

## SITUATIONAL REPORT as of 28.04.2022

response to challenges caused  
by the Russian aggression against Ukraine:

# INTERNALLY DISPLACED PEOPLE AND REFUGEES

### PREVIOUS REPORTS

8.04.2022  
situation report №8.  
Humanitarian aid.

[Read the report](#)

04.04.2022  
situation report №7.  
Situation in the temporarily  
occupied territories  
of Kherson and  
Kherson region.

[Read the report](#)

31.03.2022  
situation report №6. Opioid  
Agonist Treatment (OAT).

[Read the report](#)

26.03.2022  
situation report №5.

[Read the report](#)

23.03.2022  
situational report №4.  
Situation in Mariupol

[Read the report](#)

21.03.2022  
situation report №3.

[Read the report](#)

14.03.2022  
situation report №2.

[Read the report](#)

8.03.2022  
situation report №1.

[Read the report](#)



**DONATE:  
SUPPORT  
UKRAINIAN**



over  
**4,6 MLN. PEOPLE**  
have left the country



over  
**7 MLN. PEOPLE**  
have moved to other regions of Ukraine

The key priority for the Alliance for Public Health (APH) is **ensuring uninterrupted treatment of patients and provision of services to clients from among vulnerable populations.**

Because of the war, over 4.6 million people have left the country, and more than 7 million have moved to other regions of Ukraine. Among them are many members of key populations who are especially vulnerable due to the threat of losing access to services and treatment.

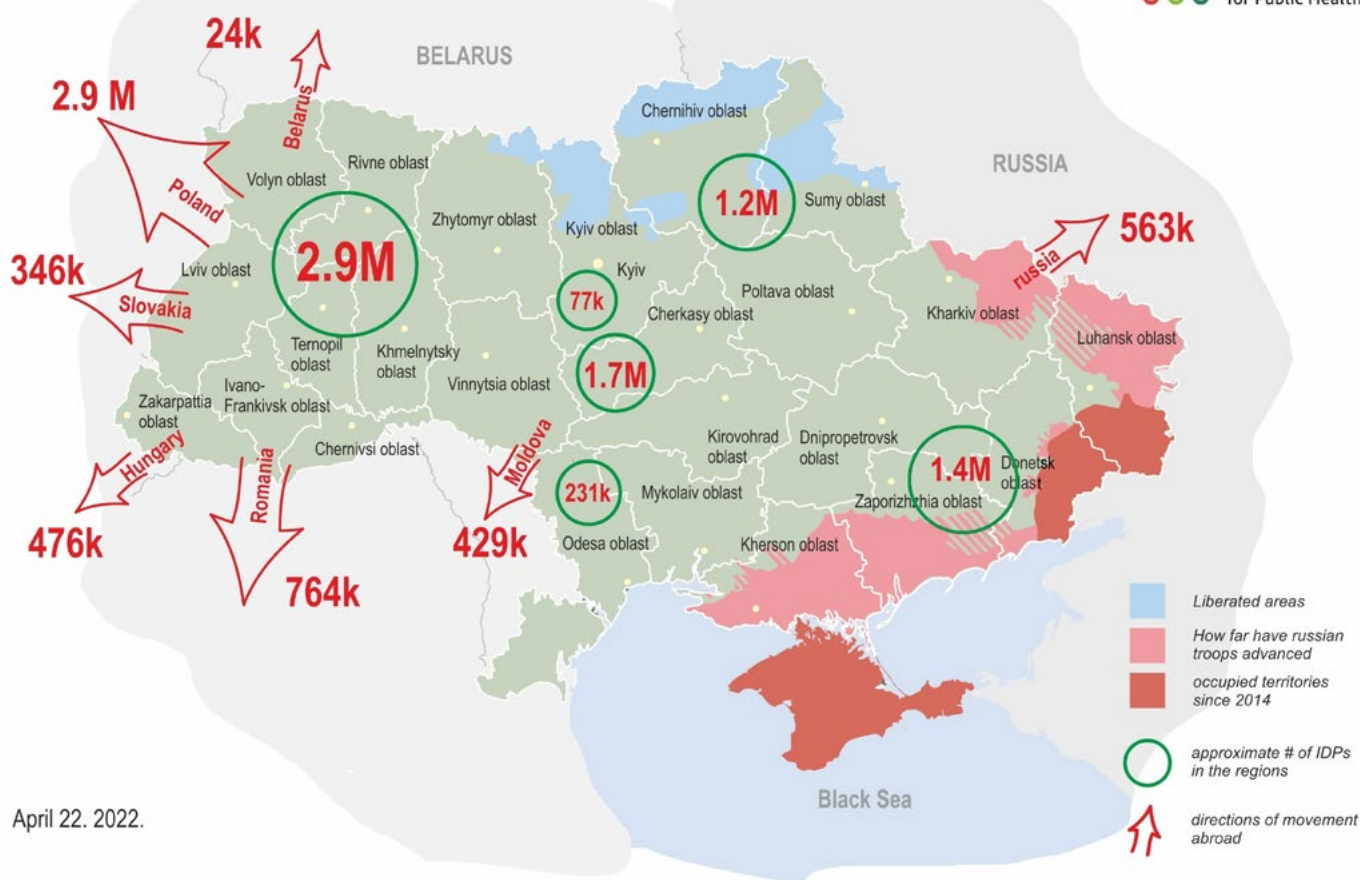
- ❗ Preliminary analysis of a sample of data from SYREX database covering GF and PEPFAR supported projects shows that **more than a third of all the clients of harm reduction programs** who have come for prevention services in 2022 have not received such services since the beginning of the war. Indeed, **35% of PWID, 45% of SWs, and 58% of MSM** have received neither counseling, nor sterile equipment for drug use, nor condoms, nor testing for HIV so far. Among the **TG people** this rate is as high as **57%**. This may be related to both mass relocation of representatives of vulnerable groups, and reduction of these activities in the regions. At the same time we observe increase of the clients in Central and Western parts of Ukraine, with increasing demand for harm reduction services as well as request to address emerging humanitarian needs. We are talking about tens of thousands of IDP representing key populations reconnecting for continuation of services.
- ❗ Based on the latest operational data, **more than 600 OAT patients** have been forced to change their location; most of them are already receiving treatment at their destinations. The data is being updated constantly, and the real number is much higher, as most patients received their drug for 30 days before departure. While such regions as Donetsk, Lugansk and Kharkiv experienced the largest losses in OST clients, Lviv, Poltava, Dnipropetrovsk and Zakarpattya regions encountered increases, thus indicating the direction of client movement.
- ❗ According to preliminary data, **approximately 332 patients** of private clinics have registered at state OAT sites at their new places of residence. There is no available data as to how many patients stopped their treatment and switched to street drugs.
- ❗ There is a significant risk **of treatment interruption among TB/MRTB patients**: only 4% have moved to safe territories; others are afraid of relocation and uncertainly.
- ❗ **Over 2,500 patients** who receive care from Alliance-supported projects have access to ART despite their relocation to other regions and countries.

### MAIN ACTIVITIES OF APH AND ITS PARTNERS:

- ✓ **Helping to ensure** uninterrupted treatment and service provision to IDPs and patients from among key populations who remain at home.
- ✓ **Helping clients** in transit in different cities of Ukraine who require support with treatment and information about moving abroad.
- ✓ **Helping patients** abroad to get access to OAT, ART, hepatitis treatment and social services.

# SITUATION OVERVIEW

## IDPs and refugees. Ukraine.



Source for the map: [https://reliefweb.int/sites/reliefweb.int/files/resources/2022-04-11\\_Ukraine%20SitRep%20Humanitarian%20Impact\\_final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/2022-04-11_Ukraine%20SitRep%20Humanitarian%20Impact_final.pdf)

The war in Ukraine has caused one of the largest and fastest-growing migration crises in the world. According to the UNHCR, since 24.02.2022, 4,656,509 persons have left the country (as of 12.04.2022, mostly women and children), and at least 7.1 million people have been internally displaced.

Many clients of APH-implemented programs have become IDPs or been forced to leave the country. As changing residence for members of vulnerable populations carries additional risks (e.g. limited access to treatment, social support, counseling, prevention services, etc.), helping such people is one

APH's key activities, along with analyzing general trends to help shape effective programs targeting vulnerable populations in future.

This report presents an overview of the main activities of APH, mostly through the stories of those who have received vitally important aid.



THE WAR IN  
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# ACCESS TO TREATMENT

## INNOVATIONS

A new service, **#HelpNOW**, helps people to access ART, TB medicines, hepatitis treatment and OAT.

Non-government organizations from Ukraine and regional and international organizations, together with Ukrainian public institutions, have organized this emergency service to help Ukrainians access treatments in Ukraine and around the world.

### #HELPNOW PROVIDES THE FOLLOWING SUPPORT:



Support and coordination for accessing ART, OAT, TB and hepatitis treatment.



Support and coordination for accessing psychological aid.



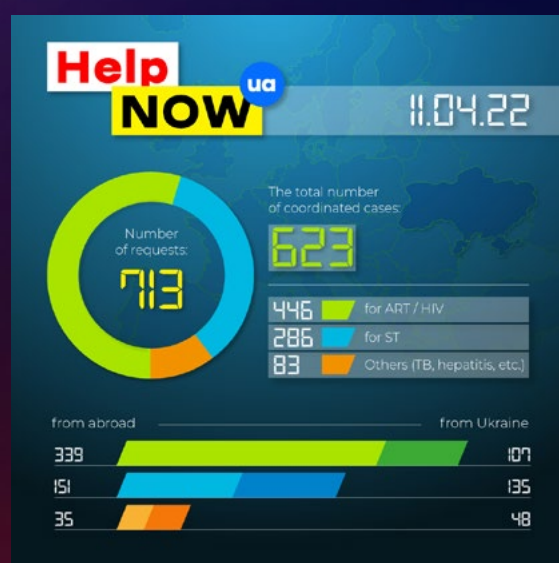
Support for online access to lost prescriptions for HIV treatment

**ДОПОМОГА УКРАЇНЦЯМ ЗА КОРДОНОМ  
З ОТРИМАННЯ ДОСТУПУ ДО ЛІКУВАННЯ  
ВІЛ, ТБ, ГЕПАТИТУ ПО ВСЬОМУ СВІТУ:**

- ART, ПТБ, ЗПТ
- координація отримання лікарських  
призначень за кодом
- психологічна підтримка

Звертайтесь:

helpnowua@gmail.com  
 /helpnowbot  
 google-форма (через qr-код)



## SERVICE OPERATION REVIEW

| ART  | OAT  | TB  | Hepatitis   | Psychological aid  |
|--|--|---|---|--|
|  |  |   |   |  |
| <b>Requests from abroad</b>  |  |   |   |  |
| <b>386 cases</b><br>Germany – <b>136</b><br>Poland – <b>106</b><br>Chech Rep. - <b>17</b><br>Italy - <b>15</b><br>Bulgaria – <b>15</b> | <b>172 cases</b><br>Poland – <b>54</b><br>Germany – <b>52</b><br>Chech Rep. – <b>10</b><br>Spain – <b>10</b><br>Italy - <b>7</b> | <b>22 cases</b><br>Germany – <b>10</b><br>Poland – <b>5</b><br>Ireland – <b>2</b> | <b>23 cases</b><br>Germany – <b>8</b><br>Poland – <b>7</b><br>Slovakia – <b>3</b> | <b>15 cases</b><br>Poland – <b>6</b><br>Germany – <b>5</b> |
| <b>Requests from Ukraine:</b>  |  |   |   |  |
| <b>113 cases</b>   | <b>145 cases</b>   | <b>8 cases</b>  | <b>31 cases</b>   | <b>8 cases</b>   |



## PERSONAL STORY

# «Just one week between writing to **HelpNOW** and receiving the therapy!»

**Kateryna\*, from Kryvyi Rih, is now in Poland. She was reluctant to leave her home, but when the Russian army approached Kryvyi Rih and air raids started above the city, fear for her child made her move. On March 16 she reached Lviv, and then took a train to Przemysl.**

In May, it will be two years since the young woman started ART. When she reached Poland, she had medications with her until mid April, as she was lucky enough to obtain another month's supply right before leaving her home. But she did not know what to do next or where could she get more medicines, as she had no health records with her.

*'In Kryvyi Rih AIDS Center, social workers are assigned to individual clients. I wrote to my social worker, Oleksandr\*, and described my situation, asking what I could do. He told me he would try to help, and on the very same day, he sent me a link to the Facebook page of #HelpNOW. First, I completed the Google form and wrote in Facebook Messenger — they replied promptly and sent me a document with information about sites I could go to if I needed ART. I found the nearest city — Chorzow, and went there.'*

Kateryna did not call the clinic before she went there because she does not speak Polish and was afraid they would not understand her. Early in the morning she came

to the reception and tried to explain her issue in her broken Polish. The personnel were very friendly and confirmed she had come to the right place. They immediately created a health record and took her to a doctor who examined her, and asked in detail about how long she had been taking the therapy, whether she had chronic diseases or any complaints. Kateryna brought her medicines with her, and the doctor said they did not have the same in Poland, but had substitutes. He spoke slowly and made sure she understood him, even trying to find some words in Russian when he saw she was struggling. Eventually, he arranged a blood test for her in July, gave her medicines for a month, and appointed a next meeting for her to get the next batch of medicines.

*'They do not indicate the name in the health record, only a code. Not a single page with my name. So I just need to keep my code and provide it during my next visit. By the way, when filling in a client's record, you can indicate a trusted person (or persons) who can come to receive the medicines on the prescribed day. It is very convenient, especially if you live a long way away or do not know your future working schedule. Unfortunately, I had no-one to indicate as my trusted person, but it is important that other Ukrainians know about this option. And I want to say thanks: it was just one week between writing to HelpNOW and receiving the therapy!'*

## «I lost my nerve. We packed what we could and left Kharkiv»

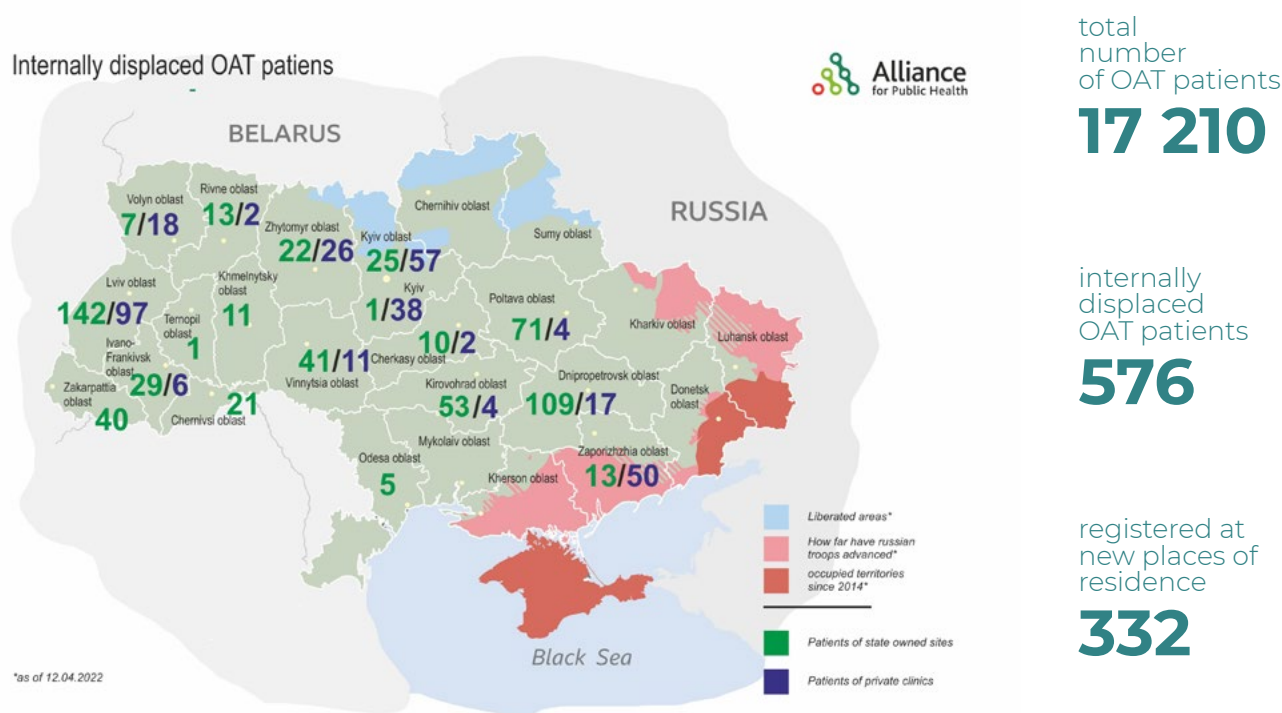
**Ihor\* from Kharkiv is now in the Polish city of Lodz. He had been a client of the Blaho free OAT program since 2016. However, as for all Ukrainians his life changed abruptly on February 24. Neither he nor his family wanted to leave their native city, but when explosions started shaking their house they lost their nerve, packed what they could take in a few hours and left Kharkiv. They headed for Poland because they had friends there who promised help them settle. After his arrival in Lodz, Ihor understood that he had very little drug left and had to seek help.**

His acquaintances referred him to #HelpNow by forwarding a Facebook link, and Ihor sent an email to the service. The answer soon came back with information and the address of a center in Lodz. "They received me very well there. The doctors are kind, positive, and welcoming. I was unwell when I arrived. I spent half an hour there, and they gave me the drug and I felt better. The only problem was that I didn't speak Polish... it was hard to communicate with them, otherwise everything went well. I am registered with the program here now, and thank you all for your help!"

# OPIOID AGONIST THERAPY

## THE MAIN CHALLENGES FOR OAT IMPLEMENTATION IN UKRAINE ARE:

- ❗ **Threat to the lives** of people on occupied territories and territories where heavy fighting is ongoing.
- ❗ **Humanitarian crisis.**
- ❗ **Threat of closing OAT sites** because of fighting, destruction and occupation of territories.
- ❗ **Limited access** to medicines because they cannot be delivered to certain areas.
- ❗ **Increased demand** for the drugs at state OAT sites because of mass requests coming from private clinics and the lack of drugs in pharmacies.
- ❗ **Displacement of OAT patients**, health personnel, OAT project staff providing PSS services; loss of contact with OAT patients.



As of 12.04.2022, approximately **576** internally displaced OAT patients have been registered (the total number of OAT patients is 17,210 persons); approximately **332** patients of private clinics have been registered at new places of residence. The situation is changing daily



## SITUATION IN INDIVIDUAL REGIONS:

### Luhansk oblast:

since the beginning of the war, 42 IDPs have moved to the oblast, but at the end of March/early April contact with the sites was lost. In early April, patients at the site in Sievierodonetsk were to receive a 30-day supply of the drugs, and a 10-day supply in Svatovo, but according to the most recent data, the site is closed and does not operate. The site in Rubizhne has been destroyed, and there is no contact with the site in Lysychansk. Mass evacuation is ongoing in the region.

### Donetsk oblast:

presently, only one site out of seven is still working in the oblast — CNPP Primary Healthcare Center no. 1 of Kramatorsk City Council, where about 60 patients continue receiving OAT. Some patients of CNPP Kramatorsk City Center for Dependence, Prevention and Treatment received drugs in Kostiantynivka, Bakhmut and Slovyansk on April 12–14. The next time OAT drugs are planned to be issued is in Kostiantynivka on April 21–22. Some patients from Donetsk oblast have already escaped to other regions, but others refuse to leave their cities despite the urging of social workers, as they hope the fighting will soon end.

### Zaporizhzhia oblast:

the site in Melitopol is closed because of Russian occupation; the patients have received a monthly supply of the drug (sufficient until April 9); they have all received health records and a recommendation to leave the city and continue OAT at other sites in Zaporizhzhia oblast. However, moving from Melitopol is difficult and risky, and patients are afraid of crossing the frontline.



DUE TO THE RUSSIAN  
OCCUPATION

**SITES IN DONETSK, LUHANSK  
AND ZAPORIZHZHIA OBLASTS  
HAVE BEEN CLOSED  
OR DO NOT RESPOND**



## STORIES FROM REGIONS

### Experience of CF Parus (Kharkiv)

*Photo: OAT patients near 'Alternativa' health center*

**The staff of CF Parus, together with private health center Alternativa, have found a way to deliver OAT drugs to patients not just from Kharkiv, but also from sites in the oblast and other war-stricken regions.**

On agreement with the Public Health Center (PHC) of Ukraine, Alternativa has taken the responsibility of providing treatment to patients previously receiving state-funded OAT. The Ministry of Health (MoH) has re-distributed the drugs,

and now 433 patients from Kharkiv and from towns of the oblast who have been able to reach Kharkiv continue the treatment. Social workers from Parus continue helping people with drug dependence. Unfortunately, reserves of drugs for patients on the private program are running low. Staff of Parus and Alternativa help patients leaving Kharkiv to avoid treatment interruption by providing medical documents, helping obtain other required documents, and providing humanitarian aid.

## TWO STORIES OF KHARKIV OAT PATIENTS WHO HAVE LEFT THEIR HOMES.

**Ihor\*** left Kharkiv together with his wife and two small children, as the city had become too dangerous. Ihor received OAT drugs the day before they left. The family decided to stay in Ukraine, so they moved to Poltava. As Ihor had the necessary health records and prescription, he was able to receive a 15-day supply of the drug in Poltava. Now he is looking for a job.

**Oksana\***, an OAT patient who has been receiving the therapy for several years, used to get her therapy at the site of the Oblast AIDS Center. In early March, she was able to get OAT drugs for 30 days at Alternativa health center

which started providing OAT to patients on the state program. She got her medical record and a prescription, along with information about crossing the border. On March 19, she left Kharkiv with her two small children, and with all the documents and her passport and help from volunteers she moved to the Czech Republic. She now lives free of charge in a congress center for one month, and gets free meals and clothing. In the Czech Republic she has joined an OAT program, and is continuing her therapy.

*\*names of the patients  
have been changed*

## ACCESS TO ART

**“Expansion of Access to HIV Treatment Services” component** supported by CDC within the project **“Improvement of HIV Treatment Cascade for the Key Population Groups by Differentiated Identification of New Cases and Treatment Engagement, Building Potential**

**of SI “Public Health Center of the MoH of Ukraine”** is focusing on continuous ART first of all for relocating patients: patients receive information about ART in other regions and countries; patients who arrive from other regions and send requests to ART sites receive consultations

and registration for outpatient support, ART, VL and CD4 tests, and other forms of medical care if necessary. Volunteer aid workers provide clothes and essentials. Some medical workers donate their own belongings to patients in need.

### SITUATION IN SOME REGIONS:



**DNIPROPETROVSK  
OBLAST:**

**259**

IDP have sought  
medical aid

259 IDP patients have sought medical aid (ART, consultation from an infectious diseases doctor, getting health records). Eighteen persons were from Kyiv, 21 from Kyiv oblast, 97 from Donetsk oblast, 20 from Luhansk oblast, 34 from Kharkiv oblast and 11 from Kherson oblast. Patients from the region who had to go abroad have received information about where they can get medicines there.



**PROBLEMS:** not all IDPs can reach the site, they are afraid of status disclosure and losing their job. Wherever possible, medicines are sent to patients via Ukrposhta at their own cost.

### STORIES FROM THE REGIONS:

## «CO Doroha Zhyttia Dnipro»

Because of the mass inflow of IDPs, case managers' workload has increased, as each client requires support, help in taking tests and registration with healthcare facilities. Here are some patients' stories:

**Olena\***, 62, receiving ART: Olena decided to go to her daughter in Turkey after her home was seriously damaged by shelling. A social worker took her to the railway station where she took an evacuation train to the border, then further to Romania from where she flew to Turkey. Thanks to support provided by the organization, Olena received a two-month supply of ART drugs and all the necessary health records. Now she is deciding whether she should get the drugs from Ukrainian social workers by post, or get registered with a site in Turkey to receive ART there.

**Rehina\***, 31, has an eight-month-old child, and lived in Makiyivka (Donetsk oblast) until 2017, when she moved to Kharkiv because she did not want to live under occupation. When the war began, she had to leave her home for a second time. An acquaintance advised her to ask the organization in Dnipro for help. Volunteers helped her to move to Dnipro, where she received free accommodation and consultation on how to restore the documents she lost when her home was shelled. The family has been linked to care at a healthcare facility in Dnipro. Rehina is still in Dnipro, but social workers have informed her of options of moving to Europe.

Two MSM clients, **Oleh\*** (35) and **Oleksandr\*** (37) went to Kherson before the war. When the fighting started, they were unable to return to Dnipro. The clients called their

case manager asking for help with receiving ART at a Trust office in Dnipro. The case manager received their medicines and called Kherson office of Nova Poshta postal service to learn whether the drugs could be sent from Dnipro to Kherson. The answer was positive, and she sent the medicines to the clients on February 27. Upon agreement with the clients, the case manager called an infectious disease doctor in Kherson regarding providing care to clients at their place of stay. All the necessary documents were sent to link the patients to care in Kherson. The patients were informed about the HelpNOW application and options for evacuation to safer locations.

*\*names of the patients  
have been changed*



**POLTAVA OBLAST:****76** IDPs have sought aid

**76** IDPs receiving ART have sought aid. They have been given access to medicines and other services provided to IDPs by CF Svitlo Nadii (shelter, humanitarian aid, etc.) Social workers inform all clients planning to move abroad about opportunities and resources to receive medications (ART, OAT, TB treatment) and continue treatment, including #HelpNOW.

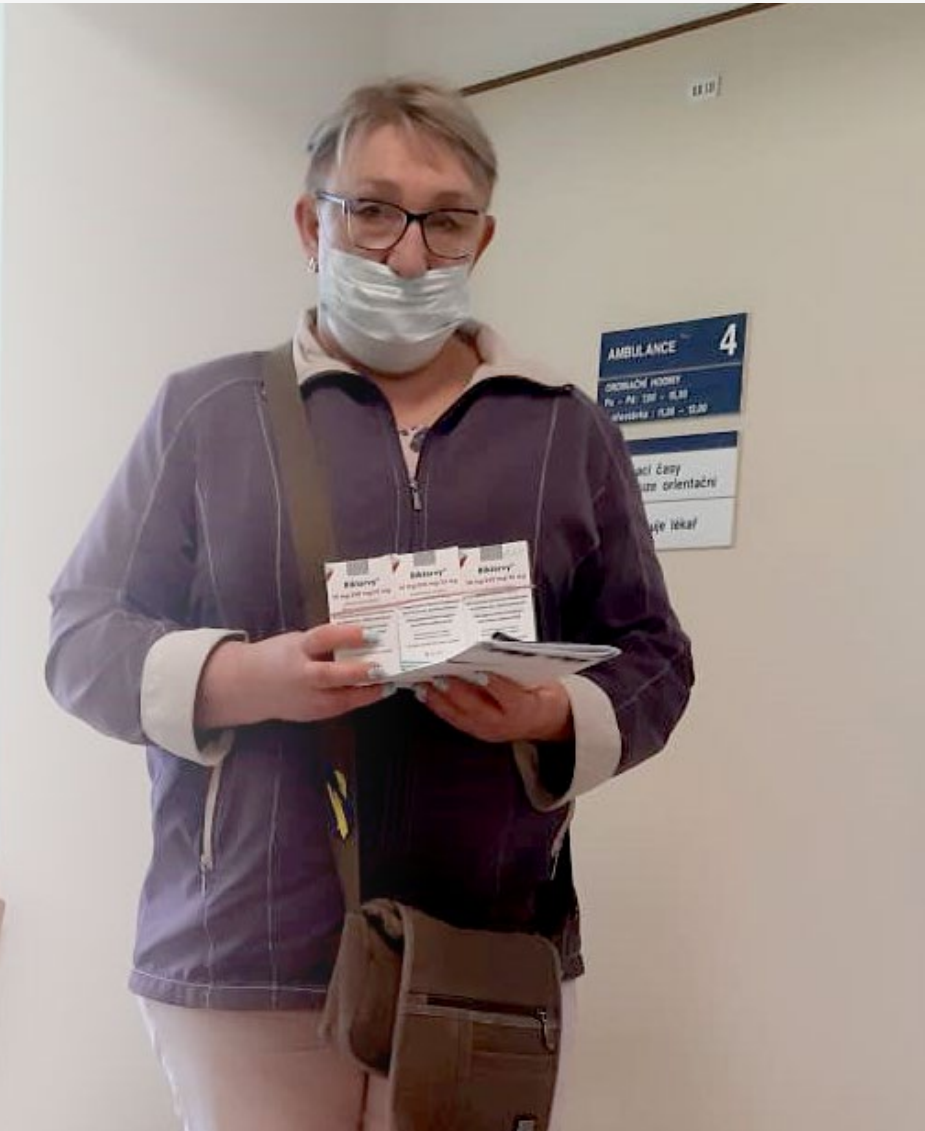
**ODESA OBLAST:****137** IDPs have sought aid

In March, **137** HIV+ IDPs sought aid; **45** of them were registered with healthcare facilities, and 92 received ART without registration.

**PERSONAL STORY:**

«My name is Alina\*, I am 50, and I come from Odesa. Since 2000 and until the beginning of the war, I was getting treatment and medical examinations at the Trust office of Odesa Oblast Center for Socially Dangerous Diseases, as a woman living with HIV. I learnt about my HIV status at Odesa Oblast maternity hospital when I gave birth to my daughter. On 7 March 2022, I was forced to leave Ukraine because of the war. Making this decision was not easy, but right before the war my daughter, Sasha, got pregnant. She has been registered with the Trust office from the day of her birth and used to receive treatment there. To escape the war, we moved to Brno in the Czech Republic. With extracts from our health records given to us in Odesa we registered with a local clinic, where they provided us consultations and a thorough medical examination, including ECG and ultrasound examination. In a week, when all the results were ready, we received ART medicines. They prescribed me additional medications to treat a deficit of iron and vitamin D, and advised me to see an endocrinologist. My daughter was registered with a gynecologist to monitor her during her pregnancy. We discuss everything happening here with our Odesa doctor. I appreciate all the time and efforts they dedicate here to continuing our treatment. We hope and pray that the war in Ukraine will end soon, so we can return home.»

\* patient's name has been changed





**ZAPORIZHZHIA OBLAST:****147** have been accepted

**147** new evacuated clients have been accepted; most of them have received medications and moved on; **22** have been registered with healthcare facilities in Zaporizhzhia. If patients move abroad, they are given a long-term supply of medicines and provided with information about where to get ART abroad; the patients keep in touch with their case managers by Viber so that they are aware of whether treatment can be continued.

**CHERKASY OBLAST:****145** have been accepted

ART has been provided to **145 IDPs**. Most of them come from Kyiv oblast and Kyiv city. To continue effective treatment, staff of the center try to preserve previously-assigned treatment schemes and provide ART drugs to sites in the oblast.

**Mobile Case Finding (MCF) project mobile teams** (MTs) continue their work. In most regions, they focus on providing ART to both local patients and those arriving as evacuees. **The project staff try to keep in touch with their patients to ensure uninterrupted treatment.**

**KYIV:****9%** clients have left

**22** clients have left – **about 9%** of the total number of those who were receiving services; **40% are missing/out of contact**. New locations: Dnipro, Rivne, Lviv, Ivano-Frankivsk, Poland, Slovakia, and France. The project team coordinates receiving ART both in Ukraine and abroad, sends medicines by post, and helps people finding lodging in Ukraine.

**KYIV OBLAST:****10%** clients have left

**16** clients have left (10% of the total number), but **40% cannot be contacted**. Most have moved to other cities of Ukraine (Vinnytsia, Rivne, Lviv, Ivano-Frankivsk, and Zhytomyr), and to Poland and Germany. **The project team coordinates receiving ART both in Ukraine and abroad.**

**MYKOLAIV OBLAST:****1** client have left

**One client** has moved to Poland. The project team coordinates receiving ART abroad

**ZAPORIZHZHIA OBLAST:****3** clients have left

three clients have moved (to Dnipro and Poland). **The project team coordinates receiving ART both in Ukraine and abroad.**

**DNIPRO:****28** clients have left

**28 clients** have moved to other places in Ukraine. **The project team sends ART medicines by post.**

**DNIPROPETROVSK OBLAST:****21** clients have left

**21 clients** have moved (in Ukraine, the medicines are sent by post; abroad, clients are helped to access the treatment from local sources).

**KRYVYI RIH:****20** clients have left

**20 clients** have moved to Lviv or Poland. **The project team coordinates receiving ART both in Ukraine and abroad.**

**KOSTIANTYNIVKA, DONETSK OBLAST:****3** clients have left

**Three** patients are now abroad (in the Czech Republic, Poland, and Russia), **one** is in Kharkiv. **The project team coordinates receiving ART abroad.**

**MARIUPOL:****9** clients have left

**nine** clients have moved (four abroad, five in Ukraine); all of them were helped to **receive ART supply for six months.**

**CHERKASY OBLAST:****1** client have left

**One** client has moved to Poland, and was helped to **receive ART for three months.**

**CHERNIHIV OBLAST:****1** client have left

**One** client has moved abroad, **four** are serving in the Ukraine armed forces (UAF). The project team **coordinates ART receipt in Poland and has delivered ART to clients serving in the UAF.**

# TUBERCULOSIS

## PROVIDING MEDICAL AND SOCIAL SUPPORT TO PATIENTS WITH TB/DR-TB

APH medical and social support project for TB patients is implemented in eight regions of Ukraine: Volyn, Donetsk, Transcarpattya, Kyiv, Lviv, Mykolaiv, Odesa and Kherson regions. Three of the project's regions, Donetsk, Kyiv and Mykolaiv, have suffered the most from active armed hostilities. The situation with relocation is unique in Kherson region, where even if project clients want to leave they are unable to because of the occupation and further active hostilities. In total, **134** clients have left, predominantly

from these three regions. This is approximately **4%** of all project clients who were receiving support before the war. The percentage of relocating MPSS clients is so low because the project targets mostly socially vulnerable populations. Clients were afraid of uncertainty during evacuation, and as they lost often temporary jobs, such as seasonal agricultural work, they ran out of money. Some project clients have died in regions where there were or are active hostilities and occupation.

# 134

clients left the project regions



### PERSONAL STORY:

**62-year-old Vyacheslav left Kramatorsk (Donetsk oblast) because of the war, and is now residing in Lviv.**

He went to Lviv Regional TB Clinical Center (Pulmonary Health Center) with dyspnoea, where treating doctor Khrystyna Petrovska organized necessary aid. The doctor also assessed the patient's needs, after which Vyacheslav was referred to medical and psychosocial support implemented by CA Network Lviv as a part of the APH project.

Currently, he is receiving counseling, food and clothing via a social worker; if required, he can access psychological or legal services.

Clients crossing Ukraine's border were informed about #HelpNOW. Some evacuees crossed the border with a stock of TB treatment drugs, but need documents to be able to receive free TB medications at their new place of residence.



**THE PATIENT-CENTERED MPSS MODEL** CONSIDERS ALL THE NEEDS AND RISKS OF WORK WITH CLIENTS, INCLUDING IDPS. NGOS HAVE BEEN ABLE TO RESOLVE ALL PROBLEMS THAT HAVE ARISEN.

#### SPECIAL NEEDS OF REFUGEE-CLIENTS INCLUDE:

- ❗ temporary lodging,
- ❗ drugs to treat co-morbidities (not TB drugs),
- ❗ clothes, bed linen, hygiene items,
- ❗ full-time/part-time job.

These clients have been provided with TB medicines by regional TB facilities, including those supported by NGOs. TB medicines have been delivered to project clients by NGOs themselves or via Nova Poshta postal service (where the clients pay for delivery).

#### NGOS HAVE ENCOUNTERED THE FOLLOWING PROBLEM AREAS:

- ❗ food packages required not just for TB patients (clients of the project), but for their families as well;
- ❗ timely identification of clients coming to the region;
- ❗ additional workload for social workers.

**APH has allocated additional funds for each NGO to meet the individual needs of clients, considering the specific conditions of each region (occupied/ongoing fighting/liberated).**

Currently, in **Mykolaiv oblast**, **five IDP centers** have been created with the support of MOO Ukrainian Red Cross, which are ready to admit clients from other oblasts.

#### Mykolaiv oblast



created  
**5**  
centers  
for IDPs

#### FUTURE OF WORK WITH INTERNALLY DISPLACED CLIENTS:

Oblast TB services have been notified that all internally displaced patients coming to APH project oblasts will be provided with MPSS by NGOs, and all such IDPs will receive necessary aid in full and on a regular basis.

All contact has been lost with **61 clients**. Those are clients in areas under occupation or heavy fighting zones. This number does not include clients from Mariupol, as there are no contacts with the city. Altogether, there were **222 clients**. So far, we have not been able to contact the interregional coordinator and two case managers from Mariupol.



**61**

**contacts  
has been  
lost**

**61 clients** in the occupation or in the area of active hostilities have lost contact. There is also no connection with **222 clients** of the Mariupol direction.



## PREVENTION

To ensure uninterrupted provision of prevention services to vulnerable populations forced to move to other regions of Ukraine, APH and its partners have **organized referral of such clients to local organizations**. Every partner organization has assigned focal points from among service providers to consult newcomers on relevant services, site locations, etc.

Some organizations have been forced to change their target regions completely. The share of **MSM** is particularly high among clients relocating to the western regions of Ukraine. According to statistics of the HORNET app, which tracks activities and movement of MSM, a large number of existing and potential clients migrated to western Ukraine, namely (in order of the number of MSM IDPs) Lviv, Chernivtsi, Ternopil, Transcarpathia, Ivano-Frankivsk and Volyn regions. **The geography of PrEP program implementation was expanded to cover Lviv region** to maintain access to prevention services for IDP MSM clients.

## IDPs in Poltava

### SUCCESS STORY:

Early data analysis of the SyrEx system has shown **significant growth** of the number of new clients in Poltava (based on CF Light of Hope): PWID have increased by 170%, sex workers by 160% and MSM by 167% compared with January. Situation analysis has shown that this is a direct result of the growing number of IDPs. The organization that provides both harm reduction programs and assistance to IDPs has analysed key trends.

This situation is caused by **several war-related factors**:

- **Sex workers:** some clients who had worked in large cities (Kyiv and Kharkiv) returned to Poltava and resumed or increased their frequency of visits to prevention points; the share of new clients increased due to IDPs and people released from penitentiary institutions.

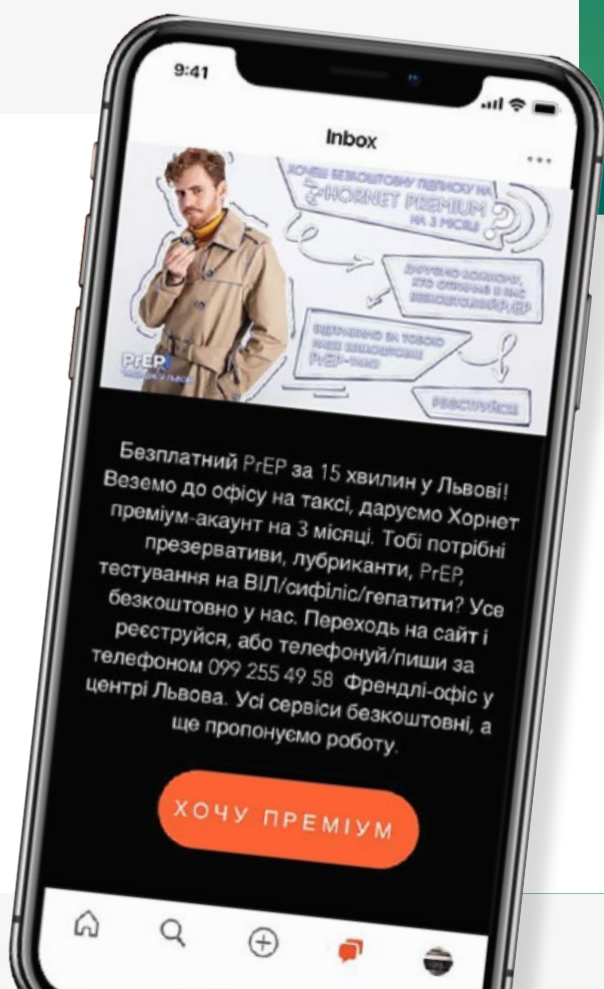
- **MSM:** needs increased in the fields of emotional support, consultations and assistance to receive aid packages; new clients are people who previously lived in Kyiv and Kharkiv.

- **PWID:** access to OAT deteriorated in private clinics in Kharkiv and Kyiv, so many clients moved to Poltava and switched to street drugs. They started seeking the project's assistance because they need professional advice on OAT programs, opportunities for obtaining food packages or other aid, housing for their acquaintances, opportunities for migration within the country and general access to services during martial law;

### GOOD PRACTICE:

## Experience of NGO Alliance.Global

Implementation of the project "Capacity Building of MSMs and Other KGs and Improvement of Access to HIV Services for MSMs", implemented by NGO Alliance.Global with financial support of the APH was jeopardized by hostilities in Kharkiv, Chernihiv and Kyiv region towns where many clients were based. The organization has adapted its work to wartime conditions and now works actively with clients who moved to Lviv by opening a PrEP service point and delivery in this region. For comparison, before the war the organization onboarded **30-35 clients per month** in Kyiv region for PrEP. **The NGO onboarded 41 new clients for PrEP within the first five days of operation of the new Lviv office.** This is a record high number for a city where NGO Alliance.Global started working for the first time.



## STORIES FROM REGIONS:

### CF Nova Simya (Chernivtsi)

Within two weeks, four MSM who moved to Chernivtsi from locations where fighting is ongoing came to the foundation asking to provide PrEP medicines. They were all taken to Chernivtsi Oblast AIDS Center and received counseling and PrEP.

## HARM REDUCTION SERVICES FOR EXPERIMENTING YOUTH AND RECREATIONAL USERS OF PSYCHOACTIVE SUBSTANCES

### Main trends:



Because of the war, clients of the project are being forced to move from Kyiv city and Kyiv oblast to the west of Ukraine, in particular: Lviv city and oblast, Chernivtsi and Chernivtsi oblast, Ivano-Frankivsk city and oblast, Uzhgorod and Mukachevo. This trend has been confirmed by sub-granter Alliance Global.



In response, a decision has been made to open temporary offices in Lviv.



Considering ongoing requests for PartyBoxes, this line of work can be considered relevant. Experimenting youth and recreational users of PAS continue taking substances in the current situation, so the activity is continuing.

# ADVOCACY AND HUMAN RIGHTS

## NATIONAL HOTLINE ON DRUG DEPENDENCE AND OAT

The national hotline on drug dependence and OAT is receiving a lot of calls from people moving to other regions; in April, calls came mostly from **people from Luhansk, Donetsk and Kharkiv oblasts of Ukraine.**



### THE MAIN PROBLEMS:

- ❗ Identification as patients of the state OAT program at the new location, as not all people have the necessary documents with them.  
*Response:* Hotline representatives raised this issue at a briefing with the PHC of the MoH of Ukraine, and a decision was made to develop respective recommendations for narcology doctors (identification using Helsi system and SYREX database of APH). Another measure is to use OAT program member IDs printed by APH and approved by PHC under a pilot project. Such IDs are being sent to the regions.
- ❗ Lack of up-to-date information regarding free slots at OAT sites in certain towns. Often, phones of sites and doctors do not correspond, and PHC data about free slots may be outdated because of the continuous inflow of IDPs.
- ❗ Some OAT clients are unable leave occupied areas to go to government-controlled oblasts of Ukraine, which leads to treatment interruption.
- ❗ Lack of free buprenorphine-based OAT in EU countries. As a rule, patients from Ukraine are offered only methadone for free, unless they have medical insurance.

### EXAMPLES OF CALLS TO THE HOTLINE:

**Vadym, OAT patient from Kharkiv, 42**, is a person with disability and HIV who has moved to Vinnytsia and lost his documents. The operator contacted the chief physician of the oblast narcologic dispensary; the patient has been identified and started OAT at the new location..

**Olena, an OAT patient from Kramatorsk (Donetsk oblast), 40**, moved to Lviv without her documents. The operator contacted the chief medical officer of the hospital in Kramatorsk who, in turn, contacted a narcology doctor from the site the patient came to and confirmed her participation in the OAT program. As a result, the documents required for treatment were issued.

**Olha, 36, a patient of a private OAT clinic** from the town of Bucha which has just been liberated. She moved to Lviv and asked for information about the contacts of private OAT clinics in the city, but as there were none, she was referred to the state OAT site and became a patient.

*\* names of the patients have been changed*



## ACTIVITIES OF THE ALL-UKRAINIAN NETWORK OF WOMEN LIVING WITH DRUG DEPENDENCE (VONA)



Regional representatives of the organization repurposed their activities from the very first day of the war. They now work to resolve humanitarian and legal problems of the community of women who use drugs. **One of the main tasks was and still is moving members of the community and their families to safe places.**

- ✓ Currently, regional representatives from Luhansk and Donetsk oblasts who are now abroad **provide consultations to community members on crossing the border** and joining harm reduction programs abroad.
- ✓ Regional representatives from other regions **monitor free slots on OAT programs in other regions** and help community members to make a decision about which region they should go to.

The biggest workload has fallen onto regional coordinators in Lviv, Volyn and Chernivtsi oblasts. Thanks to cooperation with other donors (INPUD, Renaissance Foundation), they can provide humanitarian aid to internally displaced women who use drugs. They can also promptly respond to transportation requests and pay for temporary accommodation where required (this was important in the first three weeks of the war; now this need is usually covered by centralized humanitarian programs).

### SUCCESS STORY:

## Volyn oblast

**Iryna Yemelyanova, VONA regional coordinator:**

«The state pays for 200 slots on the OAT program, but in such hard times for Ukraine we are ready to admit up to 250 patients. We have already accommodated 30 IDPs and linked them to OAT. Those are people from the state program (they are admitted as priority patients), as well as patients of private sites — there are several of them from Kyiv. So far, we have admitted people from different places: Slovyansk, Kramatorsk, Zaporizhzhia, Mykolaiv, Bakhmut, Sievierodonetsk, Kostyantynivka,

Irpın, and Lysychansk. We can admit 15–20 patients more in Lutsk, and there are vacant slots in Kovel and Volodymyr Volynskyi as well.

People call me when they are looking for evacuation transport, or when they are already on the way. I meet them and take them to free accommodation centers. We have an agreement with volunteers: people get a place to stay, leave their belongings there, and then we go to the narcology dispensary, include them in the program, and help them take a fluorography and an HIV test.

If they need ART, we help them with that as well.

I have good working contact with many organizations and services in our region, so many of the problems of IDPs can be resolved quickly. Women who use drugs have an even harder life in wartime than other women. Thanks to partner help from different organizations, the All-Ukrainian Network of WWUD (VONA) can help community members with food packages. In Lutsk, 27 women have already received such packages.

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To support our emergency efforts, please donate any amount of money to the following accounts:

### Details for foreign currency transfers

Beneficiary: **International Charitable Foundation “Alliance for Public Health”**

EDRPOU Code: 26333816

Purpose of Payment: Donation.

Beneficiary: ICF “Alliance for Public Health”

Address: 24 Bulvarno-Kudriavska St., 01601 Kyiv, Ukraine

Bank name: JSC “Credit Agricole Bank”,

Bank address: 42/4, Pushkinska St., Kyiv – 01004, Ukraine

SWIFT code: AGRIUAUKXXX

#### USD:

Account number: UA073006140000026009500299105

Correspondent bank details for USD: Credit Agricole SA (France)

SWIFT: AGRIFRPP, account number: 20586620000

#### EUR:

Account number: UA063006140000026000500198937

Correspondent bank details for EUR: Credit Agricole SA (France)

SWIFT: AGRIFRPP, account number: 20586612000

#### GBP:

Account number: UA773006140000026008500198939

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SWIFT code: AGRIFRPP, account number: 21185549000

## TOGETHER WE ARE STRONG!

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