

## SITUATIONAL REPORT as of 06.05.2022

Responding to challenges caused  
by the Russian invasion of Ukraine

# PREVENTION

### PREVIOUS REPORTS

28.04.2022  
situation report № 9  
Internally displaced people  
and refugees

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8.04.2022  
situation report №8.  
Humanitarian aid.

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04.04.2022  
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Situation in the temporarily  
occupied territories  
of Kherson and  
Kherson region.

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

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situation report №5.

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23.03.2022  
situational report №4.  
Situation in Mariupol

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### SUMMARY

- ❗ **HIV prevention among key populations** is one of the main activities of the Alliance for Public Health which has been a leader in this area since the beginning of its operations in Ukraine. Situation review conducted by the APH shows that, **despite significant interruptions in service provision in the fighting zones, as of 05.05.2022, projects implemented by the APH and the PHC with the support from the Global Fund, state budget of Ukraine and PEPFAR have been able to carry on their activities and adapt to new challenges.** According to preliminary data, the number of clients having received services in Q1 2022 indicates that the national service coverage has remained the same as in the same period of 2021.
- ❗ **However, it is important to understand that in oblasts most affected by military action, the trends are quite different:** indeed, Kyiv, Mykolaiv, Kherson, Chernihiv and Zaporizhzhia oblasts have lost 15 to 70% of clients since the beginning of the war. Thanks to efforts of NGOs in the neighboring or western oblasts, nationwide coverage has been restored or preserved. **Enrolment of new clients of prevention programs and HIV case finding have been substantially affected:** in Q1 2022, the number of new clients dropped by **12%** among PWID, **30%** among SW, **22%** among MSM and **35%** among trans\*people compared to the same period of 2021. It means that a certain share of demand for HIV prevention and testing services is not met because of the war.
- ❗ Though general coverage with testing for HIV has not decreased compared to the same period of 2021, in Q1 2022 **there were fewer tests taken among key populations** in Kyiv, Chernihiv, Donetsk, Zaporizhzhia, Kharkiv oblasts and the city of Kyiv. **The total number of positive results of HIV tests also decreased by 20%.** The decrease of the number of new HIV cases is explained by the reduced number of new clients of the projects, and detection of HIV among new clients of prevention programs has always been higher.
- ❗ A proportion of clients — **27% of PWID, 15% of SWs, 20% of MSM, and 30% of trans\*people** — **have sought services at allied NGOs since the start of the war,** despite having not sought those services prior to the invasion. Registration of some new clients and increase of return of 'old' clients after the beginning of hostilities indicates that HIV prevention services provided by NGOs in Ukraine remain highly relevant.

## THE MAIN RISKS ASSOCIATED WITH THE WAR IN UKRAINE FOR KEY POPULATIONS INCLUDE:

### Traumatic-stress reactions

to the invasion may lead to an increase in risk-taking behaviors

### An increased risk of overdosing

for PWID (using narcotics of dubious quality; closure of private OAT sites; switching to 'street drugs')

### The risk of spread of STDs

including HIV, among risk groups due to the increased practices, including cases of unprotected sex, with new barriers to accessing condoms in occupied territories.

## PROMPT PROGRAMMATIC RESPONSE TO SUSTAIN THE COVERAGE AND PROVIDE PREVENTION SERVICES DURING THE WAR:

- ✓ **Emergency provision of The Global Fund to Fight AIDS, Tuberculosis and Malaria funds to 30 NGOs to cover their expenses in January to March 2022 for the total amount of almost UAH 14 million.**
- ✓ Issuing more means for HIV prevention, expanding online counseling.
- ✓ Providing humanitarian aid to clients and provision of services of housing of restoration of documents.
- ✓ **Referring** displaced clients to service organizations at the location of their current stay.
- ✓ **Three times more Naloxone provided** to prevent overdosing among PWID.
- ✓ Procurement procedures simplified for NGOs to ensure flexibility of prevention program activities.
- ✓ The geography of providing **PrEP** to the Lviv region has been expanded.
- ✓ Provision of prevention services to **IDPs trans\* people** in Khmelnytsky, Rivne and Ternopil oblasts.
- ✓ Expanding the topic of counseling by social workers of NGOs taking into account the new needs of clients.

## GENERAL TRENDS

Preliminary analysis of the SYREX database conducted by the projects supported by PHC and Alliance shows that **the level of service provision to and testing of clients in HIV prevention program has not decreased compared to the same period of 2021.**

Though frequency of clients' visits in the same period before and after the war began has decreased in certain regions in 2022, there were many **factors** to explain that:

- ⚠ Internal displacement/evacuation of clients and their families
- ⚠ Wartime safety measures in the war time
- ⚠ limiting movement, such as curfews, which may obstruct access to NGOs
- ⚠ Immediate humanitarian needs that clients may prioritize over HIV prevention services
- ⚠ A decrease in the number of outreach routes/services for social workers of NGOs
- ⚠ Reduced working hours of service sites
- ⚠ Lack or absence of gas for mobile clinics in the regions
- ⚠ Incomplete data, some of which could not be recorded in the SYREX database in a timely manner.

At the same time, some clients — **27% of PWID, 15 of SWs, 20% of MSM, 30% of trans\* people** — have sought the services at NGOs since the start of the war, despite having not sought those services at the beginning of the year. Among those sought NGOs after February 24, the share of new clients was 10% among PWID, 11% among SWs, 15% among MSM, and 13% among trans\*people. **Registration of new clients and increasing of referrals of 'old' clients after the beginning of the invasion indicates that HIV prevention services provided by NGOs in Ukraine remain highly relevant.**

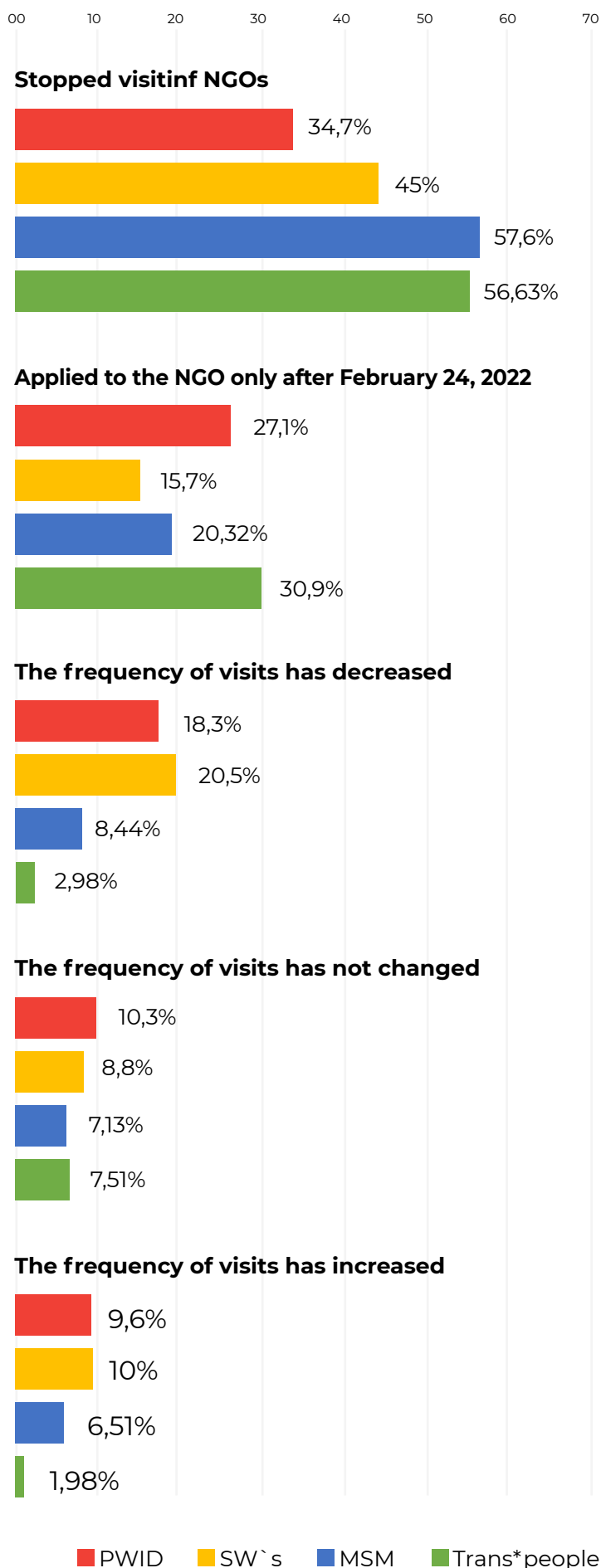
The oblasts that saw a significant **drop** in the number of clients in absolute figures are Kyiv, Mykolaiv, Kherson, Chernihiv, Zaporizhzhia oblasts that have lost from 15 to 70% of clients since the beginning of the war. At the same time, an increase in coverage has been registered in Poltava oblast during the war in PWID (by 56%), SWs (126%), and MSM (51%). The regions where the coverage level has also grown are Ternopil, Volyn, Chernivtsi, Rivne, Ivano-Frankivsk, Sumy and Khmelnytskyi oblasts.



THE SHARE OF NEW CUSTOMERS AMONG THOSE WHO APPLIED AFTER FEBRUARY 24 IS:

**PWID - 10%,  
SWS - 11%,  
MSM - 15%,  
TRANS\* PEOPLE - 13%**

## CHANGES IN FREQUENCY CLIENTS` ACCESSING NGO SERVICES, BEFORE AND AFTER THE START OF THE WAR, SYREX







## STORIES FROM DIFFERENT REGIONS

# Experience of CF 'Svitlo Nadii' (Poltava)

**The growth of coverage by the services of LVNI, SP, MSM during hostilities in Poltava region is due to a number of factors:**

**PWID:** Access to OAT drugs at private clinics in Kharkiv and Kyiv, where clients used to receive long-term supplies before returning home to Poltava, has deteriorated. Secondly, street drugs that now dominate the illicit market have become more expensive, forcing clients to avoid buying syringes at pharmacies as they attempt to save more money for narcotics. Thirdly, clients who were once able to afford syringes from pharmacies now return them to NGO sites amid increased financial strain. In addition, there is heightened demand for psychological counseling via OAT programs, at which food packages or other aid is offered, as well as housing assistance, the possibility of evacuation to safer regions of the country, and access to better services currently inaccessible elsewhere.

**SWs:** At pharmacies, especially at the beginning of the war, there has been a deficit of condoms, and in some locations, contraceptives have been completely unavailable. Some SWs who worked online or had well-established client bases and safe locations to work in had to stop working due to martial law, and resorted to providing their services 'in the streets'. A proportion of clients who used to work in other areas, such as in big cities including Kyiv and Kharkiv, returned to Poltava and started newly visiting prevention sites. In addition, there has been an increased need for emotional support, psychological counseling and help in receiving food packages and other kinds of aid. Clients also need information about accommodation in the city, advice on moving to a safer place within the country (or abroad), and information on access to services during the war. The rate of unsafe sex has increased, partially due to a need amongst some SW to take

risks to address their increasingly precarious financial situation. Furthermore, the share of new clients has grown during wartime, including among men recently released from prisons and sent into combat.

**MSM:** Similar challenges are being faced by MSM: an increased demand for emotional support, counselling, and aid; the need for information regarding temporary housing; advice on relocating to safer regions within the country or abroad; and, generally, access to services in times of martial law. Furthermore, as previously mentioned, there was a serious deficit of condoms with the outbreak of hostilities. There are now more new clients from among MSM who used to live in Kyiv and Kharkiv than in previous periods.

# VULNERABLE POPULATIONS:

## Key trends of service provision and risks aggravated by the war



### PWID

#### RISK FACTORS

- ❗ Psychological deterioration among clients as a result of the invasion. Panic, fear and stress can lead to **excessive and erratic use** of narcotics.
- ❗ **The closure of private OAT sites is** forcing clients to switch to 'street methadone', which inhibits quality control of the drug and monitoring for adulterants.
- ❗ **Uncontrolled use of OAT drugs:** According to local NGO personnel, in the regions of active fighting, OAT sites resort to issuing **a monthly supply (for 24-30 days) of methadone**. Cases have occurred where clients themselves increase their dosage, leading to risk of overdose.
- ❗ The loss of regular suppliers and switching to illicit sources of drugs generally **increases the risks of overdose**
- ❗ Internally displaced PWID are often in withdrawal and struggle to control their doses, which also **elevates the risk of overdosing**.



DUE TO THE CLOSURE OF MOST SMT SITES IN LUHANSK OBLAST AND LACK OF ACCESS TO ILLEGAL DRUGS **MANY PATIENTS BEGAN WITHDRAWAL**

#### SPECIFICS OF THE PRESENT DRUG SCENE

- ❗ In the temporarily occupied territories, and in regions of active combat, 'street' drugs are hard to get, and PWID **are forced to switch** to more readily available narcotics (switching from opioid to stimulants or vice versa).
- ❗ Because of difficulties with delivery/transportation of illicit drugs, the **cost has increased significantly**, sometimes threefold (e.g., a dose of street methadone may now cost UAH 1000-1500 instead of UAH 400-500).
- ❗ Stocks of commercial OAT medications in Kyiv pharmacies are limited. Such pharmacies were few at the beginning of the war. This led to long queues at private sites and increased frustrations among those seeking treatment. Subsequently, instances of interpersonal conflict between some clients and pharmacists occurred, which necessitated the involvement of police or TDF patrols. As a result, some pharmacies decided to completely stop selling OAT drugs and return the stocks to the warehouse.
- ❗ Some users of street drugs and clients of private clinics, due to lack of financial resources and increased social stressors, **are trying to join the state OAT program**. In Kyiv, former patients of private clinics are now either starting buprenorphine treatment at clinics 'Sociotherapy' or switching to 'street' drugs that are easy to obtain in Kyiv, where the illicit 'stash' system still operates, and prices have remained relatively stable.
- ❗ On the **occupied territories**, and in areas of active combat, **street drugs are almost completely unavailable**. According to the most recent information from Luhansk oblast, due to closure of most OAT sites, many patients are now facing acute **withdrawal**.
- ❗ In Kharkiv, at the 'Innovatsia' and 'Alternativa' clinics, staff provide OAT drugs to patients of both state and private clinics. **However, stocks of drugs for the private program's patients are running low**.



## SWs

Because of a deficit of contraceptives and a subsequent increase in the expected incidence of unprotected sex, clients and sex workers in the occupied territories encounter a significantly increased **risk of infection with STIs, including HIV**. Currently, no contraceptives can be delivered to the occupied territories, and deliveries to many areas is complicated by ongoing fighting.



## MSM

- ➊ **MSM actively migrate** from combat areas to the western part of Ukraine. During the war, the number of MSM on the PrEP program has significantly increased in Ivano-Frankivsk, Lviv, and Chernivtsi oblast compared to the same period of 2021. At the same time, this number has decreased (or even equaled zero) in Kharkiv, Kherson, Zaporizhzhia, Donetsk, Kyiv oblasts and the city of Kyiv.
- ➋ Surveys conducted among new MSM clients have shown that most lacked awareness of STIs, HIV prevention, and PrEP, and as a **result had a poor understanding of the related risks**.
- ➌ Among their main needs during wartime, MSM mention secure shelter; moral and financial support; and provision of food packages. NGO employees combine provision of basic help with counseling on HIV, PrEP, and STIs to encourage safe behaviors and prevent STI outbreaks that may result from conditions brought on by the war.



## TRANS\* PEOPLE

- ➊ There is ongoing migration of trans\*people to other countries and to safer oblasts of Ukraine.
- ➋ The biggest health challenge facing this cohort involves access to sex reassignment procedures. This includes a need for progressing transition in trans\*people who independently took hormonal therapies that have led to visual changes without obtaining the mandatory F64.0 certificate. The demand for service is also related to factors including conscription, attempts to leave the country because of the war, mobilization, discrimination, threats, and lack of a safe environment.
- ➌ Challenges continue with access to hormonal drugs that have to be taken on a regular basis.
- ➍ Trans\*people's need for psychological support in critical situations and for temporary accommodation has also been growing.



# HIV PREVENTION:

## General trends

### Changes in program activities: operational program response to maintain coverage and provide prevention services in wartime:

- ✔ To eliminate the negative consequences of interruptions to state funding of basic prevention services for PWID, SWs, and MSM, the APH in coordination with PHC has initiated emergency financing using The Global Fund to Fight AIDS, Tuberculosis and Malaria funds for 30 NGOs to cover their expenses in the period from January to March 2022 to the tune of almost UAH 14 million.
- ✔ More HIV prevention means are distributed, including online client support and counseling, especially in the occupied areas and in the conflict zone.
- ✔ Considering basic, essential needs caused by the war, and coordinating humanitarian aid provision to clients through a simplified procedure using redistributed sub-grant funds.
- ✔ To ensure continuity of service provision, a process of referring evacuated clients to local service providing organizations has been established. Every partner organization has assigned focal points among service providers to consult new clients on relevant services and site locations.
- ✔ The geographical scope of PrEP provision by the NGO Alliance Global has been expanded to include Lviv Oblast, following an increased number of MSM who have moved there.
- ✔ Territory of provision of prevention services to trans\*people has changed: displaced trans\*people now receive services in Khmelnytskyi as well thanks to AUCO 'Convictus'.
- ✔ Three times more Naloxone issued to prevent overdosing among PWID.
- ✔ Procurement procedures simplified for NGOs to ensure flexibility of prevention program activities.
- ✔ Social workers provide consultations on more topics to meet new needs of the clients (providing psychological aid to overcome stress and fear caused by the war, emphasis on prevention of overdosing among PWID, participation in OAT, emphasis on possibility of HIV/STD infection in case of risky behaviors, informing about free provision of specialized counseling through web resources — Help24, Drugstore).
- ✔ Prompt online discussion of challenges and solutions with managers of NGO projects.



THE ALLIANCE HAS LAUNCHED  
EMERGENCY FUNDING  
FOR 30 NGOS FOR A TOTAL OF  
**≈14 million €**



Prevention projects are carried on. AUCO 'Convictus Ukraine' (Kyiv)

# TESTING FOR HIV AND LINKAGE TO CARE

GENERAL TRENDS (Q1 2022 VS. Q1 2021):



At the end of April  
the volume of testing  
for HIV and hepatitis  
**at the level of**  
**80%**



The number  
of positive HIV  
test results  
**decreased by**  
**20%\***



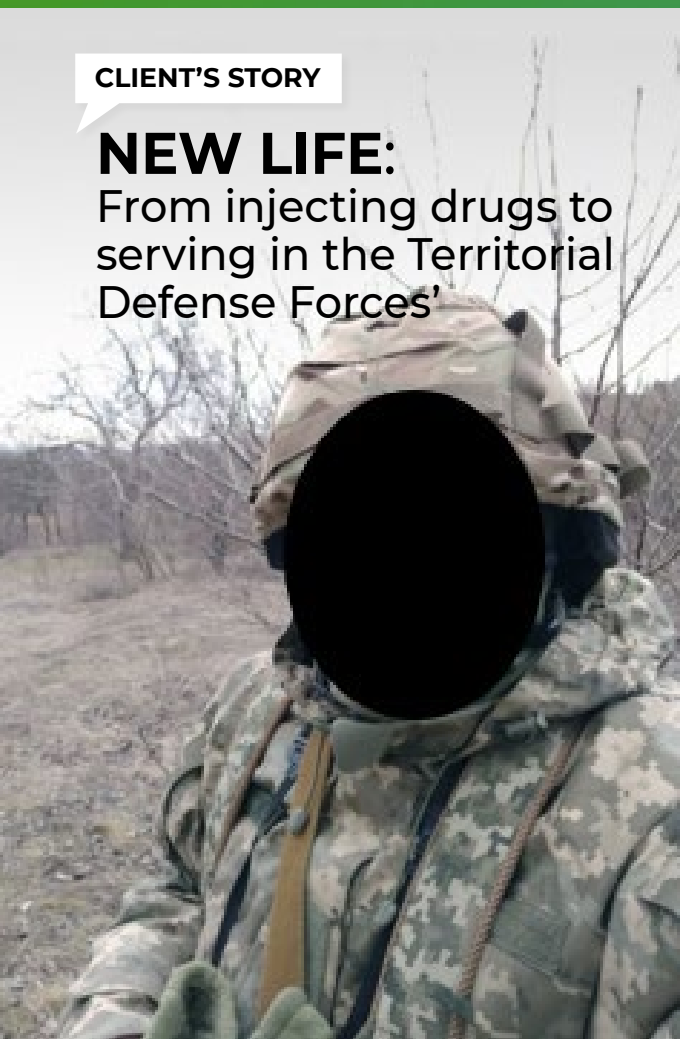
overall level of HIV detection  
in the four key populations  
(PWID, SWs, MSM,  
and trans\*people) **Reduced**  
from **2.9%** to **1.9%\***

*\*data of the Global Fund program*

- 17% decrease in the number of tests for HIV among **trans\* people** (1114 in 2021 and 930 in 2022). The most significant drop in testing took place in the city of Kyiv where 139 clients were tested, while in 2021 there were 451 tests. At the same time, NGO 'Convictus Ukraine' promptly responded by expanding the geographical scope of provision of prevention services to trans\*people, including testing, to include Khmelnytskyi oblast.
- During the first month of war, **the amount of testing dropped by 60%**, but by mid-March the project took the testing to almost the previous level. As of the end of April, testing volumes are observed at the level of 80%.

## CLIENT'S STORY

### NEW LIFE: From injecting drugs to serving in the Territorial Defense Forces'



In May 2021, **Ivan\*** was tested for HIV by a case-finder of NGO 'Spodivannia' at a rehabilitation center for people with drug dependence in Zaporizhzhia. The result was positive. At the time, Ivan was in a severe condition battling pneumonia, and was prescribed ART and Biseptol for prevention of opportunistic infections, including Isoniasid to prevent TB. After discharge from the hospital, Ivan went to live out what he thought were his last years in Dnipro. The case manager kept in touch his mother and, when required, sent him medications via the Nova Poshta postal service. In August 2021, Ivan decided to go to Odesa oblast, to Mercy House — a shelter for people experiencing difficult circumstances, including those with dependence on alcohol or narcotics.

The case manager kept in touch with Ivan's mother, and also established contact with the management of Mercy House, where the clinician was sending ART and other medications to Ivan. While staying there, Ivan stopped using drugs, re-entered the community and started living a life of complete abstinence. He now had a goal — to open a Mercy House in Dnipro. All this time, he had been in constant touch with the case manager.

After the war began, Ivan did not sit back: he immediately joined Territorial Defence Force. The case manager is still in touch with him and his mother. Volunteers deliver ART to Ivan, and he continues taking the medicines on a regular basis.

*\*the person's name has been changed*



# PRE-EXPOSURE PREVENTION

(for the same period before and after 23.02.22) \*



## BEFORE 23.02

**422** MSM and **67** members of other KPs started PrEP



## SINCE 24.02

! **161** MSM and **32** members of other KPs initiated PrEP.

! **220** MSM and **33** members of other KPs came for PrEP again.



## DECREASE

! During the war, the number of clients who started PrEP has dropped by factor 2.5 compared to the pre-war part of 2022.

! In Donetsk, Kyiv, Odesa, Sumy, oblasts there have been no new PrEP clients after the war began



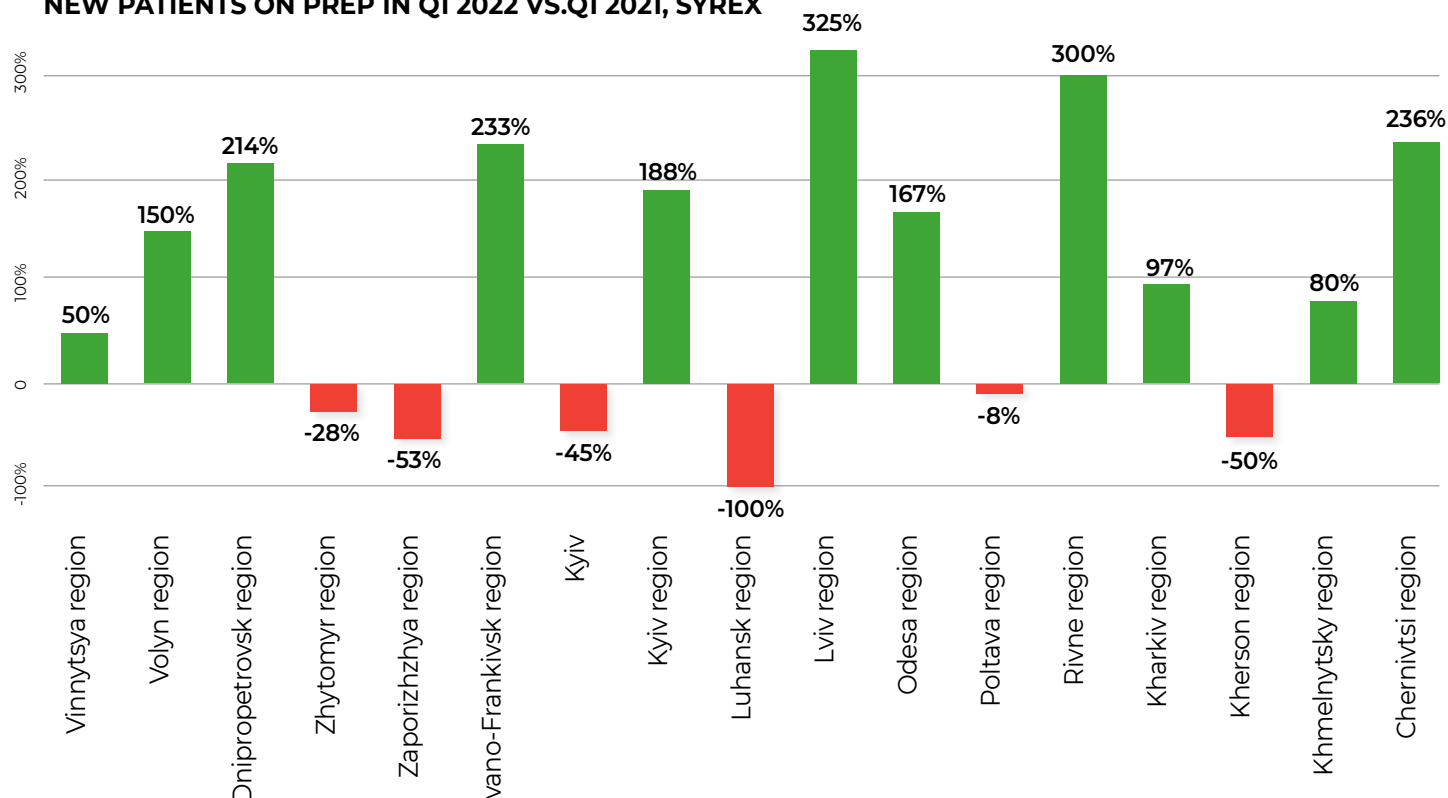
## INCREASE

There is a trend of **increased number of clients in western oblasts of Ukraine**. Compared to the same pre-war period of 2022, the number of new clients in Rivne oblast has grown by 2.5 times, in Lviv oblast — by 4.8 times, Ivano-Frankivsk — 9 times, and Chernivtsi — 16 times.

Despite the fact that the rate of enrollment in the PrEP program has fallen since the start of hostilities, compared to the same period last year in most regions there is a positive dynamics of recruitment, mainly due to the planned expansion of the PrEP program in Ukraine.

\*data from the The Global Fund to Fight AIDS, Tuberculosis and Malaria program

## NEW PATIENTS ON PREP IN Q1 2022 VS.Q1 2021, SYREX



## QUOTE:

### Testimony of Oleh\*, the client of a project that provides preventative health services to MSM:

*'On February 27, I had to move from Kyiv to Lviv oblast. I received PrEP last year, and Vitaliy, my case manager, helped me with that. On April 7, Vitaliy wrote to inform me that I could now get PrEP in Lviv too. On Saturday, I came to the address he had given me, and in just 20 minutes I received PrEP. For me, it is very important, as now I can get tested, receive lubricants and PrEP right in the downtown Lviv without standing in queues in a hospital. Equally important is the fact that the testing is done by a social worker I know from my time in Kyiv.'*

To ensure that MSM retain access to prevention services, the territorial scope of the PrEP program implemented by NGO Alliance.Global has been expanded to include Lviv Oblast. In the first day of work in Lviv, 11 new MSM started taking PrEP. The services are provided upon prior appointment at [www.prep.com.ua](http://www.prep.com.ua). On certain days, the office is visited by a doctor and a nurse, and clients receive PrEP in 15 minutes – all testing is conducted in a single visit to the office.

*\*client's name has been changed for privacy reasons*



CUSTOMERS RECEIVE  
**PREP IN 15 MINUTES**

## STORIES FROM DIFFERENT REGIONS

### Changing our work format during the war (NGO «Gender Z» (Zaporizhzhia)) — quote (HealthLink project):

«After February 24, the format of work for our organization has changed drastically (except for psychologists' consultations). The invasion meant we needed to move to a remote work model. A form for urgent requests of aid has been created for community members affected by the war. Most employees of the project are fully engaged in case management: they process, check and fulfill the requests. Information about the opportunity to receive emergency aid is disseminated through social media, primarily through our pages on Instagram and Facebook. When required, we provide financial aid by transferring money to bank cards, for which we have sourced additional external funding. Some requests are in fact questions: e.g., where can one find ART in a certain region? How HIV+ people can get legal aid or get relocated (including seeking refuge abroad), or how they can find accommodation in various parts of Ukraine. So far, we have received more than 350 requests. As of today, community members have received targeted emergency aid equivalent to an amount exceeding UAH 300 thousand».

# MOBILE CLINICS

**VISITS TO MOBILE CLINICS** (FOR THE SAME PERIOD BEFORE AND AFTER 23.02.22)



## BEFORE 23.02.

Before the war, there had been about **18,000 visits of clients**



## SINCE 24.04.

After the war began, there have been about **6,000 visits of clients**



## DECREASE

During the war, the **number of visits of clients in Ukraine as a whole has decreased by 3 times** compared to the pre-war period of 2022.

In Kyiv city, Kyiv, Donetsk and Zaporizhzhia oblasts, there has been a real drop in the number of the visits after the war started and there was shortage of fuel for MAs.

The MA operations were fully stopped in Mariupol (Donetsk oblast), Luhansk and Kherson oblasts — because of the scope of shelling.



## INCREASE

The **number of MA visits increased 2 times in Lviv oblast** because of migration of clients from war-affected regions.

The **increase was also seen in Kharkiv oblast (by 53%)**, as MA was actively used as a tool for mobile services provision.



Photo: Mobile ambulatory operated by CO 'NGO "Hromadske Zdorovya", Kryviy Rih

Partner NGOs, upon agreement with the APH, in addition to prevention services, use mobile ambulatories for **delivering medicines** (ART, PrEP) and in the **provision of health services** for key populations. They also **transport** clients to doctors at HNGOs where no other means of transportation are available, and use the vehicles for **humanitarian needs** such as evacuation of the most vulnerable populations, including women and children, and delivering food. In the areas of heavy fighting where no transport is available, mobile ambulatories bring doctors to HNGOs to see patients and discharge medications.



# OVERDOSE PREVENTION

## ISSUANCE OF NALOXONE (FOR THE SAME PERIOD BEFORE AND AFTER 23.02.22)



Highest numbers of Naloxone vials issued during the war were in Odesa oblast (895 vials), Khmelnytskyi oblast (320), Sumy oblast (300), Kirovohrad oblast (174) and the city of Kyiv (160).



### CHALLENGES:

- ❗ Increased risk of overdosing due to the dubious quality of illicit drugs. Subsequently, there has been increased demand for Naloxone.
- ❗ Due to heavy fighting in Kharkiv Oblast, where the main manufacturer of this drug is located, there are problems with supply. Small amounts of Naloxone can only be procured in a minority of oblasts (Dnipropetrovsk, Khmelnytskyi and Kharkiv). Sometimes NGOs order Naloxone from other regions via Nova Poshta.
- ❗ Social workers are forced to change their schedules because of unexpected air raid warnings and try to hold meetings with their clients via phone.

### APH'S RESPONSE:

- ✅ Because of the shortage of the medicine in most regions of Ukraine, the APH has conducted centralized monitoring of pharmacies that still have stocks of Naloxone. The information has been shared with partners for further procurement of Naloxone.
- ✅ We are actively looking for suppliers to purchase naloxone

## OPTIMIZED CASE FINDING (ONGO)

- ❗ An ONGO intervention had been planned for key populations through ten NGOs (PWID), nine NGOs (SW) in eight oblasts of Ukraine, and through three NGOs (MSM) in five oblasts.
- ❗ When the war began, provision of services for PWID was **completely suspended** because of active fighting by **three** NGOs in Kharkiv oblast and **one** NGO in Sumy oblast (54% of the total testing target for the intervention); provision of the services for sex workers was completely stopped by three NGOs in the city of Kyiv, in Kharkiv and Donetsk oblasts (31% of the total testing target for the intervention). The intervention for MSM was completely suspended in Chernihiv and Kharkiv oblasts (25% of the total testing target).

### DYNAMICS:

- ✅ Despite the cessation of activities in certain areas, we observe **insignificant decrease of the number of tests among PWID by 5%** compared to the same period of 2021 (1747 persons in 2022 vs. 1840 persons in 2021). The dynamics have benefitted from increased numbers of PWID tested by NGOs in 2022 and the launch of the intervention in new regions (Khmelnitskyi, Chernivtsi, and Vinnytsia oblast).
- ✅ **Increase of the number of tests among SWs by 74%** compared to the same period of 2021 (726 persons in 2022 vs. 417 persons in 2021). The dynamics have benefitted from increased numbers of SWs tested by NGOs in 2022 and the launch of the intervention in new regions (Zhytomyr and Lviv oblasts).
- ✅ **Increase of the number of tests among MSM by 19%** compared to the same period of 2021 (275 persons in 2022 vs. 231 persons in 2021). The dynamics have benefitted from increased numbers of MSM tested by NGOs in 2022.

Following withdrawal of occupational forces from **Sumy oblast**, ONGO intervention for PWID in the region has been **gradually renewed**, but it takes time to make this program work across its full scope.



### STORIES FROM DIFFERENT REGIONS

#### CO 'NGO "Hromadske Zdorovya", Kryvyi Rih

**War or no war, project activities must go on. After the war started, some employees had to leave the city to save their children or grandchildren. But the team was reinforced by staff from other regions.**

**Maksym Anishchenko**, who was lucky to get out of Mariupol together with his family, became a case finder. Before the war, he worked as a regional coordinator for advocacy and monitoring of services for HIV, TB, and HCV in the penitentiary system at AUNGO 'Coalition of HIV Service Organizations'.

*'From the very first days of the war, the city was shelled by mortars, tanks and artillery. Then, at 10 A.M. on March 2, we lost mobile connection, electricity, heating and water supply all around the city. True havoc started - says Maksym. - We spent our nights in the basement wearing winter clothes. The weather was against us, too. The cold spells in March, when the temperature dropped to minus 10, with snow in the morning, made everything happening around us even more unbearable. But the snow was water that could be used for technical purposes. When you collect snow from cars to endless sounds of explosions, you start perceiving reality in a new way.'*

*Only three weeks later were we able to leave the city. When we reached Zaporizhzhia and could use phones again, our colleagues started to call us at once, offering help. The colleagues from CO 'NGO Hromadske Zdorovya', Kryvyi Rih proposed their help in searching affordable accommodation and work. And seeing work in public health is what I used to do in Mariupol, I decided to accept the proposal and join a committed team of professionals I had many times met at training sessions, conferences and in the course of civic life.'*

The memories of what Maksym and his family had to go through are horrible, but we hope that the future will be brighter. Now, health interventions are successfully implemented, clients from among SWs again can get tested, receive incentives and, if a positive test is returned, receive professional support from a case manager.

## CASE MANAGEMENT

### CURRENT CHALLENGES:

- ❗ A decrease in the number of people supported by a case manager to be brought to medical examination and start ART.

#### Contributing factors:

- reduced rate of testing, suspension of ONGO intervention in the areas where fighting is ongoing;
  - low level of HIV detection in prevention projects;
  - evacuation of service providers and clients to safer regions;
  - military mobilization of clients.
- ❗ Incessant air-raid alerts make keeping in touch with clients more difficult (no opportunities to meet; they are out of reach by phone when they hide in bomb shelters) and forces HNGOs to change their working hours.
- ❗ Changes in the operations of public transportation, losses to train and bus fleets, and/or complete loss of transport connections in the regions of active fighting have complicated the task of reaching various destinations (HNGOs, NGO).

### RESPONSE:

- ✓ The APH has provided organizations with contact information for all NGOs in Ukraine for the purpose of referring evacuated HIV+ clients.
- ✓ Case managers use social media messengers to remotely lead HIV+ clients to HNGOs and provide them with consultations, thus they are able to successfully link clients to ART initiation support.
- ✓ Delivery of ART and transportation of HIV+ clients to a doctor at an HNGO to link to care and early initiation of ART where other means of transportation are not available.
- ✓ In the areas of heavy fighting where no transport is available, doctors are transported to HNGOs to see patients and discharge medications.

## HIV PREVENTION AMONG TRANS\*PEOPLE

- ✓ In Q1 2021, **991** trans\*persons have received the minimum package of HIV prevention, and **930** have been tested.
- ✓ NGOs have been able to keep the level of prevention service provision to trans\*people during the war at virtually pre-war level (700 and 786 clients respectively).
- ✓ The most drastic reduction of coverage with prevention services is seen in the regions most affected by fighting: e.g., in the city of Kyiv — 204 clients in 2022 vs. 547 in 2021.
- ✓ The largest share of new clients has been registered in Khmelnytskyi and Odesa oblasts.
- ✓ Because of the **internal migration of trans\*people to the west of Ukraine**, the demand for prevention services has almost quadrupled in Khmelnytskyi oblast, grew by 2.5 times in Rivne oblast, and almost doubled in Ternopil oblast.
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NGOS HAVE MAINTAINED  
THE PROVISION OF  
PREVENTION SERVICES  
FOR TRANS \* PEOPLE  
**ALMOST AT THE  
PRE-WAR LEVEL**



## Helping trans\* people during the war

Social workers of AUCO 'Convictus Ukraine' (Kyiv) who moved to Khmelnytskyi oblast (Starokostiantyniv) in February helped organizing evacuation and the provision of prevention services to **73 trans\*persons and non-binary people from all around Ukraine** who had been forced to leave their native cities. In short order, 31 unique new clients were admitted to the service.

In **Odesa Oblast**, there is an increase in requests from trans\*people from Kyiv, Kherson, Mykolaiv, Kharkiv, Dnipropetrovsk oblasts and the City of Odesa seeking assistance with **completing documents concerning gender reassignment**. The clients have independently taken hormonal therapy which has led to visible physical changes, yet they have not received the F64.0 certificate, which is mandatory. The demand for service is related to stresses around conscription and attempts to leave the country because of the war, discrimination, threats, and lack of safe environment.

Trans\*people having problems with **access to hormonal medicines** are referred by NGOs to a friendly organization, NGO 'Kohorta', which is experienced in providing such drug therapy.

Six transgender people from Mykolaiv, Kherson and Odesa oblasts who were in a critical situation have been provided with help. They were placed in a **temporary shelter**, received psychological support, and were provided with material aid to meet their basic needs. Presently, shelters are operating in both Kyiv and Odesa.

In the Russian-occupied **oblast of Kherson**, clients receive consultations by phone. A lot of trans\*people have left or are in hiding. During the war, 27 trans\*people have received these services.

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

- ✓ As offline events are impossible to organize, it has been decided to conduct these interventions **online**
- ✓ **Educational activities** - In this time period, four lectures on self-support during the war and specifics of substance use in wartime have been given.
- ✓ Dissemination of **PartyBoxes** — packages to reduce harm from psychoactive substance use (50 boxes have been provided).
- ✓ Under the component known as **'Online activities, screening, counseling and navigation in services for younger segments of KPs, KP contacts and bridge populations (sexual partners)'**, consultants of the project continue providing online education to clients on several tracts. Altogether, 675 consultations have been provided.
- ✓ As a result of the invasion, **clients of the project are forced to move** from Kyiv city and Kyiv oblast to the west of Ukraine, in particular to Lviv city, Lviv oblast, Chernivtsi, Chernivtsi oblast, Ivano Frankivsk, Ivano Frankivsk oblast, Uzhgorod and Mukachevo. This trend has been confirmed by a sub-grantee, Alliance Global. Based on this, a decision has been made to open a temporary office in Lviv for activities under the auspice of **'Harm reduction services for MSM (including those who use drugs and practice chemsex)'**



## Abbreviations

<b>APH</b>	Alliance for Public Health
<b>PWID</b>	people who inject drugs
<b>SW</b>	sex workers
<b>MSM</b>	men having sex with men
<b>IDP</b>	internally displaced people
<b>NGO</b>	non-governmental organization
<b>OAT</b>	opioid agonist treatment (the same as OST - opioid substitution treatment)
<b>PHC</b>	Public Health Center
<b>PEPFAR</b>	The U.S. President's Emergency Plan for AIDS Relief
<b>TG</b>	transgender
<b>TDF</b>	Territorial Defense Forces
<b>UAH</b>	Ukrainian hryvnia (local currency)
<b>MoH</b>	Ministry of Health
<b>STI</b>	sexually transmitted infections
<b>PrEP</b>	pre-exposure prevention
<b>SYREX</b>	database management system developed by the Alliance for Public Health
<b>ONGO</b>	Optimized case-finding
<b>HNGO</b>	health care facilities
<b>ART</b>	anti-retroviral treatment
<b>TB</b>	tuberculosis
<b>DLC</b>	difficult living conditions
<b>CDC</b>	Centers for Disease Control and Prevention
<b>KP</b>	key populations

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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

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

SWIFT code: AGRIFRPP, account number: 21185549000

## TOGETHER WE ARE STRONG!

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