



RECOVERY OF IDENTITY DOCUMENTS AMONG PEOPLE WHO INJECT DRUGS IN UKRAINE: CHALLENGES AND CHANGES NEEDED

STUDY REPORT



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**Authors:**

Oksana Kovtun (1)
Oksana Velyka (2)
Olga Maksymenko (2)
Vyacheslav Stasyuk (2)
Tetyana Yablonovska (2)

(1) ICF “Alliance for Public Health”
(2) INFO SAPIENS LLC

Layout: Iryna Sukhomlynova
Literary editing: Valentyna Bozhok

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ACRONYMS

APH	International Charitable Foundation “Alliance for Public Health”
ASC	Administrative Services Center
CDC	U.S. Centers for Disease Control and Prevention
EHR, eHealth	Electronic Health Record system
HCF	Health care facility
HIV	Human immunodeficiency virus
IDP	Internally displaced person
NGO	Non-governmental organization
PWID	People who inject drugs
SSD IS	Information system for socially significant diseases



1. INTRODUCTION

Access to various social and health care services is closely linked to the availability of identity documents¹. Previous studies in different countries have shown that the lack of identification documents creates serious barriers to health care [1], especially for homeless people [2-4], refugees [5], people released from prison [4, 6], and people who inject drugs [7]. In the United States, for example, the lack of an ID number is among the top five barriers to starting and successfully completing drug abuse treatment [8].

In Ukraine, as in other countries [4, 9, 10], a passport and an identification code (*taxpayer registration number*) are required to obtain a medical card, use the services of a family doctor, and start taking antiretroviral therapy (ART) in case of human immunodeficiency virus (HIV) [11], which allows verification of a person in the Electronic Health Record system (*EHR or eHealth*) [12]. The EHR is one of the tools for implementing a new model of health care financing, which allows obtaining a holistic picture of the provision of health care services in the country and analyzing and forecasting health care services for the population. Starting from April 2023, all health care institutions engaged in medical practice must work in the eHealth system.

According to the World Bank, as of March 2020, 999,999 (2.7%) citizens aged 15 and older in Ukraine did not have a passport, including 689,000 men and 310,000 women [13]. In 2022, 5,400 people released from prison did not have passports, and more than 4,000 of them did not have the money to recover them [14]. As of December 2023, 13% of clients of the Optimized Case Finding (OCF) project aimed at finding HIV cases and Mobile Case Finding (MCF) project (*aimed at HIV detection with the involvement of regional mobile rapid response teams*) implemented by the International Charitable Foundation Alliance for Public Health (Alliance) with financial support from the U.S. Centers for Disease Control and Prevention (CDC) did not have passports and/or identification codes. There are no current data on the number of people without identity documents in total or within individual populations as of 2024, but it can be assumed that the number has increased since the beginning of Russia's full-scale invasion of Ukraine.

In addition to the traditional reasons for the lack of identity documents (*loss or theft [15-17], there is no need to have a passport or, for example, a birth certificate if a person rarely uses the services for which they are required [18]*), the documents get lost during displacement and evacuation from the temporarily occupied territories or from the zone of active hostilities [19, 20], as well as due to the destruction of housing as a result of shelling. Though Ukraine has implemented the mobile application "Diia" providing access to digital documents of citizens [21], in particular "eDocument", which can partially solve the problem of the lack of paper copies [22] and thus allow for authentication when registering with the eHealth via SMS [23], there are problems such as the lack of a phone [18], in particular a smartphone, to use the application; the lack of stable Internet connection and the lack of digital literacy [24]. Also, the fear of mobilization during the war prevents some people from recovering their passport and identification code [25], even with the guidance and support from NGOs, including within HIV service projects.

¹ In accordance with the Law of Ukraine "On the Unified State Demographic Register and Documents Confirming the Citizenship of Ukraine, Identifying a Person or His/Her Special Status", the documents that confirm the citizenship of Ukraine are: passport of a citizen of Ukraine, passport of a citizen of Ukraine for traveling abroad, diplomatic passport of Ukraine, service passport of Ukraine, seafarer's identity card, crew member's identity card, identity card for returning to Ukraine, temporary identity card of a citizen of Ukraine.



The procedure for passport recovery is determined by the State Migration Service of Ukraine, which has developed step-by-step instructions for those who have lost their documents [26]. Issuance of a new document requires contacting the police, and then – the State Migration Service of Ukraine or an Administrative Services Center (ASC). At the same time, document recovery involves a number of barriers, including bureaucratic obstacles, lack of money to pay for the procedure, skills to fill in the necessary forms and applications, as well as lack of awareness of the recovery process [5, 24], available resources and support programs. These obstacles are potentially exacerbated by additional difficulties related to limited access to government institutions or services under martial law, as well as the geographical remoteness of specialized institutions.

Absence of documents not only makes people unaccountable to the health care system and social services, but also increases their vulnerability [4]. In addition, it leads to problems in interaction with law enforcement agencies [27], which may be relevant in the context of verification of identity documents and confirmation of Ukrainian citizenship in the context of martial law [28]. The absence of such documents complicates movement of people within the country and makes it impossible to travel abroad, affects processing of state social benefits and payments from international organizations, impedes access to humanitarian assistance programs, and further complicates official employment or registration at employment centers [29].

The study *“Recovery of Identity Documents among People Who Inject Drugs in Ukraine: Challenges and Needed Changes”* is aimed at identifying the main barriers and enablers at the individual and structural levels for the successful recovery of passports among people who inject drugs (PWID), identifying effective algorithms for document recovery for clients of HIV detection and treatment programs, taking substitution maintenance therapy and their follow-up by program specialists. The results of the study can serve as a basis for development of effective strategies and support programs aimed at providing this key population with access to necessary health care in the context of war.



2. METHODOLOGY

2.1. GOAL AND OBJECTIVES

The study goal is to identify individual and structural barriers and enabling factors to recovery of ID documents (*passport of a citizen of Ukraine*) for PWID, as well as to produce recommendations on the algorithm for providing relevant services to the target group.

The study objectives include:

- identification of the reasons for the lack of identity documents among PWID;
- identification of the main individual and structural barriers and enablers in the context of recovery of documents for PWID;
- identification of existing and required sources and channels for informing PWID about the possibility and procedures for document recovery;
- identification of existing capacities of HIV-servicing non-governmental organizations (NGOs) in providing services of recovery of identity documents to different subgroups of PWID, and difficulties and ways to minimize them;
- highlighting strategies for health care workers when patients without identity documents seek health care;
- providing recommendations on effective algorithms for accompanying PWID and recovering their documents, as well as possible alternative options for expanding access to health care for target population members without identity documents.

2.2. STUDY SAMPLE AND GEOGRAPHY

A qualitative methodology was used in the study, which involved semi-structured in-depth interviews with the following four target groups:

- PWID who do not have a passport at the time of the study;
- PWID who have recovered their passports within the last two years preceding the study;
- NGO staff involved in providing services to PWID, in particular, in projects on legal support and document recovery;
- personnel health care facilities (HCF) providing HIV care, including family doctors.



Table 1. Study Eligibility Criteria

№	Target Group	Eligibility Criteria
1	PWID	<ul style="list-style-type: none"> ▪ Age 18 and older ▪ Any gender / sex ▪ Having injected drugs in the past 30 days (<i>self-declaration, at recruitment</i>) ▪ Missing passport at the time of the study OR having recovered and ID within the last two years preceding the study ▪ Diagnosed with HIV infection before OR after April 23, 2023 by self-declaration ▪ Duration of residence / work / study in the study region of at least 3 months ▪ Provided verbal informed consent to participate in the study
2	NGO staff	<ul style="list-style-type: none"> ▪ Age 18 and older ▪ Any gender/sex ▪ Work experience at the current HIV service or human rights NGO of at least two years preceding the study ▪ Responsible for providing assistance or counseling to PWID on document recovery ▪ Referred to the study by the organization manager ▪ Duration of residence/work/study in the study region of at least 3 months ▪ Provided verbal informed consent to participate in the study
3	HCF specialists	<ul style="list-style-type: none"> ▪ Age 18 and older ▪ Any gender/sex ▪ Work experience at the current health care facility providing HIV services of at least two years preceding the study ▪ A position that involves providing HIV services as of the time of the study: general practitioner (<i>family medicine</i>), infectious disease specialist other doctors involved in linking to care and/or treatment ▪ Referred to the study by the HCF manager ▪ Duration of residence/work/study in the study region of at least 3 months ▪ Provided verbal informed consent to participate in the study

The study covered four regions of Ukraine: Zaporizhzhia Oblast, the city of Kyiv and Kyiv Oblast, Lviv Oblast, and Odesa Oblast.

The total sample of the study comprised 76 people, including: 28 participants – PWID who did not have identification documents at the time of the study; 24 participants – PWID who had identification documents at the time of the study; 12 NGO staff members and 12 HCF employees.



To form the PWID sample, criteria-based sampling (*cases meeting pre-defined criteria were selected*) with elements of the maximum variation method (*respondents were selected so that each case, if possible, differed from the previous one*) was used. The criteria for variation in the selection of PWID included belonging to certain subpopulations for whom the burden of undocumented status is the greatest (*please see Introduction*), namely: belonging to internally displaced persons (IDPs) after February 24, 2022, experience of homelessness at the time of the study, experience of imprisonment and release from prison before the study. The number of respondents for each target group is presented in Table 2.

Table 2. Sample Size

Region	PWID without passports	PWID who recovered their passports	NGO staff	HCF personnel	Total
Zaporizhzhia oblast	7	6	3	3	19
Zaporizhzhia city	4	3	2	3	12
Oblast	3	3	1	–	7
Kyiv city and Kyiv oblast	7	6	3	3	19
Kyiv city	4	3	2	3	12
Oblast	3	3	1	–	7
Lviv oblast	7	6	3	3	19
Lviv city	4	3	2	3	12
Oblast	3	3	1	–	7
Odesa oblast	7	6	3	3	19
Odesa city	4	3	2	3	12
Oblast	3	3	1	–	7
Total	28	24	12	12	76

2.3. RECRUITING AND DATA COLLECTION

The study used convenience sampling as a standard methodology for qualitative research. The approach to recruitment of each group was designed so as to ensure diversity of respondents with different characteristics.

Participants from among PWID were recruited by NGO staff in the course of providing services as part of their core activities. NGO staff contacted clients and conducted pre-screening according to the eligibility criteria. When the criteria were met and preliminary consent to interview was received, the NGO employee received contact information from the potential participant and then passed it on to the study team to establish contact and arrange the date and time of the interview.

Recruitment of study participants from NGOs and HCFs was carried out with the support from the APH by sending official letters about the purpose and details of the study to the relevant institutions and organizations, with prior consent from their management to participate in the study.



The field stage manager contacted potential participants, explained the general principle of participation in the study and its subject matter to ensure that potential participants understood the purpose of the study and their role in it. The field stage manager screened each potential participant to verify eligibility and obtained their verbal informed consent to participate in the study, after which he or she agreed on the date, time, and convenient method of interviewing (*offline or online*).

The interviews were conducted in Ukrainian or Russian, at the respondent's choice, using separate guides for each target group. Considering the security situation, all 76 interviews were recorded using remote means of communication (*Zoom or phone*). The interviews were recorded on a voice recorder or through the functionality of the respective platform/phone for further transcription, coding and analysis of the data. Four experienced interviewers, all of whom were women, collected the data.

The duration of one interview ranged from 18 to 75 minutes, with an average duration of 37 minutes.

2.4. DATA ANALYSIS

The data were analyzed according to six main themes that correspond to the COM-B framework [30], according to which Capability, Opportunity, and Motivation may cause changes in Behaviour. Accordingly, in order to change any behavior, at least one of these components must be changed:

- (1) Capabilities refer to a person's psychological and physical ability to engage in a particular behavior. Psychological capabilities cover the necessary knowledge and mental skills, such as attention, memory, and decision-making. Physical capabilities refer to the physical aspects, such as health, required to perform actions.
- (2) Opportunities refer to the external factors, both physical and social, that facilitate the behavior. Physical opportunities include the environment in which the behavior occurs, as well as resources such as money or time. Social opportunities refer to the behavior of significant others and the broader environment.
- (3) Motivation encompasses all the internal processes that stimulate or inhibit behavior and ultimately lead to the choice of a particular action over another possible one. These processes can be reflective, such as plans, beliefs, attitudes, or goals, or automatic, such as emotions and habits that may not be consciously recognized.

The COM-B components interact with each other through positive and negative feedback loops, creating a dynamic system of behavior. For example, PWID who go through a clear and well-organized passport recovery process are more likely to feel empowered to resolve the issue, which may increase their motivation to continue the process to the end. However, if they face difficulties such as bureaucratic obstacles, lack of financial resources or negative attitudes of staff members, their motivation to recover their passports may decrease.

Qualitative data from the in-depth interviews were transcribed from digital recordings into Microsoft Word. The data were then coded and entered into matrices (*Microsoft Excel*) by three researchers. This study used a two-stage approach to analysis. The first stage involved inductive thematic analysis [31]; 10% of the transcripts were coded by two different researchers, which ensured double coding and quality control. After the double coding, the researchers discussed the identified discrepancies using the constant comparison method. All codes and matrices were discussed and agreed upon with all team members. After that, the remaining transcripts were coded; texts with similar codes were sorted and categories were created, which were then combined into broader general themes that contained answers to the study questions. At the second stage, the identified themes were deductively compared and coded according to the COM-B model [30], which is in line with the common practice of data analysis using this framework [32, 33].



2.5. ETHICAL ISSUES

The study was conducted in accordance with the Code of Professional Ethics for Sociologists of the Sociological Association of Ukraine [34] and the Declaration of Helsinki on Ethical Principles. The study protocol and tools were reviewed by the APH's Institutional Review Board (*FWA#00027488, IRB#00012333*).

All members of the study team were trained in the protection of the rights of study participants and compliance with the principles of research ethics and signed the Data Use and Confidentiality Agreement.

All participants provided their verbal informed consent during recruitment and before the interview. Participants from all target groups were informed about the objectives of the study, the principles of anonymity, confidentiality and voluntary consent, the right to withdraw from the study at any time, and the audio recording of the interview. The respondents were informed that their participation was completely voluntary and that they had the right to withdraw their consent and stop participating at any time. Refusal to participate in the study had no impact on the participant's access to health care facilities and treatment. Participants were informed that any information they disclosed during the study was considered confidential (*no personal identifiers were used*) and that the information would be used only in an aggregated form.

After completing the interview, each participant received compensation for their time (*by money transfer to a bank card or by topping up a mobile phone account at the respondent's choice*). The amount of compensation was 600 UAH for PWID, 800 UAH for NGO staff and 1500 UAH for HCF personnel.

Measures to ensure data confidentiality were taken at each stage of the study. The interviews were anonymous, participants could choose any name they preferred, and no personal information that could identify the respondent (*e.g., name or address*) was obtained or stored. To store and analyze the data in administrative and research documents, a unique participant identifier was used, consisting of:

- the target group of the respondent: PWID without passport; PWID with passport, NGO, HCF
- Region: Zaporizhzhia city, Zaporizhzhia oblast, Kyiv city, Kyiv oblast, Lviv city, Lviv oblast, Odesa city, Odesa oblast
- ordinal number of a respondent

The electronic data and other study documentation were transferred to the Alliance, which is the owner and is responsible for the storage of the study materials in accordance with its internal procedures and policies.

2.6. STUDY PERIOD

The data collection was conducted from May 6 till June 8, 2024.



3. RESULTS

3.1. THE OFFICIAL PROCEDURES IN CASE A PERSON DOES NOT HAVE A PASSPORT OF A CITIZEN OF UKRAINE

Situation 1. A citizen of Ukraine has lost his/her passport issued in the territory controlled by the Government of Ukraine/recently occupied by Russia (the relevant data on the person is available in the electronic database of the State Migration Service of Ukraine)

Re-issuance of a passport of a citizen of Ukraine is a quite an affordable procedure. One should personally apply to any territorial unit of the State Migration Service, take a ticket for the electronic queue or stand in the line, pay an administrative fee for the reissuance of a passport in the amount of UAH 504 (UAH 874 for urgent procedure) and a state fee of UAH 34. The payment can be made at an office of the State Migration Service via banking terminal or at a banking institution, after the person gets payment details.

The passport must be issued no later than 20 business days after submission of the application or 10 business days under urgent procedure. In practice, if the State Migration Service needs to vet the person, this period may be extended to 1-1.5 months.

Situation 2. A citizen of Ukraine has lost his/her passport issued in the territory temporarily occupied by Russia after 2014 (the relevant data on the person is not available in the electronic database of the State Migration Service)

Any decision to issue or refuse to issue a document is made based on the results of personal identification (it must be established that the nominal Taras Shevchenko is really Taras Shevchenko) and verification of the person's Ukrainian citizenship. The main method of identification is to obtain data on a person from the Unified State Demographic Register, which contains information on all persons who have been issued biometric passports and who previously received passports issued in 1994.

Territorial units of the State Migration Service located in the temporary occupied territories of Ukraine (parts of Donetsk and Luhansk oblasts, the Autonomous Republic of Crimea and the city of Sevastopol) did not send applications for issuance of the 1994 series Ukrainian passports to the central archive. Therefore, there are no necessary personal data in the electronic database of the State Migration Service, and the standard passport recovery procedure described for Situation 1 is not available.

Accordingly, it is necessary: (1) to conduct the procedure of identification in accordance with paragraph 43 of the Resolution of the Cabinet of Ministers of Ukraine No. 302; (2) to find the details of the lost passport of a citizen of Ukraine and official documents confirming the fact of documentation (for example, a register record of marriage/divorce/birth of a child, a bank certificate (with a photo of the person, his/her passport data and identification number), a certificate of release from prison, certificates from previous places of employment with information about the passport that was registered at the time of employment, etc.).



This procedure allows engaging an attorney/lawyer to collect evidence to confirm the person's citizenship and preliminary record of the passport of a citizen of Ukraine. A person can go through this procedure independently or with the participation of a social worker.

Situation 3. The person has never had a passport of a citizen of Ukraine, but had a passport of a citizen of the Soviet Union

In this case, a social worker can only accompany the person to the territorial unit of the State Migration Service for a consultation on further possibilities for establishing Ukrainian citizenship or, alternatively, recognition as a stateless person and issuance of a temporary/permanent residence permit.

The procedure for obtaining a passport is usually quite complicated and painstaking, requiring the involvement of a lawyer for legal assessment of the situation and collecting written evidence from public/private institutions and organizations. The further course of action depends on the package of personal documents that can be collected. For persons who previously held a passport of a citizen of the Soviet Union, Ukrainian citizenship is almost always established by a court decision. If a person has a 1974 series Soviet Union passport with the entry "citizen of Ukraine" in it, such a passport can be exchanged for a Ukrainian passport extrajudicially.

Situation 4. Stateless persons

In case of insufficient evidence of the Ukrainian citizenship, the procedure for recognizing the person a stateless person with further issuance of a temporary/permanent residence permit is applied.

3.2. PARTICIPANT CHARACTERISTICS

The professionals surveyed in the study were on average over 40 years old (*for NGO staff, the average age was 42 ± 9 , for healthcare workers – 45 ± 12*), and their work experience at their current institution ranged from 3 to 20 years. The majority of participants were women – 19 people (79%). Among NGO professionals, most were project coordinators or managers, and health care workers were mostly represented by infectious disease specialists or family doctors.

Among the 52 interviewed PWID, one third were women, half were unemployed without any casual income, with incomplete secondary education of the 9th grade, and with experience of homelessness or detention. Those PWID who have occasional income or full-time employment mostly work in construction, as cleaners, car mechanics or handymen. More detailed information about the participants is summarized in Table 3.



Table 3. Social and demographic characteristics of PWID participants (N, %)

Characteristics	PWID without passports (N=28)	PWID who recovered their passports (N=24)	Total (N=52)
Average age (standard deviation, minimum-maximum)	40 (6, 26–55)	39 (6, 28–48)	39 (6, 26–55)
Women	10 (36)	8 (33)	18 (35)
Unemployed and have no casual income	17 (61)	8 (33)	25 (48)
Have secondary education (9th grade)	12 (43)	12 (50)	24 (46)
IDP experience in 2014-2021	5 (18)	2 (8)	7 (14)
IDP experience after 24.02.2022	18 (64)	13 (54)	31 (60)
Experience of homelessness	16 (57)	10 (42)	26 (50)
Experience of imprisonment	10 (36)	13 (54)	23 (44)
Started HIV treatment	25 (89)	23 (96)	48 (92)
<i>Initiated HIV treatment only in 2023–2024</i>	8 (33)	12 (52)	20 (46)
<i>Lack of passport at treatment initiation date</i>	15 (60)	12 (52)	27 (63)

Almost all respondents had started HIV treatment at the time of the study, and half of them had started it within the previous two years. The proportion of PWID who started ART for the first time in 2023-2024 is higher among those who had recovered their passports by the beginning of the study. Most participants reported taking ART regularly, while three had treatment interruptions but later resumed it. Regardless of when they started treatment, two-thirds of participants did not have a passport at the time of entry into care.

The majority of respondents, regardless of whether they had a passport at the time of the study, had been in a situation of document loss in the past and knew other PWID in their environment. The loss of documents was mainly related to drug or alcohol use and lifestyle – participants lost their passports while intoxicated, or became victims of theft by other PWID while using drugs together. Some left their documents in gage at a pawnshop, in a taxi, or at their former place of work. In some cases, among women, the loss of passports was related to gender-based violence and abusive actions of partners, for example, an intoxicated partner deliberately burned the passport of his girlfriend out of jealousy.



“I had a partner who was a bit jealous and a bit bonkers. When he was drinking, he would beat me and tear things up. He also tore up my documents. I once mentioned to him that I wanted to go to Poland. So he took everything, cut it with scissors, and then threw it all into the fire on the grill”

PWID without passport_Odesa oblast_26

Some participants attributed the loss of their passports to an accident – they lost them due to carelessness, or the passports were stolen in situations not related to drug use, for example, in public transport, or the documents were damaged/ruined and became unusable (“got wet by rain”, “chewed by a dog”). For IDPs, the loss of documents was often directly related to the war – documents were lost due to the destruction of their homes or on the way to another settlement, or left behind during evacuation, including in the territories temporarily occupied by russia.

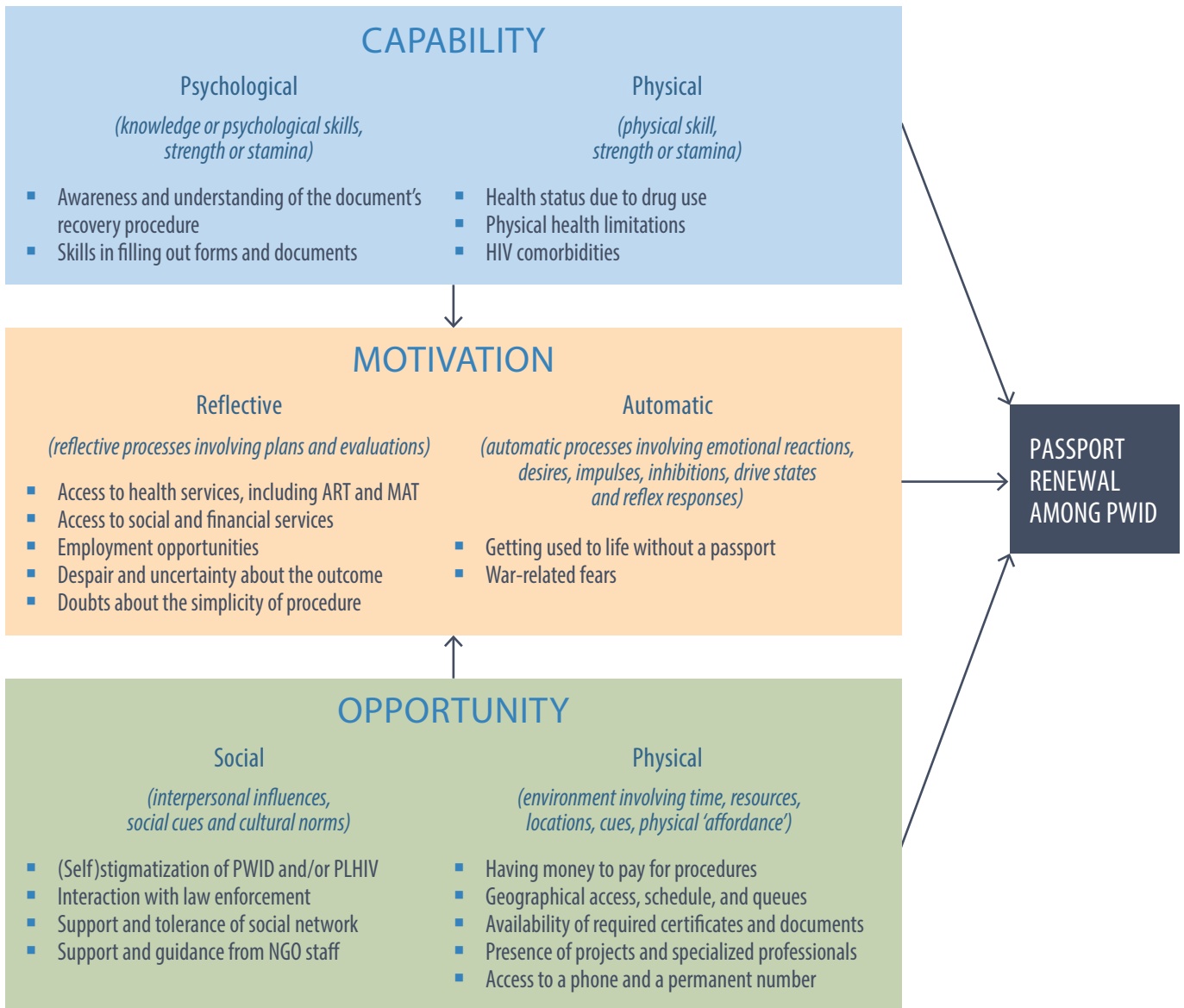


There were some PWID among participants who had a passport of another country (*for example, russia or Transnistria*) that had expired (*in particular, a Soviet-style passport*), as well as those who had never obtained documents and did not have a passport.

3.3. BARRIERS AND FACTORS THAT FACILITATE THE RECOVERY OF DOCUMENTS

Figure 1 depicts the identified barriers and factors that influence passport recovery among PWID, with arrows showing the links between each component [35]. For example, understanding of the passport recovery procedure (*psychological capabilities*) can boost motivation, while stigma and/or HIV (*social opportunities*) can reduce it. In turn, motivational factors, such as a better access to certain services, can push people to recover their documents.

Figure 1. Application of the COM-B model to the factors of PWID passport recovery according to the interviews*



* The coding and analysis of barriers and enabling factors to passport recovery in accordance with the COM-B framework were based on interviews with PWID, and then compared with the results of interviews with NGO and health care professionals. Accordingly, the model presented in Fig. 1 is based on the results of the study among PWID.



3.3.1. PSYCHOLOGICAL CAPABILITIES: Awareness of Procedures and Form Filling Skills

The majority of representatives of the PWID community who did not have passports at the time of the study indicated they lacked knowledge of ID recovery procedure, had a rather vague idea of the existing procedure and usually mentioned the need to apply to the passport office. In some cases, participants who had lost their documents not for the first time had some knowledge from their previous experience.

The main gap was the lack of understanding of the first step on the way to renewing documents – who and where to turn for help to, especially in case of war-caused displacement. In turn, the NGO personnel also confirmed that PWID were not aware of the details of ID recovery, did not know about the relevant institutions and did not understand the procedures. Often they could not understand the information provided, even confused the working hours of the institutions, etc., and that is why they fully depend on social workers when it comes to ID recovery.

“Look, my husband and I, roughly speaking, are fleeing from another city. Let's say, if back in Mykolaiv we knew where the passport office was, where the migration service was... Again, all this information has to come from somewhere. First they send you to one place, then to another, then to a third one, and then they send you back to where you started. And you by all means have to go to a city”

PWID without passport_Odesa oblast_28

“They do not understand anything. He speaks like a child, sitting there with infantile eyes”

NGO_Odesa_62

“People do not know the working hours and come on Monday, and it is closed. And for our clients, it's a shock that they come and the office is closed”

NGO_Odesa_63

Although there were some participants who had recovered their documents on their own using the standard procedure for Ukrainian citizens, applying to the passport office on their own and paying for services, the social workers were the most relevant and effective sources of information. In general, participants were not inclined to purposefully search for information on document recovery most often, they received it without effort on their part, rather by chance and accident (*as a rule, PWID reported having received offers to recover their IDs while undergoing HIV testing*). In this context, participants from Zaporizhzhia (*the city and the oblast*) stood out, as they more often reported having found an organization that dealt with the issue of documents on their own, as they had heard about the possibility of assistance from NGOs (*“hopefully they will help”*). Based on their own experience, PWID who had managed to recover their documents noted insufficient information about NGOs that provide assistance and support, in particular, the lack of a publicly available list of addresses and contacts of such organizations. In some cases, even when specialists from mobile HIV testing and case finding teams offered to help with IDs PWID refused because they did not fully understand the role of NGOs in this process. Although personal communication and face-to-face contact were perceived as an advantage, they expressed a need for information sheets or memos with step-by-step information.



"I was told by the girl who was in charge of me. She's not a doctor, but she worked for the [non-governmental] organization that was making my passport. She helped me. She told me what was needed and how much... And again, she went with me, paid for this service. And that was it. I took a picture, went in, I gave them my papers, and they said they would call me back in a month"

PWID with passport_Kyiv city_29

Often, PWID were not literate enough to read and fill out the forms required for passport recovery on their own, and gratefully recalled the guidance and assistance of NGO social workers in filling out the forms correctly when applying for ID recovery. PWID without Ukrainian citizenship also needed knowledge to pass the mandatory exam (*Ukrainian history and language*).

3.3.2. PHYSICAL CAPABILITIES: Health Status and Limitations

Quite often, PWID had limited physical capability to renew documents due to their general health condition, including drug use (*"I led an immoral life"*), but this topic was hardly mentioned by community participants. As for health problems, since April 2023, PWID have needed the services of dermatologists, surgeons, including vascular surgeons, traumatologists, ophthalmologists, dentists, neurologists, tuberculosis specialists, urologists, gastroenterologists, otolaryngologists, and for women, visits to gynecologists and mammologists were relevant. Some participants suffered from severe COVID-19 and had serious problems with veins, trophic ulcers, etc. At the same time, they sought medical care only in case of a significant deterioration in their health, often when hospitalization was already necessary.



"I didn't have a passport at all, I never got one. That's how it is, because I was a drug addict, I used to inject drugs... so I didn't do it. I was born in Ukraine, yes, but I didn't get one"

PWID without passport_Odesa city_23

According to NGO personnel, during periods of active drug use, PWID could not keep their appointments and often did not come at the agreed time, including to receive their re-issued (*"one had to run after them"*). Given the requirement of the mandatory presence of a person at the ASC and the migration service office when applying for the passport recovery and when receiving the document the involvement and support of a social worker was in demand at all stages of the process (*"to lead by the hand"*).



"They think about nothing else but drugs. And somehow it seems that they don't really need this passport..."

NGO_Lviv oblast_61

Physical limitations that prevented ID recovery included frostbitten fingers, poor eyesight or poor health in general, which made it difficult to perform necessary procedures such as filling out forms. Comorbidities, such as tuberculosis, which required additional resources and time for treatment, could affect the ability to take proactive steps to recover the documents.



"His hand is frostbitten, either a finger or nerve endings, he can't hold a pen, they can't even take a fingerprint"

NGO_Odesa city_62



“I started taking ARV therapy, it went wrong and I developed tuberculosis. I am in the TB clinic, I am taking medications until May, so I just don't have the strength to do this now. I need to go to the place of residence, I need to get a new birth certificate, because they say this one is not suitable, it is not in the right condition...”

PWID without passport_Odesa oblast_26

3.3.3. PHYSICAL OPPORTUNITIES: Obstacles, Availability and Sufficiency of Resources

Physical obstacles faced by PWID in recovering their passports included limited access to state institutions due to the war, lack of money to pay for the procedures and fines for losing the document. In addition, the inconvenient location of government offices, especially outside the regional center (*“it's a small town, it takes me two hours to get to the office...”*), their working hours (*in particular, if PWID have jobs*), and long queues, especially during air raids, discourage them from recovering their IDs. To minimize these obstacles, social workers took PWID by taxi to institutions and back home, ensuring the submission of applications for ID recovery and subsequent receipt of passports, paying administrative fees and other related costs, sometimes at their own expense due to a lack of funds to cover these costs within the project activities.



“The passport office works on Monday, Wednesday, and Friday. And it happens so that I can't make it on these days. And I have to move the appointment back and forth”

PWID without passport_Kyiv oblast_5

In some cases, the passport recovery procedure required involvement of lawyers, in particular for those PWID who (1) were registered in the territories temporarily occupied by Russia, (2) were in detention facilities and lost their release certificates, (3) had Russian citizenship or a passport of a citizen of Transnistria and wanted to change it to Ukrainian citizenship and obtain a Ukrainian passport, (4) had a passport of a citizen of the Soviet Union. The requirement for additional extracts and certificates was especially relevant for PWID with an experience of forced displacement, when their documents remained in another region, in the non-government controlled areas, in frontline settlements or in the area of active hostilities. According to NGO staff, absence of a certificate of registration or of a place of registration in general, and of an identification number, also complicates the procedure for ID recovery (*for example, recovering an identification number requires more time and effort on the part of social workers, as they need to accompany PWID to government agencies*), although members of this community did not experience any difficulties in their daily lives due to the absence of an identification number. In the absence of a place of registration, which is a prerequisite for obtaining a passport, some NGOs helped PWID with temporary registration at shelters.



“I was issued a permanent residence permit. Now I will collect documents to get citizenship... At the Migration Service office, the girls explain everything to me, but they also, you know... they have a law. They say: we understand you perfectly well. I have been on their files for so many years. They already know me. They say: we understand, but this is the law, these are the requirements, this is the procedure. Maybe the war will end and something will change. I just hope that the war will end and the laws will change. Or it will be easier”

PWID without passport_Zaporizhzhia city_8



Overcoming these obstacles largely depends on availability of a lawyer and social workers specializing in ID recovery at the NGO. However, participants from among NGO staff emphasized the lack of human resources both for accompanying clients and for helping with “difficult” cases. According to experts, supporting undocumented PWID is a time- and effort-consuming process, especially given sudden disappearance of a client at some stage, and the incentives for doing this work – first of all, financial ones – are lacking. The ID recovery process is easier for social workers if there is good cooperation with the ASC, migration and tax authorities, as fast-tracking is available and office hours are clear; also, stigma is less likely and prompt correction of any inaccurate information from PWID is easier done.



“The problem is that there are very complicated cases when there are no proofs at all to help us recover the ID, or it is a red zone where access to data is closed, or perhaps it is impossible to find witnesses who would confirm the identity of the person”

NGO_Zaporizhzhia city_57



“...someone has documents, a certificate of something... Then it is easy to recover [the documents]. If you have nothing at all, you have to get creative, look for testimonies, including from neighbors, or whatever, from hospitals... From the same pre-trial detention facility or prison that the person was actually there... Each case is individual.”

NGO_Lviv city_59



“The difficulty is that managers do not want to deal with ID recovery cases, because it is a very time-consuming and costly process... The client started the process and then disappeared somewhere... The donor wants the renewal process to be properly ensured and indicators to be met, funding is needed, for example, to allocate funding for a social worker's salary and bonuses for each ID recovery”

NGO_Kyiv city_53



“We need a good legal support. Not a phone call... but a face-to-face meeting with a lawyer who will look at the whole story, all the problems, risks, and look at the documents as well”

NGO_Kyiv city_54

According to NGO experts, the existence of support projects at the time of the study was the only effective mechanism that enabled PWID ID recovery. Experience shows that without support at each stage, PWID are mostly unable to complete the procedure, and the presence of material incentives in projects – humanitarian and food aid, certificates for the purchase of goods – encourages them to recover their passports. However, experts consider financial incentives to be a wrong step, as the funds are likely to be spent on drugs, and existing projects to accompany and support PWID in the process of ID recovery were not perceived as a sustainable way to solve the problem of the absent IDs, as their effectiveness largely depends on funding.



“The state should provide them with funds to pay for this service. Because our clients do not have the money to do so. Our project provides them with money, but the project may end someday... We need to advocate for the state to pay for such people...”

NGO_Odesa city_63

Absence of a phone and a permanent phone number also played a role in the process of ID recovery as it made communicating with social workers difficult. Although most of the interviewed PWID had their own mobile phones, mostly smartphones, the phone was often outdated or significantly damaged (e.g., broken screen), rendering it useless for communication. Even if they had a phone, only a few participants reported having used a permanent contact number for many years. A common practice was to take it to a pawnshop to get money, as well as to change the number periodically – more often due to the loss of the phone, less often specifically to avoid unwanted contacts. Some participants considered it inappropriate to have a phone, declaring a conscious refusal, as it can be easily lost or stolen. If necessary, for example, when visiting a doctor or contacting social workers, PWID would use a contact number of a close relative (mother, sibling), sometimes NGO employee or another PWID in their environment. At the same time, some participants admitted that they did not have a person in their social network whose contact number they could use.



“I had a phone, then I lost it. Now there is no phone. The boyfriend was going to work somewhere, asked to use it. And now there is neither the boyfriend nor the phone. I'll take the number back. He'll come to me, he went to work somewhere, I'll come and get it”

PWID without passport_Kyiv city_3

Digital IDs that can be accessed via Diia app and could simplify the passport recovery procedure and be used as an alternative if necessary, were almost inaccessible for PWID either due to the lack of awareness of the app or because of technical issues. The interviewed participants were mostly unaware of the application and the possibility of storing electronic documents, and said that they would prefer a common database of electronic copies of their documents as an external resource to be accessed in case of absence of paper copies. Some of them had the app installed on their smartphones, but mostly did not use it because they could not access the system or the necessary documents in it, or because they could not recover the login and password.

3.3.4. SOCIAL OPPORTUNITIES: Stigmatization and Social Support

Among the social factors, (self)stigmatization played a significant role, making PWID reluctant to visit government agencies. Poor appearance and the associated fear of disclosure of belonging to the community of people living with HIV prevented them from seeking ID recovery, in particular for accessing medical services. Due to changes in their appearance as a result of drug use, PWID, especially women, avoided contact with institutions outside their usual environment (“I have a diffidence about contacting strangers”). Interviewed NGO and HCF professionals also suggested that PWID may avoid visiting official authorities because of the risk of stigmatization and being treated badly, although the official procedure for ID recovery requires personal presence of the individual. It was not uncommon for an agency staff member to ask PWID to wait outside due to their unkempt appearance and unpleasant odor.



“They don't want to go anywhere because they are really afraid that they will be identified as a drug addict. Or as an HIV-positive person. Yes. They are afraid. They are afraid to meet some people they know there”

NGO_Odesa city_63



“...These are people who experience very strong discrimination and stigmatization. They are simply kicked out, they say they cannot even go to the store normally, they are simply kicked out of any shopping center because of their lifestyle... They do not always smell good. The same problem exists for IDPs, of which we have a lot... They have come and have no permanent place of residence... They are treated as thieves”

NGO_Lviv oblast_61

“...there were cases when pregnant women were displaced... they were so confused... Social workers took them literally by the hand to the maternity hospital and social services. Because they were afraid to go to the hospital, they said: “...I have no money, my documents are not in order – they will not accept me there, they will send me out”... They were afraid to just cross the threshold of the facility until someone with them, let's say some adults, came and shouted (at health workers) ... There are some people who are confident, and others are so scared that they will not even go to the maternity hospital, they will stay home until the last moment”

HCF_Lviv city_73

The negative experiences of PWID with law enforcement agencies also affected their desire to recover their IDs. Although in some cases police officers knew PWID in their neighborhoods and absence of IDs did not cause problems, participants shared their experiences of interacting with them during wartime – being taken to the police station, stopped at checkpoints while traveling, detained during curfews. According to them, without a passport, it is difficult to resist unlawful detention, especially in case of abuse of power by the police, and it is impossible to defend their rights and seek justice if needed.

“And when the war started, of course, it became very problematic. Because you are stopped even at checkpoints if you are traveling from one district to another district. You pass two checkpoints, and they always check your documents”

PWID without passport_Zaporizhzhia_8

“They even ask for documents when you are just walking in the street, nowadays the police are constantly checking them everywhere”

PWID without passport_Zaporizhzhia_10

The close network of PWID (*relatives, such as mother, siblings, spouse, as well as other PWID, sometimes NGO professionals with whom they have established trusting relationships*) mostly tolerated the absence of a passport and helped to solve problems arising from it. For example, with the consent of such trusted persons, PWID used their documents to receive money transfers or pawnshop services, and less often to purchase train tickets or register a newborn child. At the same time, according to social workers, if PWID needed to identify themselves through witnesses and acquaintances to restore their passports, it was mostly NGO workers themselves who searched for neighbors or relatives.

“My wife who works in Poland sent me money sometimes, but I had no cards, no documents. I couldn't receive it, she would transfer it to a bank [card], and I couldn't get it, or she would send it by Nova Poshta, and they also need a document... So somehow we found friends there through whom we could do it, whom we could trust. Now, the people currently in my circle are not the kind I would transfer money to.”

PWID with passport_Zaporizhzhia oblast_39



“When I needed to take something to a pawnshop, and I didn't have a passport... Do you understand? You have to look for another person – that's a disadvantage”

PWID without passport_Odesa city_22



“You can't even get a train ticket... unless you have a friend who can arrange it for you”

PWID without passport_Lviv oblast_19



“The child was registered through my sister. She wrote him down on her passport. The surname and name were mine. And the data was hers”

PWID without passport_Zaporizhzhia city_9

The close circle of PWID (from close relatives to healthcare workers, employers, etc.) who asked or even demanded the to recover IDs (“you will have to or they will force you to”), or offered their support and guidance (“let's do it”) increased motivation to recover IDs, and some PWID said they wished that social and health care workers were more insistent. At the same time, some participants mentioned having had negative experience with social workers in the course of ID recovery process: they did not feel supported or motivated, or the social workers lacked information and referred the PWID to government services. According to social and health workers, trusting relations with PWID are easier established on a peer-to-peer basis, when the social worker discloses their being a part of the PLWH community or tells about their own experience of drug use. Besides, NGO workers emphasized that doctors should also remind PWID about ID recovery: motivation and support coming from multiple people – even though not very trusted – are more effective in bringing the result.



“Peer-to-peer counseling is 99.9% effective today. We mostly disclose our status because it is impossible to reach people otherwise. We disclose our status, explain, say that they are not the only ones, that I am also infected”

NGO_Odesa city_62



“Through peer-to-peer groups, i.e. when there are social workers on the basis of, for example, websites, facilities or charitable organizations who used to be in the same conditions as our patients. But they have improved their living standards a little bit, they have felt that they could do something useful, and so on, so they, for example, communicate with such patients... Patients who inject drugs or are HIV-positive or who are taking MAT... Everyone is interconnected, in fact, everyone knows everyone, it is easier for them to work and communicate with such social workers. That is, we have the opportunity, yes, I know such social workers”


HCF_Lviv city_72




3.3.5. AUTOMATIC MOTIVATION: a Habit to Live without a Passport, and Fears

The study identified a certain trend: the longer PWID remain undocumented, the more used to it they become. Living without documents became a part of their reality, they learned to live/manage without a passport, and the need to obtain it became less relevant (*"I don't really need a passport", "I don't need documents to buy drugs"*). Mostly those PWID who had recently lost their documents (*especially IDPs*) reported understanding the need to recover their IDs and experiencing more problems due to their absence, and some participants mentioned that they had not thought about recovering them before the meeting with the social worker, so they consider it a turning point in their lives (*"without them, we would not have recovered our IDs"*).

Some participants talked about the psychological discomfort of not having a passport, including constant fears when walking the streets when you cannot prove your identity during martial law (*"they can take you for a saboteur"*), the inability to feel free (*"to feel like a human being, just like others"*) and to feel like you belong to the rest of the population. Previous experience with the police and military reinforced the fear of drawing the attention of law enforcement to the lack of documents and the subsequent actions associated with it, including the fear of mobilization.

 *"You know, when you are walking and people with military license plates drive by... Diia doesn't work, I don't have a passport, martial law is in place. You know, I'm scared"*

PWID without passport_Lviv city_15

 *"There were no advantages, I did not see any advantages at all. When you have documents, you feel like a human being, a citizen, as they say, of your country. And when you don't have any documents that confirm who you are, how can you feel any advantage?"*

PWID with passport_Odesa city_50

Participants with experience of homelessness, on the contrary, considered the absence of a passport to be an advantage that allows them to avoid mobilization into the Armed Forces of Ukraine (*"nothing to take from a homeless"*), and also increased confidence in avoiding arrest and fines for offenses (*e.g., traveling in public transport without a ticket, drinking alcohol in the street, searching for a "stash of drugs", etc.*) According to NGO and HCF professionals, fear of mobilization is one of the main obstacles to ID recovery, as PWID among their clients are convinced that a person with documents will be mobilized sooner. Social workers try to refute these perceptions, explaining that territorial centers for recruitment and social support quickly restore documents if necessary, and that PWID themselves are not subject to mobilization.

In addition, some PWID who had or have had problems with the law (*were on the wanted list, were involved in criminal cases*) believed that in the process of ID recovery, data from the State Migration Service of Ukraine would automatically be transferred to law enforcement agencies, and if they had debts, they would be found by creditors. PWID with russian citizenship feared heavy fines and deportation from the country if they renewed their identity documents or tried to obtain citizenship.

3.3.6. REFLECTIVE MOTIVATION: Despondence and Access to Services, in Particular Health Services

In general, PWID are passive in addressing the issue of ID recovery, which is often perceived as a non-priority task and is postponed indefinitely. However, PWID declared the negative impact of the absence of documents on their daily lives and the realization that their recovery would help them to improve their lives and access to various services.



For most PWID, the absence of a passport was most troublesome when accessing health care services. They reported refusals by health care workers to provide care (*except for emergency care*), as well as difficulties with signing a declaration with a family doctor; receiving consultations from narrow specialists; undergoing instrumental and laboratory tests not related to HIV; scheduled hospitalization and surgery; registration or confirmation of disability and passing relevant medical and social expert commissions; participation in the substitution maintenance therapy and receiving HIV-related services.

When denied medical care, some participants turned to representatives of NGOs, who organized medical appointments and ensured further treatment. For example, a health care facility refused to provide a necessary surgical intervention to an undocumented PWID, and the issue was resolved with the help of a social worker. In general, PWID believe that currently the opportunities to receive health services without a passport are insufficient – health care is not provided in full, and access to it is mostly complicated, which causes discouragement and a desire to avoid seeking medical care in general. Participants expected health care professionals to focus on providing care rather than on establishing the patient's identity first (*“a person is a priority”*), and expressed wishes for the possibility of receiving care in the absence of IDs or with any available documents, which was perceived as a manifestation of greater responsibility of professionals in working with members of the vulnerable community.

“Look, we'll do it anyway, even if there are no documents... We want people to come, we want doctors to have a base. So that, let's say, they could help even without documents. Just to have a base, because we all go to doctors, etc. To have a database for doctors, so that a person could come, say his or her name, and they could identify him or her in this database”

PWID without passport_Lviv city_16

As having a declaration with a family doctor is a condition for receiving the majority of medical services, it was a significant incentive to recover documents for those PWID who faced health problems and needed medical care. Most participants had such a declaration, especially those PWID who had already restored their passports, while some IDP participants needed to renew their declarations. Not all of them were sure they actually had them and assumed that a declaration could have been completed without their participation (*“maybe my mother signed it for me”*). According to PWID, social workers arranged for the declaration to be completed by a doctor on their own, or went to private clinics, but they did not know the details of the arrangements, and most participants did not know or remember registering with the eHealth system. Family doctors themselves, according to PWID, met their clients halfway when necessary and used any documents available at the time (*e.g., identification number, birth certificate, copies of documents, certificate of residence registration or prison release certificate*).

“I just had a fever, and I was, like, in a bad state, going to different places asking for help. And no one cared. The main thing was to get the declaration signed”

PWID with passport_Zaporizhzhia oblast_38

“I was told something by [name of social worker] that I should make a declaration, then I would get some treatment”

PWID without passport_Kyiv city_1



“...I got sick, and I'm still sick, and doctors won't take me, they won't take me without a family doctor. And this family doctor needs a passport. That's why I want to get a passport, because I am very sick, I have HIV... I recently had a groin operation thanks to [name of NGO]. I need a passport because I want to go to the hospital... I need a family doctor so that I can go to the hospital, and without a family doctor I can't do it”

PWID without passport_Odesa city_23

Confirmation of HIV diagnosis and the need to take ART for life provoked stress and increased attention to health, which strengthened the desire to receive health services, including substitution maintenance therapy, and to stop using street drugs. However, the vast majority of interviewed PWID, who were undocumented at the time of treatment initiation, did not understand the importance of having a passport to receive ART, regardless of when HIV infection was diagnosed and they had to start taking medications – before or after April 2023. In this context, participants from Odesa city and Odesa oblast stood out, as they were aware of the need to recover their documents within three months after starting the treatment and some IDPs noted that they practiced periodic trips to their previous place of residence to receive medications due to the lack of documents and the possibility of receiving ART at a new place.

“[Name of the social worker] told me that I needed to restore my documents. So I am restoring them. In order to get some treatment. Without documents I can't get any treatment, she said. Pills, she said. I need to be treated. I don't want to die... Until I found out I was sick, I didn't need anything”

PWID with passport_Odesa oblast_48

“Look, let's say I was diagnosed with HIV, right? I was given therapy for now. For a month. And they took blood for CD cells. I can't take any other tests because I don't have any documents. I cannot sign a declaration with my family doctor. And again, there are problems with accommodation. Everything rests on documents... Without documents, ARV therapy is a problem. I need to resume it. I was given treatment for a while, and then... Because I don't have documents”

PWID without passport_Odesa city_25

“You know, there were no problems with that, to be honest. I have to go to Mykolaiv once every six months and get treatment from a doctor at the HIV center. Otherwise, I don't go anywhere else in Velykodolynske. I take therapy and leave the same day. Going to a doctor in Odesa still requires some documents with you. Again, it's about my own problems with the law”

PWID without passport_Odesa oblast_28

Some PWID said that they had undergone testing, a number of laboratory tests, received psychological counseling, were placed under medical supervision and have been receiving treatment and undergoing scheduled follow-up examinations (*dermatologist's examination, fluoroscopy, etc.*) since then. Other participants who started treatment in prisons continued their treatment without any difficulties after their release. According to them, NGO workers help them to initiate (*or resume*) treatment and, if necessary, give them the necessary instructions for further action. Sometimes, in case of HIV diagnosis made during TB treatment, social workers independently arranged for the client to receive treatment. Health care workers, in turn, remind the client of the need to recover the documents, while providing medical services in full.



“[Name of a social worker] says that documents are needed to receive free pills and ART”

PWID without passport_Kyiv city_3



“I get ART prescriptions. They write me a prescription, and when I collect the medicines, I need to show my ID”

PWID without passport_Lviv city_18



“...We are obliged to provide all the services that we are currently providing, i.e., the delivery of drugs, CD4 and viral load control, but this, of course, will happen with constant reminders to our clients to recover their documents”

HCF_Odesa city_75



“He receives that medical service, emergency medical service... He will be brought to the hospital, he will be provided with all medical care... if he is not identified, or has no declaration. I will prescribe him therapy, I will give him everything, in full, but I will not get off him until he signs a declaration with a family doctor. I will not leave him alone and I will keep asking: “Have you made a declaration with your family doctor? Go do it.” And then I'll call our family doctor, and they'll get him in there... to our family doctor who works at a hospital. Services are not complete without a family doctor”

HCF_Lviv city_71

In addition to accessing medical services, PWID participants also reported other difficulties arising from the lack of documents, including:

- limited access to social services (*resolving the housing issue by renting a room or settling in places of compact residence; receiving humanitarian aid and payments for IDPs; traveling and purchasing tickets for interregional travel*);



“I just live at a hostel and they keep kicking me out because I don't have documents, and then I go to another hostel, a new one every day.”

PWID with passport_Kyiv city_3

- employment (*legal employment, occasional opportunities for women to go to work abroad*);



“It's simply impossible to get a job... No one will hire you. They say, “You are a hobo”

PWID with passport_Odesa city_50



“I have met some social workers and started receiving medications, because I was diagnosed with HIV, and I started the treatment, and I ended up here. And then I started working at a car service, and it turned out that I needed to recover my ID urgently”

PWID with passport_Lviv oblast_44



- receiving financial and banking services (*depositing valuables at a pawnshop, getting a loan, opening a card account with a bank or reissuing a bank card, receiving a bank transfer from abroad*);



“It is impossible to receive a money transfer. I have relatives in Poland, but I can't get a transfer for myself. I have to look for a person who is not my relative, and this is also a risk”

PWID without passport_Odesa oblast_28



“I can't even get a loan! Neither a hundred hryvnias, nor a thousand, nothing without a passport”

PWID without passport_Lviv city_15

- receiving government services (*obtaining IDP status and related cash payments, subsidies, child benefits, marriage or registration of a child, re-registration of an apartment or property and inheritance, getting a travel passport*).

To solve most of the problems arising from the lack of documents, PWID were engaging trusted persons whose documents could be used if necessary, and if official employment was not possible, they were content with an informal work (*e.g., as a watchman or a loader*) or irregular part-time jobs (*e.g., in construction*). However, such solutions to problems were situational. Attempts to use other documents to prove identity instead of a passport, such as photocopies or photos of lost documents, birth certificates, certificates of residence registration, of an IDP or prison certificates, were not effective, according to participants, as in most cases, an original passport was required to receive the above services.

Despite these difficulties, the reluctance of some PWID to recover their IDs was due to despair and confidence in the impossibility of a successful outcome, as well as due to refusals from government officials. Especially when they applied to the relevant government services (*ASC or migration service*) on their own, where consultation and information were shaped for the needs of the general public and were difficult to understand and did not meet the needs of PWID. Or when they resorted to searching the Internet on their own (*through a Google search request*), where they found general and superficial information about the ID recovery algorithm, the cost of services and the need to pay a fine. According to those PWID who had already restored their documents, the procedure was simpler and faster than they had imagined, although not all of them could describe the algorithm in detail, as they simply followed the instructions of the social worker without understanding the steps. In most cases, the procedure was described as follows: (1) a social worker informed them that their IDs could be restored and explained the details (availability of support, NGO covering the costs), and the sequence of steps to be taken; (2) an appointment for certain date and time was made; (3) the social worker accompanied the PWID to the authority office and helped them to complete the forms and make photos; (4) the documents were issued approximately in a month. In addition, participants who had recovered their documents with the help of NGOs were willing to share information about this experience and the capabilities of specialists among their peers. At the same time, PWID were interested in receiving information about successful stories of ID recovery by people like them, and NGO employees and healthcare workers mentioned that word of mouth was one of the most effective ways to inform their clients.



“You just hate to think that you need to go somewhere, and then wait there in a line. And then go there again”

PWID with passport_Odesa city_50



“For example, when I meet people who do not have documents, I immediately tell them that there are doctors, there is this Alliance, and they have already helped many people, made passports and all that...”

PWID with passport_Odesa oblast__51



“One person told another, and the word of mouth started, that's the only way. They have no trust; they are closed-minded people. But as soon as he left the office, the word spread. It was a successful case, as they say: here, they made my documents, they did this and that”

NGO_Odesa city_62



“The so-called word of mouth works best for them. That is, they communicate with each other and pass on information to each other in the best way”

HCF_Kyiv city_66

In general, four typical categories can be distinguished based on attitudes, plans, and actions to recover a passport:

- (1) PWID without passports who have no plans to recover them and have low motivation to do so. They are mostly accustomed to living without documents and mostly believe that it is impossible to recover them in their current situation. As a rule, they tried to initiate the ID recovery procedure without the necessary knowledge, and struggled. Or they experienced stigmatization by the staff of the government agencies, which formed a strong prejudice about the complexity of the procedure. There is also a widespread belief that not having a passport will help them avoid legal problems, including interactions with law enforcement agencies or creditors.
- (2) PWID without passports who declare their desire to recover them but need external support and impetus, in particular from social or medical workers, employers, etc. Often they may be reluctant to do ID recovery on their own because of their laziness, not being fully informed about the procedure or availability of alternative ways to solve problems arising from the absence of a passport. Such PWID understand that having IDs expands their opportunities and allows them to solve certain life problems, and the documents themselves are a symbol and indicator of a quality life and belonging to the society.
- (3) PWID who have recovered their IDs due to certain circumstances when they needed them urgently, e.g. for a specialized treatment, employment or solving their financial problems. The presence and support of a caring social worker helped and facilitated the willingness to start and continue the process despite any additional challenges, such as registration in non-government controlled areas, difficulties with identification or lack of Ukrainian citizenship.
- (4) PWID who restored their documents on their own initiative, often without active involvement of a social worker or external help. Such PWID usually had lost their passports relatively recently, were better socialized and had relatively orderly lives and permanent jobs, were clients of substitution maintenance therapy and felt responsible for their families. They required more time and money resources, in particular because they did not know about organizations and institutions to contact in their locality (*if they were IDPs*).



3.4. CURRENT PRACTICE OF HCF PERSONNEL IN PROVIDING SERVICES TO PWID WITHOUT A PASSPORT

As has been mentioned above, PWID are mostly unaware of the practices of social and health care workers providing them with HIV treatment without a passport and reported no problems with accessing ART. Interviews with employees of HCFs and NGOs also confirmed that they use a variety of algorithms and approaches to working with undocumented patients, the main goal of which is not to leave them without treatment.

In general, all the interviewed doctors split into two categories depending on the policy for working with HIV-positive people without documents chosen by the management of the HCF. The first category provided any services to PWID without IDs (*including all necessary tests, diagnostics and treatment of comorbidities*), guided by the idea that they had no right to refuse to help patients, even though their health care facilities were not paid for this work. Such clinicians mostly hoped that soon the documents would be obtained through the involvement of social workers or the client would be registered with the eHealth system, and the facility would be able to report on the services provided and then receive payments from the National Health Service of Ukraine. They declared they could provide medical care to unregistered patients, as they received humanitarian aid and had a contingency stock of necessary medicines. The other category of doctors, on the contrary, draws the line at providing ART to such PWID without accompanying examinations and consultations, as it is impossible to register a client in the health care system and receive funds for the services.



“If a patient is not feeling well, we cannot deny them an X-ray or any other medical services, such as a complete blood count, a general urine test, biochemistry, ultrasound and cardiogram. But only the AIDS Center does this. All other centers do not work like this”

HCF_Odesa city_74



“He is just a patient and I provide him with all medical care services. In the clinical record, he is an unidentified person, the hospital provides him with medical care as an unidentified patient, because he does not have a phone, he does not have a passport... We just treat him, and our hospital does not receive anything for that. We just do it free of charge... a patient without a treatment plan, he receives therapy”

HCF_Lviv city_71



“We can't say that this has become such an obstacle that we have not provided medical services. They receive medical services, but it is problematic. The National Health Service cannot pay for these services to hospitals”

HCF_Kyiv city_66

A decision to provide services to unregistered clients would be made by the chief physician, sometimes taking into account that it is but a few people without IDs who need medical assistance, and sometimes considering that the amount to be compensated is small. According to one of the infectious disease doctors, the share of unregistered clients is small, making up to 5% of the total number of patients of the health care facility. According to doctors, in Kyiv the number of patients without IDs has decreased compared to 2023, and in Lviv it is insignificant, except for IDP clients, in particular from the temporarily occupied territories.



Some PWID have records in the eHealth system, so re-registration is not required. Sometimes they have certain documents (*driving licenses, ID cards, certificates*) that allow them to get registered. At narcological dispensaries and former AIDS centers, there were family doctors who reported that a declaration with PWID could be signed without a passport, and were more flexible in finding a solution. For those who did not have documents, some HCFs provided for a temporary internal document with a photo and name, which could be used to receive treatment with prior approval of the facility management.

“They have an application that that needs to be signed by the administration for the patient to be able to receive all services, get registered and receive the therapy regardless of the availability of documents. We do not reject patients if they do not have documents. This is not a reason for refusal. A person who seeks help always receives treatment, examination and everything else”

HCF_Kyiv city_66

NGO projects working with PWID without IDs provided additional support to health care professionals and ensured access to health care services for clients. First of all, the existing memorandums of cooperation between the NGOs and health care facilities allowed paying for the work of health care workers, as well as for some tests and medicines for PWID. In the case of ART, there were verbal informal agreements between NGO and HCF staff on temporary distribution of the medicines under the responsibility of the NGOs and with their obligation to recover the IDs for the PWID as soon as possible. At the same time, experts emphasized the need to formalize cooperation between the NGOs and HCFs by signing memoranda clearly stipulating the possibility of paying for the work of doctors with PWID without passports and providing services to clients in critical cases free of charge. Standardization of interaction with a clear indication of the responsibilities of the social worker and the doctor, in particular, in the context of the algorithm of motivation and informing the client about the opportunities and the need to recover their ID, was recognized an important step for avoiding misunderstandings.

If no medical services could be provided to a PWID without a passport at a public health care facility, social workers could resort to private clinics for paid services. Sometimes social workers received ART instead of the PWID, and also bought phone cards and starter packs for clients, providing their number for eHealth registration, or helped to provide a phone number of another person (*e.g. someone from PWID's close circle*) for registration. In isolated cases, health care workers used their own phone number, subject to client's consent and personal presence.

“Often, NGOs pay for examinations beyond the basic tests for such clients. The basic set of tests includes CD count, complete blood count, liver tests, and X-ray if necessary. To be able to have a fluoroscopy, etc., a patient must be registered with eHealth... An unregistered patient can be referred for fluoroscopy and other examinations only at his/her own expense or at the expense of charitable NGOs”

HCF_Odesa city_76

“...signing a cooperation agreement, memorandum with the HCF... if there are any grant funds available, the payment for services. Or signing cooperation agreements, memoranda with them and making sure that now it is possible to provide services to this person without paying for them... These cases are rather rare; most clients have declarations. And then we undertake to restore this document, and in the future the health care facility will be able to receive payment for this patient... When we encountered the situation where clients had no phone numbers, no phones at all, we purchased several phones, several SIM cards. These numbers were used to register clients so that they could receive certain services. This is how we dealt with the situation”

NGO_Lviv city_59



“If the patient does not mind, we can use our own phone number, but in their presence, i.e. once. Or we involve a social worker, if the social worker is ready and the patient also trusts them”

HCF_Kyiv city_66

Despite the existing formal or informal ways to minimize problems with the lack of IDs and to provide treatment for PWID, health care professionals emphasized that without documents, the ability of HCFs to provide full treatment for HIV and related diseases is limited. The absence of a signed declaration with a family doctor complicated the work, and the registration of a client using the phone number of another person who was in another place, or the inconvenient mechanism for replacing the number if the client lost the phone, slowed down the provision of services. In addition, there are difficulties with HCF reporting to the National Health Service of Ukraine on unidentified clients. Medical professionals needed clear algorithms and procedures for working with such clients, including standardized forms and blanks that would allow them to receive payment for their work.



“In order to earn money for [name of a HCF], to get it from the NHSU, I need a passport, a phone number, the name of a family doctor and most importantly, an identification code. If I don't have these four pillars, I won't earn anything from the NHSU for our [name of the HCF]... I can't speak for other facilities, but I suspect that these people are lost in terms of medicine for the society, no one does anything, judging by what they tell me... If they don't have a passport, it means they don't have a declaration with a family doctor, and they won't be allowed to go further than the reception desk at any clinic”

HCF_Odesa city_74

The specialists pointed out the need for legislative changes to reimburse hospitals for working with undocumented clients, and some of them mentioned that this year the National Health Service of Ukraine has promised to pay hospitals for working with unidentified clients, albeit at a minimum level. In addition to payment, there was a need to revise the principles of working with existing databases. HCF professionals spoke positively about the Information System for Socially Significant Diseases (SSD IS) Information System, considering it reliable and containing complete data, including on clients from the frontline areas or IDPs. Doctors saw advantages of using this database to provide services and subsequent reporting to receive payment for unidentified clients in eHealth.



“SSD IS is the only system where all patients with HIV infections are registered, I like it very much, everything is stored there, all the test results... I open it and can call even to Donetsk or Luhansk oblast – send me a card... And the patient sits there, tells me all sorts of things, that he has never known or heard of AIDS at all... he is playing a fool. I get a card, and the card says that he has known about his HIV status since he was 14 years old, that he interrupted therapy three times... So I bring him out into the open...”

HCF_Lviv city_71



“There is a very good information system called ‘MIS ISSD’ – ‘Medical Information System of Infectious Socially Significant Diseases’, which is used by narcologists, infectious disease specialists, and physicians who treat and follow up TB patients... In this information system, you can register a patient even in the absence of documents... It is easy to work with infectious disease doctors know it, they have been working with it for a long, long time, and phthisiologists... recently narcologists started using it. And it is good because you can see everything about a given patient. At the medical level, it would be more logical to unify this system, because an ordinary patient will not get into this system. ...this would be enough for doctors working in this information system, who entered data into this information system, to receive normal adequate payment for their services... If this system was unified, without registration in eHealth, when a patient must be identified, has a document, has access to a treatment plan – all these aspects have been reformed since last year”

HCF_Lviv city_72

Regarding the eHealth system itself, specialists emphasized the need to simplify the procedure for changing a mobile number due to frequent changes of phones among PWID, as well as the registration procedure – expanding the list of documents that can be used to register clients, citing the example of the ISSD IS, where it is possible to register clients using photocopies of documents. Proposals were made to facilitate the procedure for providing health care to clients without an identification number, as its recovery was an additional barrier, and to create cards of service recipients – in electronic or printed format – with a client's photo to enable them to receive services, even in the absence of identity documents. In the end, healthcare professionals believed that guarantees of emergency health care and step-by-step algorithms for receiving services by undocumented people should be enshrined in law and certain solutions should be developed at the country level, such as the introduction of certificates for receiving one-time medical care that would provide the necessary health services despite the client's lack of a passport at the time of application.



“If a person does not want to recover their documents and does not want to verify their identity, why not develop an algorithm where he or she receives a certificate or a card of a service recipient... This card is used to create a questionnaire... There are personal data, and then the person repeatedly visits the facility to receive services using this card”

NGO_Kyiv oblast_55



“Make a single database where a patient's photo is attached, where a special plastic card or electronic number is issued. The photo is attached there so that the patient can use it as a passport, as an electronic medical record. Plus, it was also recorded, like this... If he received this card, then all the information in the database comes up, the patient gives you the numbers, you find the photos in the electronic system. It is not the same responsibility as getting a passport. Because, for example, if a person is displaced from the temporarily occupied territories, I understand that due to certain circumstances, people are not issued a passport or are conditionally restricted in some way. But such an algorithm of actions would not deprive them of health services. This does not legally replace a passport, but it is a kind of a 'passport' in the medical system, where it is clearly controlled, recorded and can be checked for matches”

HCF_Kyiv city_67



4. CONCLUSIONS AND RECOMMENDATIONS

The process of ID recovery among PWID is characterized by many barriers, both at the individual and structural levels. The main factors that complicate the process include lack of awareness and understanding of the passport recovery procedure, physical and financial barriers, possible societal stigmatization of PWID, as well as their discouragement and lack of confidence in their ability to recover their IDs, and their established lifestyle without identity documents. Social workers and a network of projects and NGOs supporting the community play a key role for PWID at all stages of passport renewal and ensuring access to services that require a passport.

The study showed the complexity of the problem, which requires a systematic approach and the involvement of NGOs, government agencies, and health care facilities. At the same time, attention should be paid to the lack of agency of PWID who tend to rely entirely on the actions and recommendations of social workers. Even with the efforts of social and health workers to restore documents and provide access to health services, community members are not always mindful of their lives and actions, often following the instructions of social workers and feeling a lack of persistence on their part. NGO workers themselves do not consider the existence of projects to accompany and support PWID in the process of passport recovery a sustainable way to solve the problem of the lack of documents, as the effectiveness and success of such projects largely depends on funding. In view of this, there is a demand for inclusion of specific components into HIV programs to increase self-management of PWID, work with their motivation and build their self-confidence, develop communication skills and strategies to overcome interpersonal misunderstandings with staff of government agencies and institutions, respond correctly to cases of abuse of power by law enforcement agencies and know the ways to protect their rights, etc.

KEY RECOMMENDATIONS FOR ACCOMPANYING PWID AND RECOVERING THEIR DOCUMENTS INCLUDE:

- (1) Strengthen information campaigns and raise awareness among PWID about the opportunities of passport recovery with the support of NGOs and about the ID recovery procedure, as well as the importance of having IDs for accessing social and health services, including HIV treatment and participation in the opioid substitution therapy program.** In particular, relevant information should:
 - be communicated in a plain language, avoiding legal terminology, with an emphasis on simplicity, speed, and security of the procedure, providing a clear algorithm for passport recovery and contact details of relevant government agencies and NGOs supporting PWID;
 - be disseminated by social and health care workers in the course of providing services, as well as by PWID with positive experience of document recovery on a peer-to-peer basis and supported by informational leaflets, which, in particular, will contain success stories of other community members who have recovered their IDs;

As social workers are significant figures for PWID, it is worth strengthening the communication strategies of projects and organizations that assist members of this community in recovering their IDs, which will allow them to reach those who are aware of the need to recover their passports but who lack information about organizations where they can seek guidance and support.



- (2) **Due to the fact that the process of passport recovery for PWID is often complicated due to a number of circumstances (e.g., the lack of additional documents and certificates that would facilitate the receipt of a renewed passport; lack of financial resources to pay for services or of skills to fill in the necessary forms and applications), it is necessary to ensure their access to legal advice and a system of quality support, namely:**
- to review the approach to remuneration of work and the formation of a incentive-based motivation for social workers involved in projects to support and assist PWID, in particular, to provide for a bonus system for successful cases of document restoration;
 - to use a comprehensive approach to financing relevant projects, in particular, covering transportation of the clients to government agencies, paying administrative fees to migration services and involve lawyers in the process;
 - to improve the level of training and qualification of NGO employees by organizing and conducting thematic trainings and exercises, including with the involvement of migration service specialists and lawyers, to enable them to provide quality initial consultations and legal support (*especially if it is impossible to involve external lawyers directly in the support due to the lack of financial and human resources*);
 - to consider creation and storage of electronic copies of documents (e.g., photocopies) with trusted social workers after a successful passport recovery which will facilitate the recovery process in case of a subsequent loss of the original document in paper form. The proposed approach should be implemented in compliance with the principles of confidentiality and data protection, subject to voluntary consent of the client.
- (3) **There is a need to strengthen coordination between the NGO projects that support PWID in ID recovery, health care facilities, law enforcement agencies and government agencies, in particular:**
- to create an algorithm for joint work and standardize interaction between the NGOs and health care facilities to motivate and inform PWID about the opportunities and necessity to recover their passports, including defining the role and authorities of the health care professionals who can remind PWID from among their clients about the need to recover the documents;
 - to plan a mechanism of coordination between the NGOs, law enforcement agencies and other government agencies to ensure understanding of the specific needs of PWID. Involvement of the law enforcement officials can help to identify and recover the documents for those who do not have any supporting papers, and minimize existing fears of PWID about negative attitudes of law enforcement agencies;
 - to increase tolerance and reduce stigma among government employees by conducting trainings on the specific needs of PWID, the rights of key populations and methods of creating a friendly atmosphere, while ensuring that PWID are able to provide feedback in case of stigma and discrimination;
 - to support the creation and expansion of a network of mobile ASCs in hard-to-reach regions, ensuring access to administrative services for PWID, which is especially important for those living in remote areas or without resources to travel to cities, and to consider applying for the restoration of documents through proxies, such as social workers.



The issue of ensuring access to health services for PWID without IDs requires a comprehensive and systematic approach at the level of the National Health Service of Ukraine, in particular, with regard to the development of mechanisms and algorithms for financing the work of health care workers in providing services to clients without an ID. The study did not document specific cases when undocumented PWID were denied HIV treatment, and health care workers mostly try to provide clients with the necessary treatment, often showing flexibility and practicing alternative approaches to working with such clients at the level of health care facilities and relying on the efforts of NGOs to accompany and assist PWID. At the same time, despite existing formal or informal ways to minimize difficulties caused by the lack of documents, the ability of HCFs to provide comprehensive medical services is limited.

HIV CARE AND TREATMENT PROJECTS SHOULD CONSIDER THE FOLLOWING OPTIONS AS A SHORT-TERM SOLUTION TO EXISTING PROBLEMS:

- enable signing memoranda with HCFs that clearly stipulate the possibility of paying doctors for providing services to undocumented clients, especially in cases requiring emergency care or a lengthy passport recovery process;
- raise the awareness and improve the skills of PWID in using the “Diia” application by integrating the relevant component into consultations provided by social workers and NGO teams;
- if possible, provide smartphones for temporary use and downloading the “Diia” application at NGO offices or health facilities to enable access to digital copies of documents in the absence of paper originals and in case of damage or loss of PWID’s own mobile phones.



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RECOVERY OF IDENTITY DOCUMENTS AMONG PEOPLE WHO INJECT DRUGS IN UKRAINE: CHALLENGES AND NEEDED CHANGES

STUDY REPORT



ICF "Alliance for Public Health"

24 Bulvarno-Kudriavska street, Kyiv 01054, Ukraine

Phone.: +380444905485, +380503740863

e-mail: office@aph.org.ua

www.facebook.com/alliancepublichealth

WWW.APH.ORG.UA

