical personnel implementing SMT. As a result of the eighteen months process, on November 8, 2011, the Court of Appeal of the Odesa Oblast finally confirmed the legality of the decision of the Kyiv district court in Odesa dated June 29, 2011 which found that doctor Podolyan hadn’t not sold any SMT medications to his 44 patients and appointed treatment under current legislation. Thus, the Court of Appeal rejected the prosecutor's appeal that required appointing a doctor to a penalty of 5 years imprisonment in the first-instance court.

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

Active advocacy activities were implemented by ICF “International HIV/AIDS Alliance in Ukraine” and partners locally and regionally. Given below are some successful examples of such work.

Agreement on Cooperation of NGOs and the Ministry of Internal Affairs



The main objective of the NGO Club “Enei” in this area (supported by ICF “International HIV/AIDS Alliance in Ukraine”) was signing a new agreement on cooperation between the Kyiv City Center of Social Services for Family, Children and Youth and the Main Department of the MIA of Ukraine in the city of Kyiv in compliance with the requirements of the National Program on HIV Prevention, Treatment, Care and Support for People Living with HIV and AIDS for 2009-2013. The

Agreement was signed in July, 2011. The provisions of the Agreement allow NGOs and internal affairs bodies in Kyiv to cooperate, and also enable detained/arrested persons in district police stations or pretrial detention centers to ensure uninterrupted access to ARV therapy and SMT. This agreement expanded the legal environment for the activities of organizations in implementing the goals and objectives set forth by the Global Fund for its grantees, and reduced the number of unlawful actions by officers of the Ministry of Internal Affairs of Ukraine in the city of Kiev.

In addition, staff members of the organization held regular sessions with the staff of Rayon Section of the Central Department of the Ministry of Internal Affairs of Ukraine in the city of Kyiv on promoting harm reduction programs with substitution therapy components, as well as on the objectives and mechanisms of the harm reduction strategy as a whole which in turn is one of the main factors reducing cases of unlawful interference by employees of internal affairs bodies in the activities of NGOs in Kiev.

Another important goal of the organization was to monitor the number of SMT program clients detained by law enforcement bodies who were in need of substitution therapy at the time of detention and to develop an algorithm of interaction between the Main Office of the Department of the MIA of Ukraine in the city of Kyiv and healthcare settings that deal with substitution maintenance treatment. As part of this area of work, a working meeting was organized with representatives of the Main Office of the Department of the MIA of Ukraine in the city of Kyiv, the Chief Drug Treatment Specialist of the Main Department of Health in Kyiv and NGO representatives to discuss the strategy of the algorithm of interaction with recording cases of SMT clients detention and introduction of documented legal receipt of SMT medications by detained program clients in the framework of the preparation for the round-table on this topic, and a working meeting of representatives of the Main Department of Health, NGOs and the Emergency Medical Service in Kyiv as part of the discussion of implementing the algorithm on continued emergency medical service-based treatment for detained SMT clients.



Subsequent to the round table “Algorithm of Interaction between the Main Office of the Ministry of Internal Affairs of Ukraine in the City of Kyiv and Healthcare Settings Involved in the Substitution Maintenance Therapy to Ensure Continued Treatment for SMT Clients Detained by Law Enforcement Bodies”, two options of ensuring continued treatment for detained SMT clients were suggested:



- the use of resources of the MIA for transportation of SMT clients who need SMT and are detained;
- the use of the emergency medical service which has the appropriate authority and license for drugs circulation.

One of the suggested options will be incorporated in the inter-agency Order for the city of Kyiv to regulate continued access of detained clients to SMT. Now, the above draft Order undergoes clearances and refinement procedures.

Ensuring access of SMT program clients to treatment at pretrial detention centers in Vinnytsia Oblast

In 2011, financially supported by ICF “International HIV/AIDS Alliance in Ukraine”, the NGO “Nezalezhnisch” (Independence) implemented a project aimed at averting violation of human rights of SMT program clients by ensuring uninterrupted substitution therapy in pretrial detention centers.

Under the project the following measures have been taken:

- appeals sent to Health Departments of the Oblast State Administration and Department of the Ministry of Internal Affairs of Ukraine in Vinnytsia Oblast as to understanding the problem and the need for the leadership of the Main Office of the Department of the Ministry of Internal Affairs of Ukraine in Vinnytsia Oblast, oblast health departments, pretrial detention centers and district police stations to address it;
- eight working meetings organized with the Head of the Main Department of the Ministry of Internal Affairs of Ukraine in Vinnytsia Oblast, with the Chief Physician of the Vinnytsia Oblast Drug Treatment Clinic, with the leadership of the Department of Health and Resorts of the Vinnytsia Oblast State Administration;
- A round table and 3 training workshops held for officers of pretrial detention centers, ST employees and clients.

The project results are as follows:

- The order of the oblast drug treatment clinic “Sociotherapy” dated July 01, 2011, “On the Procedure for Interaction of the Clinic and Internal Affairs Bodies in Respect of the Person Receiving the Substitution Therapy” signed;
- The Joint Order of the Department of the Ministry of Internal Affairs of Ukraine in Vinnytsia Oblast and the Health Department of the Oblast State Administration no. 462/609 dated May 19, 2011/May 24, 2011, “On Approval of the Procedure for Interaction of Health Care Settings and Internal Affairs Bodies in Respect of the Person Receiving the Substitution Therapy” signed;
- Officers of pretrial detention centers and staff members of substitution therapy were trained and prepared to implement the approved mechanism.

Timeliness of the order and efficiency of the developed mechanism are confirmed by the monitoring findings: during the second half of 2011, the pretrial detention centers got four detainees who were substitution maintenance therapy program clients, and all of them were delivered to the SMT room to take a medication.

Positive changes in Cherkasy Oblast

The Cherkasy Oblast Branch of the All-Ukrainian Charitable Organization “All-Ukrainian Network of People Living with HIV/AIDS” came forward with the initiative to unite non-governmental AIDS-service organizations of the city of Cherkasy and Cherkasy Oblast in implementing an advocacy campaign aimed at signing the Memorandum of Cooperation on HIV/AIDS in Cherkasy Oblast. The next step of the advocacy campaign was the opening of the ART distribution site in the city of Uman in Cherkasy Oblast.

This initiative on joint implementation of the advocacy campaign was supported by ICF “International HIV/AIDS Alliance in Ukraine” through funding the project “Positive Changes” and advisory support by advocacy department specialists during the project implementation.

As a result of the implementation of the plan developed for the campaign aimed at opening the ART distribution site, in May 2011 the Main Department of Health and Medicine of Catastrophes of the Cherkasy Oblast State Administration decided to open the ART distribution site at the “Dovira” (Trust) room of the Uman Rayon Hospital for residents of those rayons in Cherkasy Oblast who prefer to be served in Uman rather than in the oblast center due to convenience. This made the process of receiving specific medical assistance more convenient for more than 100 HIV-positive persons who receive ART

Worthy of notice is the history of signing the Memorandum of Cooperation on Response to HIV/AIDS in Cherkasy Oblast by the local government authorities. At the initial stages, the draft Memorandum met misunderstanding and unwillingness to take part in its signing and implementation by the Main Department of Health and Medicine of Catastrophes of the Cherkasy Oblast State Administration and the Department of the Ministry of Internal Affairs in Cherkasy Oblast. Only a series of meetings, trainings and classes held with top and operational executives of these institutions and including the issue of the Memorandum signing in the agenda of two meetings of the Cherkasy Oblast Coordination Council on Response to HIV/AIDS and Tuberculosis made it possible to prove the need to involve a wide range of partners in the document that would outline the regional policy on response to the spread of HIV/AIDS.

Today, the Memorandum is at the stage of implementation by the signatories. In particular, the Department of the Ministry of Internal Affairs of Ukraine in Cherkasy Oblast invites organizations and profile medical specialists to participate in the operational excellence classes for dissemination of knowledge of law enforcement bodies on HIV/AIDS, tuberculosis and special needs of people living with HIV/AIDS, and substitution maintenance therapy clients. Outreach workers of harm reduction programs use a copy of the Memorandum together with certificates and route sheets for secure communication with law enforcers as the Memorandum provides for promotion of harm reduction programs, syringe exchange points and substitution maintenance therapy sites in Cherkasy Oblast.

4.4. Coordination and Intersectoral Cooperation at the Regional Level



Back in 2003, ICF “International HIV/AIDS Alliance in Ukraine” decided to introduce positions of regional coordinators in seven regions which at that time were most severely affected by HIV/AIDS, i.e. the oblasts of Donetsk, Dnipropetrovsk, Mykolayiv, Odesa, Kherson, the AR of Crimea and the city of Sevastopol. It was necessary to develop a non-governmental sector in these regions, to help HIV-service NGOs arrange the work of prevention programs and coordinate activities. Subsequently, positions of

regional coordinators were introduced in Cherkasy Oblast (2005), in the city of Kyiv and Kyiv oblast (2006), in Chernigiv oblast (2009), and in the oblasts of Lviv, Ternopil, Ivano-Frankivsk, Kharkiv and Lugansk (November, 2011).

Currently, 12 regional coordinators (RCs) operate in 16 regions of Ukraine. Three RCs deal with several regions, i.e. in the oblasts of Lviv, Ternopil and Ivano-Frankivsk; in the oblasts of Kharkiv and Lugansk oblasts; in the oblasts of Cherkasy and Chernigiv oblasts. Introduction of new RC positions was necessitated by high requirements for quality of programs in the regions and achieving prevention service coverage indicators for populations exposed to HIV.

Activities of regional coordinators are aimed at establishing intersectoral collaboration and cooperation of Alliance’s partner organizations with government institutions and other non-governmental and international organizations on the deployment and support of harm reduction programs, implementation of SMT and ART, prevention and treatment of TB, STIs, viral hepatitis, which helps local NGOs implement prevention programs for vulnerable populations that are directly administered by ICF “International HIV/AIDS Alliance in Ukraine” in the regions. The main tasks of RCs include: coordination and technical assistance to civil society organizations, public awareness events, participation in the work of regional coordination councils on HIV/AIDS, TB, drug dependence and their working groups, advocacy of vulnerable populations’ interests, provision of information to ICF “International HIV/AIDS Alliance in Ukraine” on events in the region, and assistance in organizing region visits of leaders and representatives of the Global Fund, USAID, journalists from the international scientific media, members of the State Committee of Socially Dangerous Diseases and HIV/AIDS, the Ukrainian AIDS Center, and other stakeholders.

During 2011, RCs held 75 working meetings of NGO partners, including those involving representatives of government services and institutions, healthcare settings and organizations engaged in implementation of regional programs on prevention and treatment of HIV/AIDS, TB and STIs; provided advice and technical assistance on preparing grant applications by NGOs, on organizing harm reduction programs at tuberculosis treatment clinics and AIDS centers.

RCs are members of Oblast, City/Republican Coordination Councils on HIV/AIDS, TB, Drug Dependence and their working groups, four RCs hold positions of deputy heads of coordination councils, i.e. the Crimean Republican Council, the Mykolayiv and Odesa Oblast Councils and the Sevastopol City Council. During the year, RCs participated in 44 meetings of oblast, city and district coordination councils, where they reported and brought up for discussion more than 32 issues.



Activities of regional coordinators

AR of Crimea

The Regional Coordinator for the AR of Crimea (O. Yatsyuk) extends his activities to cities and rayons, where non-government HIV-service organizations of the AR of Crimea operate, and maintains contacts with many initiative groups representing the communities of IDUs, SWs, MSM in different cities of the AR of Crimea. The RC assists in organizing work on early detection of tuberculosis, advising on the timely treatment of TB among HIV-positive injecting drug users (Simferopol, Evpatoria, Bakhchisaray, Feodosia, Belogorsk). In October 2010, new “harm reduction” sites were opened on the basis of regional Centers of Social Services for Families, Children and Youth in four rayons (Krasnogvardiyskiy, Krasnoperekopskiy, Leninskiy and Nyzhnyohirski), where HIV prevention projects among IDUs began to be implemented. The Regional Coordinator provides technical, advisory, information assistance to the representatives of the Centers of Social Services for Families, Children and Youth, and NGOs in implementation of programmatic activities, makes expert visits, and project staff is invited to participate in events held by the regional coordinator and partner organizations. Today, projects on HIV prevention among IDUs are implemented in the AR of Crimea in 6 centers of Centers of Social Services for Families, Children and Youth (from 21 centers) (Kerch, Evpatoria, Krasnogvardiyskiy, Krasnoperekopskiy, Leninskiy, Nyzhnyogirski centers).

Sevastopol

The RC's activity in Sevastopol (I. Potapova) was aimed at organizing joint activities of NGOs and public organizations in the area of HIV/AIDS/TB prevention, and development of effective intersectoral cooperation. Joint planning by representatives of HIV-service civil society organizations and regional healthcare settings (an AIDS center, a sexual health clinic, a TB clinic, a mental health center, Centers of Social Services For Family, Children and Youth, and an internal affairs department) made it possible to meet target regional indicators, to extend the range of services for clients, to introduce the hepatitis vaccination program for vulnerable populations together with the city infectious diseases clinic, to develop a package of prevention services for street children together with Centers of Social Services For Family, Children and Youth; to integrate rapid testing for HIV in the existing VCT system of the city. At the same time, the advocacy work was carried out with representatives of the Sevastopol City State Administration, deputies of the relevant Commission of the City Council on Social and Humanitarian Issues, deputies of district councils.

A number of problematic issues arose in connection with the SMT site operation. In order to streamline activities in this area, monitoring visits to the SMT site were organized jointly with centers of Centers of Social Services For Family, Children and Youth, and recommendations on the mechanism of introduction of the “Standard of Provision of Social Services to Persons Receiving SMT” were developed. Also, the work was carried out in a pro-active manner to decentralize SMT programs and open new sites based on city healthcare and prevention settings in remote areas of the city to prevent lower target patient enrolment indicators.

Cherkasy and Chernigiv oblasts

To ensure active participation in the work of coordination councils, Alla Kalinina, Regional Coordinator for the oblasts of Cherkasy and Chernigiv, joined the Oblast Coordination Council and the councils in some areas of the region in 2011. The results of this activity, and established cooperation with other relevant organizations are as follows:

- increased representation of NGOs in the coordination councils in the oblast (the city of Kaniv, Kanivskiy, Horodyschchenskiy rayons);
- local HIV/AIDS and TB prevention strategies (cities of Smila, Uman, Kaniv, Horodyschchenskiy, Mankivskiy rayons) developed with the participation of members of coordination councils, including representatives of NGOs (CF “Volia” (Will), Oblast NGO “Dialogue”, NGO “Tchyste Sertse” (Pure Heart));
- support provided to the newly established city-NGO “Clean Heart” (premises were allocated by the city government);
- implementation of the mechanism of social order for NGOs, including HIV-service organizations is at the stage of decision-making;
- the Memorandum on Cooperation in Response to the HIV/AIDS Epidemic in Cherkasy Oblast between NGO Charitable Foundation “Insight”, Cherkasy Oblast Branch of the AUCF “PLWHA”, CF “VAM”, Oblast NGO “Dialogue”, and key partners, representatives of government institutions (the Main Department of Health and Medicine of Catastrophes of the Cherkasy Oblast State Administration, the Department of Ministry of Internal Affairs of Ukraine in Cherkasy Oblast, the Office of the State Department of Ukraine for the Execution of Sentences in Cherkasy Oblast, Municipal Enterprise “Cherkasy Oblast AIDS Center” of the Cherkasy Oblast Council; Municipal Enterprise “Cherkasy Oblast Drug Treatment Clinic” of the Cherkasy Oblast Council.

Odesa oblast

The first oblast forum of social workers was held on May 30-31, 2011 with the pro-active participation of the regional coordinator for Odesa oblast (T. Afanasiadi), with its participants being more than 20 social workers of HIV-service NGOs in Odesa oblast. The first oblast scientific-practical conference “Urgent Problems of Drug Dependence and HIV-associated Diseases” was held on June 23, 2011, under the auspices of the Odesa Oblast State Administration. It was attended by leaders of the Odesa Oblast State Administration, members of the Oblast Coordination Council on HIV/AIDS, TB, Drug Dependence, and members of the Oblast Council on Homeless Children of the Odesa Oblast State Administration, AIDS Center, TB and drug treatment clinic physicians, representatives of HIV-service NGOs in the city of Odesa and Odesa oblast; in total by more than 200 delegates. During the conference, an exhibition of art works of HIV-service NGOs from the city of Odesa and Odesa oblast was organized. RCs also directed their activities at resolving issues relating to the introduction of the social order mechanism from the Odesa Oblast budget and search of additional resources. Thus, Odesa Oblast Governor's Foundation “For Odesa Region” allocated UAH 5 thousand to the campaign in honor of the Memorial Day to pay tribute to people who have died from AIDS-related causes.



Dnipropetrovsk Oblast

In recent years, Dnipropetrovsk oblast (regional coordinator M. Yaroshevsky) demonstrates strengthening the capacity of HIV-service organizations. A network of organizations established in the oblast provides for sustainable prevention services to vulnerable populations, as over the past 5 years their number has increased fivefold (from 4 to 20 in 2011). Implementation of the pharmacy-based intervention is a particular source of pride of the regional organizations. Training of pharmacists in counseling skills and informing vulnerable populations on safe behavior in pharmacies of Kryvyi Rig “Pharmacy” Association started in 2007. For the first time in Ukraine, exchange of syringes for IDUs in Kryvyi Rig was pharmacy-based. At the end of 2011, this direction was followed by 10 pharmacies in three administrative areas of Dnipropetrovsk oblast. Syringe exchange is conducted in all pharmacies under the project.

Mykolayiv oblast

Issuance of the Order no. 627 (dated November 10, 2011) of the Oblast Health Department was the main achievement in Mykolayiv oblast in 2011 with the direct involvement of the regional coordinator (S. Khotina). The Order governs the mechanism of transfer of SMT medications from one healthcare setting to another in case of hospitalization of a program participant, and the algorithm of action in case of detention or arrest of SMT clients, as well as opening of two extra ART sites in the towns of Bashtanka and Pervomayska CDHs, 2-DOT offices at the oblast AIDS center and the Mykolayiv Central Rayon Hospital. Thanks to advocacy of implementing preventive harm reduction programs in the area, the HIV incidence rate among IDUs has decreased to 11.4%, as compared with 14% in 2009 and 24% in 2008).

Kyiv city and Kyiv oblast

In 2011, the geography of prevention projects in Kyiv oblast (regional coordinators E. Kuvshynova and O. Yurchenko) extended significantly. In early 2010, projects were operating in two oblast cities (cities of Bila Tserkva and Brovary), while since the beginning of 2011 there have been seven such cities, as prevention projects have begun to be fully operational in the cities of Boryspil, Boyarka, Bucha, Irpin, and in the urban settlement of Kotsiubynskyi.

It is worth noting that in 2011, Alliance-supported NGOs began to establish cooperation with the public sector and get involved in the work of local and regional coordination mechanisms. On December 06, 2011, the First City Conference “Intersectoral Cooperation and Coordination — a Pledge of Effective Response to the Spread of HIV/AIDS Epidemic in Kyiv” was held in the city of Kyiv and was attended by more than 120 delegates representing the non-state and government sectors. The conference discussed the urgent issues of response to the epidemic in the city of Kyiv and possible solutions to the problems. It planned joint activities on response to HIV/AIDS aimed at further expansion of HIV prevention programs among at-risk populations in the city of Kyiv. The conference was held due to joining of ICF “International HIV/AIDS Alliance in Ukraine” under the Round 6 Project of the Global Fund, USAID HIV/AIDS Service Development Project in Ukraine, AUCF “All-Ukrainian Network of People Living with HIV/AIDS” with the assistance of the Kyiv City State Administration and the Main Health Department at the Kyiv City State Administration. Subsequent to the conference results, a resolution was adopted which, in particular, noted the role of NGOs in the implementation of the city HIV/AIDS prevention and treatment program, and identified precise steps to solve the problems for the local authorities.

5. HIV Prevention among Vulnerable Populations

To respond successfully to HIV/AIDS, in 2011 ICF “International HIV/AIDS Alliance in Ukraine” continued its efforts to provide a comprehensive package of services to populations most vulnerable to HIV (IDUs, SWs, MSM, prisoners, and street children). A typical package of services was formed for people of all target populations and identified specific services that are characteristic of each target population and can be provided in projects in addition to a model project.



A typical package of services for all target populations

- Distribution of female/male condoms and lubricants
- Specialist counselling (a social and/or medical worker)
- Voluntary testing and counselling (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
- Peer-driven counselling
- Basic household services

Direct services that are specific for IDUs

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



Direct services that are specific for CWs

- Peer-driven intervention
- Distribution of pregnancy tests
- Training programs on the use of female condoms
- Response to violence against female sex workers
- Social and psychological counseling
- Online counseling based on the European Union initiative model (project "Correlation")
- Distribution of antiseptics
- Phthisiologist's counseling
- Skills training and employment
- Day care centers for children
- Cosmetologist's and hairdresser's services
- Sewing and needlework courses

Direct services that are specific for MSM

- Mentor support program
- Counseling on safe sex practices
- Psychologist's group and individual counseling
- 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)





5.1. Prevention Work among Injecting Drug Users (IDUs)

Throughout the year 2011, 81 NGOs provided HIV prevention services for injecting drug users in all the regions of Ukraine.

In addition to the basic package of services that are mandatory for all the organizations, NGOs had an opportunity to work with particular hard-to-reach subpopulations of IDUs by means of several innovative models.

Given the sharp increase of sexual transmission of HIV in at-risk populations, **the project on counselling of sexual partners who inject drugs** began in September 2011 under the technical assistance and development programs. This intervention has been developed by Columbia University (New York) for CDC and provides for a structured approach to counseling of partners. While working with one couple, counseling is conducted during four educational sessions, where partners are taught techniques of communication and develop skills in reducing the risk of exposure to HIV and STIs. Interactive sessions under the project create a context in which a couple considers its risks, analyzes its behavior, improves skills to reduce the risk of exposure, improves communication and negotiation skills, jointly establishes goals for safer sex and drug use, identifies social support networks. In 2011, a pilot project was implemented in the organizations “Nadiya ta poriatunok” (Hope and Salvation) (Simferopol), “Insight” (Cherkasy), and “Gromadske zdorovye” (Public Health) (Poltava). Before the intervention, project coordinators and consultants were trained in specifics of work with pairs under this model.



In 2011 the “**Preventing HIV Transmission among Users of Drugs-Stimulants through Changing Individual Behavior at the Population Level**” project was implemented in a proactive manner. The main project objective is to form a behavioral model among project clients, to allow them to save health and, at the same time, perform as agents of changes in behavior and social norms within the community of drug users. Before the project commencement representatives of NGOs were trained on particularities of work with this target

population and specific features of the model implementation. In 2011, 17 organizations worked in this area. Group participants themselves develop information materials that will be used in a secondary syringe exchange.

For more effective involvement of young IDUs, women and stimulant users into HIV prevention programs, three organizations applied the peer-driven intervention model. This model is peculiar that each IDU gets an opportunity to participate freely in HIV prevention in his/her community. Based on this model, IDUs teach each other in HIV prevention and engage each other into the project. Under the project, IDUs are interviewed, trained and receive prevention services.

During the year the AUCF “All-Ukrainian Harm Reduction Association” was implementing the first phase of the pilot project “**Street Nurses in Harm Reduction Projects**”. This project is aimed at improving health of vulnerable populations through integrating accessible health services in the comprehensive package of HR project services.

Success Story

Indeed, I would like to write about all the clients who come to our community center. They became more near and kin for the staff members over this year 2011. We live through every hardship with them and are gratified by success, feeling sorrow for those killed by the drugs, being aware that one more battle has been lost. But there are many victories too. It is great when the door is opened and a person enters in to say sincere thanks for our work only. Our clients thank us also for their changing lives. And again they are motivated to such change in our “Victoria” Association.

Indicative is the story of one client of the Center. Her name is Katya and she is 31 year old. We became acquainted four years ago; she always came with a little daughter named Lika. She has nobody to leave her child with, as Katya’s parents disclaimed their rights to her before she gave birth to their grandchild. As usually, at the commencement Katya was interested only in syringes and condoms, but one day she was not in a hurry, and we started talking. She was just pouring her heart out. Drug in her life appeared with love. The guy offered her to share life with him and die from drug by inches. At the beginning it was the

first injection and then it turned into a system. Her live-in boyfriend was put in prison, Katya remained alone. She had to live on something, and the drug was getting expensive, as a matter of ill luck. Live-in boyfriends interchanged, there were chance encounters. As in a never-ceasing nightmare, Katya got disappointed in people, because those whom she considered close friends, betrayed and used her easily. When Katya understood that she was pregnant, she decided to change everything after the birth of her child. But the girl was born unhealthy. She was torn between sick Lika and drug for five years. Oftentimes she had to leave her daughter with friends, and if it was no-one to leave her with, took the girl with her. Katya was taking our measure for a very long time, expecting for any trick every minute. But when she got convinced that nothing is required from her, she started staying with Lika in the Center more and more. She went to self-help group trainings. She communicated with social workers and a psychologist. It was found that Katya and her daughter are very talented. The mother draws well enough and writes excellent poetry, and Lika is fond of painting. The community center became a home away from home to them during these years.

Social workers accompanied Katya to the hospital, counseling, assisted in treatment. “Victoria” Association became a reliable support for her and the place where the hope for a new life appeared. The social workers who used to be drug users became an example for her. Katya increasingly often asks about the rehabilitation center and starts thinking about changing her life.

Now, Katya uses a very small dose of drug and spends a most part of the day in the community center, communicating not only with the social workers, but also with her child. They draw together and mold out figures from plasticine, watch cartoons and just play. We have seen that Katya speaks more correctly in the presence of her daughter, ceased roaring at her with no reason. She talks herself about how much she has changed and her thinking has started changing. And we, in our turn, believe that Katya will quit drugs and her daughter will grow up healthy and in a full-fledged family. We believe that Katya will go to rehabilitation with her daughter, but even if this doesn’t happen, thanks to our harm-reduction program she now has a place, where she is loved and expected, where she will be always rendered assistance.

Extract from the social worker’s story, Khmelnytsky Oblast Association for Tackling Drug Dependence and AIDS Related Issues “Victoria”.

The standard package of services includes:

- first aid;
- ligation;
- treatment of wounds;
- medical counseling;
- accompanying to a healthcare and prevention setting;
- referral to a healthcare and prevention setting / medical practitioner;
- incentivizing HIV/STIs testing;
- measurement of pressure and temperature;
- care at home.

The project was implemented in five regions of Ukraine, i.e. the oblasts of Donetsk,

Kirovograd, Khmelnytsk, Odesa, and in the city of Sevastopol, and involved **15** nurses. During the project, services were provided to **1,732** clients.



In 2011, the pilot project **“HIV Prevention among Female Injecting Drug Users”** as part of the USAID SUNRISE project was implemented through five non-governmental organizations. The project aimed to provide effective harm reduction services to female injecting drug users, and improve their quality of life. The project included both direct services that meet the women needs best and create comfortable and safe emotional and physical conditions for the provision of such services, and change in policies and procedures of the organization for the more gender-sensitive ones. Training in gender issues contributed to understanding of gender functions in the society by service providers allowing us to adjust methods of work of organizations and, consequently, increase the efficiency of their work with female injecting drug users.

Project “Protection”

In 2011, an innovative project “Protection” began to be implemented. This the intervention was aimed at identifying cases of acute and recent HIV cases and prevention of HIV among IDUs and other at-risk populations and their partners. The potential significance of this study is very high, because intensive HIV prevention measures for IDUs having acute HIV by enrolment through social networks and risk networks allow having a direct impact on the development of the epidemiological process and reducing HIV incidence rates. In some cases this can prevent the emergence of new HIV waves.

The first phase of the pilot project took place in the city of Kyiv (June 03 — August 08, 2011). This stage was aimed only at identifying cases of acute HIV. The project was implemented by six Kyiv NGOs. The second phase of the pilot project began in November, 2011 - in Krivyi Rig (based on NGO “Public Health”) and in Lviv (based on NGO “Salus”). Now, the project is aimed at identifying acute and recent HIV cases.

During the work it was found that the project algorithm works equally efficiently in several components:

1. Laboratory component

- The theoretical model underlying the project works in practice.
- Blood taken from a vein can be stored for several days, transported and still qualify for testing.

2. Enrolment component

- Clients are easy to contact and agree to participate in the project.
- It is not difficult to enrol enough people in the project.

3. Network component

- Clients call their risky contacts, describe them in detail.
- Clients share their contact information and their partners'.

4. General

- Possible implementation of field visits, testing the population at an IDU site.
- During the project, no cases of cruelty, violence against people living with HIV observed.

Success Story

In early September, 2011, an outstanding event occurred in the life of one of our regular clients. But all should be in order. Oleg spent more than 15 years in places of confinement. when Oleg got liberty, he had nobody and noting, except for a bunch of deceases (HIV, tuberculosis and hepatitis C). And again the life has got back into routine: drugs, police, stashes. One of the days Oleg met a delicate girl. Oksana had never used drugs, but being totally lonely person (no relatives, no friends), she froze on sportsmanlike, jolly Oleg. They began to live together. Soon a child was born; unfortunately a boy suffers from Down's syndrome.

As before, Oleg remained an active drug user. The family always lacked money, even for the most necessary things. One day, near the drug point-of-sale he acquainted with a social worker from CF "Gromadske zdorovya" (Public Health) in the city of Kryvyi Rig, and became a harm-reduction project participant. At that time his health was still

worsening, TB and hepatitis were burning. Oleg confessed that he had wanted to quit drugs for a long time, cure, and find a job; that he really loved his family, wanted to set the example to his son and was afraid to die, leaving after him only negative memories. Oleg asked for help sincerely, and the social worker told that he was ready to help, but Oleg should remember: it will not be easy and quickly to change everything for the better, he had to arm himself with patience.

At first Oleg took the cure in a TB treatment clinic. After signing out of it, he took detox, started visiting the community center of the foundation on a regular basis, refused from communication with his former friends. Oleg endeavored to change his life with all his strength. All this time the social workers were with him, ready to support, teach, and inspire. Oleg was examined in the AIDS center, took two TB treatment courses, and his state of health improved significantly. And in early

September Oleg said that he and Oksana decided finally to legalize their relationships and get married officially.

On the day of wedding the social workers made every effort that Oleg and Oksana would memorize this event for a long time: they hired a car, bought flowers, brought a video camera, a photcamera, and after the official part they arranged a feast in pizzeria "Celentano". Newlyweds were impressed with the warmth and participation of social workers, because they could not even think that they would have a real wedding.

Now, Oleg quitted drug use completely, thanks to adherence to treatment he was practically cured of TB, got fresher, found a job. However, as before, Oleg and Oksana visit the community center frequently, because it is the place where they could feel the warmth and support of friends for the first time in many years.

The story recorded according to the social workers of CF "Gromadske zdorovya" (Public Health), the city of Kryvyi Rig.

Pharmacy-based Prevention Work among Vulnerable Populations

In 2011, pharmacy-based prevention among most-at-risk population continues to be developed by ICF “International HIV/AIDS Alliance in Ukraine”. In order to ensure its sustainability pharmacists servicing IDUs at pharmacies are trained.

In December 2011 two trainings were held for staff members and heads of 38 newly joined pharmacies that would start prevention work in January 2012. Also, there was the training for trainers from 11 interregional knowledge hubs who would carry out regional trainings to enhance the skills of pharmacists.

In 2011 in 13 regions of Ukraine 143 pharmacies in cooperation with 25 NGOs serviced 26,973 IDUs, including 11,062 new clients who joined harm reduction projects through pharmacies. This equals 20.6% of all the new IDUs brought into prevention programs by the partners of Alliance this year. Also, other HIV populations vulnerable to HIV begin to turn to pharmacies for help (for the year, services were provided to 403 SWs, 32 MSM, 27 non-injecting drug users).

All in all, pharmacies distributed over the year:

- 2,121,012 syringes;
- 123,302 needles;
- 831,911 condoms (828,281 male, 3,630 female).

Despite the difficulties that led to an increase in criminalization of IDUs, and the difficulties of recycling/desposing of used syringes that arose during the year in many regions, syringe exchange continues (and is now is conducted in 32 pharmacies). In 2011, 265,346 used syringes were collected.

Accomplishments of the pharmacy project were praised and presented at the final conference of the SUNRISE project as a successful innovation area that had been initiated under the SUNRISE project and developed under the projects of Rounds 1 and 6 of the Global Fund.





5.2. Prevention Work among Sex Workers (SWs)



In 2011, services of prevention of HIV and STIs among sex workers were provided by 54 regional NGOs in all regions of Ukraine.

In February, 2011 support was given to continued implementation of the component on special features of **social and psychological counselling and referrals** of SWs for social and outreach workers with a view of improving the quality of client counseling and ensuring effective referrals to

healthcare and prevention settings to undergo confirmatory testing and get treatment for STIs. This initiative was supported during the year and focused on professional improvement of the social workers and psychologists from existing projects, and intended to train a staff of new organizations that commence their work with SWs in the program years 2012–2013.

In March, 2011, projects under the model of peer-driven interventions among SWs were scaled up. 7 organizations from Kyiv, Kirovograd, Kharkiv, Sevastopol, Rivne, Poltava and Nikopol provided prevention services, quality training, delivered handouts, as well as carried out testing for HIV and STI to SWs based on regional NGOs. The goal of the projects was to scale up access to the closed population of SWs in their regions and improve the quality of service delivery on awareness-raising, counseling and testing for HIV/STIs. The project activity was terminated in September, 2011. The projects reached 2,701 FSWs in Ukraine. In December, 2011, training was provided for interviewers who will commence their work in 5 new projects “**Peer-driven intervention: re-coverage**” to be implemented during 2012.

In May, 2011 a pilot project on **features of online counseling among SWs and other vulnerable populations using the social intervention tool (SIT)** was initiated. This pilot project is implemented in cooperation with the European Union “Correlation” project. Three NGOs from various regions of Ukraine commenced project preparation and implementation to ensure quality online counseling on HIV and STI prevention among SWs and representatives of other vulnerable populations. The goal of the project is to provide access to the closed populations of SWs and enroll them into the existing harm-reduction projects.



Throughout 2011 ICF “International HIV/AIDS Alliance in Ukraine” supported the component on **response to violence against female sex workers**. A number of trainings was delivered for social workers and representatives of initiative groups of PO “All-Ukrainian League «Legalife” on response to violence against sex workers as a component of HIV prevention. The goal of the trainings was to launch a discussion regarding violence against the sex workers and promote discussing of key components of a successful program on violence prevention and response, main strategies of protection and interaction with the representatives of law enforcement agencies in which social workers should train SWs when working on outreach-routes. On training completion a training module was designed.

Subsequent to the operational survey “**Investigating Causes Influencing Manifestations of Violence against FSWs as a Factor of Heightened Risk of Exposure to HIV**” an official meeting of partners and stakeholders in response to the HIV epidemic among SWs which agreed to develop collaboration with law enforcement agencies by joint efforts and advocate protection of the rights and delivery of prevention social services to FSWs.

Success story

To say honestly, at a certain point of time this very story didn't allow me to stop in further development of public projects, and I didn't lose my heart in addressing the problems of people who may seem to be absolutely useless for anybody (drug users, female sex workers, and many, many others).

Thanks to such stories I can definitely say: “Such instances are worth of personal time and money spent on social activities!”

I got involved in to the story of this lady with receiving SMS from a unknown number. It simply said: “Thank you, now I have a son”. I realized that it was Tetiana.

“Late fall ... the 8th month of pregnancy ... I live in lodgings... When a client comes — I go to the kitchen... I have no money, therefore I can do nothing with my pregnancy and plus gestational toxicosis, persistent nausea ... In a little while I will be dislodged, nobody needs a dependent, nobody waits at home ... The parents and the baby's father turned away from [us], when they learnt about my prostitution (sometimes

administrative protocols reach, at last, the registered address in my town in Lugansk oblast). Complete hopelessness... nobody needs me... go to the street in the rain? Go to the basement? It is better to jump from the roof!”

The psychologist of foundation and gynecologist of the project saw Tanya in this condition, after the ladies from that flat called our hot line asking for help. And all hell was let loose: she had no the official residential registration, no records in the antenatal clinic, complete lack of information about the health status, suicidal mood.

The first positive breakthrough was when no HIV was diagnosed following rapid testing! The analyses astonished even more, as despite the huge risk, Tanya failed to “pick up” other serious diseases. As the psychologist remembered later, then she saw hope in her eyes for the first time! I am healthy, I won't die, and everything can be straighten out!

Then there was the assistance of social services, physical examinations, but the most

important was the help of the psychologist and social workers! Help of people who accepted her as she was! People who needed Tanya!

The conversion with the parents was hard... Tanya gave birth in her town, the parents proved able to understand her and accept their child. They together could overstep that black stripe in the life and were waiting only for one event, i.e. the delivery of her boy. Parturition was successful, a baby was born healthy. It was then when Tanya sent the first SMS to me.

But it is not the end of the story! We were very pleased when Tanya asked us to name the baby. After discussions we decided to name him Bogdan. This is the way the foundation found its “godson”. More than 3 years have passed, many changes have taken place. Tanya called two years ago for the last time; she told that everything was well with her and the child. But up to now when remembering that history, my heart is getting full of warmth. I confess again and again — it is worth working for the sake of it!

Yours faithfully, Volodymyr Kazus, Head of KCCF “Blago”



Throughout the year 2011 in order to enhance proficiency of social and outreach workers, psychologists and other staff members from NGOs working with CSW **12 trainings** were held, including:

- Preventing violence against CSWs
- Reproductive and sexual health
- Introducing femidoms into prevention activities
- Preventing STIs
- Case management fundamentals
- Particularities of social and psychological counseling of CSWs
- Particularities of sexual and reproductive health of CSWs

In total, **186 specialists** were trained in the specified period.

Positive experience story

Collaboration with law enforcement agencies (experience of “Victoria” Association from Khmelnytskyi)

The organization has a positive experience in collaboration with law enforcement agencies, developing mutually beneficial bilateral partnership that is most visible in the implementation of prevention programs among SWs. The specific features of the project implementation in Khmelnytsky are that SWs having the most risky behavior are concentrated around the rail station, and, therefore, the collaboration with line police division is of particular importance. The organization believes that the main objectives of work in this area are the following:

- determining a role of police in response to the HIV epidemic;
- laying down an understanding that the work on HIV/AIDS prevention is a matter of the society on the whole and the internal affairs bodies are due in no small part to HIV response.

The principal methods of working became regular lectures with training elements, awareness-raising trainings for the officers which focus on overcoming stigma and discrimination pertaining to risky groups, individual and group on-the-job advisory support.

When we realized that it was impossible to work efficiently in sites where SWs concentrated without the support of police, we visited the Department of Internal Affairs in our

city, told who we were, what was the goal of our activities, and why we needed the support of police. Then we went to the rail station line police division, started telling about us, spoke with the division head, described the future benefits of our mutual collaboration — and the work commenced, everything straightened out.

Larysa Vysotska, Organization Head

The main purpose of the work carried out by the organization staff members with the police officers is to foster building an active position in response to the HIV epidemic, promote the activities of prevention projects, rather than being outside lookers-on. It is regularly emphasized during the trainings that the principal function of internal affairs bodies is to prevent crime rather than to punish guilty persons in a simple way. As far as the work with SWs is concerned, it is important to know the reasons pushing girls onto the street. Often the support, assistance, including that from the law enforcement agencies, can help change their risky behavior. And the online trainings give the basic idea of this. In addition, the police officers are taught in basic healthcare aspects of the HIV/AIDS problem, i.e. ways of getting infected, diagnostics, and treatment. Testing of the officers is also carried out regularly.

We have just decided to make the police our ally. We went to the head of the line division, discussed all situations, offered a partnership,

gathered the officers, held a meeting; those willing to were tested for HIV, we told about the project, and the problem. Everything has changed. We started offering literature to the patrol(wo)men, and they even began to wonder what the latest developments were. We often provide psychological support to the officers, too, as there are many problems at their work and in families. Then we started working with the central police division to involve patrol(wo)men contacting with the girls who work on the streets in downtown. The attitude has greatly altered, we teach tolerance - and this works. There are cases when we need to be protected — once a new female client did not size up a situation, started the scandal, the police guard came up, and everything was quickly settled. They approach us themselves and ask “Is everything all-right?” This is a feeling of being protected, both for us and the clients. Sometimes really interesting situations occur: the social workers regularly provide counseling to the police officers, give out information materials, and the police officers even begin counseling on HIV prevention issues by themselves (as the girls told us). Frequently the police officers inform us that newcomers have appeared at the rail station who need to be worked with. Sometimes there are even instances of actual help: one of the ladies told recently that she had been assisted in receiving a passport. Never before had such assistance been provided. That is why we understand that we are working in the right direction.

Alina Shytykova, Project Coordinator

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

Throughout the year 2011 ICF “International HIV/AIDS Alliance in Ukraine” supported prevention activities among men practicing sex with men which was carried out by 18 in 11 regions of Ukraine (i.e. the oblasts of Dnipropetrovsk, Donetsk, Zaporizhzhia, Lviv, Mykolayiv, Odesa, Kharkiv, Kherson, Khmelnytskyi, Cherkasy and Chernivtsi), the cities of Kyiv and Sevastopol, and in the Autonomous Republic of Crimea. The implementing NGOs were selected subsequent to a competitive selection within financing granted by ICF “International HIV/AIDS Alliance in Ukraine” out of funds of the Global Fund and USAID SUNRISE.

In 2011, 7,660 MSM were tested for HIV using rapid tests (from them 237 were positive results) and 7,945 — for STIs (syphilis, gonorrhea, chlamydia). In addition, under the projects on HIV prevention among MSM the clients had an opportunity to get tested for hepatitis B and C. Thus, 3,937 tests for hepatitis B and 2,773 tests for hepatitis C were made. In particular, 431 project clients were hepatitis B vaccinated.

In 2011, 8 HIV prevention projects started to distribute femidoms (female condoms) among MSM. 14,514 femidoms were distributed under these projects.

Mentor Support Program

Starting from 2011 4 projects on HIV prevention among MSM started working under the Mentor Support Program in Kyiv, Odesa, Donetsk and in Kryvyi Rig. This program was piloted in 2010 through youth social movement “Partner” in the city of Odesa and was highly appreciated by the program participants and specialists. The Mentor Support Program is based on a long-term (4–5 month) collaboration of one mentor with one client and is aimed at changing both a level of MSM’s knowledge on HIV and behavior, skills and attitude to the infection and one’s health. Under the program one mentor meets with one client once per 2 weeks at a mutually convenient time and works for 2–3 hours under one of 10 clearly structured modules. Changes in behavior, skills, knowledge and attitude are observed through questioning the clients in course of program in 4 stages, using the questionnaire

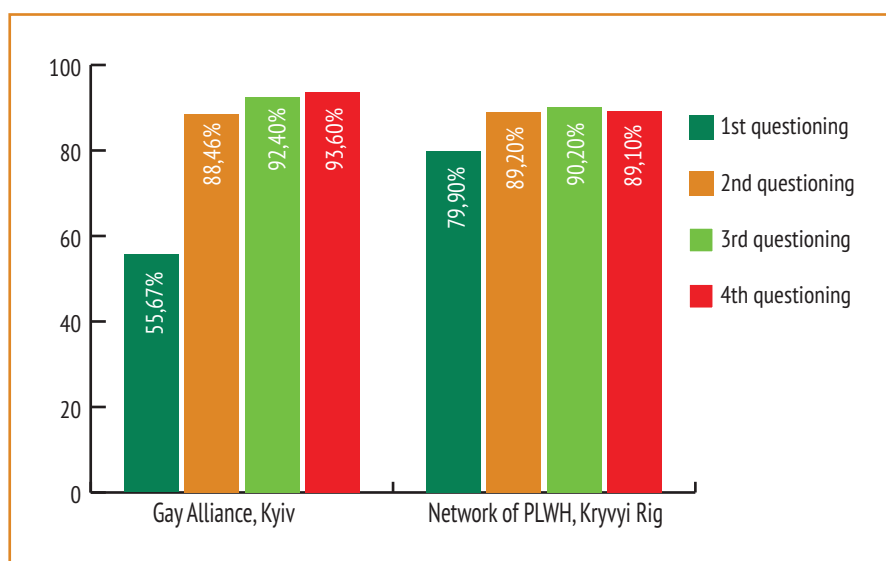


Chart 9. Positive Dynamics Subsequent to the BASK Questioning

“BASK” (standing for “behavior, attitude, skills and knowledge”) under zero, fifth and ninth modules, as well as 6 months after the program completion.

During 2011 two of four projects completed all four stages of client questioning. The questioning findings showed positive improvements by all four parameters (knowledge, behavior, skills and attitude), as it can be seen from Chart 9.

During the fourth questioning the program clients were offered to get tested for HIV using rapid tests. All 22 clients under 2 projects agreed to pass it. There were no positive results of testing, which is the best achievement of the program.



On May 27–29, 2011, the Fourth National Conference on the LGBT-movement and MSM-service Organizations of Ukraine “Progress and Innovations” was held. **99 representatives** of local and national LGBT-organizations, initiative groups and other informal associations, managers and staff members of the social projects targeted at MSM, experts on the LGBT-community and MSM-service participated in the Conference. Co-organizers of the Conference were ICF “International HIV/AIDS Alliance in Ukraine”, the Standing Reference Group on LGBT and MSM-service projects, the USAID HIV/AIDS Service Capacity Project in Ukraine, All-Ukrainian charitable organization “Tochka opory” (Point of bearing) and NGO “Interregional Center for LGBT Studies Donbas-SocProject”, as well as L’Association “Sidaction” (France) that provided support in arranging the Conference through AUCO “Tochka opory”. The goal of the Conference was to establish conditions for sharing of experience and convergence of positions between the subjects of the LGBT-movement and MSM-service of Ukraine, improvement of a qualification level of the Conference participants in social work with regard to LGBT/MSM/WSW, further mobilization of the LGBT community and development of MSM-service in Ukraine, encouragement and consolidation of leaders, activists and social workers.

The 3-day Conference covered the following events:

- presentation of key studies on advocacy and human rights protection, as well as health of LGBT;
- presentation of best practices and innovative approaches to community mobilization, HIV and STI prevention;
- discussion of the following topics: “Anti-discrimination Laws in Ukraine: Needs, Problems, Prospects”, “LGBT and Religion”, “Relations of Participants of the LGBT-movement and MSM-service with the Public”, “Gender Stereotypes, Sexism and Feminism in the LGBT-movement”;
- discussions on participation of the representatives of MSM-service and/or the LGBT-movement in local coordinating boards on HIV/AIDS;
- the role playing game “Ethics in the LGBT-movement”;
- mini-trainings on TB prevention, work with manipulations and relationship models in homosexual partnerships;
- optional sections were full of master classes, movie clubs, sports events;
- LGBT fairs: poster (stand) presentations of the activities of LGBT and MSM-service organizations and initiative LGBT groups;
- the 4th meeting of the Board of LGBT organizations of Ukraine.

On October 12-15, 2011, the “Safe Sex: A Square Talk” training for trainers was held near Kyiv. The training goal was to teach trainers to hold trainings titled “Safe Sex: A Square Talk” and enhance theoretical background of participants in the fields of sociology and counseling with a view of forming safer sex practices among MSM. Every participant had an opportunity to explore being a trainer. 19 trainers passed the training. It is expected that training participants will hold similar trainings for outreach and social workers and volunteers in HIV prevention projects for MSM; to this end the syllabi of two trainings, 4 and 8 hours each, were developed.

Participation in the International Conference

On November 10-11, 2011, in Stockholm (Sweden) in the first European conference on HIV prevention among MSM “The Future of European Prevention among MSM” was held. It was attended by 350 participants representing 37 countries of Europe and Asia. At the conference technical support manager of the ICF “International HIV/AIDS Alliance in Ukraine” presented HIV prevention activities among MSM which are carried out in Ukraine with the financial assistance of the Global Fund. In particular, the verbal presentation titled “The Program of Mentor Support among MSM in Ukraine” and the poster-based presentation “HIV/AIDS Prevention among MSM in Ukraine” were made.

Success story

I am 21 year old, I am a client of the project “HIV/STI Prevention among MSM in the city of Gorlivka” and I have been a program participant for a year and a half. I participate in all actions held under the project that are of peculiar interest to me.

I used to live in a trouble-free, better-off family, where friendship and understanding were prevailing... till the moment when I got understanding that the “boys” are of more interest to me than the “girls”. Soon the parents learnt

about my passion and I came across misunderstanding, aggression and humiliation.

I told about this situation at the session of a self-help group, where we discussed the problem and ways to address it with a psychotherapist and other members of the group.

Soon my parents were professionally counseled on the issue, received answers to many questions. And this led to a positive

result, relationships in my family started to improve gradually. They have accepted me the way I am and do not try to change or break me.

I neither criticize my parents nor feel aggravated, because I understand them. They were educated with other principles. Now friendship and understanding are ruling in my family solely due to the team-oriented professionals of the project.

NGO “Lifeline”, city of Gorlivka, Donetsk oblast

Study Trip to USA

In June, 2011, 4 representatives of the NGOs implementing HIV prevention projects among MSM went for a study trip to the US. During the trip the participants visited 4 organizations that work on protection of LGBT community’s rights and HIV prevention, carry out studies, develop information materials and issue periodical publications. The trip participants were mostly impressed by financing of partner organizations from various sources (government, charitable foundations, and commercial actors); a variety of services (at the first glance, some of them seem to have no direct impact on HIV prevention), and a broad range of NGO-based healthcare services. The participants returned to Ukraine possessing a number of interesting innovative approaches to work with MSM and now intend to introduce them through their organizations.





5.4. Harm Reduction Programs in Penitentiary Institutions

For the last 12 months, the coverage of convicted persons with the comprehensive HIV prevention service package was 17.6% (25,497 persons) of the estimated quantity of 145,000 convicted persons.

In 2011, the activities under the “Delivery of HIV Prevention Services to Those Convicted and Detained” component were continued by the NGOs that were selected based on the results of an open competitive selection and are funded by ICF “International HIV/AIDS Alliance in Ukraine” under the Global Fund grant. The task was fulfilled on-site by **19 NGOs in 15 oblasts of Ukraine in 54 penal institutions** under the coordination and general management of ICF “International HIV/AIDS Alliance in Ukraine”.

All the projects supported by ICF “International HIV/AIDS Alliance in Ukraine” provide for the following services:

- Counseling volunteers from among convicted persons are trained as peers at awareness-raising classes/trainings held. The training of the volunteers is completed with volunteers’ passing exams and issuing a relevant certificate on peer-to-peer counseling.
- Counseling by the volunteers on safe behavior, HIV/AIDS/STIs, motivating those convicted to get tested for HIV/STIs in a medical sanitary station at a penal institution;
- Client management for those convicted after a positive result of an express test for HIV/STIs is provided, positive prevention, referral to the project by AUCF “All-Ukrainian Network of People Living with HIV/AIDS”;
- Counseling by a psychologist and social workers, self-help group or psychological support sessions;
- Distribution of prevention means, in particular condoms, toothbrushes, shaving tackles, other consumable and information materials, using peer volunteers or medical stations among the socially unsecured people and/or those who lost social relationships;
- Providing awareness-raising trainings for convicted persons in the following topics: prevention of HIV/STIs, hepatitises, and TB; forming communication skills with a partner regarding the use of condoms, etc.;
- Providing awareness-raising trainings for the staff of penal institutions;
- Arrangement and holding at least 2 mass preventive events: lectures, concerts on prevention topics, events dedicated to the AIDS Memorial Day, the World AIDS Day, etc.

The additional services delivered by the projects include:

- Distribution of condoms in chat rooms;
- Provision of humanitarian aid;
- Art-therapy sessions, holding sports events, the Club of the Cheerful and Sharp-witted, drawing contests, staging of dramatic performances on prevention topics;
- Computer training.

In June, 2011, within the framework of training of specialists in effective implementation of projects at penal institutions, the workshop on work with volunteers at penal institutions was held for social workers and psychologists from local NGOs working directly with the representatives of a target population. 19 individuals took part in the workshop.



5.5. Provision of HIV prevention services to Most at Risk Street Children and Adolescents

During the reporting period in this area the main tasks under the Global Fund Round 6 program were as follows:

- training for staff members of shelters and centers for socio-psychological rehabilitation of children (Ministry of Family, Youth and Sports of Ukraine), general and social rehabilitation vocational training schools (Ministry of Education and Science of Ukraine), NGOs in the techniques of prevention work with homeless and uncared-for children;
- prevention training and awareness-raising for children at the relevant institutions.



Thanks to the joint efforts of the Ministry of Social Policy, the Ministry of Education and Science, Youth and Sports of Ukraine and ICF “International HIV/AIDS Alliance in Ukraine”, during 2011 in all regions of Ukraine the training was held on HIV prevention and formation of healthy lifestyle skills in children’s and adolescents’ environment for the staff members of children shelters and centers for socio-psychological rehabilitation of children within the jurisdiction of Social Services for Children, social rehabilitation schools, boarding schools for orphans, children who are disabled or deprived of parental care.

During 12 months of 2011, the coverage of street children — new clients of the MARA Program for socially unsecured categories of most at risk children/adolescents was 13,788, including 4,065 individuals at 115 institutions within jurisdiction of the Ministry of Social Policy of Ukraine; 2,025 individuals at 75 educational institutions for socially unsecured categories of children within jurisdiction of the Ministry of Education and Science, Youth and Sports of Ukraine.

During the second half of the year 2011, the Ministry of Family, Youth and Sports of Ukraine was liquidated under the administrative reform. The Department for Adoption and Protection of Child’s Rights the Ministry liquidated was incorporated into the Ministry of Social Policy of Ukraine and retained the previous functions in full, including those in implementing the prevention programs of the Global Fund (Rounds 6 and 10). The Ministry of Education and Science of Ukraine was transformed into the Ministry of Education and Science, Youth and Sports of Ukraine. During the second half of the year, 2 trainings in basic knowledge and skills in HIV/AIDS prevention, 4 trainings for trainers and 2 trainings in techniques of using preventive games for street children were provided to specialists working at these Ministries and institutions within their jurisdiction.

The training “Coordination of Approaches and Implementation of HIV Prevention, Care and Support Measures in the Environment of Children of Crisis Categories” was designed and delivered (in Kherson on July 18–23, 2011) to the specialists of social services, to youth and representatives of churches of Ukraine, to the staff members of government agencies and non-government organizations, working with socially unsecured children (street children). In total, 111 specialists

from the system of the Ministry of Social Policy of Ukraine and 144 specialists from the system of the Ministry of Education and Science, Youth and Sports of Ukraine were trained. 2 seminar-workshops “Protecting the Rights of Orphan Children and Children Deprived of Parental Care under the HIV/AIDS epidemic in Ukraine” were held on March 23–25 and September 21–23, 2011, for 37 specialists from the Ministry of Social Policy of Ukraine and heads of oblast Social Services for Children. The training of trainers manual on the techniques of training HIV/AIDS specialists (for the staff members of social institutions for children) was also designed and edited for publishing under the Program. The Manual was recommended for publishing by the Scientific and Methodological Council of the Dragomanov National Pedagogical University.

Activities in This Area under the SUNRISE Project

In 2011, the project activities on work with street children were continued within the framework of the SUNRISE project on the basis of NGOs “Dorova Dodomu” (The Way Home) (Odesa), “Nove Stolittia” (New Century) (Mykolayiv), “Caritas” (Donetsk) and the Social Service for Children and Youth of Kyiv city. The Projects completed the pilot model, ensured access of the target population to the existing healthcare and social infrastructure, and provided for a liaison between children and the corresponding healthcare and social services. At the same time, such form of work as a social patrol enabled delivering services directly at sites where uncared-for children congregate. For the year 2011, 2,389 children (1,578 boys, 811 girls) at the places of their temporary stay, i.e. directly on the streets, were reached with prevention, healthcare social services (counseling, HIV, STIs antibody testing, healthcare and social client management) under the project.

In May, round-table discussions “Building a Sustainable System for HIV Prevention and Support to Those Living with HIV in the Street Children’s Environment” were held under the Project in the cities of Kyiv, Odesa and Mykolayiv. The representatives of City State Administrations, Departments

Success stories

“My name is Illya. I am 17 years old. I have no parents. I lost my mother when I was 6, and the farther died when I was 12. I found myself on the street when my grandmother died... Then I began to come to the Center. I have flair to drawing, and, therefore, I went to the Center and drew all days long. Now I am trying to order my life with the assistance of social workers. I am very grateful to them for their help and understanding.”

CF “Doroga Dodomu” (The Way Home), Odesa

“My name is Valera. I have lived on the street since 11 years old. I used to drink, sniff glue, and smoke, because I was an orphan... I recollected myself. At first I came to “Caritas” with a friend from the vocational training school in 2007. Beginning from March, 2010, I have

been working here as a volunteer. Svitlana proposed me to work at the participatory regional assessment project. I participated in the trainings in Odesa and Crimea. Now I am with another project as an outreach worker. NGO “Caritas” helped me obtain a room in the hostel. I want to be a social worker. Now I bring other children here. “Caritas” helped me very much.”

CF “Caritas”, Donetsk

“My name is Mykyta. I am 15 years old. I live with my mother and step-father in the Pridnestrovian Moldavian Republic. I was 8 when I escaped from home for the first time. My mother is a hard drinker, she swears often and beats me without any grounds. My step-father does not concern himself with me. In June I went to Odesa, to

the sea with my friend Vitalik. When we were swimming, our money was stolen. We were unable to buy food and to pay for a place to sleep at. When people on the beach heard about our problems, they offered us to go to the center for children, to “The Way Home”. There we were calmed down, given food and assured that we would be helped come back home. And then we were invited to the summer camp together with other children. I made friends with many other children and I like to be here. The teachers have treated us very well, we have played various games. Next year I would like to return here. I want to finish school, move to Odesa forever and find a job for myself and my relatives.”

CF “Doroga Dodomu” (The Way Home), Odesa



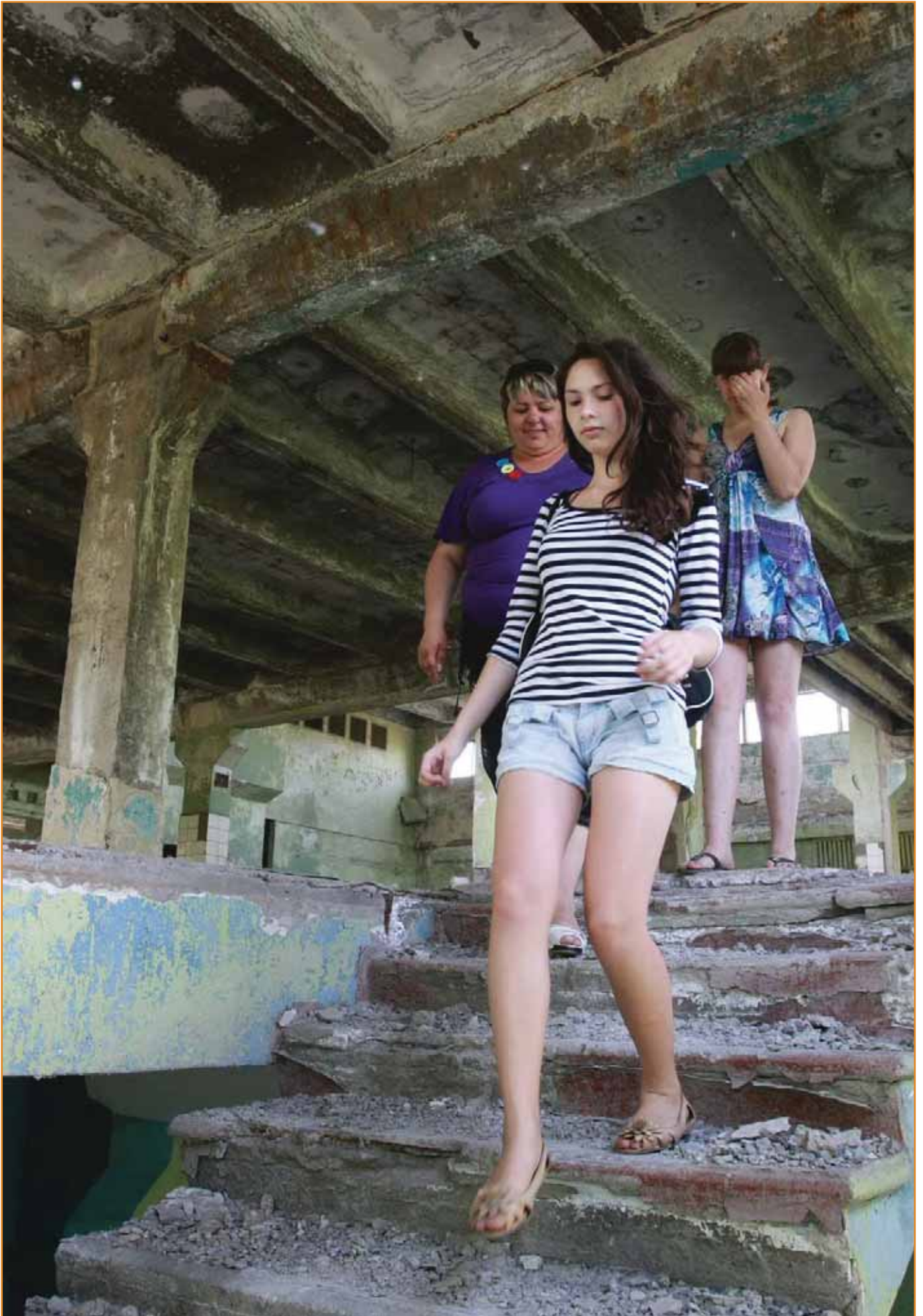
of Health, Education, Social Services for Children, criminal police for children, healthcare agencies, AIDS centers, churches, mass media along with the project implementors participated in the actions. An innovative video training on arranging (planning, preparing and holding) actions aimed at consolidating response to HIV/AIDS was developed for 24 specialists from Ukrainian NGOs implementing the project; it was then successfully delivered in the city of Kherson in July 2011.

Final Conference

On November 9–11, 2011 in the city of Odesa the final conference on “HIV/AIDS Prevention in the Street Children’s Environment” under the SUNRISE project was held with the participation of the representatives from USAID, project implementors, responsible representatives from the core Ministries and institutions within their jurisdiction, a wide range of stakeholders from the public and non-government sectors, international organizations, scientific institutions, representative of NGOs who won the contest under the Round 10 program, churches and mass media. The achievements of SUNRISE project in preventive work in the street children’s environment were summarized and discussed at the Conference. Further steps on strengthening and disseminating the Project achievements at the national level were identified.

Open Contest of Project Applications

Subsequent to the open contest of project applications on “HIV/AIDS Prevention in the Street Children’s Environment” under the Global Fund Round 10 program implementation, the expert commission selected 17 winning proposals of NGOs in the cities of Kyiv, Odesa, Mykolayiv, Kherson, Simferopol, Sevastopol, Zaporizhzhia, Vynnytsia, Chernivtsi, Donetsk and Donetsk oblast, Kharkiv, Zhytomyr, Lviv. All of them are targeted at focused outreach prevention intended to fill in the existing gap in prevention services at the places of stay of most at risk children and adolescents, as well as to finalize the model of healthcare and social management to uncared-for child. Winning NGOs commenced the implementation of projects on January 1, 2012.



6. Diagnostics, Vaccination, Treatment and Procurement of Medications

6.1. Substitution Maintenance Therapy (SMT)

As of January 1, 2012, 6,632 patients had an access to SMT at 133 healthcare and prevention settings in 27 regions of Ukraine (see Chart 10 below). Among them 5,828 patients received methadone-based treatment and 804 persons received buprenorphine-based SMT. 45% of SMT patients (2,967 people) are HIV-positive, including 931 of them receiving ART, 1,201 patients have tuberculosis and 3,700 have hepatitides B or C.

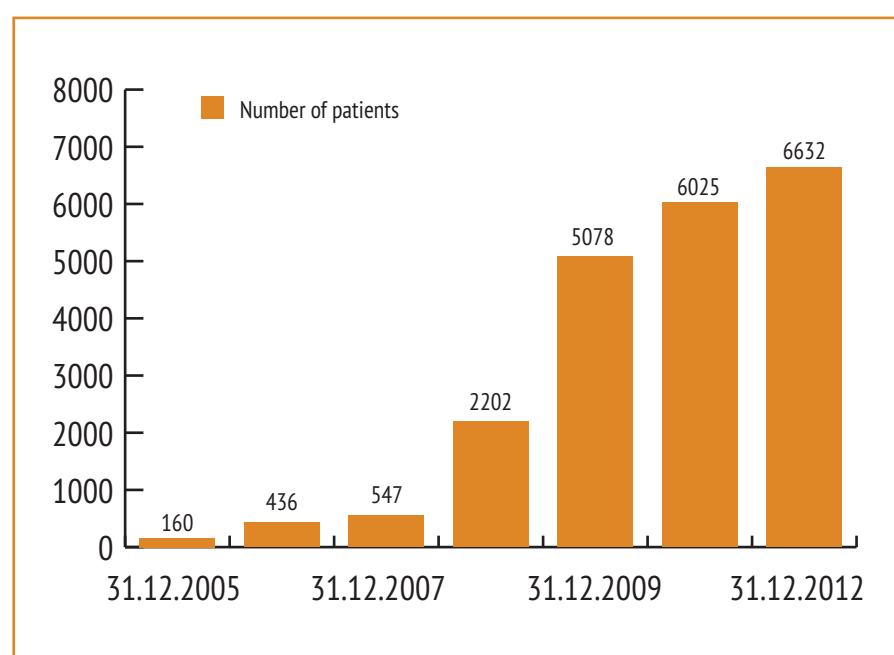
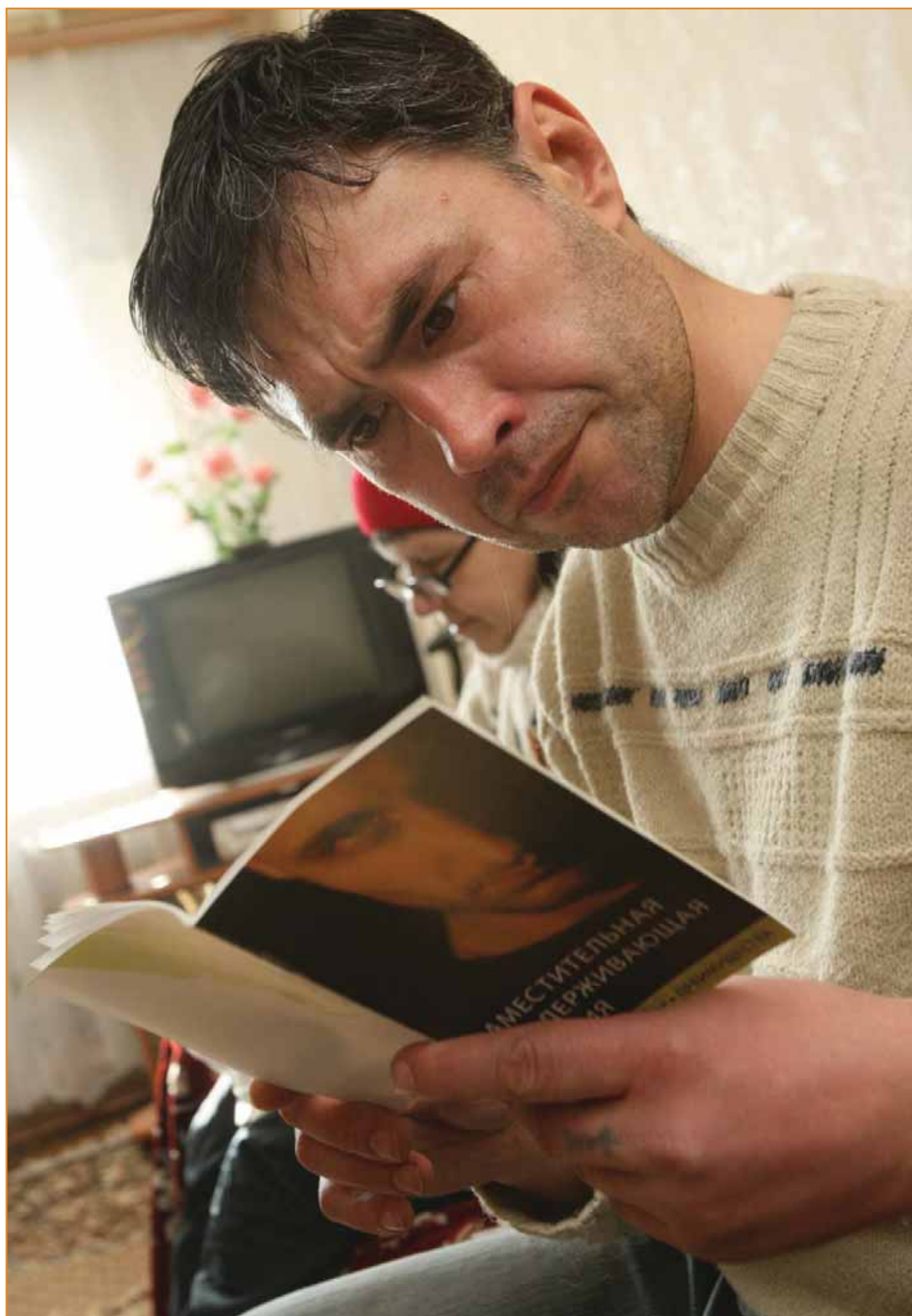


Chart 10. Clients' Access to SMT

by means of upgrading their infrastructure, delivering SMT medications, as well as providing direct medical, psychological and social client management to SMT patients.

The experience of 2011 showed that the improved strategy of programmatic activities initiated back under the second phase of GF Round 6 (starting from August, 2009) and completed in late 2011 turned to be successful. The main areas of work remain improving the legal and regulatory framework of SMT introduction, in particular through strengthening advocacy at the national level, ensuring organizational, guidance and scientific support, strengthening healthcare institutions' capacity of introducing SMT



Grant agreements on the healthcare and psychosocial support of SMT patients, backed by the ICF “International HIV/AIDS Alliance in Ukraine”, are implemented by 34 non-governmental organizations cooperating with healthcare settings (psychoneurological and drug treatment clinics, AIDS centers, TB and STI clinics, city and rayon clinics) on which basis SMT sites operate. Since October 1, 2011, a number of integrated services centers has advanced (up to 34) as compared to the previous period (8). Centers of integrated assistance to SMT patients currently operate in the oblasts of Mykolayiv, Sumy, Poltava, Vinnytsia, Ivano-Frankivsk, Kherson, Odesa, Zaporizhzhia, Rivne, Ternopil, in the cities of Kyiv and Sevastopol, and in the Autonomous Republic of Crimea. This enabled largely expanding the range of healthcare services available for patients (counseling, diagnostics and treatment of diseases, particularly HIV/AIDS, hepatitis, TB, STIs). In addition to healthcare services, patients are provided with effective psychosocial client management with a view of re-socializing them, getting them back to normal life, renewing family relations, job placement, establishing families, giving birth to children and restoring an active social life in general.

The projects on healthcare and psychological management of SMT patients contributed to advancing re-integration and re-socializing indicators. So, according to NGOs implementing the SMT projects, thanks to participation in the SMT program:

- some 30% of patients got employed (both officially and unofficially),
- approximately 3% started studying;
- more than 16% of patients restored family relations;
- some 5% set up families;
- more than 2.5% of patients gave birth to children.



Another weighty result of the SMT projects is that an average profit from

participants' illegal activities has largely decreased over this very period, and a share of patients who were held criminally liable plummeted manifold.

At the national level the organizational and guidance support of SMT activities was carried out in cooperation with AUCO “Ukrainian Institute on Public Health Policy” (UIPHP). The collaboration with the Ukrainian Medical and Monitoring Centre for Alcohol and Drugs (UMMCAD) of the Ministry of Health of Ukraine was also resumed in this area in the last quarter. Special focus was made on scaling up access to SMT, improving the quality of treatment, removing regulatory barriers to rapid expansion of SMT activities, establishing cooperation with healthcare settings planning to initiate implementation of substitution therapy in the near future, and building State's capacity of providing the organizational and guidance support of SMT. Quantitative and qualitative non-personified data on SMT patients, and healthcare and prevention settings' licenses for drug circulation were monitored jointly with partners to ensure uninterrupted SMT treatment. The SMT Center web-page was maintained to ensure free access to information on healthcare and prevention settings where SMT is provided (addresses, contact details). The SMT Resource Center web-page contains the complete regulatory framework on SMT implementation in Ukraine, training materials for healthcare/social workers, psychologists, relevant information on the status of SMT implementation in Ukraine, interesting news.

In 2011, building the technical capacity of healthcare and prevention settings was continued in a pro-active manner. Alliance issues 70 grants for the total amount of some UAH 1.7 million to establish conditions for SMT at new sites and extend access to it at the existing ones, to provide for getting licenses for the circulation of narcotic substances, maintenance works and equipment. Some projects were commenced back in 2010.

Despite certain achievements in re-integration of SMT patients, there is the need to improve healthcare services for, and especially psychosocial support of, SMT patients, to find new ways to improve the psychological and social work. Organization of training courses for specialists working with SMT patients is a promising and important area of work. Unfortunately, this activity was not

Zhytomyr — a case of integrated care provided

Both site employees and clients consider the integrated care model-based work their main achievement, and are proud of the fact that it has assisted in forming their clients' positive attitude to life, adherence to treatment, and getting their personal lives going.

We can speak clearly on success, as 37 out of 72 site clients have settled to work, many people work under the prevention projects implemented by NGO "Perspektyva". Apparently, there is some client turnover as many people perceive the opportunity to participate in the program in different ways: as a chance to improve life, change a risky behavior, find a job, on the one hand, and simply get a dose legally, on the other, because one comes across various people. The fact that our clients made families and children were born is, perhaps, a small measure of success for strangers, but for these people — it is an obvious progress. It is difficult for them to give birth to a healthy baby, because they have three diagnoses or more, i.e. HIV, TB, hepatitis and other pathologies, but, in fact, their children are all healthy. Given that many dads are also HIV-positive, their children are a great joy for them. And it is wonderful that they have such joy thanks to our site.

Olga Marchuk, SMT site drug treatment specialist

I came from Russia, undertook all possible suggested treatments,

except for substitution therapy which was not there. There was no significant result, but I am 100% sure that SMT is the only thing that has changed me, the only way out for me at that time to come to myself. It is not the outcome, but a possibility to prepare myself for the next step. Here we have a very large percentage of HIV-positive people, it is not a secret that people who are in the system, naturally, have no adherence to ART, hardly any CD-cells — the main thing is that you feel bad and that's it. The fact that all HIV-positive people are aware of their CD, are on ARV, is great, as they have time to take care of their health. And how many kids we have born! There is nothing of the kind in any city, I specially inquired. The reason is the uninterrupted services, many women cannot carry a child because once they are at bed rest to prevent a miscarriage, as they are unable to receive ST, and it is here that everything is well-established. Now, we have 4 children still controlled because they are before one and a half, but the first two tests are negative, that is, all our kids are healthy. These babies would not have come into the world without SMT! Many people began to work — those who did not know what a job was. Many people got into higher education. This is unrealistic, when you simply have taken a short detox course and stay at home. They meet, communicate here, there is the organization "Perspective", where one can come and get help. This is not everything, but the road is open.

This is not the only way-out, but this is a way-out... Even for the society, because this problem has affected everyone, and even if have not effected — people gather in one place, we make X-ray, our health is controlled, we are easily found, we are in plain view ... But the main thing is kids. These are people. These are new human lives...

Yuliya, site client, volunteer

I travel from a district center, 70 km away from Zhytomyr. I have been here not for a long time, but I can speak about changes. I have had a family, a car, a house earlier — now, nothing has left. I go here every day — if you pay full price, it costs UAH 1,400 per month, and it's a good thing that, being a disabled person, I have a discount. There is no way-out. I have lost everything, and now, the only thing remaining with me is my mother. I did not know earlier about such center, this organization. I went into a drug treatment department, when in winter no poppy had left, and they advised me to come here, they ran all tests, I knew a lot of unpleasant things about myself. At first, it was a shock, and now, everything is under control. Everything is okay at home, everybody is satisfied. I have received a lot of good advice, what center to go, what tests to undergo, I can always get an answer to all questions. It helped me very much...

Oleg, site client

funded in the 2nd half of 2011. It is important to strengthen advocacy activities, organize proper awareness-raising on a public benefit and relevance of SMT among the staff members of law enforcement agencies, journalists, representatives of local councils and executive authorities.

“Medication Assisted Treatment” Activity under the SUNRISE Project

In 2011, as part of integrated medical and psychosocial service projects, 310 HIV-positive drug users received comprehensive medical, social and psychological services, including medication assisted treatment (MAT). Projects for organization of integrated services were implemented on the basis of 9 healthcare settings in collaboration with six non-governmental organizations. In addition, the projects collected information to assess success in implementing integrated models of medication assisted treatment of HIV-positive drug users. Based on the data obtained, an analytical review complete with findings was compiled in order to subsequently share experience in implementing the integrated approach to providing medical and psychosocial services.

In February 2011, a four-day training was conducted for social workers of integrated care centers with the participation of a Columbia University professor of social work Andrew Hamid and national trainer Yuliya Zhytkova. The main objective of the training was to teach the centers’ 20 social workers skills and techniques needed for them to provide social and psychological services to HIV-positive clients of SMT sites.

In March 2011, the results of the operational study launched in 2010 were summed up to determine the effectiveness of integrated models of providing methadone-based MAT for HIV-positive drug users. The study was conducted in two phases: collection of information using qualitative sociological methods, and subsequent analysis of such information and collection of information using quantitative methods and subsequent analysis of such information. The study culminated in a report describing integrated models that proved successful in the course of the project; it contains a comparative analysis of integrated and standard MAT models, identifies best practices, etc. The summary data based on the results of operational survey will be reflected in the Alliance’s publication “Integrated Approach to Provision of Healthcare and Psychosocial Services for Substitution Maintenance Therapy Clients” which will go out of print in 2012.

In August 2011, during the visit of international consultant Robert Douglas Bruce the survey was finalized with a focus on the current status of integrated services provision and clinical aspects of the MAT component as part of the project. In addition, the progress in implementing the integrated approach to providing medical and psychosocial services to HIV-



positive drug users was evaluated. The visit results were presented in a report containing a detailed analysis and recommendations for improving SMT program individual components which implementation will help advancing the quality of services provided to HIV-positive injecting drug users.

Experience exchange visit to the U.S.

In October 2011, an MAT experience sharing visit was made to the United States.

The Ukrainian Government delegation was comprised of officials from the Committee on Public Health Issues of the Verkhovna Rada of Ukraine, the Cabinet Ministers of Ukraine, the Ministry of Health of Ukraine, the Ministry of Internal Affairs, the State Service on Control of Drugs, the State Penitentiary Service, the State Service on HIV/AIDS and Other Socially Dangerous Diseases, the Ukrainian AIDS Center, the Ukrainian Medical and Monitoring Center for Alcohol and Drugs at the Ministry of Health of Ukraine.

The visit comprised official meetings at United States government institutions dealing with multi-faceted issues of the organization of medical and psychosocial services for people living with HIV and drug users, as well as meetings with leaders of non-state and private clinics, rehabilitation and counseling centers that provide services to people living with HIV and drug users in the United States.

Following the study visit, on November 1, 2011 the Cabinet of Ministers of Ukraine held a meeting involving the trip participants which was chaired by Advisor to Prime Minister of Ukraine Mykola Mykolayovych Petrenko. The main issue on the agenda was the presentation of



proposals for further development and improvement of medication assisted treatment programs in Ukraine taking into account the U.S. experience in this area.

The study tour to the USA was very intensive and informative: just in five days there were 17 (!) visits made to federal, regional and local level institutions and facilities in Washington, New York, and Baltimore. The visit was very appropriate in the context of Decree of the Cabinet of Ministers of Ukraine No. 1002-r "On Approval of the Plan of Actions Aimed at Further Implementation of Medication Assisted Treatment for Opioid Injection Drug Users" issued October 12, 2011. The very first point of this Decree stipulates the necessity to study international and national

experience in SMT programs among IDUs. Based on the study tour results, a meeting of its participants was held in the Cabinet of Ministers of Ukraine on November 1, 2011 to present proposals on further development and enhancement of medication-assisted treatment program in Ukraine, taking into account experience of the USA in this area.

We would like to thank the USAID office in Ukraine and Alliance-Ukraine for preparing and conducting this event on high professional level. We are confident that the positive experience obtained in the course of the visit will facilitate scaling-up the effectiveness of SMT programs in Ukraine.

M. Petrenko, Adviser to the Prime Minister of Ukraine

6.2. Detection, Treatment and Prevention of Sexually Transmitted Infections (STIs) among Representatives of At-risk Populations

Given the fact that the sexual HIV transmission is rapidly expanding, detection and treatment of sexually transmitted infections is a factor contributing to the exposure risk are becoming increasingly important. In 2011, under co-ordination and overall management of the ICF “International HIV/AIDS Alliance in Ukraine” and in partnership with 104 medical institutions from all regions of Ukraine, STI prevention and treatment programs were implemented by 95 non-governmental organizations selected on a competitive basis. Compared to 2008, the number of involved healthcare institutions increased 2.5 times.

To enable access of members of vulnerable populations to diagnostics and preventive treatment of sexually transmitted infections, rapid STI tests and STI medications were purchased. In 2011, intensive use was made of combined tests allowing for simultaneous diagnostics of HIV, syphilis and viral hepatitis B and C for screening diagnostics in NGO and mobile clinics.

As of December 31, 2011 (cumulatively since 2008), there have been 396,886 cases of testing for STIs (syphilis, gonorrhea, chlamydia) and counseling among members of vulnerable populations, as well as 30,771 STI treatment courses administered (cumulatively since 2008). Over a period from January 1 to December 31, 2011, the number of cases of testing for STIs was 98,388, and the number of initiated STI treatment courses reached 5,937.

In addition, during the reporting year the ICF “International HIV/AIDS Alliance in Ukraine” signed a grant agreement with the Ukrainian AIDS Center as well as continued supervising and monitoring STI medications.

Active efforts were made to train representatives of NGOs and healthcare settings. In particular, 5 trainings were conducted with a focus on diagnostics and treatment of STIs among at-risk populations. Additionally, 3 trainings on the supervision of STI treatment drugs among at-risk populations were conducted for representatives of NGOs and healthcare settings.

In October-November 2011, an external technical assessment of the accessibility of STIs diagnostics and treatment services and case management in Ukraine was made in the two areas such as: 1) evaluation of the organizational and clinical component and 2) a round-table on the implementation of case management involving the chief STI and skin specialist of the Ministry of Health of Ukraine. Under the auspices of the State Service on HIV/AIDS and Other Socially Dangerous Diseases and the Ukrainian AIDS Center of the Ministry of Health of Ukraine, 4 meetings of the MoH working group on enhancing access of representatives of at-risk populations to STIs diagnostics and treatment were held.





6.3. Activity of Mobile Clinics

As of December 31, 2011 (cumulatively since 2008) 162 589 visits were made by representatives of vulnerable populations to 14 mobile clinics, which were purchased by the ICF “International HIV/AIDS Alliance in Ukraine” and are fully operational in Ukraine. Out of this number, 90,801 visits were made by IDUs and 66,274 visits, by SWs.

As of the end of 2011, members of at-risk populations received the following services in mobile clinics: VCT (using rapid tests), screening tests for STIs (syphilis, gonorrhea, chlamydia) and viral hepatitis B and C, pregnancy testing, counseling by physicians (i.e. by infection disease specialist, skin specialists, and gynecologists), distribution of informational materials, syringes, alcohol wipes, antiseptics, male and female condoms and referrals to healthcare settings for treatment and vaccination.

The most important achievement contributing to follow-up activities of mobile clinics was the signing of the Order on Approval of the Regulation on Mobile Clinics’ Activities with the assistance of the State Service on HIV/AIDS and Other Socially Dangerous Diseases and the MoH Working Group on VCT. The Regulation on Mobile Clinics’ Activities is being endorsed by the Ministry of Justice of Ukraine.

6.4. VCT Using Rapid Tests

In 2011, 86,882 counseling sessions using rapid tests were conducted (more specifically, 63,445 sessions for IDUs, 13,310 sessions for SWs, 7,660 sessions for MSM, 1,194 sessions for contact populations, 1,056 for street children and 167 sessions for non-injecting drug users). 4,430 positive cases were detected (3,645 among IDUs, 356 among SWs, 237 among MSMs, 134 among contact populations, 54 among street children, and 4 among non-injecting drug users).

In order to verify a positive result of the HIV rapid test 3,733 representatives of at-risk populations, addressed healthcare institutions (i.e., anonymous counseling rooms at healthcare settings and AIDS centers) which on average makes up 84% during the year (in the first half of the year 81.3% and in the second half 87.6%).

The trend of an increasing number of visits of members of vulnerable populations to hospitals to verify a positive result of the HIV rapid test is explained by intensified awareness-raising and training activities among NGO’s staff and medical staff working with at-risk populations. In particular, in 2011, 4 trainings on VCT issues were conducted. In addition, a subpanel session on HIV testing was conducted as part of four training sessions on STI prevention and treatment.

In order to improve the recording of clients at healthcare settings visited by them to clarify an HIV-positive result after taking a rapid test, the Alliance staff members jointly with specialists from regional AIDS centers have developed and implemented the “Algorithm for Referrals and Accounting for Clients Having a Positive Result of the HIV Rapid Test between NGOs and Healthcare Settings”.

With the support of the State Service on HIV/AIDS and Other Socially Dangerous Diseases and the MoH Working Group on VCT (which included Alliance representatives) the work on amending the Procedure for Voluntary Counseling and Testing for HIV commenced.

6.5. Advocating Access to Viral Hepatitis Testing and Treatment.

IRF Project “Viral Hepatitis Epidemic: Tomorrow it Will Be Too Late”

The situation with the spread of viral hepatitis in Ukraine may be justly called one of the most serious in Europe, in particular, on account of the hidden character of the epidemic. Experts estimate that around 2 million Ukrainians have various forms of hepatitis and the number of patients having its chronic forms is 300,000 people. According to studies carried out by the Research Institute of the Epidemiology and Infectious Diseases of the Academy of Medical Science of Ukraine, the greatest prevalence of viral hepatitis is reported in at-risk populations: the infection rate among IDUs is 61.5%, it is 30.8% among SWs and 83.7% among people living with HIV. The situation with hepatitis C is especially serious. The high cost of the combined treatment required, i.e. 20,000 U.S. dollars, makes it one of the least accessible for most people in Ukraine. At the outset of the project, Ukraine was lacking a national strategy for combating hepatitis and the appropriate targeted funding. In 2011, Alliance continued implementing the Project “Epidemic of Viral Hepatitis in Ukraine: Tomorrow it Will Be Too Late” supported by the International Renaissance Foundation. The project is to mobilize national resources in order to enhance access to prevention, diagnostics and treatment of hepatitis B and C in Ukraine through advocacy, information campaigns and raising public awareness of the problem.

Thanks to intensified efforts of leading infectious disease researchers and epidemiologists and with the support of NGOs, in March 2011, the Cabinet of Ministers approved the Concept of the National Viral Hepatitis Prevention, Diagnostics and Treatment Program for the period until 2016. An Alliance representative joined the working group to draft a program (MoH Order no. 141-Adm of May 05, 2011). Now, the finalized Program draft is being incorporated into the National Program “Health 2020: Ukrainian dimension.” The deadline for approval of the program as a whole is the second quarter of 2012.

On July 28, 2011, for the first time Kyiv and seven other regions of Ukraine (Kharkiv, Odesa, Ternopil, Poltava, Lviv, Chernivtsi, AR of Crimea - Bakhchisarai) played host to an awareness-raising and prevention event dedicated to the World Hepatitis Day. At the event all those interested had an opportunity to take a rapid viral hepatitis test and get practical advice on prevention, to learn more about diagnostics and treatment of viral hepatitis as well as to sign an appeal to the Minister of Health demanding that prevention, diagnostics and treatment of hepatitis be more accessible for all in need of them.



On October 19, 2011, Alliance together with NGO “Stop Hepatitis” held an event titled “Rapid Test for Conscience (Hepatitis) of the People’s Deputies” near the Verkhovna Rada of Ukraine building. The event gathered about 100 people and received wide media coverage. Around 50 rapid tests were distributed. Its main purpose was to speed up the adoption of the state targeted program and to promote efforts to raise the funds needed.

The project prepared and published an information booklet on hepatitis C prevention among the largest at-risk population, i.e. injecting drug users. In addition, a newsletter was prepared for NGOs highlighting a sequence of actions that need to be taken in cases where a positive viral hepatitis C marker is detected.

6.6. Procurement and Supplies

During 2011, the Alliance Procurement and Supply Management Department ensured that the demand for healthcare products is met in full and in good time. In particular, Alliance purchased a wide range of rapid tests for NGO partners, namely for HIV, syphilis, gonorrhea, chlamydia, viral hepatitis B and C, pregnancy and new multi-tests for simultaneous detection of 4 infections (HIV, syphilis, and hepatitis B and C). Throughout 2011, the following rapid tests worth more than UAH 1.7 million were distributed:

- 63,270 tests for HIV;
- 36,772 tests for syphilis;
- 14,510 tests for gonorrhea;
- 14,540 tests for chlamydia;
- 14,773 tests for viral hepatitis B;
- 22,943 tests for viral hepatitis C;
- 7,274 tests for multi-tests;
- 9,940 pregnancy tests.

Also, just over a period from July to December 2011, 14.23 million male condoms, 226 thousand female condoms (femidoms), 1.15 million lubricants, 9.7 million syringes and needles and 11.8 million alcohol wipes were delivered to recipients in all regions of Ukraine. In 2011, it amounted to 81.7 million units of consumables.

In order to implement the component on STIs treatment among representatives of most-at-risk populations, in spring 2011 the competitive bidding for medications to treat sexually transmitted infections was held. In line with the distribution plan, the Ministry of Health of Ukraine gave over these medications for the amount of UAH 272,055 to more than 100 skin and STIs treatment facilities throughout Ukraine.

In order to implement the project on prevention of viral hepatitis B among representatives of at-risk populations, 4,630 rapid tests for viral hepatitis B in the amount of UAH 64,820.00 and 7,800 doses of Andgerix hepatitis B prevention vaccines manufactured by GlaxoSmithKline (Belgium) in the amount of UAH 292,528.08 were procured and given over to 23 partner regional healthcare institutions in Ukraine.

As an act of charity, ICF “International HIV/AIDS Alliance in Ukraine” donated test systems for confirming HIV antibody tests for the AIDS Department patients in the amount of UAH 215,520 to SI “L.V. Hromashevskiy Institute of Epidemiology and Infectious Diseases (AMS of Ukraine)”.

The funds were raised during the “Letter to Saint Nicholas” event that was held by ICF “International HIV/AIDS Alliance in Ukraine” on the eve of Christmas holidays for five consecutive years and utilized to procure UAH 101,500 worth of medications. The medications were given as charity to the “Clinic for Treatment of Children Suffering from HIV/AIDS” Center in NCSH “OHMATDYT”.

In order to streamline the management of HIV-positive adolescents and mothers of HIV-positive children ICF “International HIV/AIDS Alliance in Ukraine” received a special grant from Henkel Company for the procurement and supply of the following medical equipment: colposcopes equipped with a video surveillance system, photocatalytic air disinfectants and disinfecting carpets for the in-patient department and outpatient clinic of the “Clinic for Treatment of Children Suffering from HIV/AIDS” Center in NCSH “OHMATDYT”. The equipment purchased was worth UAH 68,333.

ICF “International HIV/AIDS Alliance in Ukraine” carried out the SMT medications procurement and supply program targeting healthcare and prevention settings in a smooth and timely manner. In 2011, meticulously and in full accordance with schedules approved by the Ministry of Health, Alliance-Ukraine carried out the SMT medications supply program for all healthcare and prevention settings participating in the program. In July-December 2011 only the total figures of deliveries of medications were as follows: 46,560 packs of methadone (medications “Methadol” and “Methaddict” having various dosage) and 37,719 packs of buprenorphine. Thus, in total 160,670 pieces of SMT medications were



delivered throughout Ukraine. During the second half of 2011, ICF “International HIV/AIDS Alliance in Ukraine” in collaboration with partner organizations has imported, cleared from customs and prepared for delivery to three regions methadone and buprenorphine worth USD 815,640. These shipments will suffice to keep the SMT program running during the entire 2012.

Under the Round 6 program a competitive bidding for the organization and conduct of three operational surveys on ethnography of sex workers, men who have sex with men and injecting drug users was held. The purpose of these surveys is to study the “world” of members of these populations, describe their lifestyles and behavior patterns which may be useful to develop new approaches to HIV prevention among these target populations. As a result of the bidding three suppliers were selected, and each of which will carry out a survey in its own group. Currently, the survey protocols are being cleared.

Under the “Stop TB in Ukraine” Program a lot of efforts were made to obtain approvals of specialized units of the MoH of Ukraine for the list and specifications for the procurement of laboratory equipment for laboratories of levels II-III. In autumn 2011, Alliance-Ukraine announced an international competitive bidding for the procurement of equipment and consumables (freezers, autoclaves, class II biological safety cabinets, thermostats, etc.). Currently, received bids are being studied.

Also, Alliance-Ukraine plans to procure diagnostic equipment such as the microbiological analyzer BACTEC and consumables thereto. Under an arrangement with the Charitable Foundation for Development of Ukraine, this laboratory equipment is to be procured through the international non-for-profit organization “Foundation for Innovative New Diagnostics” which, within its scope of activities, enters into agreements with global manufacturers for the purchase of lower-priced equipment, including equipment for early tuberculosis diagnostics as part of projects financed by international donors. Preferences are only granted to countries with a severe epidemiological situation and low or medium economic development rates. Unfortunately, Ukraine is not on the list approved by the “Foundation for Innovative New Diagnostics” and today negotiations are still continuing between the manufacturer of BACTEC microbiological analyzer, and the “Foundation for Innovative New Diagnostics” to grant Ukraine preferential prices.

During the second half of 2011, the procurement department made extensive preparations for the delivery of second-line medications for TB treatment under the Round 9 project. The medications supply scheme was developed and prepared to be launched and implemented. ICF “International HIV/AIDS Alliance in Ukraine” established contacts with GDF (Global Drug Facility) and IDA (International Dispensary Association), international organizations through which the medications are to be supplied. Alliance-Ukraine studied risks associated with the implementation of these supplies (lack of registration in Ukraine for most of the medications, a time-consuming manufacturing technology, etc.) and developed steps to cushion these risks. E.g., arrangements were made to obtain single permits for the importation of unregistered medications from the Ministry of Health of Ukraine.

Throughout 2011, the Alliance procurement and supply team was actively building its organizational and operational capacities. In particular, the team was separated into a stand-alone unit with its own budget, while its organizational chart was slightly modified. The team was beefed up with new professionals who reinforced procurement efforts of the procurement and supply unit to carry out Round 9 and Round 10 programs and Alliance’s administrative purchases.

The scope of duties of the procurement team increased. In 2011, all Alliance procurement processes in the program and administrative areas were consolidated. Under the new procedure, the Alliance procurement procedures describing all stages of the procurement process and the supply chain were completely revised and updated.

7. Monitoring and Evaluation

7.1. Developing National and Regional M&E Systems

In 2011, in cooperation with the Ukrainian Monitoring and Evaluation Center, ICF “International HIV/AIDS Alliance in Ukraine” supported efforts to build up the National Monitoring and Evaluation system. In particular, during the year a number of meetings of members of the M&E group were held with the support of Alliance-Ukraine. The joint long-term work of the group members culminated in the adoption of the basic regulation that establishes fundamentals for a single monitoring and evaluation



system in Ukraine. On December 28, 2011, the Cabinet of Ministers of Ukraine adopted the Resolution “On Establishing the Unified System for Monitoring and Evaluating the Effectiveness of Measures Aimed at HIV Prevention” and the Regulation “On the Functioning of the Unified System for Monitoring and Evaluating the Effectiveness of Measures Aimed at HIV Prevention”. As of now, the Ministry of Health signed a national plan for monitoring and evaluating the effectiveness of countermeasures in response to HIV. This is a methodological paper which describes M&E components, and contains a list of national and regional indicators and approaches to the calculation and analysis thereof.

Throughout 2011, as part of efforts to build up the capacity of national and regional M&E centers two workshops for specialists of the Ukrainian Monitoring and Evaluation Center, and 3 workshops for specialists from regional centers, including one training for trainers, were conducted.

As of December 31, 2011, regional monitoring and evaluation centers were established in all 27 regional centers. Among them 11 centers (in the oblasts of Volyn, Zaporizhzhia, Kyiv, Lugansk, Lviv, Poltava, Rivne, Sumy, Kharkiv, Chernivtsi, Chernigiv) were launched with the financial support of the Global Fund under the Ukrainian AIDS Center project and with the assistance of ICF “International HIV/AIDS Alliance in Ukraine”. Starting from January 01, 2012, Alliance will support the work of all 27 regional AIDS centers.

International Cooperation

In line with the recommendations by the Comprehensive External Assessment of the National Response to AIDS in Ukraine as regards strengthening cooperation with academic M&E institutions, the second school of epidemiology was held in December 2011. Developing and holding trainings involved specialists from the Public Health School at the Kyiv Mogyla Academy National University, the CDC Country Office in Ukraine, the Fogarty International Center, and the

New-York State University at Albany (U.S.). The trainings were attended by some 20 participants, including epidemiologists from AIDS centers, representatives of NGOs, sociologists, students from specialized higher education institutions. As a follow-up to this event it is expected that the range of examined epidemiological and behavioral data will be expanded and a number of scientific publications will go out of print.

Epidemiological Monitoring

In 2011, the database of HIV-positive persons EPIDAIDS maintained by the AIDS centers was upgraded. The technical upgrade made it possible to increase the number of indicators based on which one can make requests, if necessary. These innovations will contribute to improving the analysis of the current epidemic situation both at the national and regional levels.

Fine-tuning the TB/HIV Co-infection Epidemic Monitoring and Evaluation System

In 2011, ICF “International HIV/AIDS Alliance in Ukraine” took an active part in establishing a national system of TB / HIV co-infection epidemic monitoring and evaluation. As part of this work, the existing TB / HIV M & E system was evaluated, a toolkit for collecting information was developed and the TB and AIDS centers were polled on the existing M & E system and collaboration between these entities in data collection and data-sharing. In addition, the training module “Ensuring an Effective TB / HIV Co-infection M&E System: Accounting and Reporting, Cooperation among TB and AIDS Services on Data Exchange and Strategic Information Management” was developed. Furthermore, a series of trainings on this topic for specialists of organizational and methodological departments of regional TB clinics and physicians of M&E centers from regional AIDS centers was conducted. As a follow-up to the trainings and the evaluation of the M&E system and of the status of cooperation between TB and AIDS services the two services collaboration strategies were drawn up. In December 2011, they were presented to the heads of TB clinics and AIDS centers. As part of the event, the basic ways of resolving burning TB/HIV-related problems, establishing cooperation in response to TB / HIV and creating an effective mechanism for managing strategic information at the national and regional levels were examined. The studied proposals were submitted to the State Service on HIV/AIDS and Other Socially Dangerous Diseases for further consideration and assistance in the fine-tuning of the National TB/HIV M&E System.

7.2. Epidemiological and Behavioral Surveys of ICF “International HIV/AIDS Alliance in Ukraine”

In 2011, the behavioral surveys of all three populations at risk of HIV were conducted. Specifically, these included injecting drug users, female sex workers and men who have sex with men. These were the first bio-behavioral studies ever to be conducted in all regional centers, making it possible to collect data for each region as well as to analyze historical changes in all the regions over time.

In particular, the study “Monitoring of Behavior and HIV Prevalence among IDUs as a Component of Second Generation HIV Epidemiological Surveillance” was held in 27 cities of Ukraine by the O. Yaremenko Ukrainian Institute of Social Studies. The RDS-based sample covered 9,056 IDUs. The poll was combined with blood testing for HIV and hepatitis C.

The survey “Monitoring of Behavior and HIV Prevalence among Commercial Sex Workers as a Component of Second Generation HIV Epidemiological Surveillance” was held in 26 cities of

Ukraine by the Kyiv International Institute of Sociology. The poll was combined with blood testing for HIV, syphilis, hepatitis B and C. The TLS- and RDS-based sample covered 5,026 persons.

The survey “Monitoring of Behavior and HIV Prevalence among MSM as a Component of Second Generation HIV Epidemiological Surveillance” was held in 27 cities of Ukraine Center for Social Expertise of the Institute of Sociology of NAS of Ukraine. The RDS-based sample covered 5,950 persons. The study was combined with blood testing for HIV.

In November-December 2011, the Analytical Center “Socioconsulting” conducted a Ukrainian population survey among people aged 15-49 on issues such as awareness, behavior and testing for HIV. The survey sample comprised 2,000 people and its findings are representative at the national level.

In 2011, ICF “International HIV/AIDS Alliance in Ukraine” kept on paying special attention to the quality of collected data. In particular, in the course of the studies compliance with respondent inclusion criteria, sampling criteria and conformity to the methodologies were monitored on an ongoing basis.

The collected behavioral data and the data on HIV prevalence in the above-said populations will be used to prepare the National Report of Ukraine for 2010-2011 on the status of the implementation of resolutions of the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, the Dublin Declaration and the common instrument of WHO, UNICEF and UNAIDS for monitoring the achievement of universal access.

In particular, based on the data collected indicators of the National Monitoring and Evaluation Plan under the National Program on Prevention, Treatment, and Care and Support for People Living with HIV and AIDS for 2009-2013 were determined.

The findings of the biobehavioral surveys among at-risk populations will be released to public as reports which will also have a deep look into the status of the epidemic and behaviors in each of the populations, and present the analysis of change dynamics. The Reports will be available at the web-site of Alliance-Ukraine in 2012.

As a follow-up to these studies and based on the official statistical data, the “Study to Evaluate a Size of Populations Vulnerable to HIV in Ukraine” targeting IDUs, SWs and MSM was conducted. The protocol of the size evaluation study was approved by the State Service on HIV/AIDS and Other Socially Dangerous Diseases. Such data for all regions and for Ukraine as a whole have been obtained for the first time in Ukraine.

Based on estimates of the numerical strength of at-risk populations as well as data on behavior exhibited by the Ukrainian population and using the Spectrum software package the estimated number of people living with HIV in Ukraine and, accordingly, the estimated number of people living with HIV and AIDS in need of ART will be calculated.

7.3. Development of Monitoring Programs

In 2011 Alliance paid much attention to improving and unifying the system of client record-keeping, improving the quality of program data and preventing the double counting of clients of prevention projects at the national level.

Introducing the Uniform Client Accounting System

Starting from March 1, 2011, ICF “International HIV/AIDS Alliance in Ukraine” has introduced a uniform nationwide client accounting system under HIV / AIDS prevention projects.

This system is based on the results of the pilot project which required using a code developed by the international company “Population Services International”, which proved to be successful in Central Asia, instead of a unique client code. The unique client code used to be entered in the uniform client card applied by all non-governmental organizations participating in the Project. Following the assessment of the pilot project, improvements were made to the code structure and the client card. A detailed instruction for implementing the uniform single accounting system was drafted and action algorithms for the Project personnel responsible for client accounting were devised.

The new code, developed with participation of all HIV servicing partner organizations, is also based on the client’s unique personal data, and includes 8 symbols: the first letter of the client’s full name; first letter of the full name of the client’s mother; first letter of the full name of the client’s father; 2 digits from the client’s date of birth; the last 2 digits from the client’s year of birth, and the last symbol — the client’s gender.

A single client’s card is used in the projects, which increases clients’ access to services under prevention projects, makes clients’ receipt of prevention services more regular and improves the quality of services for clients, as a client with his/her card can get services in various organizations throughout Ukraine.

The new client accounting system introduced is a big step forward to improving the data quality. The uniform coding system is based on each client’s individual data, so the client’s code can be easily retrievable in case the client’s card is lost. Moreover, in the process of data aggregation, an individual client who received services in several organizations is counted as one. It will reduce the risk of duplication and increase data accuracy.

Since March 2011, 130 NGOs implementing projects on HIV prevention among at-risk



populations have begun implementing the Uniform Code System (UCS) in their organizations. Over the following 9 months, the re-encoding process yielded relatively high results. Thus, at the end of 2011 94.4% of clients provided with preventive services during the re-encoding stage were re-encoded. The MSM population took the most active part in the re-encoding process: at the end of the year 97% of them received cards with new codes. The coverage rate for IDUs and SWs was 94%. The smallest percentage rate - 89% - is accounted for by street children.

13 regions of Ukraine (81 organizations) have almost completed the client re-encoding process with more than 99% of covered clients having received a new code.

The implementation of UCS has enabled access to information about a concrete client being served in various organizations. Analysis of these data shows that:

- 0.7% of clients received services in more than two NGOs in the same city;
- 4.3% of clients received services in more than two NGOs in different cities;
- 5.4% of clients received services within the same NGO in different cities.

Injecting drug users account for the highest number of those who were served by different NGOs, i.e. 4.6% of IDUs were served by more than two NGOs at a time. This figure was 1.1% for SWs, and 0.8% for MSM.

Thanks to the UCS implementation, client coverage indicators declined. Thus, at the national level the coverage fell by 5.1% for IDUs, by 1.2% for SWs, and by 0.8% for MSM.

The results of implementing the uniform client code system show that the uniform coding system of Alliance Ukraine:

- allows customers to receive HIV prevention services in all non-governmental organizations engaged in such projects;
- makes it possible to recover a client's code in case of card loss;
- unifies and standardizes the client registration process;
- makes software data more accurate;
- makes it possible to combine software data at different levels while avoiding a double counting of clients;
- enables one to keep track of specific clients being served throughout Ukraine.

The low level of decreased coverage indicators subsequent to the implementation of the uniform coding system in 130 NGOs implies that the system of the Alliance's system of

accounting and reporting that used to be effective before the implementation of the uniform coding system was quite accurate and reliable.

Status of Client Re-encoding in the Regions of Ukraine as of December 31, 2011

Region (the oblasts of, where applicable)	Share of re-encoded clients, %
AR of Crimea	97,3
Cherkasy	96,3
Chernigiv	99,9
Chernivtsi	99,9
Dnipropetrovsk	95,2
Donetsk	88,9
Ivano-Frankivsk	100,0
Kharkiv	97,5
Kherson	91,7
Khmelnyskyi	99,9
Kirovograd	96,4
Kyiv	92,5
Kyiv region	99,4
Lugansk	99,2
Lviv	100,0
Mykolayiv	90,9
Odesa	97,8
Poltava	99,9
Rivne	100,0
Sevastopol	100,0
Sumy	93,6
Ternopil	82,4
Vinnysia	87,0
Volyn	100,0
Zakarpattia	100,0
Zaporizhzhia	91,1
Zhytomyr	99,4

Impact from the UCS Implementation on Coverage Rates (data for the period of April 1 to December 31, 2011)

Risk populations	Number of covered clients under the former code system	Number of covered clients given the unique code	Coverage decline due to the UCS implementation, %
IDUs	129680	123445	5,1
SWs	22963	22700	1,2
MSM	15581	15454	0,8
Prisoners	20456	20307	0,7

Alliance's Data Quality Confirmed

The reliability of reporting data was confirmed by independent auditors.

In particular, reliability of data reported has been evaluated by independent inspections in March-April 2011 through a formal data quality audit (DQA) initiated by USAID. The external evaluation of the indicators reported both to the Global Fund and USAID demonstrated that Alliance organized “robust and well-implemented data collection and reporting systems”. Data verification showed excellent data quality: data accuracy was nearly 100 percent for all the indicators reported by Alliance.

In September 2011, after verifying data on four sites the Global Fund awarded a high quality rating — “A” rating for all the indicators verified: the main at-risk population coverage, VCT and the indicator of visits to mobile clinics.

SyrEx Software Update

In connection with the transition to the Uniform Code System, in 2011 a new SyrEx version was released, which made it possible to input information on new clients in the database under new codes and to re-encode old clients. The program provides for a detailed check of client codes and avoiding clerical errors during the client data input. Significant efforts were made to update reports on client coverage. As a result, it became possible to obtain data both under the old and new coding systems, which helps analyze client coverage at different levels.

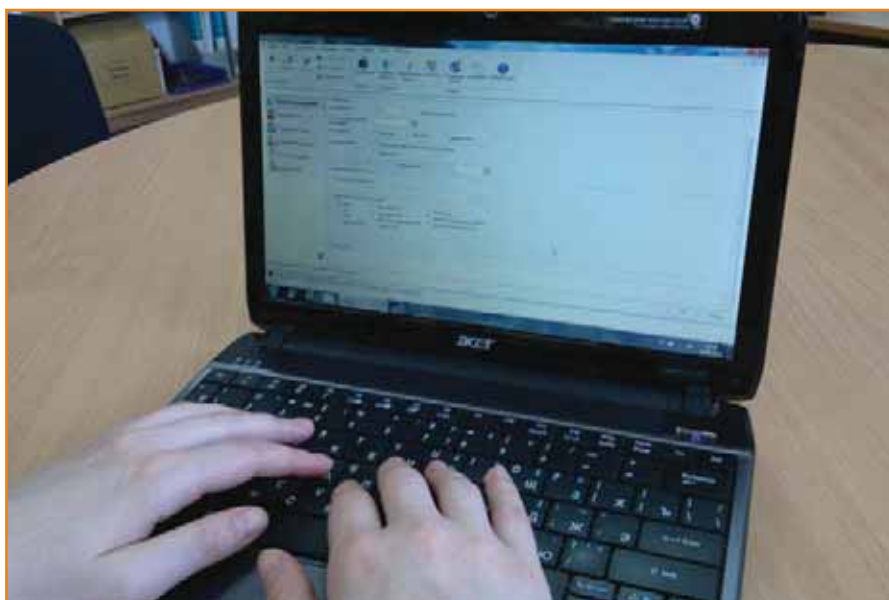
In September 2011, 4 trainings for documenters were conducted. The trainees practiced working with the new SyrEx, and learned how to use SyrEx program data for analysis of outcomes of their projects. The M&E Department and programmatic units of Alliance-Ukraine continue providing technical support to organizations working with the new software version and using SyrEx for analysis of daily activities.

International Version of SyrEx Software

In the summer of 2011, a new English version of the SyrEx software for accounting for clients and services provided to them was released for Malaysia. In September 2011, an online training for foreign counterparts was conducted and as early as in October 2011 Malaysian AIDS Council started using SyrEx in its projects. ICF “International HIV/AIDS Alliance in Ukraine” has received positive feedback from Malaysian colleagues (see below).

An Updated System for Evaluating and Ranking Implementing Partners Introduced

In October 2009, ICF “International HIV/AIDS Alliance in Ukraine” launched the pilot project “System for



Evaluating and Ranking the Implementing Partners”. The goal of this project was to increase effectiveness of program implementation by Alliance and by grantees that receive funding from the Global Fund and from other donors. According to this system, all grantees of Alliance-Ukraine were rated on a quarterly basis against their performance. The rating calculation was based on financial and programmatic indicators of grant implementation. The introduction of this rating system revealed the strengths and weaknesses of different organizations. At the same time, since implementing partners were competing for the highest rating, the quality of program implementation improved.

Following the analysis of results of the pilot system implementation during 6 quarters, it was decided that its improvements are required.

On July 3, 2011, a new rating procedure was introduced. According to this rating procedure, the following evaluation criteria were established:

- 1) Achievement of indicators.
- 2) Compliance with key software and financial criteria:
 - Project management;
 - Reliability of organization’s software-assisted accounting system;
 - Work plan execution, confirmation of reporting indicators;
 - Good quality and timeliness of submitted program and financial reports.
- 3) Compliance of the organization’s activities with the legislation of Ukraine, grant requirements.
- 4) Use of grant funds for its intended purposes.

The rating influences a decision on whether to terminate the grant ahead of time or to extend it without an open call for project proposals.

A Series of Program Monitoring and Evaluation Trainings Conducted

In September 2011, 4 trainings were conducted for documenters in charge of mapping organizations’ project activities in the electronic accounting system of Alliance-Ukraine. As a result, 124 people were trained. The objectives of Ukraine national prevention programs, the Global Fund indicators and the internal indicators of projects were presented at the trainings. The participants were briefed on the results of the projects and learned how to plan performance indicators for future periods. During the trainings the trainees explored updated primary documentation, the new version of SyrEx software to account for distributed materials and services provided to clients. The participants discussed the challenges posed by the changeover to the uniform accounting system, possible problems of taking customized tests accounting in the database. The participants practiced working with the new SyrEx version, learned how to analyze the results of their projects and draw up reports to be submitted to Alliance-Ukraine. Also, a new project ranking procedure was presented with a view to improving the quality of projects and achieving project objectives.

“This is a great program. Our sub-recipients consider it to be friendly to an ordinary user and multipurpose (in terms of accounting for at-risk populations, services provided, visits, etc.). We want to thank your team for the efforts made...”

*Elaine Wong (Senior Executive —
Monitoring and Evaluation,
Malaysian AIDS Council)*



8. Technical Support to NGOs

8.1. Technical Support to Ensure Good Quality Counseling for Vulnerable Populations

In September 2011, the activities of Alliance-Ukraine in support of NGOs were reshuffled, and a technical support department in charge of developing prevention programs targeting vulnerable populations started its work. This activity involves the analysis of needs of organizations working in the field of HIV prevention among vulnerable populations, development of innovative interventions or adjustment of existing experience to the Ukrainian context, testing of developed interventions and carrying-out of operational surveys.

Overall, during 2011 Alliance-Ukraine organized 53 trainings for professionals involved in implementing prevention



programs for vulnerable populations. The trainings brought together **1,229 people, including medical professionals, psychologists, social and outreach workers, volunteers and representatives of pressure groups of communities most at risk of HIV infection.** In addition, among the trained specialists were 94 workers of regional centers of social services for family, children and youth in the oblasts of Donetsk, Lviv, Poltava, Kharkiv, Cherkasy, Chernigiv, Odesa, Mykolayiv, and Kherson, the Autonomous Republic of Crimea and the city of Sevastopol, the remainder being employees of NGOs providing services for populations vulnerable to HIV, psychologists, staff members from pharmacies providing preventive services, health workers and others.

From among a large number of trainings conducted it is worth pointing out the specially popular ones or those held for the first time:

- In September 2011, Alliance conducted the training **“Analysis of the Effectiveness of Interventions Targeted at Female IDUs and Their Sexual Partners who Are IDUs”** for social workers who participated in the pilot project on counseling sexual partners who use drugs.
- In December 2011 two training sessions under the **“Peer-driven Intervention – Network Survey”** model were held, being targeted at projects that plan to work in this field next year. The project goal is to provide clients with accurate knowledge of HIV prevention, to ensure access to rapid testing for HIV and STIs and to refer new clients to harm reduction projects. The purpose of the project research component is to monitor behavior and to study network risk factors contributing

to the spread of HIV among IDUs.

- In June and November 2011, Alliance-Ukraine held trainings for trainers of interregional technical support hubs entitled **“Sexual and Reproductive Health of Women and Men who Use Drugs and / or Are Involved in Sex Business”**. The issue of reproductive health of target populations such as IDUs and SWs is becoming increasingly important in the context of prevention of HIV, hepatitis C and other STIs. It is expected that in 2012 16 skilled trainers will carry out such trainings at the regional level to cover the maximum number of social workers and psychologists.



- In October 2011, the first ever training for employees of NGOs providing services to SWs, entitled **“Case Management for SWs: What Does a Woman Want?”** was held. The purpose of the training was to train social workers as case management specialists, to teach the participants to develop case management models relevant to their women clients, to teach the methods of management of SWs under the “Continuum of Care” model.

In 2011 Alliance-Ukraine made a series of steps aimed at improving the quality of services under projects, reducing stigma and discrimination against MSM and mobilizing the community of lesbians, gays, bisexuals and transgenders (LGBT). Thus, during 2011, totally 6 trainings/workshops (attended by over 110 participants) were held for staff members of projects working on HIV prevention among MSM with the following topics addressed:

- web-technologies as a tool for HIV prevention among MSM;
- the training designed to improve social and psychological counseling skills and to support MSM and projects on prevention of HIV/STIs;
- Safe sex: a frank conversation.
- 2 regional trainings “Outreach work with MSM”
- the training on the implementation of the Mentoring Support Program in Ukraine.

Expert Groups

To coordinate activities of national agencies and organizations at the national level Alliance provided support to the work of expert groups in the field of prevention among vulnerable populations, with the latter’s regular meetings held throughout the year.

- The meetings of the Expert Group on HIV Prevention among IDUs provided a forum for discussions of a wide range of issues such as participation in developing the national harm reduction strategy, recycling of syringes, experience in implementing individual interventions, research results, etc.
- The main concern of the Expert Group on HIV prevention among SWs which was expressed at regular meetings is the significantly reduced budget which can result in:

- a deteriorated quality of prevention services;
- a lack of opportunities for the introduction of new interventions for other vulnerable sub-populations — SWs’ clients, SWs’ sexual partners, and young SWs;
- a lack of resources for training new staff of prevention projects and raising the level of professional skills of the staff of ongoing projects.

In 2011, ICF “International HIV/AIDS Alliance in Ukraine” continued facilitating regular meetings of the Standing Reference Group on LGBT and MSM-service Projects in Ukraine. Last year, eight such meetings were held to discuss issues relevant for MSM-services and the LGBT community:

- Cutting of prevention programs budget which may result in deterioration of the services provision quality
- Preparation of the National conferences of LGBT movement and MSM service of Ukraine
- Problems in the LGBT community mobilization field
- Outlook of revision of Art. 130 “Infection with Human Immunodeficiency Virus or Other Incurable Infectious Disease” of the Criminal Code of Ukraine and advocacy campaign on the response to adoption of the draft law No. 8711 on prohibition of “propaganda of homosexuality”
- Participation of the MSM service representatives in the Public Council at the State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases of Ukraine
- Regulation of the Group status in relations with principal grant recipients

Strategic Planning for MSM-service and the LGBT-movement in Ukraine

On December 6-7, 2011, Kyiv hosted an annual working meeting of projects on HIV prevention among MSM and LGBT organizations “Fifth National Strategic Planning for MSM-service and LGBT-movement in Ukraine” supported by Alliance-Ukraine and the Standing Reference Group on LGBT and MSM-service Projects in Ukraine. It was attended by 40 representatives of MSM-servicing projects, LGBT organizations, international organizations and research institutions.

At the meeting information of the current interest was provided, namely:

- key achievements of projects on HIV prevention among MSM, as well as results attained by LGBT organizations in 2011;

- results of community mobilization efforts as part of project activities;
- organizations’ work schedules for 2012;
- results of Alliance’s last contest on call for proposals on HIV prevention among MSM;
- results of the first annual ratings “Homophobic personality of the Year” and “Gay-friendly Personality of the Year”;
- summary indicators of the LGBT infrastructure and MSM-service in Ukraine;
- operational survey “Evaluating an Impact from Group Forms of Work under Projects on HIV Prevention among MSM”;
- specific features of the use of the findings of the survey by the “Council of LGBT Organizations

of Ukraine” for managerial decision-making.

The participants had a lively discussion on the situation with MSM-service, current advocacy issues of the LGBT-movement, prospects for organizing the International Forum-Festival “Kyiv-Pride 2012”, and shortcomings of LGBT community mobilization efforts, and, furthermore, elaborated recommendations on how to improve the situation. In addition, the participants unanimously supported the idea of holding of the “Fifth National Conference on the LGBT-movement and MSM-service in Ukraine” in June 2012 and decided on its format.

8.2. Consolidation of Social Workers' Efforts

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

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

On June 21 through 24, 2011, the recreation facility “Dzherelo” (Source) (Pushcha Vodytsa, Kyiv) hosted the second forum of social workers involved in HIV prevention, care and support programs for vulnerable populations.

The forum brought together over 150 NGOs representatives from all regions of Ukraine. Among those invited were representatives of the State Committee of Ukraine for Regulatory Policy and Entrepreneurship, the State Social Service for Family, Children and Youth, the State Service of Youth and Sports of Ukraine, institutions of higher education, scientific and research institutes, oblast and city public health departments, healthcare settings, and international, domestic, regional public and charitable organizations.

The forum members discussed a wide range of vital issues of social work, HIV/AIDS prevention among vulnerable populations and care and support for people living with HIV, including:

- unifications and quality of social services;
- legal aspects of NGO's efforts on HIV prevention in vulnerable populations;
- development and implementation of algorithms for counseling vulnerable populations;
- key priorities of advocacy and protection of staff and clients of NGOs;
- the code of ethics and difficulties experienced by a social worker interacting with clients and partners;
- security and safety on routes;
- motivation of volunteers and training of volunteer groups;
- procedures to ensure high-quality of handouts procured and a mechanism of taking into account needs of a target population in making such procurements;
- quality assurance systems for social services.

The forum presented best practices of social work with target populations (such as injecting drug users, female sex workers, prisoners, people living with HIV, and men who have sex with men). In addition, the forum participants participated in the work of Balint group and supervision groups, and trainings on professional burn-out prevention.

The forum attendants stressed the urgent need of establishing a professional association of social workers of HIV-service organizations to protect the rights and interests of its members, to improve their professional competence, to enable their experience sharing and to improve social services in the field of HIV/AIDS prevention among vulnerable populations and care and support for people living with HIV.

8.3. Operational Surveys

In 2011, Alliance-Ukraine carried out the following three operational surveys that helped develop new innovative approaches to HIV prevention among vulnerable populations and to improve the quality of services provided to clients of the programs.

1) “Investigating Causes Influencing Manifestations of Violence against FSW as a Factor of Heightened Risk of Exposure to HIV”

The study was conducted in 21 cities of Ukraine. All in all, 300 female sex workers, 42 “employers” and intermediaries of female sex workers we interviewed (i.e. pimps, mama-sans, guards, taxi drivers, etc.), and 38 NGO staff members who provide services to female sex workers.

The key survey findings are as follows:

- Among various types of violence in the sex industry, in terms of abundance, FSWs most often frequently suffer from the psychological one (97% of those questioned pointed at it). It is followed by sexual violence (86%), physical violence with physical pain or bodily injuries caused (84%), and the economic one (74%). Clients of FSWs and law enforcers hold leading positions as those causing all kinds of violence. The survey revealed that FSWs didn’t always consider crude treatment of them as violence. For instance, if an act of violence has been agreed upon between a FSW and her client in advance, such actions would be re-qualified as “special occupational conditions” in the opinion of the surveyed FSW.
- Among major factors determining a high level of vulnerability of FSWs to violence the following ones are singled out: conditions of sex services provisioning (e.g., on a highway, in a client’s car, in an apartment, in a sauna, etc.) and availability of the “supporting” environment (e.g., a pimp, a mam-san, a guard, a taxi driver, other FSWs, etc.), drug and alcohol use experience, psychological features of FSWs, etc.
- Main causes of violence manifestations against FSWs may be social-behavioral ones (alcohol/drug intoxication, aggressive mood, social status of a client, and appearance, manner of behavior of a FSW herself).
- A level of sexual and economic violence is by far larger against FSWs who inject drugs.
- The surveyed FSWs had rather a high level of potential aggressiveness and a low level of readiness to establish mutually beneficial relations with other people.
- Among basic factors of exposure to HIV/STIs are manifestations of sexual and physical violence, i.e. forced sexual contacts without a condom, traumatic sex, injecting drug use, raping, etc., were determined.
- The basic factors mitigating a degree of risk of violence against FSWs, i.e., first and foremost, knowledge and skills in occupational safety; application of “back-up actions” against possible acts of violence, skills in establishing a positive contact with surrounding people, and resolving conflict or problematic situations, adequate self-assessment, refusal of using drugs and alcohol prior to and in course of sexual services to clients, etc..

Now I got wiser and adopted a more responsible attitude to my health and the health of people around me. Now I may answer without fear, what threats are related to certain ways or poses. I am able to explain this to people and make this information accessible to them.

*Client of NGO “Avante”, Lviv, study
“Assessment of the group-based
forms of work within the projects of
HIV infection prevention among
MSM”*

2) Evaluating an Impact from Group Forms of Work under Projects on HIV Prevention among MSM

The survey was held in 5 Ukrainian cities. In each of them clients receiving group and individual counseling services (basic population) and those receiving individual prevention services only (control population or benchmark population) were polled. All in all, 300 respondents were polled, including 200 basic population representatives and 100 comparison group representatives. In total, 22 in-depth interviews with MSM and 8 interviews with representatives from MSM-service NGOs were held.

Results are obvious. The girls told that there were cases when, after attending the sessions, and getting in a situation which could lead to violence they used skills obtained on the seminar on the decrease of aggression towards them, and thanks to that the situation had a favourable outcome.

*NGO worker, Kharkiv, study
“Research of causes impacting the
manifestation of violence towards
FSW as a factor of increased HIV
infection risk.”*

The main survey conclusions are the following:

- Forms of group work which are implemented by various NGOs are rather versatile: trainings and mini-trainings, awareness-raising lessons, awareness-raising lessons with training elements, self- and mutual help groups, support groups, personal advancement groups, movie clubs, debate clubs, “evening tea-drinking”, outings, organization of public events, etc.
- The absolute majority of the respondents positively evaluated attending NGOs and noted that their psychological and social self-well-being had improved.
- The study results showed that regular visitors of the group events in most cases are those clients who have certain psychological problems, in particular inadequate level of self-esteem (too high or too low) and engage in dangerous sexual practices.
- The study results showed quite high efficiency of prevention activities of the NGOs either in form of individual services and group work with clients (there are no significant differences between these two forms of prevention work)/ Thus, the level of respondent knowledge and formation of disposition to safe sexual behavior is quite high:
 - 48% of the MSM attending group activities and those who received individual services correctly answered all questions on HIV transmission routes and ways to decrease the risk of infection;
 - 52% of groups visitors and 45% of individual services receivers have well-formed disposition to safe sexual behavior and regular testing.

3) Investigating Counseling Problems

The survey looked into existing training modules, findings of surveys on special features of counseling representatives from vulnerable populations and holding in-depth interviews and focus group discussions with social and outreach workers who interact with various target populations in 7 cities of Ukraine. The survey deliverables are algorithms for counseling FSWs, MSM and IDUs developed.

8.4. Activities of Interregional Knowledge Hubs (IRKHs)

During the project year 2010–2011, 11 interregional knowledge hubs, supported by Alliance-Ukraine, continued to provide technical and informational support to regional non-governmental and governmental organizations working in the area of HIV/AIDS. **Extensive training activities of IRKH at the regional level were the main focus in 2011:** the scope of such work increased significantly as a result of arranging and holding trainings based on the modules developed by Alliance-Ukraine together with national and international experts.



In 2001, the share of such trainings in IRKHs' services increased to 60% of all activities, which is all the more important given significant cuts in the budget of trainings, envisioned in the Global Fund Round 10 Program.

The thematic range of trainings for staff members of organizations that provide direct services to vulnerable groups, has increased significantly, whereas modules for these trainings were developed by Alliance-Ukraine specialists. In 2010, Interregional Knowledge Hubs offered such trainings as "Outreach Work with IDUs", "Outreach Work with CSWs", "Outreach Work with MSM", "Case Management", "Positive Prevention", "Facilitation of Self-help Groups and Meeting Groups", "Overdose Prevention", "Motivational Counseling", "External and Internal Communications in Partnership-Building", "Prevention of Professional Burn-out", "Reproductive Health, STIs and Usage of Female Condoms", and oblast-level trainings for pharmacists involved into pharmacy-based prevention projects.

Supervision Program for Psychologists

In the project year a notable innovation undertaken by IRKHs was the regional-level implementation of a system for regular supervision of psychologists who provide services to representatives of populations vulnerable to HIV under prevention projects. Every 2 months during the year, 11 regional IRKHs gathered groups of psychologists from the regions covered by IRKHs. In some

of them separate meetings were organized for psychologists working in the penitentiary system, psychologists from the Centers of Social Services for Family, Children and Youth, etc. During the year, more than 120 psychologists took part in the program. Thanks to supervisions, regional psychologists received assistance in selecting effective methods of working with different groups of

clients and their needs, improved their social and psychological counseling skills, training, supervision of social and outreach workers, while using their professional standards. Regular supervision meetings at IRKHs created an environment for professional interaction and communication among psychologists of HIV-service organizations.

The basic results of the work of IRKHs in 2011:

- **An absolute number of specialists trained in IRKHs in 2011 constitutes 2,582⁷ persons (1,906 unique participants), including 320 employees of the Centers of Social Services for Family, Children and Youth (CSSFCYs) (131 unique participants) from the oblasts of Donetsk, Lviv, Poltava, Kharkiv, Cherkasy, Chernigiv, Odesa, Mykolayiv, Kherson, the Autonomous Republic of Crimea and the city of Sebastopol, while others are employees of NGOs providing services to representatives of population groups vulnerable to HIV, psychologists, staff members from pharmacies providing prevention services, medical staff representatives, etc. During 2011 staff member of NGOs and partner CSSFCYs had a chance to take part in several training activities and supervisions according to their professional development needs.**
- **As compared to the previous project year 2010, the number of trainings and workshops held nearly duplicated. In general, during 2011 IRKHs arranged and held 233 workshops and trainings, mostly addressing the issues of work with target populations of prevention projects. Twice as many trainings (as compared to the previous year) were held under the standard training modules, developed by Alliance-Ukraine, i.e. 153 events. The vast majority of themes of trainings, held by IRKHs, were those targeted at formatting practical working skills in prevention: outreach work with different client groups, counseling, holding self-help groups, positive prevention, social support/case management, organization of client referrals, overdose prevention, client record-keeping, monitoring and evaluation of project activities, etc. 1,238 people (unique participants), including 113 from CSSFCYs, took the professional development course during modular trainings and supervisions.**

IRKH-based regional trainings have, inter alia, the following advantages: ensuring wider coverage of social workers from the regions with trainings activities, involving social workers from vulnerable groups into training, providing opportunities for deeper consideration of issues dealing with local peculiarities of work, as well as cost-effectiveness.

In the regions IRKHs traditionally held activities to commemorate memorable dates, as well as events for youth, **press-conferences, round-tables and regional working meetings**, dedicated to both memorable dates and burning issues of work in the regions, coordination of different stakeholders' efforts

Based on interregional knowledge hubs representatives of HIV servicing organizations can make use of the services, namely:

- To participate in a variety of educational events (module education, trainings, master classes, consultations, supervisors, etc.);
- To attend or to initiate roundtables and working meetings with key regional decision-makers and stakeholders in order to discuss urgent implementation issues of the HIV/AIDS program or other adjacent questions;
- To make use of IRKH libraries on HIV/AIDS and social work, websites, service databases, mailing lists, regional electronic newsletters, and other sources of information about regional services, innovative approaches and methods of work, best practices and other important practical issues in the field of HIV/AIDS;
- To receive technical support, information and consultations, including online ones;
- To order expert visits for provision of technical support to regional NGOs and initiative groups (service provided by both IRKH staff and by invited external expert-consultants);
- To receive technical support on registering an organization, or assistance in writing project proposals.

⁷ Absolute number, excluding repetitions, during each reporting quarter.

8.5. Publication of Awareness-raising Materials for Representatives of Populations Vulnerable to HIV

The 2011 project year witnessed the continuous proactive awareness-raising work aimed at providing representatives from populations vulnerable to HIV and HIV-service organization workers with quality awareness-raising materials on HIV/AIDS and related issues at the national and regional levels. Regional NGOs drew up and published 129 new awareness-raising materials, let alone re-editions of materials developed earlier which number largely increased due to re-publishing of quality leaflets and



brochures developed earlier. The awareness-raising materials developed and published include leaflets, brochures, regional and nationwide periodicals, etc. In the said period more than **1,769,865 copies of awareness-raising materials** addressing topics that are essential for clients of prevention projects were published, which is almost 200,000 more than in the previous project year.

As for awareness-raising materials developed and published in 2011, **77 issues of regional and nationwide periodicals** for vulnerable populations were published with their total circulation reaching 536,000 copies, as of December 31, 2011. All in all, in 2011 the publishing of 8 nationwide periodicals for representatives of populations vulnerable to HIV and 5 regional periodicals was supported. The periodicals cover topics related to preventive protection and promote prevention, care, support and rehabilitation services. The development of the periodicals pro-actively involves both representatives of populations vulnerable to HIV and specialists (healthcare specialists, lawyers, psychologists, social work experts, etc.)

7 national and 6 regional periodicals for representatives of vulnerable populations were supported in the framework of open contests for the 2012-2013 project years (see newspapers and magazines in the table “Periodicals in 2012-2013”). The publication of awareness-raising materials at the regional level under projects on prevention among IDUs, SWs, MSM and street children was also supported in 2012-2013.

To ensure control over the quality of awareness-raising materials and to provide non-governmental organizations with prompt technical support in the area of awareness-raising materials development, the board of editors at Alliance-Ukraine continues to work as an expert group. Members of the Board examine and review all awareness-raising materials published at the expense of Alliance-Ukraine, give recommendations for their improvement, and advise NGOs on publishing issues

Periodicals in 2012–2013

No	Publication	Publisher	Target population
Nationwide periodicals			
1	"Podorozhnyk" (Plantain) magazine	CF "Unitus", Mykolayiv	SWs
2	"Odyn z nas" (One of Us) magazine	NGO "Gay-Alliance-Ukraine", Kyiv	MSM
3	"Ne Uletai" (Do not Fly Away!) newspaper	CF "Doroga Dodomu" (The Way Home), Odesa	Target populations of prevention projects, PLWH and specialists of HIV-service organizations
4	"Sex, Drugs and AIDS" magazine	Kyiv oblast NGO "Promoting Medical and Social Rehabilitation of Individuals with Substance Dependence 'Phoenix'", Kyiv	Drug users, clients of rehabilitation centers and programs for drug dependent individuals
5	Newsletter of ICF "Federation Clubhouse"	ICF "Federation Clubhouse", Poltava	Clients of rehabilitation centers and programs for drug dependent individuals, drug users and their immediate environment, drug users in remission
6	"Motylyok" (Butterfly) newspaper	CF "Drop-in Center", Kyiv	IDUs, SMT clients
7	"Bila Altanka" (White arbor) newspaper	CF "Gromadske Zdorovya" (Public Health), Poltava	Target populations of prevention projects, PLWH and specialists of HIV servicing organizations
Регіональні періодичні видання			
1	"Nove Stolittia" (New Century) newspaper	CF "Nove Stolittia" (New Century), Mykolayiv	Target populations of prevention projects, PLWH and specialists of HIV servicing organizations (Mykolayiv oblast)
2	"Znaydy Sebe" (Find Yourself) bulletin	CF "Nove Stolittia" (New Century), Mykolayiv	IDUs (Mykolayiv oblast)
3	"Mama i maliuk" (Mom and baby) newspaper	CF "Unitus", Mykolayiv	HIV-positive women from vulnerable groups, HIV-positive pregnant women and mothers (Mykolayiv oblast)
4	"Zdorove misto" (Healthy city) newspaper	NGO "Nasha Dopomoga" (Our Help), Slovyansk	Target populations of prevention projects, PLWH and specialists of HIV-service organizations (Slovyansk, Donetsk oblast)
5	Bulletin of Dnipro Humanitarian Initiatives	NGO "Dnirpovski Gumanitarni Initsiatyvy" (Dnipro Humanitarian Initiatives)	Specialists of HIV-service organizations in the region and decision-makers (oblasts of Dnipropetrovsk and Zaporizhzhia)
6	"Druge Dykhannia" (Second Breath)	CF "Doroga Dodomu" (The Way Home), Odesa	IDUs, SWs (Odesa oblast)

9. Mass Events of ICF

“International HIV/AIDS Alliance in Ukraine”

The charitable event “A letter to Saint Nicholas” became a part of the all-Ukrainian event “Fulfill the dream”!

Alliance-Ukraine continued the good tradition of helping HIV-positive children. In 2011, more than 350 children participated in the event “A Letter to Saint Nicholas”.

The first event phase was the contest of HIV-positive children’s drawings depicting Christmas and New Year themes. The winning drawing became an official corporate postcard of one of the event sponsors. The second phase was the informational campaign “Raising Awareness of HIV/AIDS and Achieving Understanding with HIV-positive People”, held among employees and clients of one of the event donors in the city of Odessa on the World AIDS Day with volunteers from CF “The Way Home” involved. The third phase was the collection of letters and dreams, dissemination of letters among Alliance-Ukraine employees, our friends and partners. We, assistants of Saint Nicholas, were delighted by children’s dreams: to ride a horse, to swim with dolphins, to visit an aqua-park, cinema, circus. Many children asked for roller skating boots and bikes, others dreamed of a computer. Older ones asked for health and harmony in their families.

This year, besides uniting our efforts to fulfill children’s dreams, we also answered HIV/AIDS-related questions to everyone in need of them. In a friendly conversation we explained the situation faced by families raising children with confirmed HIV. Moreover, it should be noted that many children have only one parent, and even more little ones covered by the event are brought up by grandmothers who are trying to meet all the children’s needs using only their pensions and social allowances. These children need constant medical support, medications and attention of the community.

Holiday events were held between December 15 and 24, 2011, with presents given, performances shown, workshops held, and feasts granted by sponsors. The procurement of medications for the center “Clinic for Treatment of Children Suffering from HIV/AIDS” Center in NCSH “OHMATDYT” became the final phase of this event.

We are grateful to everyone who joined the event. More than UAH 350,000 were raised by joint efforts.

The financial results of this event activity and the comparative by-year analysis of it are presented below.

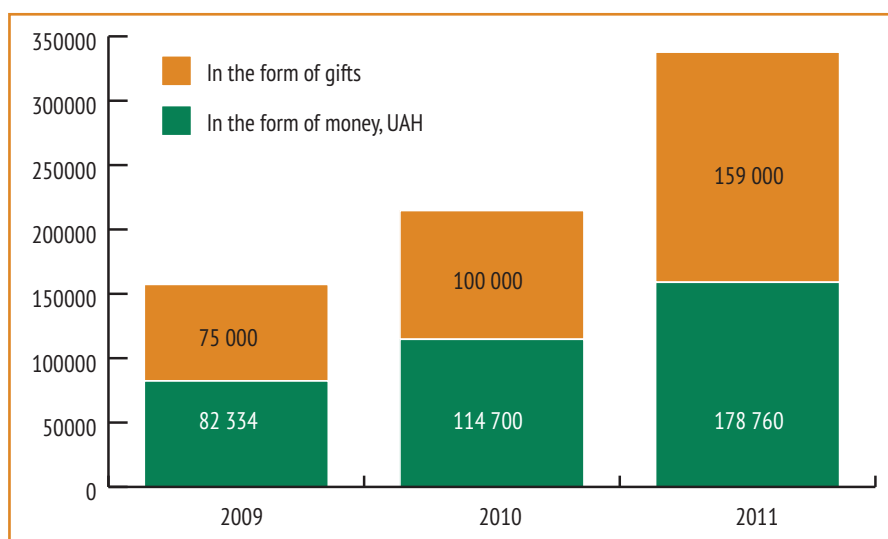


Diagram 11. Overview of the financial results of the Alliance’s charitable events



Annexes

Annex 1. Financial Overview

Table 1. Structure of funds that were received from donors in 2011

Donor (Project)	Funds received		
	UAH'000*	USD'000	% of total
The Global Fund to Fight AIDS, Tuberculosis and Malaria (Support for HIV and AIDS prevention, treatment and care for most vulnerable populations in Ukraine – Round 6)	178 311	22 382	87,80
The Global Fund to Fight AIDS, Tuberculosis and Malaria (Reducing the TB burden in Ukraine through expanding and enhancing access to high quality TB services – Round 9)**	13 613	1 708	6,70
USAID Scaling up the national response to HIV/AIDS through information and services – Sunrise)***	9 304	1 168	4,58
International HIV/AIDS Alliance (Technical support in Ukraine; Community action on harm reduction)	1 224	153	0,60
International Renaissance Foundation (Hepatitis in Ukraine: tomorrow will be too late)	533	67	0,26
Other	104	13	0,05
Total	203 088	25 491	100,00

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

** Funds received through Foundation "Development of Ukraine"

*** Funds received through International HIV/AIDS Alliance

Table 2. Budget utilization in 2011

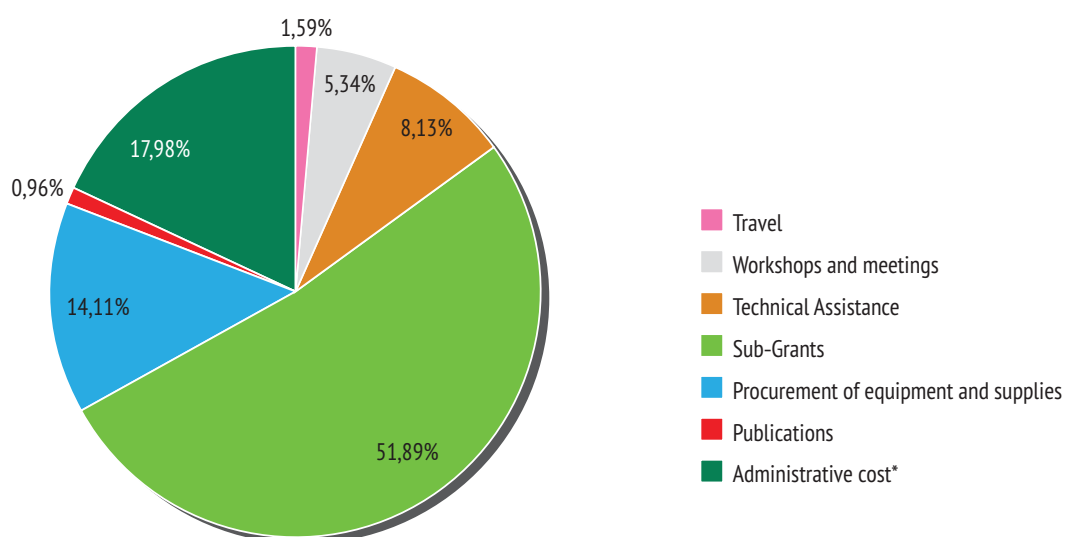
Donor (Project)	Заплановані витрати (тис. грн.)	Використано (тис. грн.)	Виконання (%)
The Global Fund to Fight AIDS, Tuberculosis and Malaria (Support for HIV and AIDS prevention, treatment and care for most vulnerable populations in Ukraine – Round 6)	190 105	156 495	82,32
The Global Fund to Fight AIDS, Tuberculosis and Malaria (Reducing the TB burden in Ukraine through expanding and enhancing access to high quality TB services – Round 9)	5 787	4 994	86,29
USAID Scaling up the national response to HIV/AIDS through information and services – Sunrise)***	9 645	9 645	100,00
International HIV/AIDS Alliance (Technical support in Ukraine; Community action on harm reduction)	1 678	1 636	97,51
International Renaissance Foundation (Hepatitis in Ukraine: tomorrow will be too late)	767	767	100,00
Other	1 147	1 147	100,00
Total	209 129	174 684	83,53

Table 3. Budget utilization of Round 6 Programme “Support for HIV and AIDS prevention, treatment and care for most vulnerable populations in Ukraine” in 2011

Main Programme Objectives	Budget, USD'000	Spent, USD'000	Spent*, %	% of total
Prevention (Program costs)	97 096	85 627	88,19	54,72
Prevention (Procurement costs)	40 293	9 429	23,40	6,03
Treatment	18 136	29 158	160,77	18,63
Supportive Environment	3 255	2 648	81,35	1,69
Monitoring & Evaluation	13 454	13 728	102,04	8,77
Administrative cost	17 871	15 906	89,00	10,16
Total	190 105	156 495	82,32	100,00

* The main reason of savings in 2011 was procurement of main quantities of commodities in previous periods. Biggest drivers are syringes and needles, condoms and spirit wipes. Partly this savings were reallocated to cover needs in treatment that were not budgeted initially for current reporting period.

Chart 2. Structure of expenditures in 2011



* Administrative costs include the costs of audits, office costs and salaries

Annex 2. Key Outcomes of Alliance-Ukraine Program Activities in 2011

Cumulative Coverage of At-risk population Representatives with Prevention Services as of January 01, 2011

Oblast/region	Injecting drug users	Sex workers	Men having sex with men	Prisoners	Street children
National Projects	6,306	3	0	6,962	54,387
AR of Crimea	12,857	2,902	1,897	6,120	0
Cherkasy oblast	21,710	2,052	730	6,242	0
Chernigiv oblast	3,933	103	1	0	0
Chernivtsi oblast	6,479	672	498	0	0
Dnipropetrovsk oblast	66,079	5,787	2,281	2,986	0
Donetsk oblast	52,612	2,750	3,083	14,034	941
Ivano-Frankivsk oblast	2,803	358	309	2,286	0
Kharkiv oblast	10,031	6,224	1,908	9,762	0
Kherson oblast	16,722	1,400	1,825	12,759	0
Khmelnyskyi oblast	6,293	1,084	285	6,456	0
Kirovograd oblast	6,877	1,338	450	0	0
Kyiv oblast	6,202	339	0	1,094	0
Lugansk oblast	8,250	574	0	2,746	0
Lviv oblast	3,884	2,583	1,181	10,365	0
Mykolayiv oblast	24,498	11,476	1,986	9,766	674
Odesa oblast	49,462	13,080	6,976	8,741	989
Poltava oblast	8,494	872	0	8,567	0
Rivne oblast	2,614	826	0	1,091	0
Sumy oblast	4,397	609	0	0	0
Ternopil oblast	892	289	0	0	0
Vinnytsia oblast	4,677	1,012	0	4,851	0
Volyn oblast	1,389	479	0	0	0
Zakarpattia oblast	1,666	221	0	0	0
Zaporizhzhia oblast	6,789	891	966	7,534	0
Zhytomyr oblast	3,592	516	1	0	0
City of Kyiv	51,027	8,436	23,992	1,680	1,119
City of Sevastopol	5,194	1,516	552	0	0
Total	395,729	68,392	48,921	124,042	58,110

Coverage of At-risk population Representatives with Prevention Services in 2011 (Unique Clients)

Область/ region	IDUs		Non-injecting drug users		SWs		MSM	Prisoners		Street children (under SUNRISE project only)		Those having TB with unidentified risky behavior	
	Men	Women	Men	Women	Men	Women		Men	Women	Men	Women	Men	Women
AR of Crimea	4,912	1,662	0	0	0	1,320	595	0	0	0	0	0	0
Cherkasy oblast	7,024	2,045	111	50	0	1,071	760	808	125	0	0	0	0
Chernigiv oblast	1,017	436	0	0	0	63	0	0	0	0	0	0	0
Chernivtsi oblast	1,394	577	0	0	0	340	298	0	0	0	0	0	0
Dnipropetrovsk oblast	13,980	6,025	139	81	0	2,527	1,423	1,004	0	0	0	219	132
Donetsk oblast	20,699	6,806	5	2	5	1,268	1,716	4,232	25	433	229	219	144
Ivano-Frankivsk oblast	399	117	0	0	0	104	0	0	0	0	0	0	0
Kharkiv oblast	4,582	1,244	0	0	1	2,529	584	3,570	788	0	0	183	109
Kherson oblast	2,521	640	0	0	0	436	1,665	2,188	139	0	0	0	0
Khmelnyskyi oblast	1,141	493	0	0	5	310	284	501	0	0	0	0	0
Kirovograd oblast	2,602	563	0	0	8	1,005	0	0	0	0	0	0	0
Kyiv oblast	2,704	858	0	0	0	93	0	790	0	0	0	293	113
Lugansk oblast	4,004	1,340	0	0	0	448	0	1354	211	0	0	177	99
Lviv oblast	1,739	489	0	0	0	1,023	790	808	0	0	0	94	82
Mykolayiv oblast	4,973	2,037	1	0	4	3,087	835	2,504	81	276	101	205	127
Odesa oblast	14,715	6,529	24	7	0	3,575	1,992	1,106	746	458	199	297	131
Poltava oblast	1,929	880	0	0	0	431	0	1,624	407	0	0	0	0
Rivne oblast	888	304	0	0	0	714	0	629	6	0	0	0	0
Sumy oblast	2,944	568	0	0	0	383	0	0	0	0	0	0	0
Ternopil oblast	486	219	0	0	0	214	0	0	0	0	0	0	0
Vinnitsia oblast	1,279	298	0	0	0	492	0	416	0	0	0	0	0
Volyn oblast	1,059	223	0	0	0	293	0	0	0	0	0	0	0
Zakarpattia oblast	356	78	0	0	0	111	0	0	0	0	0	0	0
Zaporizhzhia oblast	1,623	549	8	0	1	500	533	1,495	105	0	0	181	105
Zhytomyr oblast	1,514	405	1	0	0	523	1	0	0	0	0	0	0
City of Kyiv	16,624	5,717	2	1	6	4861	7498	1	0	412	282	159	57
City of Sevastopol	1,651	612	0	0	0	679	254	0	0	0	0	0	0
Total for Ukraine	115,748	41,263	291	141	30	28,194	19,130	22,866	2,631	1,578	811	2,018	1,098

Amount of Consumables Disseminated in 2011

Oblast/region	Male condoms	Female condoms (femidoms)	Syringes
National projects	203,297	0	741,931
AR of Crimea	1,115,380	0	879,254
Cherkasy oblast	912,934	7,806	1,332,656
Chernigiv oblast	186,556	1,688	200,602
Chernivtsi oblast	206,243	3,000	218,046
Dnipropetrovsk oblast	2,045,228	13,989	2,613,085
Donetsk oblast	1,761,459	10,866	3,501,417
Ivano-Frankivsk oblast	163,164	1,972	61,077
Kharkiv oblast	1,496,744	4,450	452,957
Kherson oblast	366,993	2,680	992,518
Khmelnyskyi oblast	618,578	323	219,678
Kirovograd oblast	233,758	3,103	345,364
Kyiv oblast	107,163	1,743	315,818
Lugansk oblast	374,636	848	621,334
Lviv oblast	807,894	9,760	218,068
Mykolayiv oblast	1,366,147	4,235	835,172
Odesa oblast	2,763,290	35,237	2,654,589
Poltava oblast	898,719	2,352	330,772
Rivne oblast	214,971	3,630	125,002
Sumy oblast	282,726	3,386	353,303
Ternopil oblast	148,036	2,069	76,269
Vinnytsia oblast	838,499	4,623	197,626
Volyn oblast	470,174	0	145,176
Zakarpattia oblast	65,392	0	112,638
Zaporizhzhia oblast	708,082	1,069	169,840
Zhytomyr oblast	211,634	1,970	155,709
City of Kyiv	6,594,387	21,267	3,634,359
City of Sevastopol	531,799	2,113	342,860
Total	25,693,883	144,179	21,847,120

HIV Counseling and Testing Using Rapid Tests in 2011

Oblast/region	IDUs		Non-injecting drug users		SWs		MSM		Prisoners		Street children		Others (clients of SWs, significant others to representatives of vulnerable populations)	
	Number of tests	Including positive results	Number of tests	Including positive results	Number of tests	Including positive results	Number of tests	Including positive results	Number of tests	Including positive results	Number of tests	Including positive results	Number of tests	Including positive results
National projects	2,670	197	0	0	0	0	0	0	0	0	0	0	0	0
AR of Crimea	2,063	87	0	0	713	22	249	14	0	0	0	0	0	0
Cherkasy oblast	4,196	180	24	0	632	38	282	3	0	0	0	0	5	0
Chernigiv oblast	626	62	0	0	78	2	0	0	0	0	0	0	0	0
Chernivtsi oblast	1,160	4	0	0	100	0	123	1	0	0	0	0	0	0
Dnipropetrovsk oblast	6,756	808	72	0	973	113	572	8	0	0	0	0	313	79
Donetsk oblast	9,784	698	2	0	563	38	678	32	50	0	241	10	212	31
Ivano-Frankivsk oblast	117	11	0	0	26	2	0	0	0	0	0	0	0	0
Kharkiv oblast	1,454	59	0	0	1,296	10	253	9	0	0	0	0	0	0
Kherson oblast	1,750	26	0	0	346	2	367	7	0	0	0	0	40	2
Khmelnyskyi oblast	809	72	0	0	185	25	92	7	0	0	0	0	0	0
Kirovograd oblast	1,063	29	0	0	441	5	0	0	0	0	0	0	0	0
Kyiv oblast	1,007	117	0	0	56	0	0	0	0	0	0	0	1	0
Lugansk oblast	1,541	102	0	0	130	1	0	0	0	0	0	0	0	0
Lviv oblast	560	41	0	0	682	12	217	28	0	0	0	0	0	0
Mykolayiv oblast	2,654	163	0	0	1,109	31	461	2	0	0	327	13	17	0
Odesa oblast	8,470	350	69	4	1,923	8	1,124	67	0	0	195	5	434	14
Poltava oblast	1,291	46	0	0	180	3	0	0	0	0	0	0	73	1
Rivne oblast	493	10	0	0	230	1	0	0	0	0	0	0	0	0
Sumy oblast	900	21	0	0	125	0	0	0	0	0	0	0	0	0
Ternopil oblast	182	13	0	0	62	1	0	0	0	0	0	0	9	0
Vinnysia oblast	888	14	0	0	594	3	0	0	0	0	0	0	0	0
Volyn oblast	440	17	0	0	120	4	0	0	0	0	0	0	0	0
Zakarpattia oblast	288		0	0	59	0	0	0	0	0	0	0	0	0
Zaporizhzhia oblast	758	41	0	0	111	6	220	4	0	0	0	0	11	1
Zhytomyr oblast	753	45	0	0	114	2	0	0	0	0	0	0	0	0
City of Kyiv	9,610	411	0	0	2,100	25	2,885	51	0	0	293	26	79	6
City of Sevastopol	1,162	21	0	0	362	2	137	4	0	0	0	0	0	0
Total	63,445	3,645	167	4	13,310	356	7,660	237	50	0	1,056	54	1,194	134

Screening Testing of Representatives of Populations Vulnerable to HIV and STIs (Syphilis, Gonorrhea, Chlamydia, Hepatitis B, C) in 2011

Oblast/region	IDUs		Non-injecting drug users		SWs		MSM		Prisoners		Street children		Others (clients of SWs, significant others to representatives of vulnerable populations)	
	Number of tests	Including positive results	Number of tests	Including positive results	Number of tests	Including positive results	Number of tests	Including positive results	Number of tests	Including positive results	Number of tests	Including positive results	Number of tests	Including positive results
National projects	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AR of Crimea	1,716	56	0	0	1,041	57	207	27	0	0	0	0	0	0
Cherkasy oblast	7,518	402	23	0	1,662	33	733	26	0	0	0	0	2	0
Chernigiv oblast	1,888	127	0	0	279	5	0	0	0	0	0	0	0	0
Chernivtsi oblast	2,042	185	0	0	266	9	216	0	0	0	0	0	0	0
Dnipropetrovsk oblast	9,070	996	100	0	2,678	187	1,364	5	0	0	0	0	130	0
Donetsk oblast	15,818	1,498	0	0	1,521	55	1,751	11	90	0	241	2	157	1
Ivano-Frankivsk oblast	109	1	0	0	31	2	0	0	0	0	0	0	0	0
Kharkiv oblast	3,176	148	0	0	4,889	117	907	24	0	0	0	0	0	0
Kherson oblast	4,126	490	0	0	1,069	155	436	18	0	0	0	0	67	4
Khmelnyskyi oblast	1,058	68	0	0	396	59	238	18	0	0	0	0	0	0
Kirovograd oblast	1,264	29	0	0	585	16	0	0	0	0	0	0	0	0
Kyiv oblast	3,098	321	0	0	172	8	0	0	0	0	0	0	5	0
Lugansk oblast	3,503	500	0	0	313	8	0	0	0	0	0	0	0	0
Lviv oblast	2,339	163	0	0	2,747	106	980	0	0	0	0	0	0	0
Mykolayiv oblast	2,815	205	0	0	2,721	183	681	0	0	0	327	3	181	16
Odesa oblast	13,749	631	102	6	3,018	118	1,785	67	0	0	195	4	552	11
Poltava oblast	2,627	301	0	0	198	3	0	0	0	0	0	0	50	0
Rivne oblast	881	109	0	1	601	10	0	0	0	0	0	0	0	0
Sumy oblast	2,244	358	0	0	672	10	0	0	0	0	0	0	0	0
Ternopil oblast	263		0	0	173	3	0	0	0	0	0	0	9	0
Vinnysia oblast	2,193	136	0	0	1,296	15	0	0	0	0	0	0	0	0
Volyn oblast	480	8	0	0	320	1	0	0	0	0	0	0	0	0
Zakarpattia oblast	215	20	0	0	56	10	0	0	0	0	0	0	0	0
Zaporizhzhia oblast	807	26	0	0	374	13	355	4	0	0	0	0	10	1
Zhytomyr oblast	694	3	0	0	442	7	0	0	0	0	0	0	0	0
city of Kyiv	27,236	4,609	0	0	6,682	247	4,813	26	0	0	309	22	124	3
city of Sevastopol	1,802	178	0	0	640	81	189	8	0	0	0	0	0	0
Total	112,731	11,568	225	7	34,842	1,518	14,655	234	90	0	1,072	31	1,287	36

Annex 3. Data Quality Audit Results

Data Quality Audit

The abstracts from “Data Quality Audit of Four USAID HIV Projects in Ukraine, Final Audit Report” (July 2011) are provided below:

These very indicators were chosen for their international relevance and strategic importance for disease monitoring (treatment and prevention), as well as their significance with regard to financial investment. The selected indicators were the following:

1. “Number of individuals who received testing and counseling (T&C) services for HIV and received their test results”
2. “Number of most-at-risk population (MARPs) members reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required”
3. “Number of IDUs on opioid substitution therapy”

Reliability of data reported within SUNRISE project has been evaluated by independent inspections in March-April 2011 through a formal data quality audit (DQA). The external evaluation demonstrated that Alliance organized “robust and well-implemented data collection and reporting systems”. Data verification showed excellent data quality: data accuracy was nearly 100 percent for all indicators reported by Alliance-Ukraine.

The non-governmental organizations (NGOs) implementing Alliance-funded programs during the audit period were sampled by applying a two-stage cluster sampling algorithm to sample six regions and 38 NGOs.

The questionnaire was administered to evaluate qualitative data management capacity (system assessment), and quantitative reporting performance in terms of accuracy, timelines, completeness and availability of source documents, and reporting forms. This was done by identifying source documents for the indicator data and recalculating the indicator values for

the audit period. These data were then compared to the reported values, and a verification factor was calculated for each site. For each indicator, a composite score was calculated. At selected service delivery points, an additional quantitative evaluation using cross checks and spot checks was administered to verify the link between service provision and documentation. Data Quality Audit of Four USAID HIV Projects in Ukraine of service provision in the source documents. Full data verification (including cross and spot checks as applicable) was done, while the systems review was limited to identifying important issues.

Results

The systems assessment shows robust and well-implemented data collection and reporting systems and did not identify any major gaps in the data management systems. Data verification shows excellent data quality. Data accuracy was nearly 100% for all the indicators reported under the Alliance Project, with minimal discrepancies noted in the data verification summaries for the different indicators. No discrepancies were found between the totals at Alliance main office and the quarterly reports found at the NGOs. Cross checks were carried out at the service delivery level, and found minimal discrepancies.



Conclusion

Alliance works closely with all service delivery points so as to receive timely reporting as well as to ensure that data reporting is accurate. SyrEx is a powerful database. It has capabilities in terms of client tracking.

The auditors were impressed with the data management system being audited. It is clear that the organizations are diligent in verifying the accuracy of the data at all levels prior to reporting it to USAID. While there remain some points for clarification and opportunities for improvement, the dedication and hard work on the part of the personnel at the head offices as well as at service delivery points to not only provide accurate data but also to provide quality and comprehensive services to most at-risk populations is impressive. Thanks to continued diligence and dedication on the part of these organizations, it is expected that a meaningful and long-term impact will be made for populations most at risk of HIV in Ukraine.

Annex 4. The List of Grant Beneficiaries and Alliance-Ukraine Project Implementors, 2011

Nº	Partner	Donors programme (*)	Region	Total amount of projects	Signed obligations (thousands UAH)	Funded (thousands UAH)
1	Bakhchysarai charitable foundation «Center for Re-socialization of Drug Addicted Youth «Your Victory»	GF	AR Crimea	1	54	185
2	Charitable foundation «Hope & Salvation»	GF	AR Crimea	3	835	2 846
3	Public organization «Feniks»	GF	AR Crimea	1	40	141
4	Resocialisation center of drug-addicted youth «Your Victory»	GF	AR Crimea	2	507	646
5	Sevastopol city charitable organisation «Gavan Plus»	GF, US	AR Crimea	4	1 210	308
6	Youth Center of Women's Initiatives	GF	AR Crimea	2	415	1 695
7	Youth Public organization «Your Victory»	GF	AR Crimea	3	493	164
8	Charitable foundation «VAM»	GF	Cherkasy region	1	115	416
9	Charitable foundation «From Heart to Heart»	GF	Cherkasy region	1	197	628
10	Charitable foundation «Insight»	GF	Cherkasy region	4	1 403	1 498
11	Charitable foundation «Volia»	GF, US	Cherkasy region	5	226	698
12	Cherkassy regional branch of charitable organization «All-Ukrainian Network of PLHW»	GF	Cherkasy region	1	0	53
13	Cherkasy regional charitable foundation «With Love to Children»	GF	Cherkasy region	1	76	265
14	Katerynopil central regional hospital	GF	Cherkasy region	1	40	40
15	League of Social Workers of Ukraine, Cherkasy branch	GF	Cherkasy region	1	45	45
16	Municipal institution 'Cherkassy Regional Narcological Dispensary'	GF	Cherkasy region	1	38	38
17	Public organization «Dialog», Smila	GF	Cherkasy region	1	162	570
18	Public organization «Gay-Alliance Cherkasy»	GF	Cherkasy region	1	62	227
19	Regional charitable organization «Argo», Drabiv	GF	Cherkasy region	1	19	70
20	Chernigiv city branch of charitable organization «All-Ukrainian Network of PLHW»	GF	Chernigiv region	1	0	35
21	Chernihiv Resocialization Centre of chemically dependent «Vedis»	GF	Chernigiv region	1	126	486
22	Gorodnya city Center of Social Services for family	GF	Chernigiv region	1	3	87
23	Public organization «Salvation Pryluky»	GF	Chernigiv region	1	27	94
24	Charitable foundation «New Family»	GF	Chernivtsi region	3	952	917
25	Chernivtsi Regional AIDS Center	GF	Chernivtsi region	1	8	8
26	Chernivtsi regional public organization «People of Bukovyna»	GF	Chernivtsi region	1	25	90
27	All-Ukrainian public organization «Association of ST Participants in Ukraine»	GF	Dnipropetrovsk region	2	341	368
28	Charitable foundation «Oberih Plus»	GF	Dnipropetrovsk region	1	89	321
29	Charitable foundation «Promin», Zhovti Vody	GF	Dnipropetrovsk region	3	478	341
30	Charitable foundation «Public Health», Kryvyi Rig	GF, FDU	Dnipropetrovsk region	2	414	1 340
31	Charitable foundation «Virtus»	GF	Dnipropetrovsk region	1	124	442
32	Charitable organisation «HELP»	GF	Dnipropetrovsk region	1	98	345
33	City public centre of drug-addicted «Future Without AIDS»	GF	Dnipropetrovsk region	3	108	283
34	Dnipropetrovsk city clinic #5	GF	Dnipropetrovsk region	1	24	22
35	Dnipropetrovsk region public organization «Open Door»	GF, US	Dnipropetrovsk region	4	25	526
36	Kryvyi Rig city branch of charitable organization «All-Ukrainian Network of PLHW»	GF, US	Dnipropetrovsk region	2	145	352
37	Kryvyi Rig city infectious hospital #1	GF	Dnipropetrovsk region	1	66	66
38	Kryvyi Rig city charitable organization «Our Future»	GF	Dnipropetrovsk region	1	104	371
39	Ordzhonikidze city charitable foundation «Dopomoga»	GF	Dnipropetrovsk region	4	483	291
40	Pershotravensk central city clinic	GF	Dnipropetrovsk region	1	40	40
41	Public organization «Drevo Zhyttya»	GF	Dnipropetrovsk region	1	164	266
42	Public organization «Family Support Centre»	GF	Dnipropetrovsk region	1	81	291
43	Public organization «Impuls»	GF	Dnipropetrovsk region	1	143	517
44	Public organization «The Way of Life»	GF	Dnipropetrovsk region	1	30	100
45	Public organization «With Hope»	GF	Dnipropetrovsk region	1	21	73
46	Regional charitable organization «Road to Life»	GF, US	Dnipropetrovsk region	3	110	306
47	Regional municipal institution «Antituberculous dispensary #2», Kryvyi Rig	GF	Dnipropetrovsk region	1	11	6

Nº	Partner	Donors pro-gramme (*)	Region	Total amount of projects	Signed obligations (thousands UAH)	Funded (thousands UAH)
48	Regional public organization «Dnipro Humanitarian Initiatives»	GF	Dnipropetrovsk region	2	124	478
49	Special medical-sanitary division #9, Dnipropetrovsk region	GF	Dnipropetrovsk region	2	39	39
50	Charitable foundation «Caritas Donetsk»	US	Donetsk region	4	187	354
51	Charitable foundation «Health of the Nation»	GF, US	Donetsk region	4	194	437
52	Charitable organization «The New day»	GF	Donetsk region	1	86	306
53	Donetsk regional charitable foundation «Oberig»	GF, US	Donetsk region	4	331	1 295
54	Donetsk regional charitable foundation «Promin»	GF	Donetsk region	1	83	297
55	Donetsk regional Charitable Foundation «Svitanok»	GF	Donetsk region	1	102	369
56	Donetsk regional public organization «Stop TB»	GF	Donetsk region	1	22	22
57	Donetsk Society of assistance for the HIV-infected	GF	Donetsk region	1	191	693
58	Donetsk Youth Organization «Development. Initiative. Partnership»	GF	Donetsk region	1	116	415
59	NGO «Renesance Rlyus»	FDU	Donetsk region		23	23
60	Public organisation «Liniya Zhyttia»	GF, US	Donetsk region	3	246	834
61	Public organization «Amikus»	GF, FDU	Donetsk region	3	516	1 732
62	Public organization «Donbas without Drugs»	GF	Donetsk region	4	5 690	935
63	Public organization «Istok»	GF, US	Donetsk region	3	53	134
64	Public organization «Mariupil Youth Association»	GF	Donetsk region	1	132	506
65	Public organization «Stimulus Fund»	GF	Donetsk region	1	112	399
66	Public organization «Your Choice»	GF	Donetsk region	1	24	88
67	Slov'jansk City Public organisation «Nasha Dopomoga»	GF, US	Donetsk region	3	232	810
68	Charitable foundation «Zahid Shans»	GF	Ivano-Frankivsk region	3	544	265
69	Kharkiv city charitable foundation «Blago»	GF	Kharkiv region	1	488	1 884
70	Kharkiv city charitable foundation «Hope Exists»	GF, FDU	Kharkiv region	4	428	781
71	Kharkiv regional charitable foundation «Sail»	GF	Kharkiv region	3	626	325
72	Kharkiv regional public organization «Positive»	GF	Kharkiv region	1	75	267
73	State institution «Institute of Dermatology and Venereology Academy of Medical Sciences of Ukraine»	GF	Kharkiv region	1	0	73
74	Kherson public organization «Adaptation Centre «Vybir zhyttia»	GF	Kherson region	2	718	106
75	Kherson regional charitable foundation «Mangust»	GF, US	Kherson region	6	749	2 114
76	Public organization «For Equal Rights»	GF, US	Kherson region	3	129	385
77	Association of Assistance of Drug Addiction Problems «Victoriya»	GF	Khmelnitsky region	1	279	1 030
78	Khmelnitsky regional narcological dispensary	GF	Khmelnitsky region	1	15	15
79	Khmelnitsky regional AIDS center	GF	Khmelnitsky region	1	608	76
80	Charitable foundation «Return to Life»	GF	Kirovograd region	1	231	1 015
81	Kirovograd regional branch of Charitable Organization «All-Ukrainian Network of PLHW»	GF	Kirovograd region	2	758	102
82	Municipal Alexandria narcological dispensary	GF	Kirovograd region	1	40	40
83	Brovary city charitable foundation «Peremoga»	GF	Kyiv region	1	45	153
84	Borodyanska regional public organization «For life without Pernicious Habits»	GF	Kyiv region	1	29	29
85	Charitable organisation «Aura+», Bila Tserkva	GF	Kyiv region	1	71	257
86	Kiev regional TB dispensary	FDU	Kyiv region	1	17	17
87	Public organization «Foundation of Assistance «Life»	GF	Kyiv region	1	67	159
88	Lugansk charitable foundation «Anty AIDS»	GF	Lugansk region	1	89	431
89	Lugansk charitable foundation «Step to Future»	GF, FDU	Lugansk region	4	3 101	1 599
90	Sverdlovsk regional health administration	GF	Lugansk region	1	35	35
91	Charitable foundation «Avante»	GF	Lviv region	1	63	217
92	Lviv charitable foundation «Salus»	GF, FDU	Lviv region	2	381	1 263
93	Lviv city public organisation «Center of Inner and Psychological Support «Doroga»	GF	Lviv region	1	29	95
94	Charitable foundation «Healthy Nation»	GF	Mykolayiv region	1	42	156
95	Mykolaiv association of HIV-infected «Time of Life»	GF, US	Mykolayiv region	6	4 067	1 043
96	Mykolayiv association of gays, lesbians and bisexuals «LIGa»	GF	Mykolayiv region	1	96	355

Nº	Partner	Donors pro-gramme (*)	Region	Total amount of projects	Signed obligations (thousands UAH)	Funded (thousands UAH)
97	Mykolayiv city charitable foundation «Unitus»	GF, US	Mykolayiv region	3	483	1 644
98	Mykolayiv city charitable foundation «Vyhid»	GF	Mykolayiv region	1	212	782
99	Mykolayiv regional charitable foundation «New Century»	GF, US	Mykolayiv region	7	1 865	1 917
100	Mykolayiv regional charitable foundation «Vita-Light»	GF, FDU, US	Mykolayiv region	5	1 370	343
101	Mykolayiv regional public youth movement «Penitenciarna iniciatyva»	GF	Mykolayiv region	1	75	265
102	Zhovtneva central regional hospital	GF	Mykolayiv region	1	36	36
103	Charitable foundation «The Way Home»	GF, US	Odesa region	5	893	2 896
104	Charitable foundation «Veselka»	GF, US	Odesa region	5	974	292
105	Charitable organization «Christian Rehabilitation Center «Blagodat»	GF, FDU, US	Odesa region	4	195	491
106	Public movement «Faith. Hope. Love»	GF	Odesa region	1	300	1 088
107	Public organisation «Era Myloserdya»	GF	Odesa region	1	39	138
108	Public organization «Youth Center for Development»	GF	Odesa region	1	355	1 383
109	Public youth organization «Club of Assistance «Life +»	GF	Odesa region	1	38	136
110	Union of public organizations «Together for Life»	GF, US	Odesa region	6	1 266	399
111	Youth public movement «Partner»	GF, US	Odesa region	4	311	842
112	Charitable Association «Light of Hope»	GF	Poltava region	4	5 496	1 162
113	Charitable foundation «Public Health», Poltava	GF	Poltava region	2	689	1 968
114	International Charitable Organization «Federation «Club House»	GF	Poltava region	1	48	164
115	Poltava regional AIDS Center	GF	Poltava region	1	28	28
116	Charitable foundation «The Future without AIDS»	GF	Rivne region	1	137	612
117	Charitable foundation «Pace Forward to Meeting»	GF	Sumy region	1	249	1 017
118	Sumy Regional Youth Public Organization «Club for resocialization of chemically-abusive people «Shans»	GF, FDU	Sumy region	3	1 506	217
119	Symu regional narcological dispensary	GF	Sumy region	1	38	38
120	Ternopil public organisation «Center of Inner and Psychological Support «Dzerela»	GF	Ternopil region	2	66	294
121	Ternopil regional narcological dispensary	GF	Ternopil region	1	15	15
122	Ternopil regional charitable organization «Hope and Life»	GF	Ternopil region	1	33	33
123	Bershadsk central regional hospital	GF	Vinnytsya region	1	40	40
124	Public organization «Center of resocialization of chemically dependent people «Nezalezhnist»	GF, FDU	Vinnytsya region	4	1 916	653
125	Vinnytsia regional AIDS Center	GF	Vinnytsya region	1	39	31
126	Vinnytsya regional public congress «Stalist»	GF	Vinnytsya region	1	166	687
127	Volynskiy regional charitable foundation «Shans»	GF	Volyn region	3	554	587
128	Zakarpattia regional charitable foundation «Rada zhyttia»	GF	Zakarpattia region	1	62	216
129	Zakarpattia regional charitable foundation of antialcohol, antinarcotics, antitobacco programs and chemical addictions prevention support	GF	Zakarpattia region	2	50	60
130	Charitable foundation «Spodivannia»	GF	Zaporizhzhya region	1	174	700
131	Charitable foundation «All is Possible»	GF	Zaporizhzhya region	2	479	63
132	Zaporizhzhya regional AIDS center	GF	Zaporizhzhya region	1	34	34
133	Zaporizhzhya regional branch of Red Cross Society	GF	Zaporizhzhya region	1	13	6
134	Zaporizhzhya regional antituberculous clinical dispensary	GF	Zaporizhzhya region	1	0	11
135	Zaporizhzhya regional branch of charitable organization «All-Ukrainian Network of PLHW»	GF, FDU	Zaporizhzhya region	5	253	481
136	Zhytomyr regional public organization «Perspektyva»	GF	Zhytomyr region	4	1 862	983
137	Novograd-Volynskiy charitable foundation «Let Your Heart Beats»	GF	Zhytomyr region	1	42	148
138	All-Ukrainian charitable foundation «Tochka Oporu»	GF	Kyiv city	2	199	252
139	All-Ukrainian charitable organization «Convictus Ukraine»	GF, FDU	Kyiv city	2	353	1 296
140	All-Ukrainian Harm Reduction Association	GF	Kyiv city	1	663	664
141	Charitable foundation «All-Ukrainian League «Legalife»	GF	Kyiv city	2	239	349
142	Charitable foundation «Drop-in Center»	GF	Kyiv city	1	248	915
143	Charitable foundation «Nika-Kyiv»	GF	Kyiv city	1	63	223
144	City Social Services for Youth	US	Kyiv city	4	326	555
145	Gay-Alliance Ukraine	GF	Kyiv city	1	0	103

Nº	Partner	Donors pro-gramme (*)	Region	Total amount of projects	Signed obligations (thousands UAH)	Funded (thousands UAH)
146	ICF «Ukrainian Foundation of Public Health»	US	Kyiv city	1	531	487
147	International charitable foundation «Vertikal»	GF, US	Kyiv city	6	1 825	2 091
148	International public organization «Labor and Health Social Initiatives»	GF	Kyiv city	1	684	2 364
149	KCCO Ukrainian Institute of Public Health Policy Research	GF	Kyiv city	4	24 227	4 151
150	Kiev City Clinical Hospital #5	GF	Kyiv city	1	216	27
151	Kyiv oblast public organizaton «Feniks»	GF	Kyiv city	1	47	176
152	Kyiv regional charitable foundation «Nadiya ta Dovira»	GF	Kyiv city	3	339	440
153	National AIDS Center	GF	Kyiv city	5	4 218	4 305
154	Public organization «Eney Club»	GF	Kyiv city		743	2 422
155	Public organization «Gay Alliance»	GF, US	Kyiv city	2	545	1 667
156	Public organization «Socium XXI»	GF	Kyiv city	1	117	545
157	Public organization «Step by Step»	GF, FDU	Kyiv city	2	366	1 154
158	Red Cross Society of Ukraine	GF	Kyiv city	1	29	106
159	Ukrainian medical and monitoring center on alcohol and drugs of the Ministry of Health of Ukraine	GF	Kyiv city	1	5 068	197
	Total return in 2011 of unused money from previous periods				0	-145
	Total:			311	95 954	90 619

* Funding programs

GF – Alliance Ukraine grant under the Global Fund Program “Support to HIV and AIDS Prevention, Treatment and Care for the Most Vulnerable Populations in Ukraine” (Round 6).
FDU – Alliance Ukraine grant under the Global Fund Program “Reducing the TB burden in Ukraine through expanding and enhancing access to high quality TB services” (Round 9).
Funded through the Foundation for Development of Ukraine.
US – Alliance Ukraine grant under the program of United States Agency for International Development “Scaling Up the National Response to HIV/AIDS through Information and Services” (SUNRISE).

Додаток 5. Total value of drugs and health-related goods supplied to Ukrainian regions in 2011 (in Ukrainian hryvnias)

Oblast/region	HIV rapid tests,UAH	Syphilis rapid tests, UAH	Hepatitis B rapid tests, UAH	Hepatitis C rapid tests, UAH	Pregnancy rapid tests, UAH	Combo-tests (HIV, Syphilis, Hep. B, Hep. C), UAH	Chlamydia rapid tests, UAH	Gonorrhea rapid tests, UAH	Hbcore rapid tests, UAH	Vaccines for Hepatitis B, UAH
Cherkasy	26477	14083,4	7672,5	9787,5	313,5	19760	16368	16495,2	7000	33753,24
Chernigiv	3784,5	871	2175	4665	28,5	1560	2604	2654,4	0	0
Chernivtsy	7772	7638	1425	2265	152	15600	0	0	2100	11251,08
Crimea	21909,5	10720	0	3765	408,5	15600	6510	6636	0	0
Dnipropetrovsk	44616,5	22378	8700	9757,5	446,5	4420	23436	23700	5880	18751,8
Donetsk	62683,5	30049,5	12000	14857,5	247	8580	34968	35644,8	0	0
Ivano-Frankivsk	2262	469	150	2040	228	0	372	379,2	0	0
Kharkiv	12919,5	10720	1800	8640	133	4420	11904	13461,6	2100	11251,08
Kherson	16182	7705	3225	5565	209	2080	10230	10428	3220	16876,62
Khmelnyskyi	6902	3015	150	3015	152	260	1860	4929,6	0	0
Kirovogradska	3567	6499	300	2640	228	0	0	0	0	0
Kyiv region	2392,5	670	2775	4815	28,5	1560	2604	2464,8	0	0
Luganska	11607,25	804	2025	4140	133	2080	5580	5688	0	0
Lviv	3204,5	201	6825	9090	380	4680	10416	9859,2	0	0
Mykolayiv	28173,5	16649,5	4500	5265	741	16640	14880	15357,6	2240	11251,08
Odesa	82766	54303,5	9000	11940	2584	5460	56172	57069,6	11620	61880,94
Poltava	8134,5	4958	825	3390	152	16120	0	0	2100	11251,08
Rivnenska	1899,5	201	0	2640	209	1040	1302	1327,2	0	0
Sevastopol	9077	4623	1575	1425	228	1300	5208	5308,8	1540	8438,31
Sumy	4944,5	1139	375	4365	114	17680	4092	1516,8	4200	11251,08
Ternopilska	2479,5	1340	0	1515	76	0	1488	1516,8	0	0
Vinnytsya	5089,5	67	1575	4665	123,5	520	2418	2844	2100	13126,26
Volyn	4509,5	4824	0	2640	152	0	0	0	0	0
Zakarpattia	2624,5	67	0	1515	114	0	1116	1516,8	0	0
Zaporizhzhya	7119,5	3216	1125	1890	85,5	260	2790	2844	1680	9375,9
Zhytomyr	5379,5	4221	225	2865	171	260	2046	379,2	0	0
Kyiv city	70230,75	34940,5	42375	42915	1605,5	49244	52080	53088	19040	74069,61
MoH reserve on stock										
Total	458 707,50	246 372,40	110 797,50	172 072,50	9 443,00	189 124,00	270 444,00	275 109,60	64 820,00	292 528,08

Oblast/region	STI drugs	Male condoms, UAH	Female condoms, UAH	Lubricants, UAH	Methadone, UAH	Buprenorphine, UAH	Syringes, UAH	Spirit wipes, UAH	Total, UAH
Cherkasy	4709,74	403974,7354	110080	63363,168	58694,56	112416	556482,1	141625,64	1603056,283
Chernigiv	0	59441,248	6880	11448,5724	29597,76	63888	121023,8	30443,6	341065,3804
Chernivtsy	2676,19	85581,39648	20640	12240,612	37822,08	116160	145312,1	35121,32	503756,7785
Crimea	14721,25	439245,6704	89440	43307,76528	356555,84	181209,6	489023,6	122306,84	1801359,566
Dnipropetrovsk	28985,78	964142,9837	165120	77763,888	403488,16	154221,6	1093512,6	274190,28	3323511,592
Donetsk	26544,18	1073161,343	137600	100085,004	174582,72	201676,8	1759830	433206,56	4105716,907
Ivano-Frankivsk	0	280104,928	20640	4008,2004	162464,8	217264,8	50705,1	11204,4	752292,4284
Kharkiv	4462,39	499962,8339	20640	73047,6522	37225,6	0	468398,5	106035,44	1287121,596
Kherson	15284,7	143107,8989	34400	33841,692	36520,64	0	334409,2	79736,8	753021,5509
Khmelnyskyi	0	235710,0365	27520	14400,72	59431,52	0	125585,2	32036,16	514967,2365
Kirovogradska	103,52	74934,72	34400	10080,504	78638,56	118416	178866,2	42661,84	551335,344
Kyiv region	1285,29	41541,35296	6880	7800,39	61482,88	66792	153061,1	38518,64	394671,453
Luganska	7599,75	120503,808	13760	27435,77172	164124	51804	349893,7	58811,92	825990,1997
Lviv	4941,64	515553,0624	96320	27361,368	52779,04	37656	119069,6	29154,32	927490,7304
Mykolayiv	15482,36	480903,3754	110080	57602,88	234086,88	120806,4	387398	83334,68	1605392,255
Odesa	30459,81	880365,3274	688000	103685,184	56388,8	317616	1126552,8	267831,16	3823695,121
Poltava	2496,18	751587,84	27520	18720,936	214044,48	185856	172378,9	41565,68	1461100,596
Rivnenska	571,48	301508,4365	20640	10080,504	41015,2	84216	79588,8	20217,08	566456,2005
Sevastopol	4438,95	205316,0294	27520	15120,756	58987,04		136969,5	30312,36	517387,7454
Sumy	2349,16	152525,76	48160	10080,504	55978,4	121968	163788,5	38126,92	642654,624
Ternopil'ska	3484,54	62260,11648	20640	5040,252	58014,08	48096	45198,8	11288,68	262437,7685
Vinnitsya	5763,61	179414,4	41280	10080,504	82831,84	167270,4	97418,3	30789,72	647377,034
Volyn	2259,97	256778,88	20640	5760,288	28947,52	151140	71640,4	18608,2	567900,758
Zakarpattia	3277,09	18120	6880	2160,108	12056	23232	45920,6	12066,6	130665,698
Zaporizhzhya	9371,9	282886,5024	34400	17280,864	70760,16	217800	146994,5	36739,4	846619,2264
Zhytomyr	419,4	98971,2	27520	12240,612	111340,64	49176	115555	29516,76	460286,312
Kyiv city	17207,92	1075883,144	275200	134646,732	196549,168	568180	1540112	368183,4	4615550,724
MoH reserve on stock	63158,45								63158,45
Total	272 055,25	9 683 487,03	2 132 800,00	908 685,43	2 934 408,37	3 376 861,60	10 074 688,90	2 423 634,40	33 896 039,56

**Додаток 6. Аудиторський висновок щодо
консолідованої фінансової звітності за 2011 рік
(разом із звітом незалежних аудиторів)**

Deloitte.

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

Consolidated Financial Statements
for the Year Ended 31 December 2011

(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 2011**

Management is responsible for the preparation of the consolidated financial statements that present fairly the financial position of International Charitable Foundation "International HIV/AIDS Alliance in Ukraine" and its wholly owned subsidiary LLC "Alliance-Ukraine Consultancy" (together referred to as the "Organization") as of 31 December 2011, the results of their operations, cash flows, and changes in equity for the year then ended, in accordance with Ukrainian Accounting Standards ("UAS").

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

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

Management is also responsible for:

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

The financial statements for the year ended 31 December 2011 were authorized for issue by the Organization's management on 16 July 2012:

On behalf of the Organization's management:


Klepikov A.,
Executive Director




Zatulyviter L.,
Chief Accountant

INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying consolidated financial statements of International Charitable Foundation "International HIV/AIDS Alliance in Ukraine" and its wholly owned subsidiary LLC "Alliance-Ukraine Consultancy" (together referred to as the "Organization"), which comprise the consolidated balance sheet as of 31 December 2011, 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.

Auditors' responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with the requirements of the Law of Ukraine "On Auditors' Activities" and the International Standards on Auditing as issued by the International Federation of Accountants and adopted by the Audit Chamber of Ukraine as national auditing standards. 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.

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 2011, and their consolidated financial performance and consolidated cash flows for the year then ended in accordance with Ukrainian Accounting Standards.

Other Matter

The consolidated financial statements of International Charitable Foundation "International HIV/AIDS Alliance in Ukraine" and its wholly owned subsidiary LLC "Alliance-Ukraine Consultancy" for the year ended 31 December 2010 were audited by another auditor who expressed an unmodified opinion on those consolidated statements on 1 June 2011.

16 July 2012

General Director



Yevgen Zanoza

Auditor's Certificate Series A # 005431

Issued by the Audit Chamber of Ukraine on 26 June 2003

on the basis of Resolution of the Audit Chamber of Ukraine # 124 and prolonged

on 26 June 2006 on the basis of Resolution of the Audit Chamber of Ukraine

191/2 till 26 June 2013

PrJSC "Deloitte & Touche Ukrainian Services Company"

vul. Zhylianska, 48-50a, Kyiv, 01033, Ukraine

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

**CONSOLIDATED BALANCE SHEET
AS OF 31 DECEMBER 2011
(in Ukrainian Hryvnias and in thousands)**

ASSETS	Line code	At the beginning of the period	At the end of the period
1	2	3	4
I. Non-current assets			
Intangible assets:			
net book value	010	371	1,341
historical cost	011	828	2,150
accumulated amortization	012	(457)	(809)
Construction in progress	020	-	-
Property, plant and equipment:			
net book value	030	1,427	1,007
historical cost	031	3,833	4,250
depreciation	032	(2,406)	(3,243)
Long-term biological assets:			
net book value	035	-	-
historical cost	036	-	-
depreciation	037	-	-
Long-term financial investments:			
accounted for on an equity basis	040	-	-
other financial investments	045	-	-
Long-term receivables	050	-	-
Net book value of investment property	055	-	-
historical cost of investment property	056	-	-
depreciation of investment property	057	-	-
Deferred tax assets	060	-	-
Goodwill	065	-	-
Other non-current assets	070	-	-
Total non-current assets	080	1,798	2,348
II. Current assets			
Inventories:			
raw materials	100	35,110	12,075
livestock	110	-	-
work in progress	120	-	-
finished goods	130	-	-
merchandise	140	-	-
Promissory notes received	150	-	-
Trade accounts receivable:			
net selling price	160	-	-
historical cost	161	-	-
bad debt provision	162	-	-
Prepayments and taxes receivable:			
taxes and duties receivable	170	3	127
advances paid	180	-	-
accrued income	190	-	-
intercompany settlements	200	-	-
Other current receivables	210	13,028	6,763
Current financial investments	220	-	-
Cash and cash equivalents:			
Ukrainian Hryvnia	230	2,361	3,448
Including petty cash	231	-	-
foreign currency	240	47,165	75,451
Other current assets	250	71	-
Total current assets	260	97,738	97,864
III. Deferred expenses	270	1,437	1,303
IV. Fixed assets and groups of disposal	275	-	-
TOTAL ASSETS	280	100,973	101,515

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

**CONSOLIDATED BALANCE SHEET
AS OF 31 DECEMBER 2011 (CONTINUED)
(in Ukrainian Hryvnias and in thousands)**

EQUITY AND LIABILITIES	Line code	At the beginning of the period	At the end of the period
1	2	3	4
I. Equity			
Authorized capital	300	-	-
Share capital	310	-	-
Additional paid-in capital	320	-	-
Other additional capital	330	-	-
Reserves	340	-	-
Retained earnings	350	14,191	14,763
Outstanding capital	360	-	-
Capital withdrawals	370	-	-
Total equity	380	14,191	14,763
II. Accruals for future expenditures and payments			
Accruals for employee benefits	400	1,259	907
Other accruals	410	-	-
	415	-	-
	416	-	-
	417	-	-
	418	-	-
Special funds	420	79,383	80,708
Total provisions	430	80,642	81,615
III. Non-current liabilities			
Long-term bank loans	440	-	-
Other long-term financial liabilities	450	-	-
Deferred tax liabilities	460	-	-
Other non-current liabilities	470	-	-
Total non-current liabilities	480	-	-
IV. Current liabilities			
Short-term bank loans	500	-	-
Deferred tax liabilities	510	-	-
Promissory notes issued	520	-	-
Trade accounts payable	530	3,713	263
Taxes and other payables:			
advances received	540	-	-
taxes and duties payable	550	-	104
extra-budgetary payments	560	-	-
insurance fees	570	-	1
salaries and related charges	580	-	104
settlements with participants	590	-	-
intercompany settlements	600	-	-
Liabilities related to fixed assets and groups of disposals held for sale	605	-	-
Other current liabilities	610	432	1,952
Total current liabilities	620	4,145	2,424
V. Deferred Income	630	1,995	2,713
TOTAL EQUITY AND LIABILITIES	640	100,973	101,515

Klepikov A.
Executive Director

Zatuliyviter L.
Chief Accountant

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

**CONSOLIDATED STATEMENT OF FINANCIAL RESULTS
FOR THE YEAR ENDED 31 DECEMBER 2011
(in Ukrainian Hryvnias and in thousands)**

I. FINANCIAL RESULTS

Item	Line code	Reporting period	Prior period
1	2	3	4
Revenue from sale of products (goods, works, services)	010	5,815	1,025
Value added tax	015	(969)	-
Excise duty	020	-	(48)
	025	-	-
Other deductions from revenue	030	-	-
Net revenues	035	4,847	977
Cost of revenues	040	(2,681)	-
Gross:			
profit	050	2,166	977
loss	055	-	-
Other operating income	060	208,783	204,339
Income from recognition of biological assets	061	-	-
Administrative expenses	070	(35,211)	(32,461)
Sales expenses	080	-	-
Other operating expense	090	(175,101)	(172,226)
Financial results from operating activities:			
profit	100	637	629
loss	105	-	-
Equity earnings	110	-	-
Other financial income	120	-	35
Other income	130	-	-
Financial expenses	140	-	-
Equity losses	150	-	-
Other expenses	160	(6)	(19)
Financial results of operations before tax:			
profit	170	631	645
loss	175	-	-
Financial results from discontinued operations			
profit	176	-	-
loss	177	-	-
Income tax on operations	180	(59)	-
Income from income tax on operations	185	-	-
Net financial result of operations:			
profit	190	572	645
loss	195	-	-
Extraordinary:			
profit	200	-	-
loss	205	-	-
Taxes on extraordinary profit	210	-	-
Net:			
profit	220	572	645
loss	225	-	-
Providing of material encouragement	226	-	-

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


**CONSOLIDATED STATEMENT OF FINANCIAL RESULTS
FOR THE YEAR ENDED 31 DECEMBER 2011 (CONTINUED)**
(in Ukrainian Hryvnias and in thousands)

II. COMPONENTS OF OPERATING EXPENSES

Item	Line code	Reporting period	Prior period
1	2	3	4
Material expenditures	230	51,448	18,271
Salaries and related charges	240	24,474	21,038
Social charges	250	6,869	5,723
Depreciation	260	1,297	1,114
Other operating expense	270	128,908	77,074
Total	280	212,994	121,220

III. RATIOS OF PROFITABILITY PER SHARE

Item	Line code	Reporting period	Prior period
1	2	3	4
Average annual amount of ordinary shares	300	-	-
Adjusted average annual amount of ordinary shares	310	-	-
Net earnings (loss) per ordinary share	320	-	-
Diluted earnings (loss) per ordinary share	330	-	-
Dividends per ordinary share	340	-	-


Klepikov A.,
Executive Director




Zatulyviter L.,
Chief Accountant

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

**CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2011
(in Ukrainian Hryvnias and in thousands)**

Item	Line code	Reporting period	Prior period
1	2	3	4
I. Cash flows from operating activities			
Income from:			
Sales of products (goods, works, services)	010	5,490	1,547
Repayment of promissory notes received	015	-	-
Buyers and advance customers	020	-	-
Repayment of advances	030	1,508	1,497
Interest on current accounts from banking institutions	035	-	-
Value added tax from the budget	040	-	-
Repayment of other taxes and charges (mandatory payments)	045	102	-
Grants, benefits received	050	-	-
Special purpose funding	060	203,092	177,835
Penalty borrowers (fines, penalties)	070	-	-
Other income	080	1,191	178
Payment for:			
Goods (works, services)	090	(48,096)	(75,263)
Advances paid	095	-	-
Repayment of advances	100	-	(334)
Employees	105	(20,076)	(17,326)
Travel costs	110	(693)	(568)
Value added tax liabilities	115	(650)	(81)
Income tax liabilities	120	(12)	-
Social charges	125	(9,515)	(6,585)
Liabilities on other taxes and duties (mandatory payments)	130	(4,174)	(3,108)
Target payments	140	(96,395)	(96,050)
Other payments	145	(1,714)	(997)
Net cash flow before extraordinary events	150	30,058	(19,255)
Cash flow from extraordinary events	160	-	-
Net cash flow from operating activities	170	30,058	(19,255)
II. Cash flows from investing activities			
Sale of:			
financial investments	180	-	-
non-current assets	190	-	-
property complexes	200	-	-
Received:			
interest	210	-	35
dividends	220	-	-
Other proceeds	230	-	-
Purchase of:			
financial investments	240	-	-
non-current assets	250	(685)	(495)
property complexes	260	-	-
Other payments	270	-	-
Net cash flow before extraordinary events	280	(685)	(460)
Cash flow from extraordinary events	290	-	-
Net cash flow from investing activities	300	(685)	(460)

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

**CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2011 (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 issue	310	-	-
Loans received	320	-	-
Other proceeds	330	-	-
Repayment of loans	340	-	-
Dividends paid	350	-	-
Other payments	360	-	-
Net cash flow before extraordinary events	370	-	-
Cash flow from extraordinary events	380	-	-
Net cash flow from financing activities	390	-	-
Net cash flow for the reporting period	400	29,373	(19,715)
Cash balance at the beginning of the year	410	49,526	69,241
Effect of changes in foreign exchange rates on the cash balance	420	-	-
Cash balance at the end of the year	430	78,899	49,526


Klepikoy A.
Executive Director




Zatuliyviter L.
Chief Accountant

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

CONSOLIDATED STATEMENT OF EQUITY
FOR THE YEAR ENDED 31 DECEMBER 2011
(in Ukrainian Hryvnias and in thousands)

Item	Line code	Contributed capital	Share capital	Additional paid-in capital	Other additional capital	Reserve capital	Retained earnings	Unpaid capital	Withdrawn capital	Total
1	2	3	4	5	6	7	8	9	10	11
Balance at the beginning of the period	010	-	-	-	-	-	14,191	-	-	14,191
Adjustments for:										
Changes in accounting policies	020	-	-	-	-	-	-	-	-	-
Correction of errors	030	-	-	-	-	-	-	-	-	-
Other adjustments	040	-	-	-	-	-	-	-	-	-
Adjusted balance at the beginning of the period	050	-	-	-	-	-	14,191	-	-	14,191
Revaluation of assets:										
Revaluation increase of property and equipment	060	-	-	-	-	-	-	-	-	-
Revaluation decrease of property and equipment	070	-	-	-	-	-	-	-	-	-
Revaluation increase of construction in progress	080	-	-	-	-	-	-	-	-	-
Revaluation decrease of construction in progress	090	-	-	-	-	-	-	-	-	-
Revaluation increase of intangible assets	100	-	-	-	-	-	-	-	-	-
Revaluation decrease of intangible assets	110	-	-	-	-	-	-	-	-	-
	120	-	-	-	-	-	-	-	-	-
Net profit (loss) for the reporting period	130	-	-	-	-	-	572	-	-	572

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

CONSOLIDATED STATEMENT OF EQUITY FOR THE YEAR ENDED 31 DECEMBER 2011 (CONTINUED) (in Ukrainian Hryvnias and in thousands)

Item	Line code	Contributed capital	Share capital	Additional paid-in capital	Other additional capital	Reserve capital	Retained earnings	Unpaid capital	Withdrawn capital	Total
1	2	3	4	5	6	7	8	9	10	11
Distribution of profit:										
Payments to owners (dividends)	140	-	-	-	-	-	-	-	-	-
Distribution of profit to contributed capital	150	-	-	-	-	-	-	-	-	-
Distribution of profit to reserve capital	160	-	-	-	-	-	-	-	-	-
	170	-	-	-	-	-	-	-	-	-
Contributions of owners:										
Contributions to equity	180	-	-	-	-	-	-	-	-	-
Repayment of debt by equity instruments	190	-	-	-	-	-	-	-	-	-
	200	-	-	-	-	-	-	-	-	-
Withdrawal of capital:										
Redemption of shares (stakes)	210	-	-	-	-	-	-	-	-	-
Resale of treasury shares (stakes)	220	-	-	-	-	-	-	-	-	-
Cancellation of treasury shares (stakes)	230	-	-	-	-	-	-	-	-	-
Withdrawal of stakes in equity	240	-	-	-	-	-	-	-	-	-
Decrease in nominal value of shares*	250	-	-	-	-	-	-	-	-	-
Other changes in equity:										
Write-off of irrecoverable losses	260	-	-	-	-	-	-	-	-	-
Assets received free of charge	270	-	-	-	-	-	-	-	-	-
	280	-	-	-	-	-	-	-	-	-
	290	-	-	-	-	-	572	-	-	572
Total changes in equity							14,763	-	-	14,763
Balance at the end of the reporting period	300	-	-	-	-	-	-	-	-	14,763



 Klapikov A.
 Executive Director


 Zatuliyvler L.
 Chief Accountant

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

CONSOLIDATED STATEMENT OF EQUITY
FOR THE YEAR ENDED 31 DECEMBER 2010
(in Ukrainian Hryvnias and in thousands)

Item	Line code	Contributed capital	Share capital	Additional paid-in capital	Other additional capital	Reserve capital	Retained earnings	Unpaid capital	Withdrawn capital	Total
1	2	3	4	5	6	7	8	9	10	11
Balance at the beginning of the period	010	-	-	-	-	-	13,546	-	-	13,546
Adjustments for:										
Changes in accounting policies	020	-	-	-	-	-	-	-	-	-
Correction of errors	030	-	-	-	-	-	-	-	-	-
Other adjustments	040	-	-	-	-	-	-	-	-	-
Adjusted balance at the beginning of the period	050	-	-	-	-	-	13,546	-	-	13,546
Revaluation of assets:										
Revaluation increase of property and equipment	060	-	-	-	-	-	-	-	-	-
Revaluation decrease of property and equipment	070	-	-	-	-	-	-	-	-	-
Revaluation increase of construction in progress	080	-	-	-	-	-	-	-	-	-
Revaluation decrease of construction in progress	090	-	-	-	-	-	-	-	-	-
Revaluation increase of intangible assets	100	-	-	-	-	-	-	-	-	-
Revaluation decrease of intangible assets	110	-	-	-	-	-	-	-	-	-
120	120	-	-	-	-	-	-	-	-	-
Net profit (loss) for the reporting period	130	-	-	-	-	-	645	-	-	645

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

CONSOLIDATED STATEMENT OF EQUITY
FOR THE YEAR ENDED 31 DECEMBER 2010 (CONTINUED)
(in Ukrainian Hryvnias and in thousands)

Item	Line code	Contributed capital	Share capital	Additional paid-in capital	Other additional capital	Reserve capital	Retained earnings	Unpaid capital	Withdrawn capital	Total
1	2	3	4	5	6	7	8	9	10	11
Distribution of profit:										
Payments to owners (dividends)	140	-	-	-	-	-	-	-	-	-
Distribution of profit to contributed capital	150	-	-	-	-	-	-	-	-	-
Distribution of profit to reserve capital	160	-	-	-	-	-	-	-	-	-
	170	-	-	-	-	-	-	-	-	-
Contributions of owners:										
Contributions to equity	180	-	-	-	-	-	-	-	-	-
Repayment of debt by equity instruments	190	-	-	-	-	-	-	-	-	-
	200	-	-	-	-	-	-	-	-	-
Withdrawal of capital:										
Redemption of shares (stakes)	210	-	-	-	-	-	-	-	-	-
Resale of treasury shares (stakes)	220	-	-	-	-	-	-	-	-	-
Cancellation of treasury shares (stakes)	230	-	-	-	-	-	-	-	-	-
Withdrawal of stakes in equity	240	-	-	-	-	-	-	-	-	-
Decrease in nominal value of shares*	250	-	-	-	-	-	-	-	-	-
Other changes in equity:										
Write-off of irrecoverable losses	260	-	-	-	-	-	-	-	-	-
Assets received free of charge	270	-	-	-	-	-	-	-	-	-
	280	-	-	-	-	-	-	-	-	-
Total changes in equity	290	-	-	-	-	-	645	-	-	645
Balance at the end of the reporting period	300	-	-	-	-	-	14,191	-	-	14,191


 Klepikov A.
 Executive Director


 Zatuliytiler L.
 Chief Accountant

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

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2011 (in Ukrainian Hryvnias and in thousands)

I. Intangible assets

Group of intangible assets	Line code	Balance at the beginning of the year		Additions for the year	Revaluation (surplus +, deficit -)		Disposals during the year		Amortization charge for 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	-	-	-	-	-	-	-	-	-	-	-	-	-
Rights to use trademarks	030	-	-	-	-	-	-	-	-	-	-	-	-	-
Rights to use industrial property	040	-	-	-	-	-	-	-	-	-	-	-	-	-
Copyright and adjacent rights	050	-	-	-	-	-	-	-	-	-	-	-	-	-
	060	-	-	-	-	-	-	-	-	-	-	-	-	-
Other intangible assets	070	828	(457)	1,322	-	-	-	-	(352)	-	-	-	2,150	(809)
Total	080	828	(457)	1,322	-	-	-	-	(352)	-	-	-	2,150	(809)
Goodwill	090	-	-	-	-	-	-	-	-	-	-	-	-	-

From line 080 of column 14

cost of intangible assets with restricted ownership rights
cost of intangible assets pledged as collateral
cost of self-made intangible assets
cost of intangible assets obtained as special purpose funding
accumulated amortization of intangible assets with restricted ownership rights

(081)	-
(082)	-
(083)	-
(084)	1,322
(085)	-

II. Property, plant and equipment

Groups of property and equipment	Line code	Balance at the beginning of the year		Additions for the year	Revaluation (surplus +, deficit -)		Disposals for 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	(1)	-	-	-	-	-	(10)	-	-	-	28	(11)	-	-	-	-
Machinery and equipment	130	2,927	(1,724)	453	-	-	(109)	109	(743)	-	-	-	3,271	(2,358)	-	-	-	-
Vehicles	140	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tools, devices, and fixtures (furniture)	150	9	(6)	8	-	-	-	-	(5)	-	-	-	17	(11)	-	-	-	-
Livestock	160	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Perennial plants	170	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other property and equipment	180	468	(276)	2	-	-	(6)	4	(121)	-	-	-	464	(393)	-	-	-	-
Library stock	190	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Low-valued non-current tangible assets	200	401	(399)	71	-	-	(2)	-	(71)	-	-	-	470	(470)	-	-	-	-
Temporary constructions	210	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Natural resources	220	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Returnable containers	230	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leased items	240	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other non-current tangible assets	250	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	260	3,833	(2,406)	534	-	-	(117)	113	(950)	-	-	-	4,250	(3,243)	-	-	-	-

From line 260 of 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)	1,343
(2641)	-
(265)	46
(2651)	-
(266)	-
(267)	-
(268)	-
(269)	-

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	463	-
Acquisition (construction) of other non-current tangible assets	300	71	-
Acquisition (creation) of intangible assets	310	-	-
Acquisition (creation) of non-current biological assets	320	-	-
Other	330	-	-
Total	340	534	-

From line 340 of column 3	capital investments to investment property	(341)	-
	financial expense included in capital investments	(342)	-

IV. Financial investments

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

From line 045 of column 4 of Balance Sheet

Other non-current financial investments presented at:

cost	(421)	-
fair value	(422)	-
amortized cost	(423)	-

From line 220 of column 4 of Balance Sheet

Current financial investments presented at:

cost	(424)	-
fair value	(425)	-
amortized cost	(426)	-

V. Income and expense

Item	Line code	Income	Expense
1	2	3	4
A. Other operating income and expense			
Operating leases of assets	440	-	1,649
Operating foreign exchange difference	450	803	850
Sale of other current assets	460	-	-
Penalties, fines, forfeits	470	12	-
Maintenance of housing and utility, social and cultural units	480	-	-
Other operating income and expense	490	207,968	207,813
including:			
charges to provision for doubtful debt	491	X	245
non-productive expense and losses	492	X	-
B. Income and expense from investments in:			
associates	500	-	-
subsidiaries	510	-	-
joint ventures	520	-	-
C. Other financial income and expense:			
Dividends	530	-	X
Interest	540	X	-
Finance leases	550	-	-
Other financial income and expense	560	-	-
D. Other income and expense			
Sale of financial investments	570	-	-
Income from business combination	580	-	-
Impairment gain/loss	590	-	-
Non-operating foreign exchange difference	600	-	-
Assets received free of charge	610	-	X
Write-off of non-current assets	620	X	-
Other income and expense	630	-	6

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 Financial expense included in cost of sales from principal activity	(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	78,899
Other accounts with banks (letters of credit, checks)	660	-
Cash in transit	670	-
Cash equivalents	680	-
Total	690	78,899

From line 070 column 4 of Balance Sheet – Restricted cash	(691)	-
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VII. Provisions and reserves

Types of provisions and reserves	Line code	Balance at the beginning of the year	Increase during the reporting period		Provisions used during the year	Provisions reversed in the reporting period	Expected recovery of losses by other parties included in the provision valuation	Balance at the end of the year
			Provision accrued	Additional charges				
1	2	3	4	5	6	7	8	9
Provision for unused vacation	710	1,259	46	-	398	-	-	907
Provision for subsequent expense on additional pension 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	760	-	-	-	-	-	-	-
Insurance reserves	770	-	-	-	-	-	-	-
Provision for doubtful debts	775	143	245	-	-	-	-	388
Total	780	1,402	291	-	398	-	-	1,295

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	12,075	-	-
Work in progress	890	-	-	-
Finished goods	900	-	-	-
Merchandise	910	-	-	-
Total	920	-	-	-

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 of 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	-	-	-	-
Other current accounts receivable	950	6,763	6,763	-	-

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	-

XI. Construction contracts

Item	Line code	Amount
1	2	3
Income from construction contracts during the reporting year	1110	-
Settlements at the end of the reporting year:		
gross receivables	1120	-
gross payables	1130	-
advances received	1140	-
Retained income at the end of the year	1150	-
Unfinished construction works performed by subcontractors	1160	-

XII. Income taxes

Item	Line code	Amount
1	2	3
Current income tax	1210	59
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 Income statement – Total	1240	59
including:		
current income tax	1241	59
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	1,302
Used during the year – Total	1310	-
including for:		
construction	1311	-
acquisition (construction) and improvement of property and equipment	1312	534
including machinery and equipment	1313	-
acquisition (development) of intangible assets	1314	-
repayment of loans received for capital investments	1315	-
	1316	-
	1317	-

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 historical cost	Depreciation accrued during the year	Impairment losses	Reversal of impairment loss	Balance at the end of the year historical cost	Balance at the end of the year accumulated depreciation	Balance at the beginning of the year	Additions during the year	Revaluations during the year	Disposals during the year	Balance at the end of the year		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Non-current biological assets – Total, including:	1410	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
work livestock	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	-	-	-	-	-
other current biological assets	1424	-	X	-	-	X	X	-	-	-	X	-	-	-	-	-
total	1430	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

From line 1430 columns 5 and 14

cost of biological assets purchased by using special purpose funding

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

From line 1430 columns 11 and 17

carrying amounts of biological assets for which there is a restriction of ownership rights

(1431)

(1432)

(1433)

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		Revaluation decrease	Revenue	Cost of sales	Financial result (profit +, loss -) from	
				income	expense				sales	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										
live weight 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	-	-	-	-	-	-	-	-	-


 Kleyikov A.
 Executive Director


 Zatuliyev L.
 Chief Accountant

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

EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2011 *(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 and started its operation since its registration by the Ministry of Justice of Ukraine in March 2003. On acquiring managerial independence from its founder, International HIV/AIDS Alliance (United Kingdom), in 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 Alliance Ukraine and its wholly owned subsidiary LLC "Alliance-Ukraine Consultancy", registered in Kyiv, Ukraine (together referred to as the "Organization").

Alliance Ukraine principal activities are as follows:

- Fighting HIV infection, 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. The one of the major grants is provided by the Global Fund and it is used to fund the "Support for HIV and AIDS Prevention, Treatment and Care for most Vulnerable Populations in Ukraine" program. This grant is limited to USD 79,223 thousand (as per the terms of the Amended and Restated Program Grant Agreement (Round 6) with the Global Fund). The grant is available to the Organization during five years from August 1, 2007 until July 31, 2012 in two phases: Phase I – from August 1, 2007 until July 31, 2009 and Phase II – from August 1, 2009 until July 31, 2012. This grant is provided directly to the Organization.

In 2011 year the Organization also received another financing from the Global Fund for "Reducing the tuberculosis burden in Ukraine through expanding and enhancing access to high quality tuberculosis services" program (Round 9) provided through the Charitable Foundation "Development of Ukraine". The grant is financed in two phases. The total amount of financing for Phase I for the years 2011 and 2012 is USD 12,456 thousand according to the updated supplementary agreement with the Charitable Foundation "Development of Ukraine" dated April 11, 2012.

Another major donor that provided financing to the Organization in 2011 was the United States Agency for International Development ("USAID") which provided its funding through International HIV/AIDS Alliance (United Kingdom) according to the program named "Scaling up the National Response to HIV/AIDS through Information and Services". The amount of grant received according to this program during the year ended 31 December 2011 equaled to USD 1,168 thousand. Other donors included International Renaissance Foundation and International HIV/AIDS Alliance (United Kingdom).

The number of employees in the Organization as of 31 December 2011 was 120 (31 December 2010: 108).

The registered address of the Organization is 5 Dymytrova St., building 10-A, 9-th floor, 03680, Kyiv, Ukraine.

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

**EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
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2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

The accompanying consolidated financial statements were prepared as of 31 December 2011 and cover the period from 1 January 2011 to 31 December 2011.

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

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

Basis of consolidation – The consolidated financial statements incorporate the financial statements of Alliance Ukraine (the “Parent”) and entity controlled by the Parent (its subsidiary). Control is achieved when the Parent has the power to govern the financial and operating policies of an entity, either directly or indirectly, so as to obtain benefits from its activities. The financial statements of 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 subsidiary to bring their accounting policies into line with those used by the Parent.

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

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

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

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

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

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

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

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

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

Impairment of tangible and intangible assets – At each balance sheet date, the Organization reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indications exist, 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 expense of the reporting period, with the respective reduction in the balance sheet of the historical cost and accumulated depreciation amounts that are reported in the notes to the consolidated financial statements in the column “Other Changes for the Year”.

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

Inventories – Inventories are valued at the lower of cost and net realizable value. Costs of inventories and low-value items are accounted for using the FIFO (“first-in, first-out”) and specific identification of cost methods and include expenditure incurred in acquiring inventories and bringing them to their existing location and condition.

**INTERNATIONAL CHARITABLE FOUNDATION
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**EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2011**

(in Ukrainian Hryvnias and in thousands, unless otherwise indicated)

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

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

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

Other accounts receivable of the Organization is mostly attributable to the sub-recipients, that receive the financing and perform charity activity on behalf of the Organization.

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

Cash and cash equivalents – Cash and cash equivalents include cash on hand, cash with banks, and deposits on demand.

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

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

The Organization's management is of the opinion 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.

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Received special purpose funding is recognized as other operating income in the periods, in which corresponding expenses related to the programs financed are incurred. Cost of tangible and intangible assets obtained as a special purpose funding is recognized as other operating income during the period of their useful lives to be in line with the depreciation/amortization charged on those assets.

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 employees of the Organization, and other expenses.

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

Foreign currency transactions – 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 2011	Average exchange rate for 2011	As of 31 December 2010	Average exchange rate for 2010
UAH/USD	7.9898	7.9677	7.9617	7.9351
UAH/EUR	10.2981	11.0926	10.5731	10.5276

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.

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 2011 and 2010, thus, not recognized in the consolidated financial statements.

Reclassifications – Certain reclassifications have been made to the consolidated statement of financial results, consolidated statement of cash flows and notes to the consolidated financial statements for the year ended 31 December 2010 to conform to the current year presentation. The reclassifications were made due to changes in UAS requirements over presentation of gain/loss from sale of foreign currency and due to reclassifications made by the Organization in groups of property, plant and equipment.

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

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FOR THE YEAR ENDED 31 DECEMBER 2011
(in Ukrainian Hryvnias and in thousands, unless otherwise indicated)**

3. CASH AND CASH EQUIVALENTS

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

	2011	2010
Cash in Ukrainian Hryvnia	3,448	2,361
Cash in US Dollars	75,451	47,165
Total	78,899	49,526

4. OTHER CURRENT RECEIVABLES

As of 31 December, other accounts receivable are as follows:

	2011	2010
Ukrainian Center for AIDS Prevention of the Ministry of Health of Ukraine	993	192
Kyyiv city charitable organization "Ukrayins'kyi instytut doslidzhen' polityky shchodo hromads'koho zdorov'ya"	779	780
Health of the People Pharmaceutical Company LLC	737	-
Public Organization Club "Victoria"	284	-
Youth public organization "Molodizhnyy Hromads'kyi Rukh "Partner"	216	143
Pharmasko Trading Ltd	187	-
International Charitable Fund "Vertical"	176	191
Charitable Association "Svitlo Nadiyi"	165	159
Charitable fund "Nadiya ta Spasannya"	150	197
Ukrainian medical and monitoring center on alcohol and drugs of the Ministry of Health of Ukraine	150	133
Other	3,314	11,376
	7,151	13,171
Provision for doubtful debts	(388)	(143)
Total	6,763	13,028

Movement in the provision for doubtful debts is as follows:

	2011	2010
Balance at the beginning of the year	143	265
Increase in the provision for doubtful debts	245	-
Amounts written off during the year	-	(122)
Balance at the end of the year	388	143

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5. CONTINGENT AND CONTRACTUAL COMMITMENTS

Operating environment – Emerging markets, such as Ukraine, are subject to different risks than more developed markets, including economic, political and social, and legal and legislative risks. As has happened in the past, actual or perceived financial problems or an increase in the perceived risks associated with investing in emerging economies could adversely affect the investment climate in Ukraine and the Ukraine's economy in general.

Laws and regulations affecting businesses in Ukraine continue to change rapidly. Tax, currency, and customs legislation within Ukraine are subject to varying interpretations, and other legal and fiscal impediments contribute to the challenges faced by entities currently operating in Ukraine. The future economic direction of Ukraine is heavily influenced by the economic, fiscal and monetary policies adopted by the government, together with developments in the legal, regulatory, and political environment.

The global financial system continues to exhibit signs of deep stress and many economies around the world are experiencing lesser or no growth than in prior years. Additionally, there is increased uncertainty about the creditworthiness of some sovereign states in the Eurozone and financial institutions with exposure to the sovereign debt of such states. These conditions could slow or disrupt Ukraine's economy, adversely affect the Organization's access to capital and cost of capital for the Organization and, more generally, its business, results of operations, financial condition, and prospects.

According to the government's statistical data, consumer price inflation for the years ended 31 December 2011 and 2010 was 4.6% and 9.1%, respectively.

Taxation – Ukrainian tax authorities are increasingly directing their attention to the business community as a result of the overall Ukrainian economic environment. In respect of this, the local and national tax environment in Ukraine is constantly changing and subject to inconsistent application, interpretation, and enforcement. Non-compliance with Ukrainian laws and regulations can lead to the imposition of severe penalties and interest. Future tax examinations could raise issues or assessments which are contrary to the Organization's tax filings. Such assessments could include taxes, penalties, and interest, and these amounts could be material. While the Organization believes it has complied with local tax legislation, there have been many new tax and foreign currency laws and related regulations introduced in recent years, which are not always clearly written.

Tax Code of Ukraine (the "Code") was officially published on 4 December 2010. The Code came into force starting from 1 January 2011. Section III of the Code introduced new principles of corporate income tax assessment and became effective from 1 April 2011. It should be noted that the Code provides for gradual reduction of the corporate income tax rates from 25% to:

- 23% effective from 1 April 2011 to 31 December 2011;
- 21% effective from 1 January 2012 to 31 December 2012;
- 19% effective from 1 January 2013 to 31 December 2013;
- 16% effective from 1 January 2014.

The procedure for administering deductible expense by corporate income taxes was changed, etc. The Organization's management believes the enactment of the Tax Code of Ukraine did not have a significant impact on the Organization's operations.

Operating leases commitments – As of 31 December 2011 and 2010, the Organization has the non-cancelable commitments within one year on the operating leases of premises in amount of UAH 1,974 thousand and UAH 1,664 thousand, respectively.

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6. RISK MANAGEMENT POLICIES

Major categories of financial instruments – The Organization's principal financial liabilities comprise trade accounts payable, other current liabilities and accrued liabilities. The main purpose of these financial instruments is to raise funds for the Organization's operations. The Organization has various financial assets, such as cash and cash equivalents and other current receivables.

	31 December 2011	31 December 2010
Financial assets		
Other current receivables	6,763	13,028
Cash and cash equivalents	78,899	49,526
Total financial assets	85,662	62,554
Financial liabilities		
Accruals for employee benefits	907	1,259
Trade accounts payable	263	3,713
Taxes and duties payable	104	-
Insurance fees payable	1	-
Salaries and related charges	104	-
Other current liabilities	1,952	432
Total financial liabilities	3,331	5,404

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

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

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

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

The carrying amounts of the Organization's foreign currency denominated monetary assets and liabilities as of 31 December 2011 and 2010 are as follows:

	31 December 2011		31 December 2010	
	USD	EUR	USD	EUR
Assets				
Cash and cash equivalents	75,451	-	47,165	-
Other current receivables	-	19	7	3
Total assets	75,451	19	47,172	3
Liabilities				
Trade accounts payable	101	-	423	-
Total liabilities	101	-	423	-
Net currency position	75,350	19	46,749	3

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

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

	USD	EUR
Profit as of 31 December 2011	7,535	2
Profit as of 31 December 2010	4,675	-

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 2011 and 2010, all financial liabilities of the Organization based on contractual payments were due within the period from one to three months.

7. FAIR VALUE OF FINANCIAL INSTRUMENTS

Estimated fair value disclosures of financial instruments are made in accordance with the requirements of UAS 13 "Financial Instruments". Fair value is defined as the amount at which the instrument could be exchanged in a current transaction between knowledgeable, willing parties in an arm's length transaction, other than in forced or liquidation sale. As no readily available market exists for a large part of the Organization's financial instruments, judgment is necessary in arriving at 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 2011 and 2010, fair value of all assets and liabilities of the Organization is estimated by the Organization's management to approximate their carrying amounts.

8. SUBSEQUENT EVENTS

Subsequent to 31 December 2011, the Organization started to receive additional financing from the Global Fund according to the program Round 10 "Building a sustainable system of comprehensive services on HIV prevention, treatment, care and support for MARP's and PLWH in Ukraine" per signed agreement UKR-011-G08-H dated 06 December 2011. Total amount of financing according to this agreement equals to USD 43,615 thousand and expected to be granted till the end of December 2013. Financing program from USAID named "Scaling up the National Response to HIV/AIDS through Information and Services" was finished by the Organization on January 31, 2012, with no further extension.

9. APPROVAL OF THE CONSOLIDATED FINANCIAL STATEMENTS

These consolidated financial statements were approved by management and authorized for issue on 16 July 2012.

Annex 7. Informational and Methodological Work of ICF “International HIV/AIDS Alliance in Ukraine”, the List of Publications in 2011

Publications for representatives of populations vulnerable to HIV

A Desk Book for Positive People

The second edition of the guidelines for PLWH “A Desk Book for Positive People” was developed jointly with the Ukrainian AIDS Center specialists and contains basic information on a healthy lifestyle, treatment, the legal framework, etc.



Care about Oneself



This publication is intended for MSM living with HIV. The brochure highlights main issues that are of interest for this target population, i.e. getting tested and a difficult psychological condition following a positive test result, relationships with those surrounding and significant others. It incorporates general information on a healthy lifestyle of HIV positive people. The author also dwells upon relations with the society, sexual life, and focuses on the need of a socially active position. The edition also contains references to useful sources which will be of use for people facing this problem.

Pregnancy and Drugs

The brochure covers key problems to be faced by a pregnant drug user and risks for woman's reproductive health. It advises on contraception means in general and those suitable and unsuitable for drug users, and also highlights impacts on a female organism from various narcotic substances. A special section is dedicated to issues of HIV-positive woman's pregnancy.



What Should Be Known about TB

The brochure contains basic information on TB, ways of getting infected, basic prevention and treatment issues. A particular attention is paid to drug users and HIV-positive people who have TB, and features of treatment that are specific for this target population.

10 Questions about Male and Female Condoms

As a Q&A session, the brochure delivers basic information on main means of barrier contraception, i.e. male and female condoms. The questions covered include the existing myths on the use of condoms, effectiveness of particular means of contraception, an impact of condoms on sharpness of feelings, as well as questions on sexually transmitted infections.



Man's View on a Female Condom

This brochure is targeted at the specific target population, i.e. clients of SWs using a female condom. Since this means of contraception remains hardly known, advantages of this method and technique of its use are revealed.



“Vint”

Targeted at users of simulants who prefer “vint”, this brochure provides basic information on this type of drugs, health risks from its use, and also describes possible consequences of overdoses and means of overdose prevention.

“Boltushka”

This is another brochure targeted at users of simulants. It specifies an impact on the organism from the drug called “boltushka”. The authors point at its harm for the organism, compliance with basic safety features of its use, and overdose risks.



Publications for specialists on response to HIV/AIDS



Forming a Tolerant Attitude to Children Affected by HIV/AIDS: Specific Features of Volunteer Trainings

This guidelines reveal key aspects of work with volunteers working with children affected by HIV/AIDS. The guidelines are built up in a way that allows the readers to both get necessary theoretical information and practical recommendations as to arranging a volunteer movement on these problems. Issues of tolerance as a means of contracting further stigma and discrimination against HIV-positive people, general approaches to organizing volunteer activities and specific features of volunteer trainings, and modern methods and forms of work (peer-driven individual and group work; innovative and interactive methods of volunteer training work; “live library”, etc.) are highlighted. It also describes specific features of awareness-raising campaigns and contains materials that can be used during workshops and training sessions with necessary comments and expert advice provided. The brochure was developed by ICF “International HIV/AIDS Alliance in Ukraine”, the Center for Healthy Lifestyle of the State Family and Youth Institute, and the School of Social Work at the Kyiv Mogyla Academy National University.

Pharmacy-based HIV Prevention: Towards a Universal Access

This guidelines are based on the expertise of ICF “International HIV/AIDS Alliance in Ukraine” and PATH (“The Program for Advancement through Health and Education”) regarding the basic aspects of preparation and implementation of pharmacy-based prevention interventions, materials of trainings for pharmacists and representatives from HIV-service organizations, and experience of fruitful activities of social workers and medical staff.



Training Module for Volunteers from among Prisoners “Step by Step”



This brochure is for training volunteers in the penal system and a logical continuation of the publication “Step by Step. Prevention Work of Non-governmental Organizations in Penal Institutions of Ukraine”. The publication has been developed by specialists from NGO “Penitentiary Initiative”. This cycle of trainings highlights all the aspects of work with volunteers and uses experience of other non-governmental organizations working in this field.

Guidelines for the Medical Staff on HIV Counseling and Testing Services

This Guidelines have been developed by the State Service on HIV/AIDS and Other Socially Dangerous Diseases and the MoH Working Group on HIV Counseling and Testing, and target the medical staff, senior management of the healthcare system and its particular institutions.



Developing Gender-sensitive Approaches to Methods of HIV Prevention among Female Drug Users

This brochure summarizes results of the implementation of the component on female drug users under the harm reduction program which included developing and introducing gender-sensitive policies and procedures for services targeted directly at women. The publication covers and analyzes the experience of an organization that delivered this intervention, contains success stories, client feedback, intervention assessment and basic project documents.

Mentor Support Program

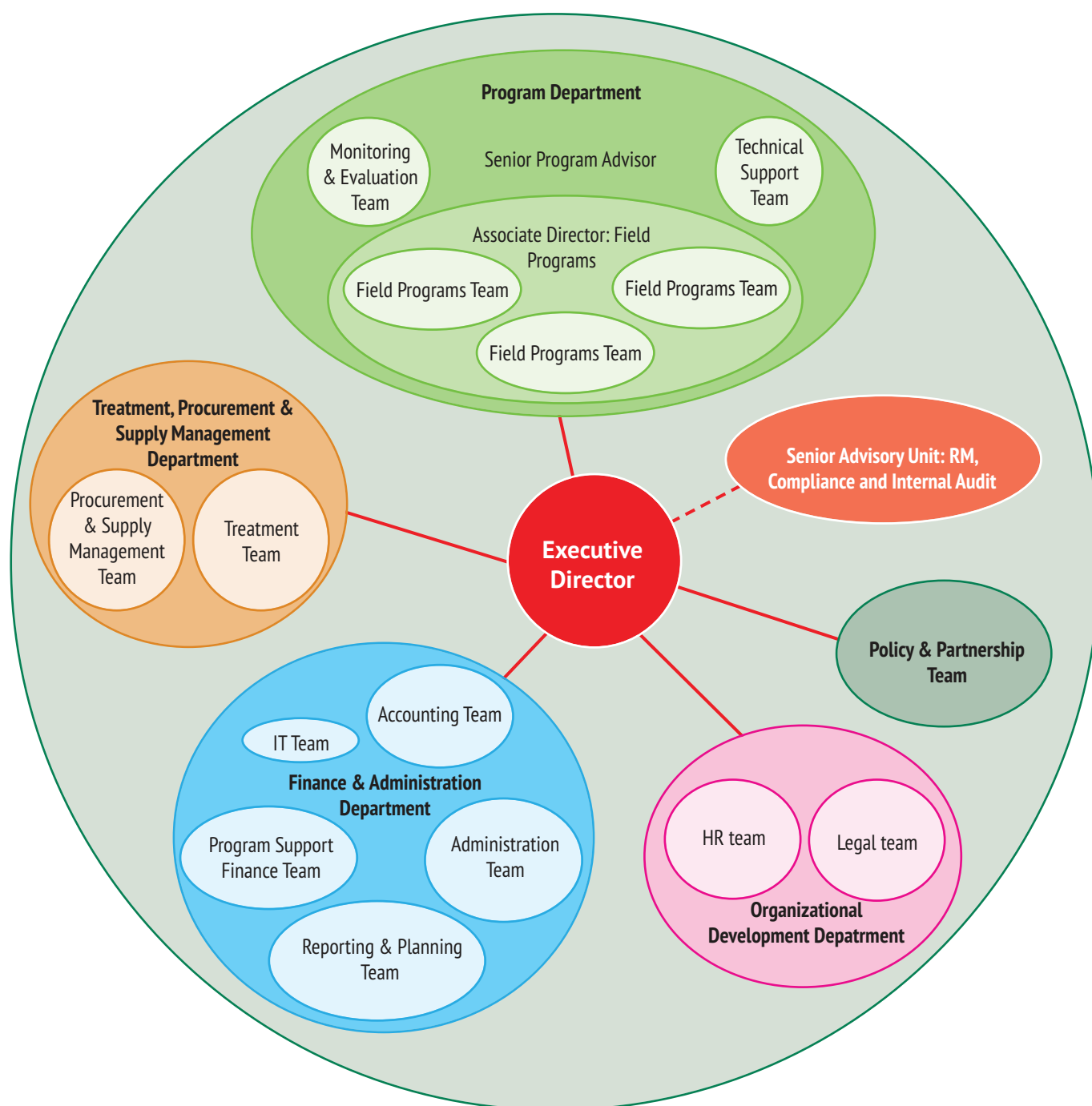
This brochure is dedicated to the innovative technique of HIV prevention work with MSM (i.e. the Mentor Support Program), developed by The Metro Center Ltd. (London, UK). In Ukraine the Program implementation commenced in 2009 and has had a positive impact on both participating clients and their mentors. The brochure incorporates background information on the Program, its history and changes introduced after piloting in Ukraine. Practical recommendations on arranging work and incentivizing volunteers are provided. Also, papers needed for the Program implementation are covered.



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

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

Annex 8. Organizational Chart of ICF “International HIV/AIDS Alliance in Ukraine”*



* As of 01 January 2012

Annex 9. Composition of the Governing Board, Supervisory Committee, General Meeting and Staff of ICF “International HIV/AIDS Alliance in Ukraine”*

Members of Statutory Bodies

GOVERNING BOARD

Yuriy Kobyshcha	Board Chairman
Svitlana Antonyak	
Iryna Borushek	
Roman Kobets	
Anna Sarang	
Julie Saunders-Bondarenko	

SUPERVISORY COMMITTEE

Jon Cooper	Committee Chairman
Irena Gryga	
Vadim Menzhulin	
Natalia Sannikova	

GENERAL MEETING

Vyacheslav Kushakov
Svitlana Antonyak
Yuriy Kobyshcha
Anna Sarang
Julie Saunders-Bondarenko

Directorate

Andriy Klepikov	Executive Director
Pavlo Smyrnov	Deputy Executive Director: Program
Zahedul Islam	Director: Treatment, Procurement & Supply Management
Oleh Kukhar	Finance Director
Vlasta Brodska	Organizational Development Director
Ganna Dovbakh	Associate Director: Policy & Partnership
Sergiy Filippovych	Associate Director: Treatment
Olga Varetska	Associate Director: Strategic Information, Monitoring & Evaluation
Tetyana Deshko	Associate Director: Field Programs; Project Director: CAHR

* As of 01 January 2012

Personal Assistants

Iryna Zharuk	Personal Assistant to Executive Director
Anna Eremina	Personal Assistant to Director Treatment, Procurement & Supply Management
Anastasia Babenko	Personal Assistant to Deputy Executive Director: Program
Ievgene Kushnir	Personal Assistant to Associate Director: Field Programs

Senior Advisory Unit: Risk Management, Compliance and Internal Audit

Anna Bevziuk	Senior Officer: Compliance and Internal Audit
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Policy and Partnership Team

Galyna Naduta	Senior Program Manager: Regional Policy & Coordination
Kostyantyn Pertsovskiy	Senior Communication Manager
Pavlo Skala	Senior Project Manager: Policy & Advocacy
Myroslava Andrushchenko	Program Manager: Knowledge Sharing
Vlada Rabinova	Senior Operations Officer: RTSH
Kateryna Kosmina	Program Officer: Production & Design
Lyudmyla Maistat	Program Officer: Policy, Advocacy & Technical Support
Olga Bilous	Inventory & Distribution Officer
Anna Oliynyk	Translator
Georgiy Peday	Editor/Proof-reader
Oksana Veres	Program Assistant

Program Department

Olena Purick	Senior Program Advisor
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Field Program Team (South -West region)

Victor Isakov	Head of Team
Nataliia Moskovchenko	Senior Program Officer
Anna Tokar	Program Officer
Kateryna Slobodianiuk	Program Officer
Olena Shost	Program Assistant

Field Program Team (North -West region)

Volodymyr Chura	Head of Team
Tetyana Mikityuk	Senior Program Officer
Olena Goncharenko	Senior Program Officer
Nadiya Yanhol	Program Officer
Daria Ivanenko	Program Officer

Field Program Team (East region)

Lyudmyla Shurpach	Head of Team
Anastasia Mazurenko	Senior Program Officer
Olexandra Datsenko	Senior Program Officer
Kiana Tabakova	Program Officer
Andriy Khrapal	Program Officer
Oksana Kononkova	Program Assistant

Monitoring & Evaluation Team

Tetiana Mykhalchuk	Senior Program Manager: Programmatic M&E & Donor Reporting
Maria Samko	Senior Program Manager: Programmatic Monitoring & Evaluation, HIV/Tuberculosis
Tetyana Salyuk	Program Manager: Research & Evaluation
Inna Shvab	Senior Program Officer: Research & Field Analysis
Igor Matviichuk	Program Officer: Reporting & Planning
Olga Khan	Program Officer: HIV/Tuberculosis Research
Svitlana Bezimenna	Program Assistant

Technical Support Team

Liudmyla Shulga	Head of Team
Oksana Matiyash	Technical Support Manager
Myroslava Debelyuk	Technical Support Manager
Natalia Dvinskykh	Technical Support Manager
Natalia Nagorna	Program Manager: Community Based Information
Maryna Varban	Program Manager: Technical Support Resources Development
Natalia Vakulenko	Program Assistant

Treatment, Procurement and Supply Management Department

Treatment team

Dmytro Kyryk	Senior Program Manager: Viral Hepatitis
Kostyantyn Talalayev	Program Manager: Treatment
Oksana Smetanina	Program Manager: HIV/Tuberculosis
Vladislav Volchkov	Health Product Manager
Oksana Savenko	Senior Program Officer: Treatment
Oleksandr Lebega	Senior Program Officer: Treatment
Victor Kolomiets	Senior Program Officer: Treatment
Evgenia Gelukh	Program Officer: Tuberculosis/ HIV
Olga Denisiuk	Program Officer: HIV/Tuberculosis
Tetiana Prokhorova	Assistant to Treatment Unit

Procurement and Supply Management team

Iryna Malykh	Head of Team
Vitaliy Velikiy	Procurement & Supply Management Manager
Taisia Romanovskaya	Senior Procurement Officer
Tetiana Polyakova	Senior Procurement Officer
Anna Garusovskaya	Procurement Officer
Olesya Lupalo	Procurement Officer
Maksym Ivanenko	Assistant to PSM Unit

Organizational Development Department

Human Resources Team

Victoria Obozna-Petrova	Head of Team
Oksana Rybchak	HR Manager
Ganna Goncharenko	Senior HR Officer
Tetyana Vorobyova	HR Officer

Legal Team

Ihor Voytenko	Head of team
Vasyl Parfenyuk	Legal Officer

Finance & Administration Department

Accounting Team

Larysa Zatuliviter	Head of Team
Olena Nosatska	Deputy Chief Accountant
Alla Kravets	Senior Accountant
Olena Yatskova	Senior Accountant; Accountant
Anastasiya Zorya	Accountant
Olga Diubina	Accountant
Kateryna Ivanitska	Assistant to Accounting Team

Program Support Finance team

Olga Zozulynska	Head of Team
Iryna Yara	Finance Manager
Dmytro Belon	Senior Finance Officer
Svitlana Voynich	Senior Finance Officer
Kateryna Tytovska	Senior Finance Officer
Igor Arbatov	Finance Officer
Oksana Yatsko	Finance Officer
Ksenia Ivashenko	Program Support Finance Assistant

Reporting & Planning team

Ilona Sidorenko	Head of Team
Iryna Kozhemyachenko	Finance Manager
Kateryna Boyko	Senior Budget Officer
Yuriy Zozulynskiy	Finance Officer: Reporting & Planning

Information Technologies Team

Oleksadr Zavarzin	Head of Team
Igor Zelenskiy	Data Manager
Pavlo Usenko	Senior IT Officer
Vyacheslav Yatsyuk	IT Administrator

Administration Team

Maryna Maslennikova	Head of Team
Natalya Zyma	Senior Administration Officer
Ivanna Yaremenko	Travel Support Officer
Alyona Vinaryeva	Administration Assistant
Ganna Salnikova	Secretary
Valeriy Sheremet	Secretary
Valentyna Gavrylchuk	Assistant to Head of Team
Galyna Kutsaenko	Assistant to Head of Team
Valentyna Glazko	Cleaner
Antonina Tkacheva	Cleaner
Svitlana Shevchenko	Housekeeper
Mykhailo Yakovlev	Household Manager

Regional Coordinators

Tetyana Afanasiadi	Regional Coordinator, Odesa
Alla Kalinina	Regional Coordinator, Cherkassy
Evgenia Lysak	Regional Coordinator, Kherson
Valentyna Pavlenko	Regional Coordinator, Donetsk
Iryna Potapova	Regional Coordinator, Sevastopol
Svitlana Khotina	Regional Coordinator, Mykolaiv
Mykhaylo Yaroshevskiy	Regional Coordinator, Dnipropetrovsk
Olexandr Yatsyuk	Regional Coordinator, AR Crimea

Permanent Consultants

Vasyl Setter	Driver
Ksenia Dordiuk	Program Assistant to Field Program Team (North-West region)



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