



ANALYTICAL REPORT 2022



REAct PROJECT IN UKRAINE:

REGISTERED HUMAN RIGHTS VIOLATIONS
OF HIV/TB KEY POPULATIONS AND
RESPONSE TO SUCH VIOLATIONS



KYIV - 2023

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For more details on the REAct, see:



www.react-aph.org

<https://www.facebook.com/REAct.Ukraine>

Join the system REAct:

<https://react-aph.org/join-react/>

REACT
PROJECT

 **Alliance**
for Public Health

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GLOSSARY

| | |
|-----------------|---|
| AIDS | acquired immunodeficiency syndrome |
| ART | antiretroviral therapy |
| AUCF | All-Ukrainian Charitable Foundation |
| CO | charitable organization |
| COVID-19 | COVID-19 coronavirus infection |
| CSO | civil society organization |
| DF | detention facility |
| EECA | Eastern Europe and Central Asia |
| GF | Global Fund |
| HCF | healthcare facility |
| HCV | hepatitis C virus |
| HIV | human immunodeficiency virus |
| ICF | International Charitable Foundation |
| IDP | internally displaced persons |
| KPs | key populations |
| LA | legal act |
| LGBT | lesbians, gays, bisexuals, trans*people |
| MSM | men who have sex with men |
| NGO | non-governmental organization |
| OST | opioid substitution therapy |
| PLWH | people living with HIV |
| PWID | people who inject drugs |
| REAct | Rights – Evidence – Action |
| SOGI | sexual orientation and gender identity |
| SWs | sex workers |
| TB | tuberculosis |
| TDF | temporary detention facility |



ACKNOWLEDGMENTS

ICF “Alliance for Public Health” expresses sincere gratitude to the **REActors**, who, despite the difficult and stressful war conditions, courageously and selflessly continued to aid clients.

We are grateful to the **clients** of the project who found the strength to defend their rights and looked for opportunities to protect them in extremely difficult times.

We also thank the **regional coordinators** for their active participation, support of REActors and contribution to responding to clients' cases.



SUMMARY



REAct (*Rights – Evidence – Action*) – it is a tool for monitoring and responding to human rights violations at the community level. In Ukraine the system has been implemented since 2019 by **ICF “Alliance for Public Health”** with the **Global Fund** support.



To document and respond to violations of the rights of key communities, vulnerable to HIV/TB **63 non-governmental organizations (NGOs)** and **85 REActors** are engaged in **18 regions** of Ukraine in 2022.



During 2022, **2,900 cases** of **rights violations** of representatives of the key communities were registered in Ukraine. **2,799 clients** reported such cases, some of them appealed for help more than once.



Due to the full-scale invasion by the Russian Federation on February 24, 2022, the human rights situation has significantly worsened throughout Ukraine. Russian aggression, in addition to the war crimes against the key communities' representatives, had a negative impact on guaranteeing their rights to get proper treatment, social and other services, and the possibility to defend their rights in cases of stigma and discrimination. **REAct system has registered 993 cases of the rights violations** which are directly connected to the beginning of the full-scale war by Russian Federation against Ukraine.



The majority of cases within REAct system were registered from people living with HIV (PLWH) – **773** appeals, OST patients – **732** appeals, people who inject drugs (PWID) – **450** appeals, people with TB – **370** appeals. Men who have sex with men (MSM) – **183**, sex workers (SWs) – **162**, former prisoners – **67**, internally displaced persons (IDP) – **43**, trans*people – **39**, prisoners – **32**, homeless – **22**, sexual partners of clients of risk groups (PLWH, PWID) – **8**, refugees – **3**, Roma – **1** appeal.



The perpetrators were most often: employees of state healthcare institutions (**41%**), the police (**11%**), clients' inner circle (**10%**) and occupiers (**6%**).



Among the registered violations by all perpetrators: – refusal to provide services – **43%** (*mostly by public health care facilities*), emotional violence – **27%**, physical violence – **13%**, breach of confidentiality/disclosure of information – **7%** and material damage – **9%**.



Even in the war conditions and active hostilities in certain regions of Ukraine, REActors registered cases of violations of the rights of key communities, interacted with clients and provided the necessary assistance.

As part of the response to the rights violations` cases of the key communities, **92% of services were provided to clients directly** in NGOs at the location of the REActors. **94% of cases were resolved completely or partially**. REActors provided several types of services: **primary legal assistance (67.5%)**, **psychosocial assistance (31.5%)** and **secondary legal assistance (1%)**. Referral of clients mostly took place within the framework of providing psychosocial and secondary legal assistance.



1. ABOUT REAct PROJECT

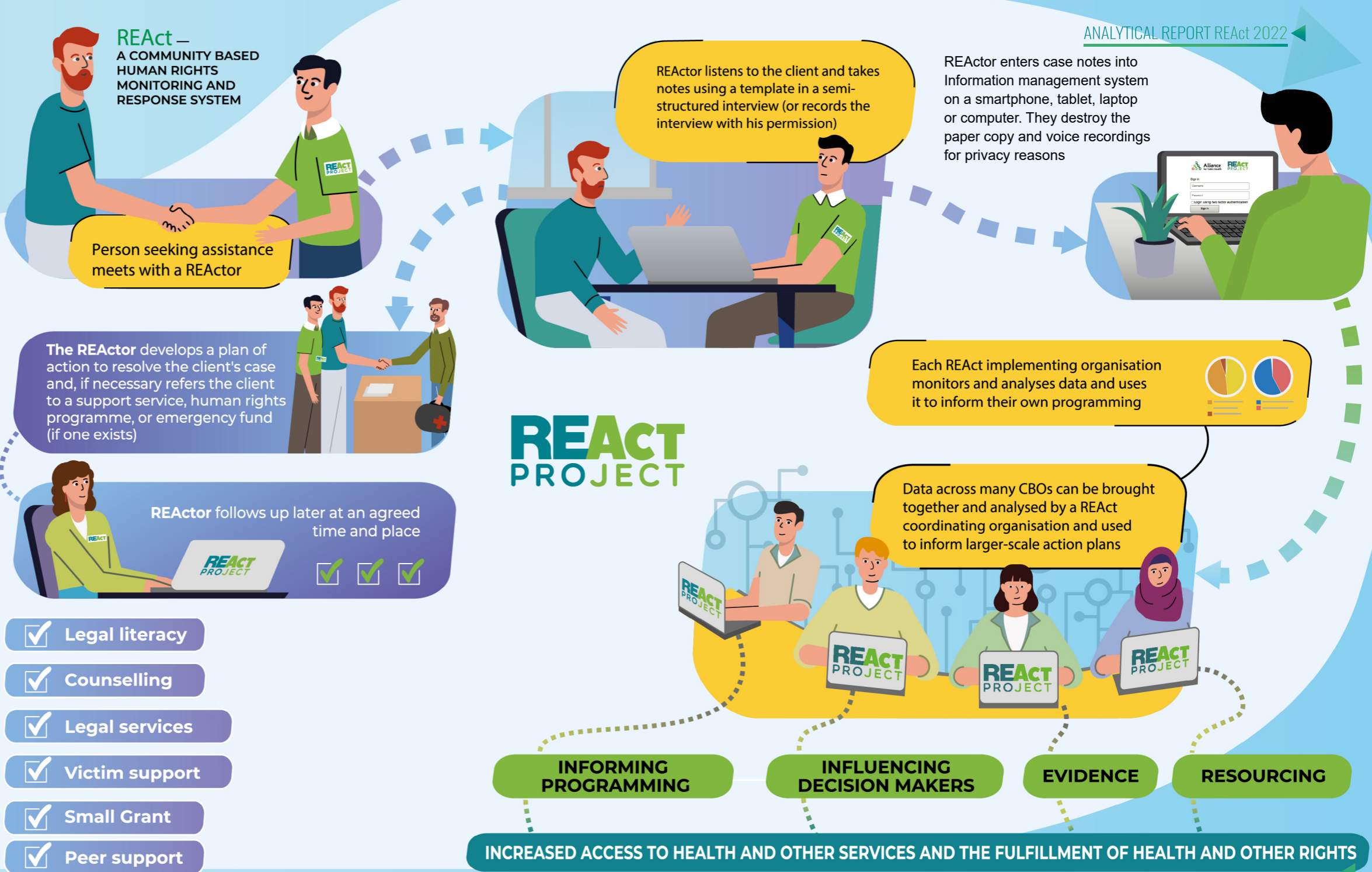
REAct (Rights – Evidence – Action) – is a tool developed by **Frontline AIDS** for monitoring and response to the human rights violations on the community level. The system has been implemented since 2019 by ICF “**Alliance for Public Health**” with the financial support of the **Global Fund**. The system is operating not only in Ukraine but in five more countries of Eastern Europe and Central Asia (EECA): Georgia, Kyrgyzstan, Moldova, Tajikistan, Uzbekistan, as well as in five countries of the Balkan region: Albania, Bosnia and Herzegovina, Montenegro, Southern Macedonia and Serbia.



REAct page in Facebook

Through REAct, NGOs can document cases of human rights violations and provided response (*directly or through referrals to other organizations*) in accessing health, legal and other services. These data can also be used to inform HIV and TB programs, policies and advocacy on the national, regional and global levels.

The detailed an updated information on the REAct system implementation in Ukraine and the countries of EECA is on the project’s website REAct – <https://react-aph.org/>





Video clip “About the system REAct”



Scan QR code
to watch the video

2. REAct KEY DATA IN 2022



REGISTERED

2900

CASES



APPEALS WERE RECEIVED FROM

2799

CLIENTS

THE SYSTEM
OPERATES IN

18

REGIONS
OF UKRAINE

85

USERS OF REAct
DATABASE

63

PARTNER
NGOs

993

CASES ARE CONNECTED WITH THE BEGINNING
OF THE FULL-SCALE WAR OF RUSSIAN FEDERATION AGAINST UKRAINE

557

CLIENTS ARE
INTERNALLY
DISPLACED
PEOPLE

27

CLIENTS
ARE REFUGEES

IN

203

CASES THE
VIOLATORS
ARE OCCUPIERS



94%



CASES WERE RESOLVED FULLY OR PARTIALLY



2072



CASES HAVE MANIFESTATIONS OF STIGMA AND DISCRIMINATION COMMITTED BY PERPETRATORS



6816



SERVICES OF PSYCHOSOCIAL AND LEGAL SUPPORT WERE PROVIDED



92%

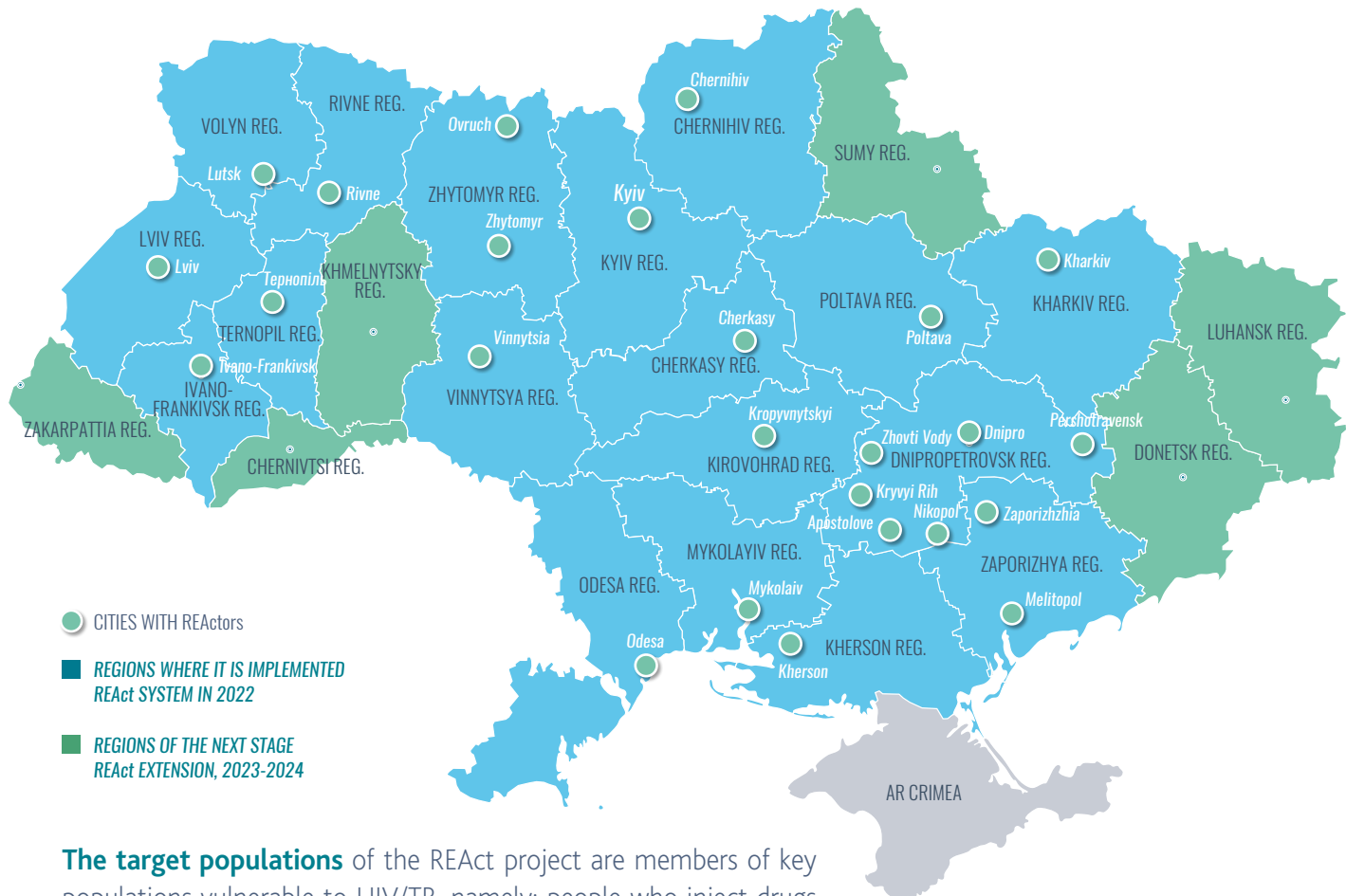


SERVICES WERE PROVIDED DIRECTLY BY REActors AT THE PLACE OF THE CLIENT'S APPEAL

5927

CASES OF VIOLATIONS OF THE KEY COMMUNITIES' RIGHTS WERE RECORDED SINCE THE BEGINNING OF THE REAct PROJECT IMPLEMENTATION

3. REAct IMPLEMENTATION REGIONS



The target populations of the REAct project are members of key populations vulnerable to HIV/TB, namely: people who inject drugs (PWID); OST patients; people living with HIV (PLWH); men who have sex with men (MSM); trans*people; sex workers (SWs); people who live with TB; prisoners (and former prisoners); sexual partners of clients of risk groups (PLWH, PWID); homeless; adolescents who are at risk for HIV/TB, Roma people. In 2022 the internally displaced people (IDP) and refugees were added to the key groups.

CALLS ARE ALSO RECEIVED THROUGH THE NATIONAL OST HOTLINE FROM ALL REGIONS OF UKRAINE

ORGANIZATIONS WHICH ARE INCLUDED IN THE REAct SYSTEM OF UKRAINE: :

▶ VINNYTSIA REGION

NGO “Center Nezalezhnist”

▶ VOLYN REGION

CF “Our Future”

▶ DNIPROPETROVSK REGION

NGO “ALLIANCE.GLOBAL”
(*Kryvyi Rih city*)

CO “Positive Women”
(*Dnipro city*)

CO “Synergy of Souls”

CO CF “Public Health”
(*Kryvyi Rih city*)

CO CF “Volna” (*Kryvyi Rih city*)

CO “Legalife-Ukraine” (*Kryvyi Rih city*)

NGO “Promin” (*Zhovti Vody city*)

CO “Raiduzhne Zhyttia”

CO “100% Life Dnipro”

CO “Doroha Zhyttia Dnipro”

CO “AUCO Dhzerele Zdorovia”
(*Nikopol city*)

CO “AUCO Dhzerele Zdorovia”
(*Apostolovo city*)

CF “Schastya Poruch”

NGO “Future without AIDS”
(*Pershotravnevska city*)

▶ ZHYTOMYR REGION

CF “Let your heart beat”

NGO “Ukraine without Tortures” (*Ovruch city*)

CO “Legalife-Ukraine” (*Zhytomyr city*)

NGO “Perspective”

▶ ZAPORIZHZHIA REGION

CO CF “Vse Mozhlyvo”

CO “Positive Women” (*Zaporizhzhia city*)

CO “CF “Spodivania”

▶ IVANO-FRANKIVSK REGION

CO “100% Life Ivano-Frankivsk”

NGO “Ukraine without Tortures”
(*Ivano-Frankivsk city*)

CF Rehabilitation Centre “Zahid. Shans”

CO CF “Volna” (*Ivano-Frankivsk city*)

CO “Positive Women” (*Ivano-Frankivsk city*)

▶ KYIV REGION

All-Ukrainian Association
of drug-dependent women “VONA”

CO CF “Volna”

NGO “Club Enei”

CF ‘Hope and Trust’ NGO “VILNA”

NGO “ALLIANCE.GLOBAL”

CO “Positive Women” (*Kyiv city*)

► **KIROVOGRAD REGION**

CO “100% Life Kropyvnytskyi”

► **LVIV REGION**

CO “100% Life Lviv”

► **MYKOLAIV REGION**

NGO “Chaz Zhyttia”

► **ODESA REGION**

NGO “Sonyachne Kolo”

NGO “Razom za Zhyttia”

NGO Public Movement
“Vira. Nadiya. Lubov”

CO “100% Life Odesa”

NGO “Youth Public Movement “Partner”

CF “Way Home”

NGO “Cohorta”

► **POLTAVA REGION**

CO “Light of Hope”

CO “Legalife-Ukraine” (*Poltava city*)

► **RIVNE REGION**

ROCF “Nashe Maybutnye”

► **TERNOPIIL REGION**

NGO “Zdorova Planeta”

► **KHARKIV REGION**

NGO “Spektr Kharkiv”

All-Ukrainian Association
of drug-dependent women “VONA”

CO “Positive Women” (*Kharkiv city*)

NGO “Cohorta”

CO “Kharkiv Charitable Foundation “Blago”

Human Rights LGBT Centre “Nash Svit”

► **KHERSON REGION**

CO “100% Life Kherson”

Kherson Regional Charitable Foundation
“Mangust”

NGO “Ukraine without Tortures”
(*Kherson city*)

Centre for Registration of homeless persons
(*at the premises of KRCF “Mangust”*)

► **CHERKASY REGION**

CO “100% Life. Cherkasy”

► **CHERNIHIV REGION**

NGO “Resocialization centre
of drug dependent people “Vedis”

NGO “MART”

CO “Chernihivska MEREZHA”

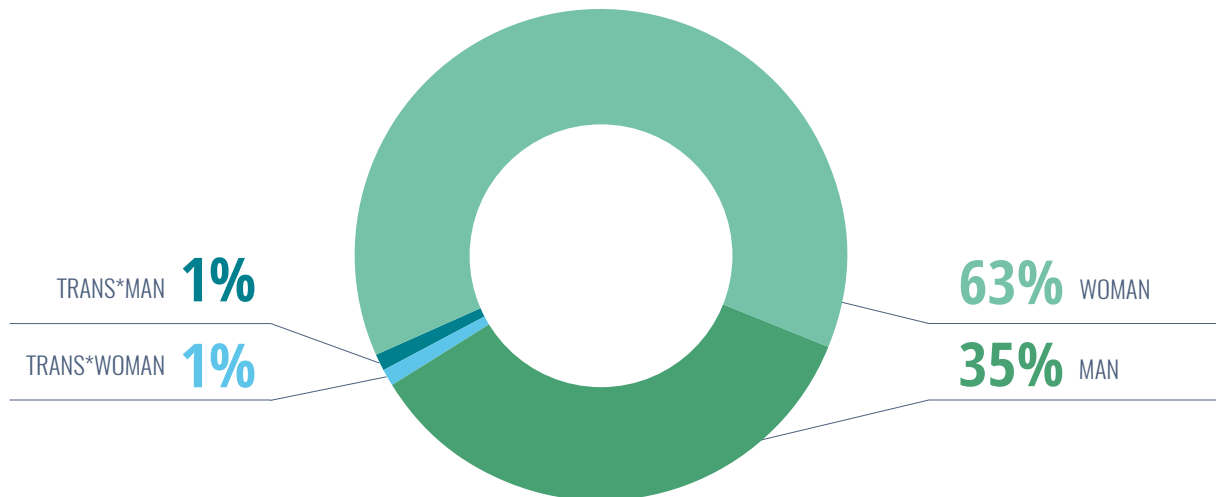
4. REActor's PROFILE

63 non-governmental organizations (NGOs) and 85 REActors are involved in documenting and responding to cases of violations of the rights of key communities vulnerable to HIV/TB **in 18 regions** of Ukraine. The REActors are NGOs' employees who have direct contact with vulnerable groups. Each **REActor** works in their own direction with the relevant risk groups. Therefore, some groups are less represented regarding the REAct project results.

REActor's PROFILE BY THEIR ROLE AT THE NGO



REActor's PROFILE BY THEIR GENDER



5. REGISTERED APPEALS WITHIN THE REAct SYSTEM



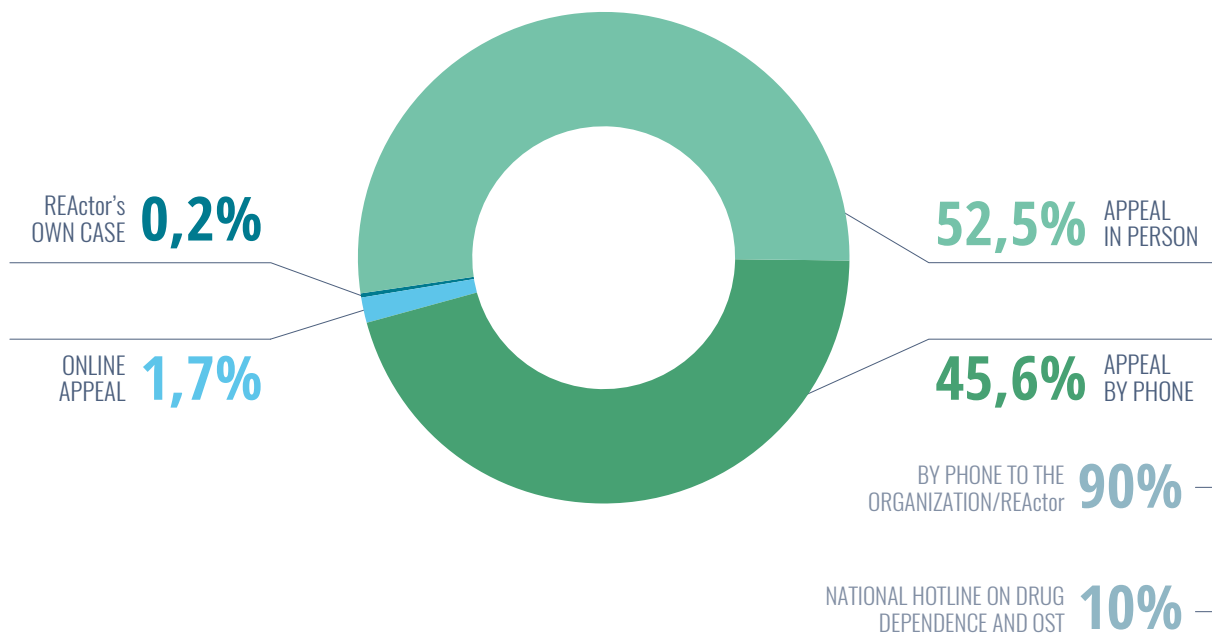
2799 PROGRAM CLIENTS



2900 REGISTERED CASES

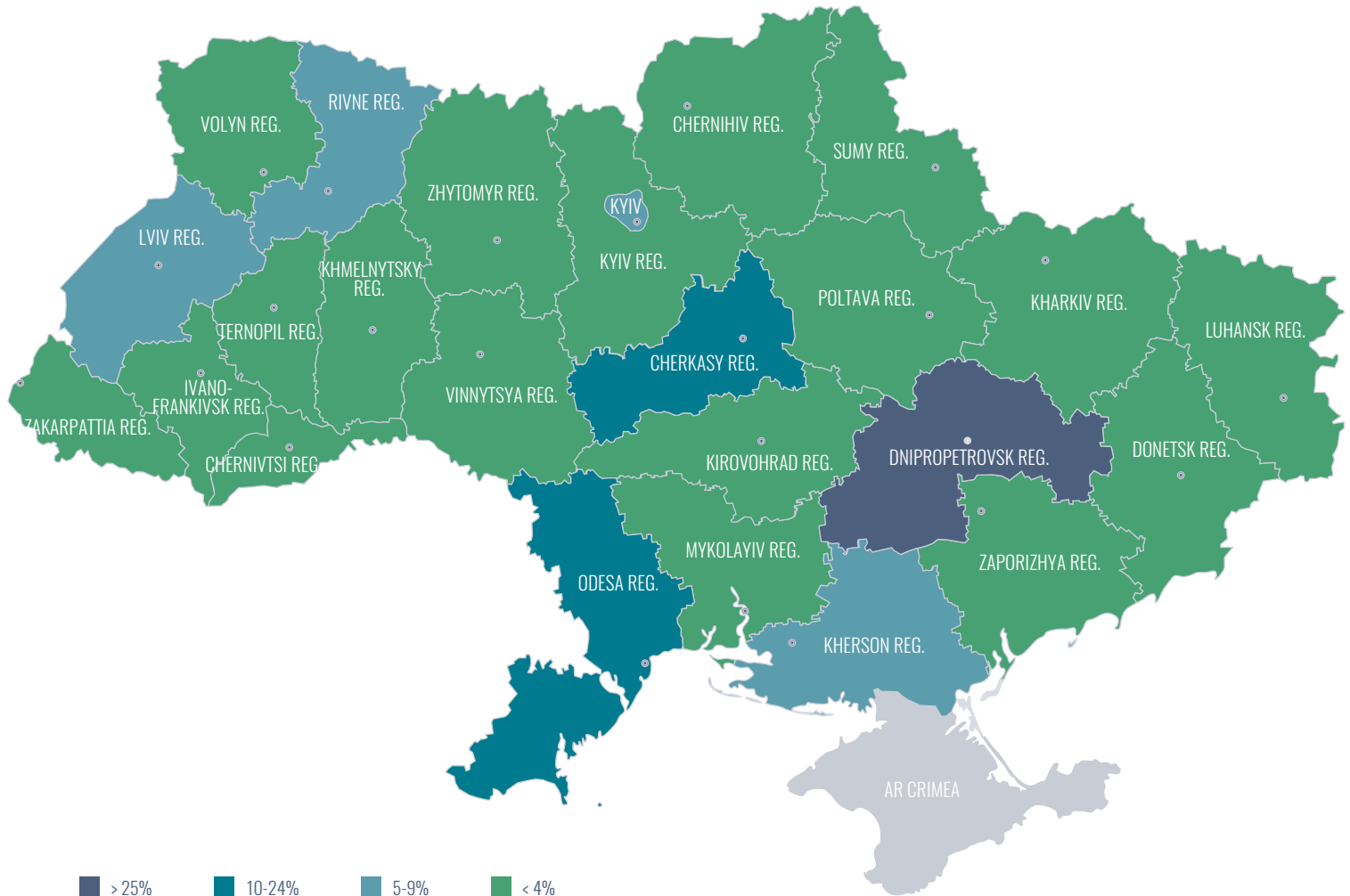
During 2022 (from January 1 to December 31), **2,900 cases** of **violations of rights** of representatives of key communities vulnerable to HIV/TB were registered in Ukraine. **2,799 people** reported the cases, some of them appealed to the project several times.

CHANNELS OF CLIENTS' APPEALS TO REAct



DISTRIBUTION OF CASES REGISTERED BY REGIONS

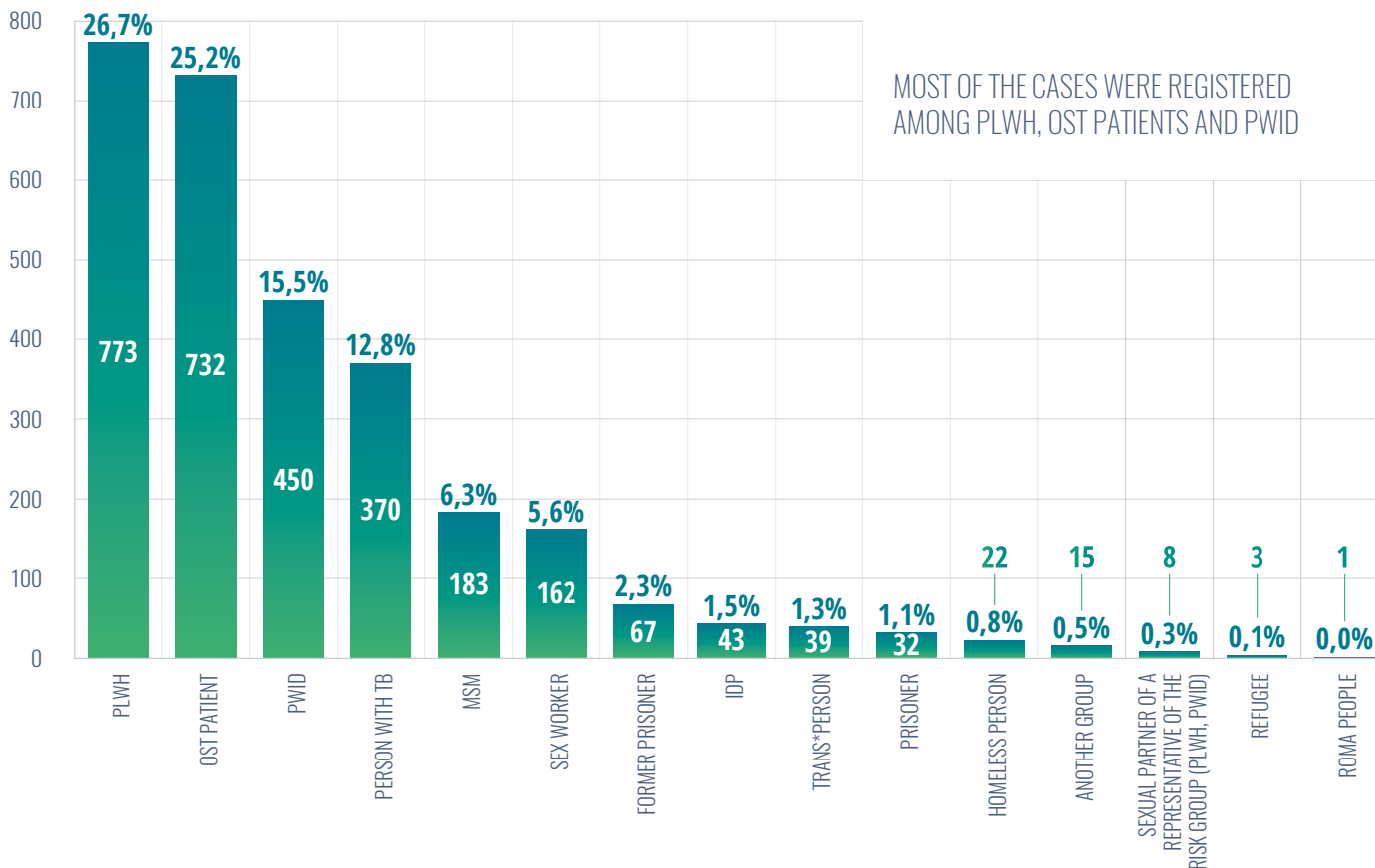
REGION WHERE THE CASE OF CLIENT'S VIOLATION OCCURRED



* 2 Incident occurred outside Ukraine



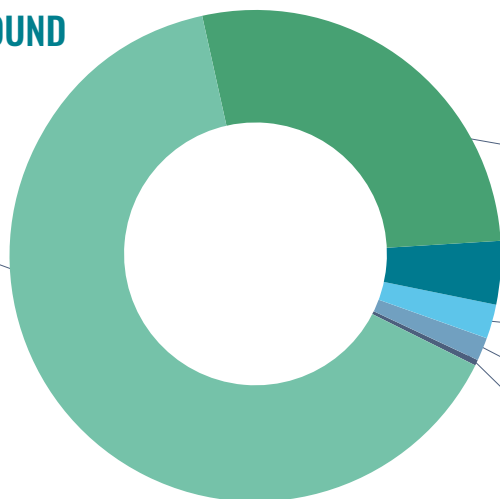
RISK GROUP TO WHICH THE CASE OF VIOLATION OF THE CLIENT'S RIGHTS IS ASSOCIATED



HOW THE CLIENT FOUND OUT ABOUT REAct

64,3%

THE CLIENT IS ALSO A CLIENT OF THE REActor's NGO



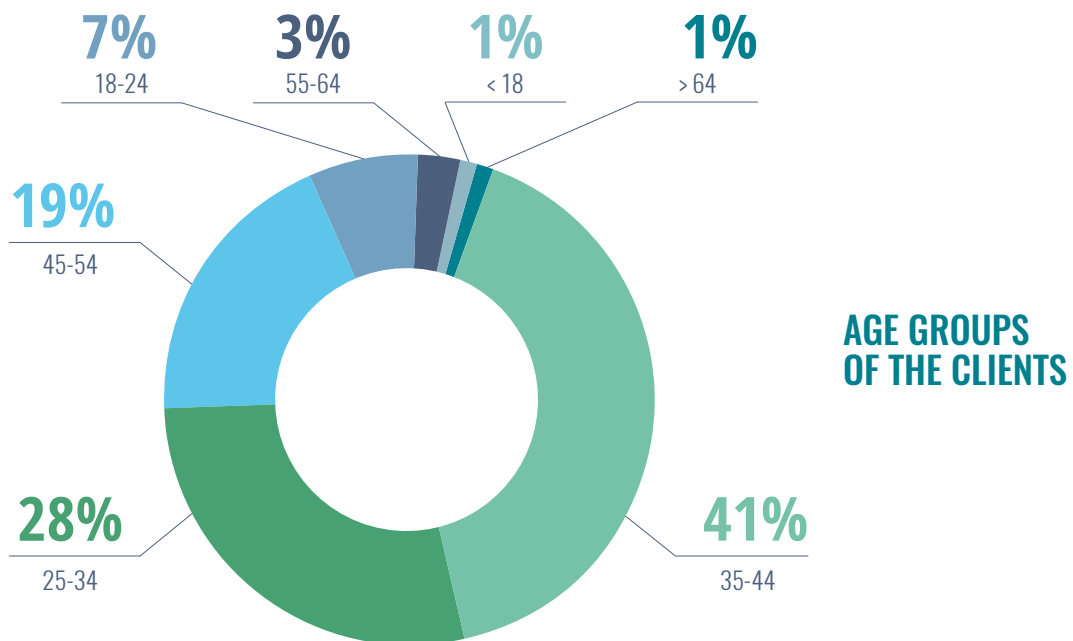
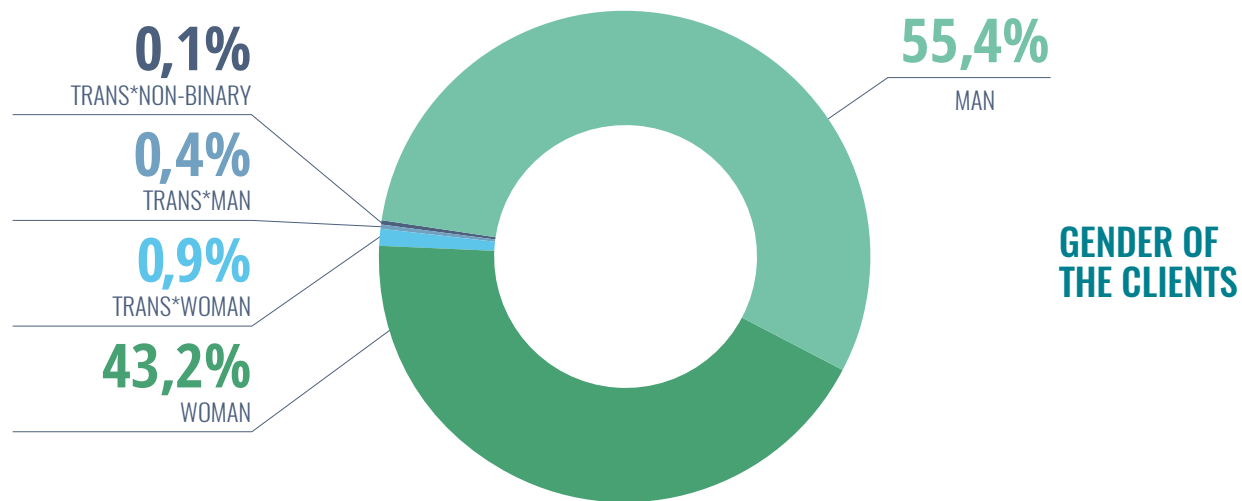
27,6% ADVISED BY A FRIEND/ACQUAINTANCE (INCL. THROUGH SOCIAL MEDIA)

4,0% REAct INFO MATERIALS/ WEB RESOURCES

2,4% REFERRED BY OTHER SPECIALISTS

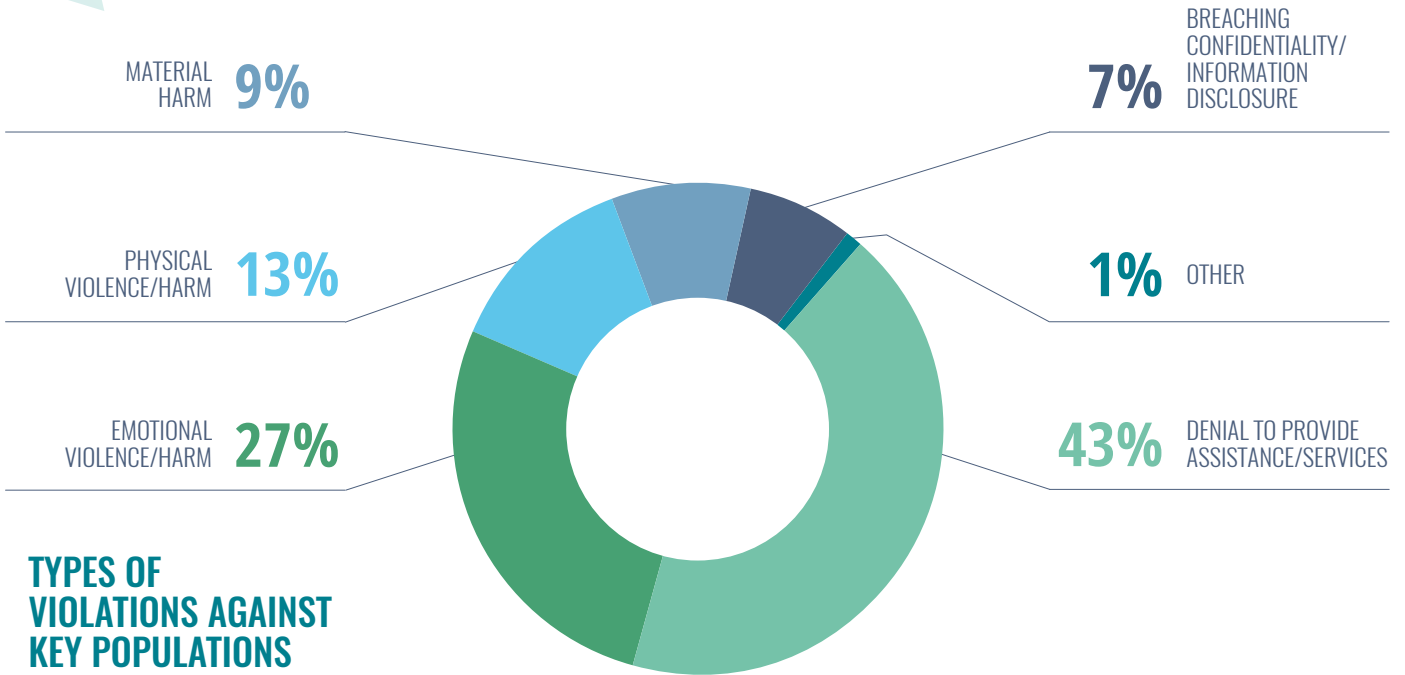
1,3% REFERRED BY PARTNER ORGANIZATIONS/ACTIVISTS

0,4% THE CLIENT IS A REActor

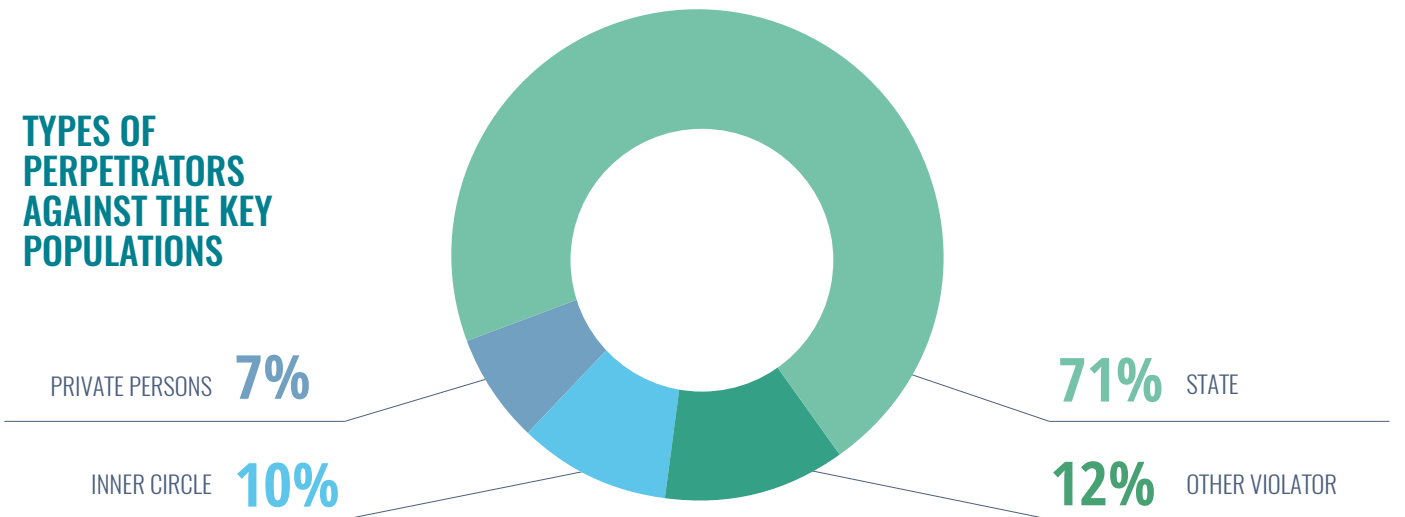


The collected evidence shows that the numerical representation of some risk groups in the structure of appeals is lower compared to others, but this does not at all indicate that these groups face fewer rights violations. **Clients' distribution by key populations is primarily related to which communities the NGOs serve, and which risk groups the REActors work with, as well as the numbers of such NGOs and REActors.**





TYPES OF PERPETRATORS AGAINST THE KEY POPULATIONS



6. THE ROLE OF THE STATE IN THE CASES OF HUMAN RIGHTS VIOLATIONS OF THE KEY COMMUNITIES

STATE COMMITMENTS REGARDING HUMAN RIGHTS



RESPECT

REFRAIN FROM PROHIBITING OR LIMITING EQUAL ACCESS TO HEALTH SERVICES, FROM IMPLEMENTING DISCRIMINATORY PRACTICES AS A STATE APPROACH



PROTECT

ENSHRINE AT THE LEGISLATIVE LEVEL OR TAKE OTHER MEASURES TO ENSURE EQUAL ACCESS TO MEDICAL SERVICES AND HEALTH CARE SERVICES PROVIDED BY THIRD PARTIES

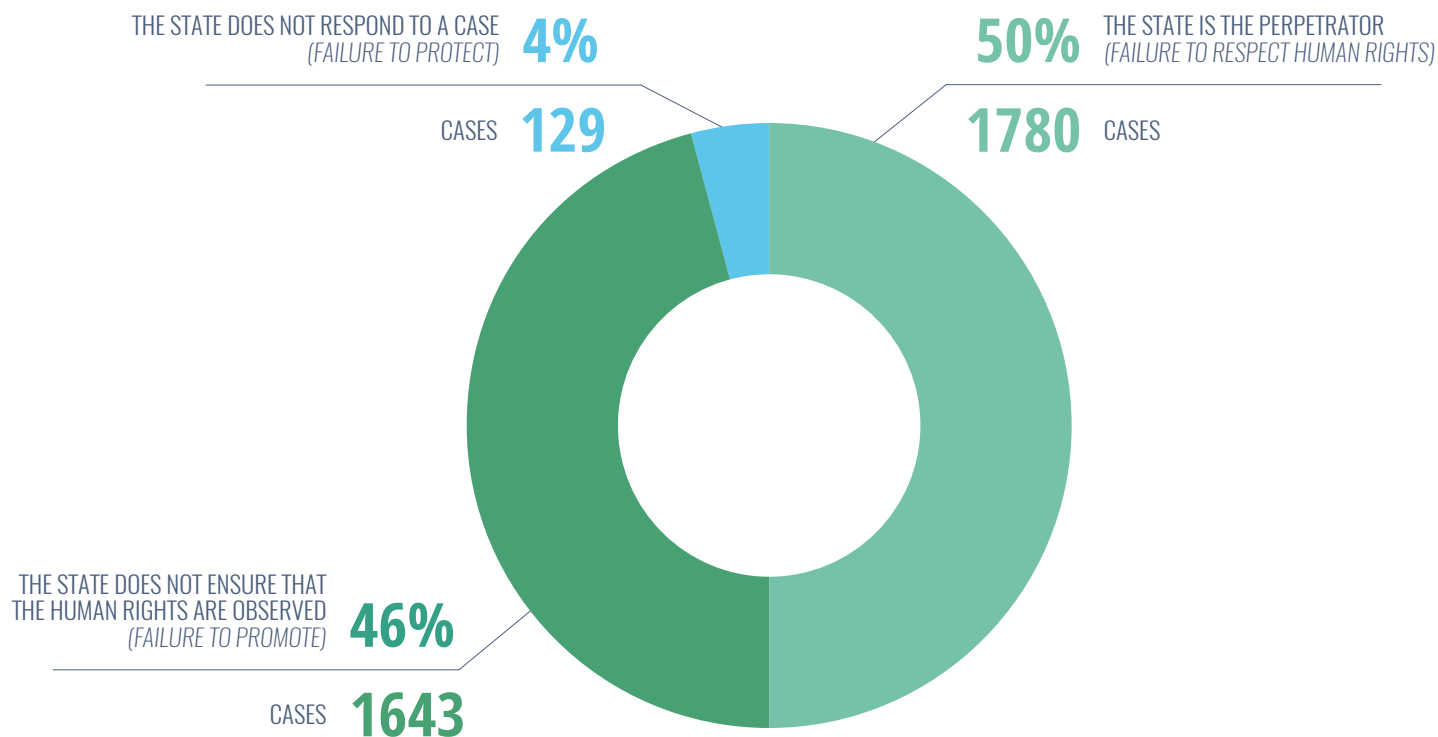


PROMOTE

GIVE DUE PLACE TO THE RIGHT TO HEALTH IN NATIONAL POLITICAL AND LEGAL SYSTEMS, PREFERABLY THROUGH ITS LEGISLATIVE CONSOLIDATION, AS WELL AS ADOPT A NATIONAL HEALTH CARE POLICY WITH A DETAILED PLAN OF ENSURING THE RIGHT TO HEALTH



ROLE OF THE STATE IN CASES OF HUMAN RIGHTS VIOLATIONS REGISTERED BY REAct SYSTEM*



The state is responsible for its citizens. **The responsibility of the state is to ensure compliance with human rights based on the principles of respect, protection, and promotion.**

In most cases registered by the REAct system **the state was both a direct perpetrator of human rights and did not ensure their observance.**

* Several roles of the state are possible within one case

7. IMPACT OF THE WAR ON THE POSSIBILITY OF REAct SYSTEM IMPLEMENTATION

NO REGION, IN WHICH REAct OPERATES, HAS COMPLETELY STOPPED PROJECT IMPLEMENTATION AFTER THE OUTBREAK OF FULL-SCALE WAR.



GENERAL NUMBER OF REActors

- ▶ Some of the REActors stopped cooperating with the project because of their forced migration, but new REActors were recruited during the year.
- ▶ The number of REActors almost has not changed due to the war. In 2021, 90 REActors were involved in the project, and during 2022 – 85.



CHANGE OF LOCATION BY REActors AND PROJECT COORDINATORS

- ▶ REActors from temporarily occupied territories and cities that were under constant shelling moved temporarily to the central and western regions, where they continued their work, or went abroad and stopped their work for a while.
- ▶ Several project coordinators went abroad and are still there, but this did not have any impact on the project's effectiveness in these regions.





ADDITIONAL ENGAGEMENT OF REActors

- ▶ There was a change in the areas of engagement of REActors in certain regions – assistance to territorial defence, participation in humanitarian projects, volunteering, etc., which in a certain way had an impact on their engagement in REAct and the timeliness of submitting registered cases.



REActors' INTERACTION WITH CLIENTS

- ▶ The interaction mode with clients was changing to the remote one (*using social networks and messengers*). In some regions, this mode was the only possible one.
- ▶ In some cases, clients had to re-establish the contacts with REActors in order to be able to contact them (*for example, due to the loss of the phone during evacuation*).



CHANGE IN CLIENTS' NEEDS

- ▶ The war changed the structure of clients' needs and the need for psychological counselling and support came to the fore.
- ▶ Due to the migration of internally displaced persons (IDP) from the temporarily occupied territories and regions of intense military actions, the demand for assistance in obtaining social services aimed at satisfying life needs – food, settling in shelters, receiving humanitarian aid, restoring documents, registering the status of IDPs – has sharply increased.
- ▶ The need for legal advice in obtaining medical help without documents, as well as algorithms for its provision, registration for ART and OST in other regions have also become the priority.

Autumn and winter of 2022 were difficult for all regions due to massive shelling and, as a result, constant power outages. This had an impact on the entire cycle of data collection and entry, customer interaction and responsiveness.



HOWEVER, WE DID NOT GIVE UP, NAMELY, WE CHOSE THE MOMENTS WHEN THERE WAS ELECTRICITY AND WE WORKED ACCORDINGLY WITH ALL REQUESTS FROM CLIENTS. THOSE CLIENTS WHO LOCATED IN KYIV CAME TO THE NGO'S OFFICES AND RECEIVED THE NECESSARY CONSULTATIONS AND ASSISTANCE. WE COMMUNICATED WITH THE PARTNER ORGANIZATIONS BY E-MAIL, VIA VIBER, WHEN POSSIBLE. REGARDING INTERACTION WITH STATE STRUCTURES, WE COMMUNICATED BOTH INDEPENDENTLY AND TOGETHER WITH CLIENTS, SENT E-MAILS, AND RECEIVED RESPONSES, THOUGH WITH A DELAY. REActors REGISTERED CASES IN PAPER FORMS, CHECKLISTS, AND ENTERED THEM INTO THE DATABASE IF IT WAS POSSIBLE.

Regional coordinator of the REAct project in Kyiv



RESPONSE TO CLIENTS' CASES

- ▶ At the beginning of the war, the possibilities of response in regions with active military actions were very limited, but later it was possible to adapt to regional challenges and adjust the process of clients' accompanying according to the general situation in the REActor's city and the available resources in local organizations.
- ▶ During the year, the remote counselling component increased significantly, while in some regions the share of cases requiring personal support of REActor's increased – this primarily concerned IDP clients.
- ▶ The increase in the number of forcibly internally displaced persons among clients among regions affected the terms of receiving services by clients, as well as their quality and completeness.
- ▶ There were restrictions in the work of the state authorities. In particular, due to air alerts, state structures did not work, their work schedule was changed, and in some places personal reception of citizens was completely stopped. As a result, the request, and appeals' response time of the state authorities increased.



- ▶ However, thanks to the coordination of the work of the representatives of state authorities, it was possible to solve the clients' issues.



THE STATE SYSTEM OF LOCAL AUTHORITIES TURNED OUT TO BE QUITE FLEXIBLE, MANAGERS ADOPTED WELL-MADE NON-STANDARD DECISIONS ON THEIR OWN OR AFTER A SHORT CONSULTATION WITH CENTRAL STATE AUTHORITIES RATHER QUICKLY.

Regional coordinator of the REAct project, Dnipro

- ▶ In some places, response capabilities were hampered by the local partner organization's relocation, where the clients were previously referred, yet the over time, remote response capabilities were established.
- ▶ In the first months of the military aggression, the referral system was unclear, sometimes chaotic, later it was adapted, fixed, and geographically expanded.



IF BEFORE THE WAR THE REFERRAL SYSTEM WAS MAINLY REGIONAL IN ITS NATURE, THEN DURING THE WAR REFERRAL OF CLIENTS HAS BEEN CARRIED OUT ON THE NATIONAL SCALE, AND SOMETIMES EVEN INTERNATIONALLY. IT IS PRIMARILY ABOUT ACCOMPANYING IDPS FROM THE KEY GROUPS ALONG THE ENTIRE ROUTE OF THEIR MIGRATION – TO THE WEST OF UKRAINE OR TO OTHER SAFE PLACES, AS WELL AS ABROAD.

Regional coordinator of the REAct project, Dnipro



EXPANDING PARTNERSHIPS

- ▶ A number of new organizations have been added to the traditional partners of local NGOs, which provide humanitarian services, in particular for IDPs: humanitarian aid (*food, hygiene products and drugs*), legal and psychological assistance.
- ▶ It was possible to establish cooperation with some new donor organizations that allocate funding to ensure the humanitarian needs of individuals from the key communities.
- ▶ On the basis of some organizations shelters were opened – for IDPs, people from the key communities, for women and children



NOTHING IS IMPOSSIBLE FOR US, NOTHING WILL PREVENT US FROM DOING OUR JOB AND PROTECTING THE RIGHTS OF THOSE PEOPLE WHO NEED IT AND, ACCORDINGLY, TURN TO US FOR HELP.

Regional coordinator of the REAct project, Kyiv

READ ALSO SITUATIONAL REPORTS ON THE REAct PROJECT IMPLEMENTATION DURING THE WAR IN 2022:

- ▶ [Situational report as of June 1st 2022 year](#)
- ▶ [Situational report as of September 24th 2022 year](#)
- ▶ [Situational report as of December 1st 2022 year](#)



WATCH VIDEOS ABOUT THE REAct SYSTEM IMPLEMENTATION IN 2022:

- ▶ See how the regional teams from Lviv to Poltava worked [here](#)
- ▶ See the spirited work of the Kherson and Mykolaiv teams [here](#)



8. KEY BARRIERS IN RECEIVING SERVICES AND PROTECTING ONE'S RIGHTS THAT EMERGED AMONG CLIENTS DUE TO THE FULL-SCALE WAR IN UKRAINE



LACK OF DOCUMENTS AS A KEY BARRIER

- ▶ Due to the damage or loss of their own homes due to shelling, clients were left without housing, personal belongings, and documents, which affected the possibilities and timing of obtaining medical, social, and other services.
- ▶ Due to the urgent evacuation and relocation to other, safer regions, clients often did not have medical certificates/cards and personal documents with them, which became an obstacle in obtaining medical services in the regions, which they left to.
- ▶ There have been registered cases when patients of OST programs, as well as people living with HIV, because of urgent evacuation from dangerous zones, did not have time to receive the necessary documents for their transfer to another regional medical institution. Receiving answers to requests between regional medical institutions could be delayed, which became a barrier for continuous treatment.



ACCESS TO MEDICAL SERVICES AND TREATMENT

- ▶ In the first months of the war, clients faced drugs shortage, barriers in getting vital drugs – ART, OST, and TB drugs in time.
- ▶ Patients of the OST program, as well as people living with HIV, from IDPs, trying to continue treatment in another region, faced the impossibility of obtaining such services, since the drugs that were in limited supply at the medical facility were “reserved” only for the local and current treatment clients.
- ▶ With the introduction of roadblocks and greater police powers to stop vehicles, people living with HIV and OST clients were more likely to experience illegal seizure of ART and OST drugs by police officers.



HUMAN RIGHTS IN TEMPORARILY OCCUPIED TERRITORIES

- ▶ Representatives of key communities who, under various circumstances, remained to live in the temporarily occupied territories, faced almost all possible types of human rights violations from the occupiers. At the same time, there were practically no ways for clients to protect their rights.



CLIENTS ARE AFRAID TO COMPLAIN, BECAUSE ACTIVISM IS PUNISHED BY THE OCCUPIERS. ACTIVISTS ARE KIDNAPPED AND IT IS SOMETIMES IMPOSSIBLE TO FIND THEM.

Regional coordinator of the REAct project, Kherson



- ▶ After the cities de-occupation it was difficult, sometimes impossible, for many clients to obtain medical assistance, undergo the examination due to the lack of documents certifying the identity of the client, due to the lack of doctors and medical equipment in medical facilities (*which was damaged or taken away by the occupiers*).



SCALE OF THE “RELEVANCE ISSUES”

- ▶ In some places, state agencies have changed their priorities in considering and solving certain clients` issues.
- ▶ Defence of key communities' representatives rights was often assessed by representatives of state bodies as out of date.

A woman lives with HIV, also a PWID, has a minor child, and suffers from domestic violence from her husband. Contacting the police after another fight, she did not receive any help. ***The police refused to accept the woman's claim, explaining it by the fact that there was the war in the country and there were more important matters than the problems of drug users and people with HIV.***



DOUBLE STIGMATIZATION OF KEY COMMUNITIES THAT ARE IDPS

- ▶ Clients of almost all the key populations, who are internally displaced persons, have faced cases of eviction from shelters due to stigmatization by workers and residents of these institutions.
- ▶ When trying to obtain IDP status in another region of temporary residence, representatives of the key communities faced discrimination due to their belonging to one of the communities from the state social institutions' representatives.
- ▶ The status of IDPs was the reason for the rights' violation and aggression manifestations between representatives of one key community, in particular from the side of local representatives of communities against those who came to the region.
- ▶ In some places, the status of IDP actually made a person "secondary" in the realization of their rights to obtain services and assistance.

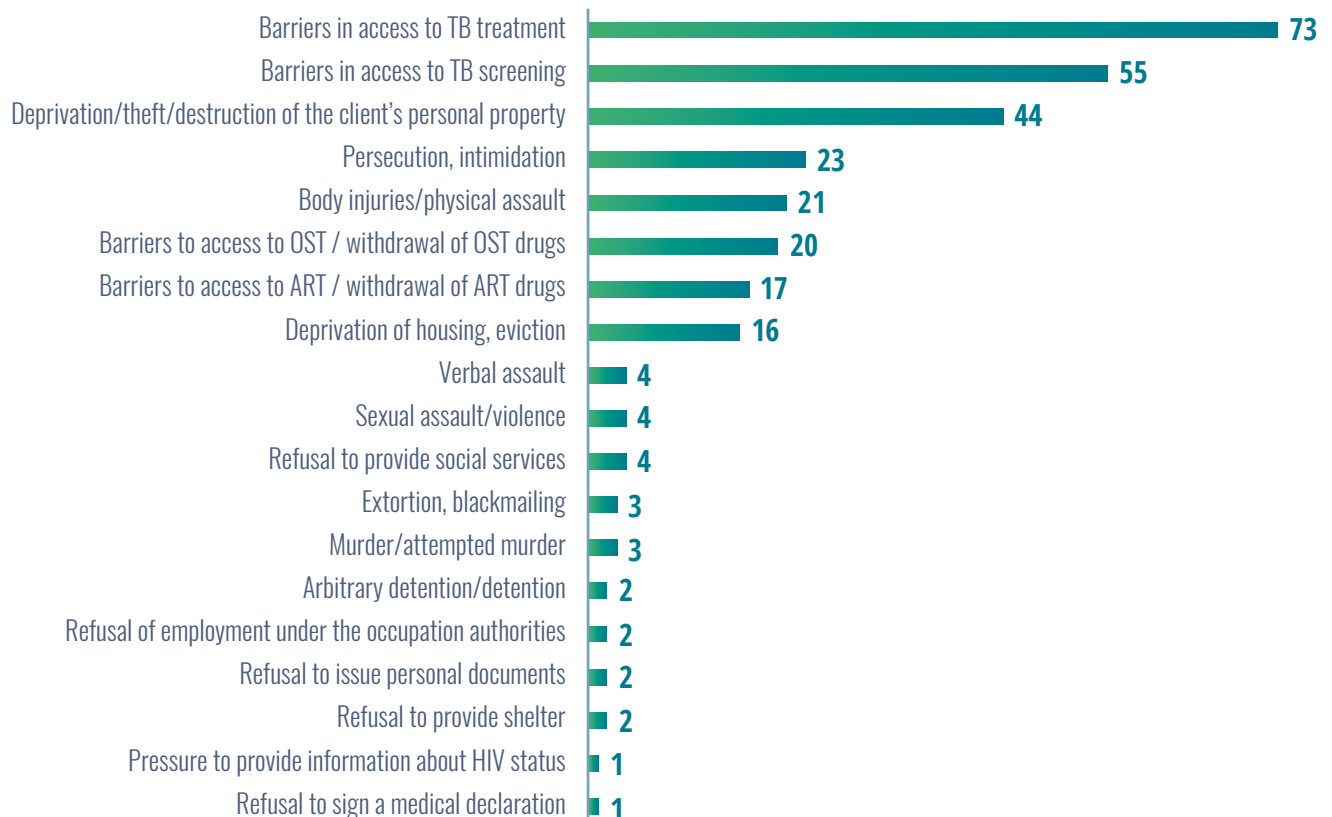
A client with HIV, an internally displaced person, who fled the war from Kherson region together with her underage daughter. After reaching Kryvyi Rih, she asked her relatives to stay with for some time. However, the owners noticed that the woman felt bad, was very thin, exhausted, and could hardly eat. Getting to know about her HIV-positive status, the hosts rudely told her to leave the next morning. When she found herself on the street with the daughter, sick and confused, the woman did not know what to do next. She went to the train station, where she tried to find out from the police where she could turn to for some help, but they advised her to "go to sleep through"...

Sex worker, who was born in Mykolaiv, moved to Odesa as a forced migrant during the military actions. She went to work on the Kyiv highway. She faced the rudeness and oppression from other women who worked there.



9. HUMAN RIGHTS VIOLATIONS BY OCCUPIERS

The REAct system registered **203** cases of human rights violations of KPs by occupiers. These are primarily crimes against humanity and cases of rights violations committed by the Russian military, representatives of the occupying state (*police, doctors, social service providers, etc.*), as well as workers who defected to the occupiers' side in the temporarily occupied territories of Ukraine. However, the actual number of cases of rights violations by occupiers is much higher.





THE OCCUPIERS COMMITTED A NUMBER OF RIGHTS VIOLATIONS CONCERNING THE CIVILIAN POPULATION, IN PARTICULAR REPRESENTATIVES OF KEY COMMUNITIES

- ▶ As a result of shelling by the occupiers, **more than a thousand medical facilities were destroyed, which made it completely impossible to obtain medical services** in a number of cities and towns.
- ▶ In the cities which were occupied, civilian population, including key communities, was forced to evacuate from the cities under shelling for their own safety and survival, and in some places had to **hide in shelters and basements of their homes without food or access to vital medical treatment**.
- ▶ At the city checkpoints, the occupiers stopped the vehicles of civilians, **took away their personal belongings, OST, and antiretroviral drugs, and committed physical violence**.
- ▶ The clients of the REAct project, who were evacuated from the occupied cities, witnessed **the shooting of the civilian vehicles and killing of other people by the occupiers**.

A woman living with HIV. When military actions began in the city where she lived, and her home was partially damaged, the woman and her family decided to evacuate from the city, as living in the occupation was not possible (*limited access to food, water, medical care, including ART drugs, threat to life and health*). During the crossing of the checkpoints, the occupiers committed a number of offenses against the woman and her husband (*illegal searches, forcing to undress, illegal seizure of personal belongings: phones, power banks*), threats and physical violence (*kicking, pulling hands, forcing them to kneel*). **The woman also witnessed shooting of the civilian cars** (*people in these cars were unarmed and did not resist*), the car in front of them was shot.



- ▶ Cases were registered when the occupiers **abducted people from cars at the checkpoints either from their homes, forcibly detained people in inhumane conditions, and tortured them.**
- ▶ Appeals from women who found the strength to report **horrific cases of sexual violence perpetrated by the occupiers have been documented.**
- ▶ **Due to the complete blockade of temporarily occupied cities, the operation of medical institutions and other state institutions took place under the flag of the invader,** so clients were deprived of the access to medical and social services, opportunities to get a job, etc.

The man from a different region came to Skadovsk, his house became uninhabitable after the shelling. He said that he was HIV-infected and was being treated for tuberculosis. Before the war, he received drugs, but since May nothing has been given, including ART. He went to the hospital, but there were no doctors, and those who remained said that they did not deal with HIV-infected and tuberculosis patients.

10. KEY CHANGES IN LEGISLATION AS A STATE RESPONSE TO WAR-RELATED CHALLENGES

- ▶ **The volume of dispensing of OST drugs for take-home outside the healthcare institution** by the prescription of the attending doctor or by prescription in pharmaceutical (*pharmacy*) institutions has been increased – from a 10-day to a 30-day need (*Order of the Ministry of Health of Ukraine dated 03.04.2022 No. 409*). Subsequently, it became invalid based on the Order of the Ministry of Health of Ukraine dated November 5, 2022, No. 1985.
- ▶ **It is allowed to get access to primary medical care without the signed medical declarations with a family doctor.** Internally displaced persons can be admitted to any hospital, if it is able to provide the necessary treatment, the presence of a declaration for this is not mandatory (*Order of the Ministry of Health of Ukraine dated March 17, 2022, No. 496*).
- ▶ **Vaccination in accordance with the requirements of the preventive vaccination calendar without a declaration** (*Order of the Ministry of Health of Ukraine dated March 17, 2022, No. 496*).
- ▶ **The procedure for establishing and extending disability for the period of the martial law in Ukraine has been simplified.** In order to receive social benefits for persons with disabilities, the second examination to prove some disability is not required. The deadline for re-examination is postponed for a period of no later than six months after the termination/cancellation of the martial law. During the period of the martial law and six months after its termination/cancellation,



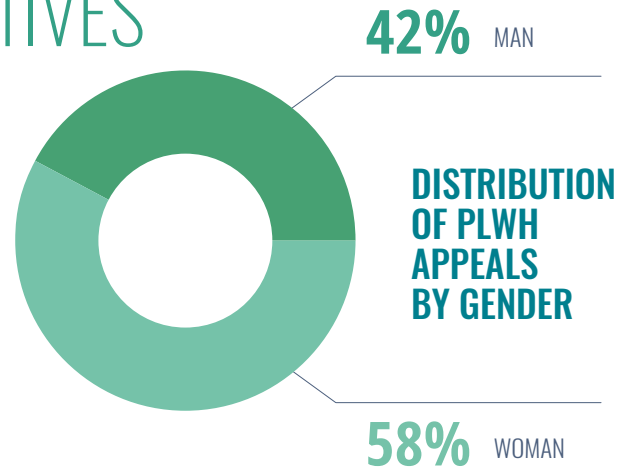
Ukrainians have the right to apply to the MSEC (*medical and social examination commission*) to establish disability in absentia and regardless of their place of residence or stay. Doctors do not have the right to demand from the patients to come in person for the second examination during the martial law (*Decree of the Cabinet of Ministers of Ukraine dated March 30, 2022, No. 390*).

- ▶ **The procedure for registration and circulation of medicinal products** during the martial law has been simplified (*Resolution of the Cabinet of Ministers of Ukraine dated April 15, 2022, No. 471*).
- ▶ **The possibility of receiving treatment for tuberculosis patients in any corner of the country** to which they were evacuated from dangerous regions during wartime has been provided (*Order of the Ministry of Health of Ukraine dated January 19, 2023, No. 102*).

11. HUMAN RIGHTS VIOLATIONS FACED BY REPRESENTATIVES OF KEY COMMUNITIES

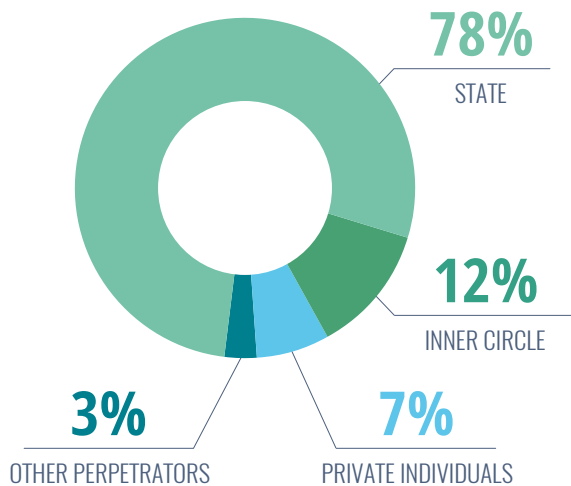
11.1. PEOPLE LIVING WITH HIV

In **78%** of cases, the perpetrators of human rights of people living with HIV were representatives of the state bodies.

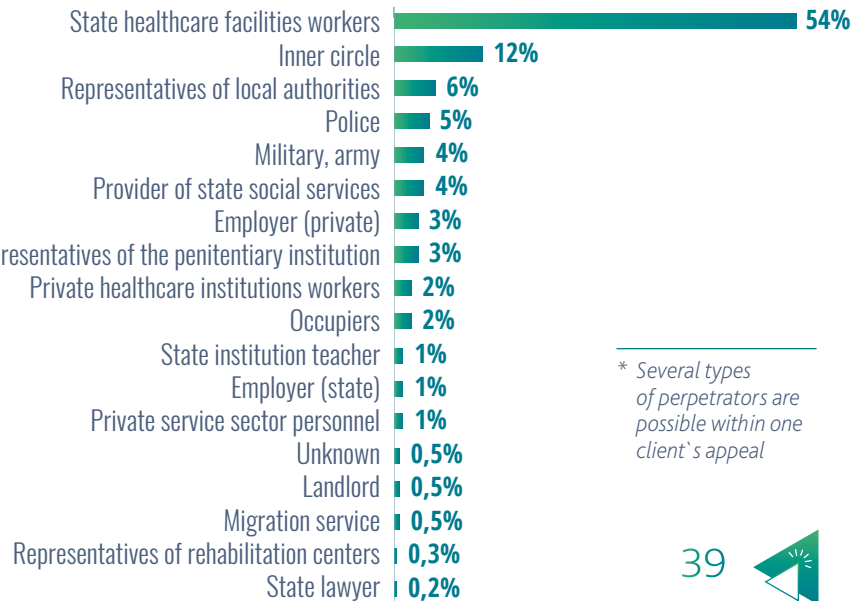


APPEALS REGISTERED **773** AMONG THEM **80%** OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION DUE TO THE CLIENT'S HIV STATUS

TYPES OF PERPETRATORS OF PLWH RIGHTS*



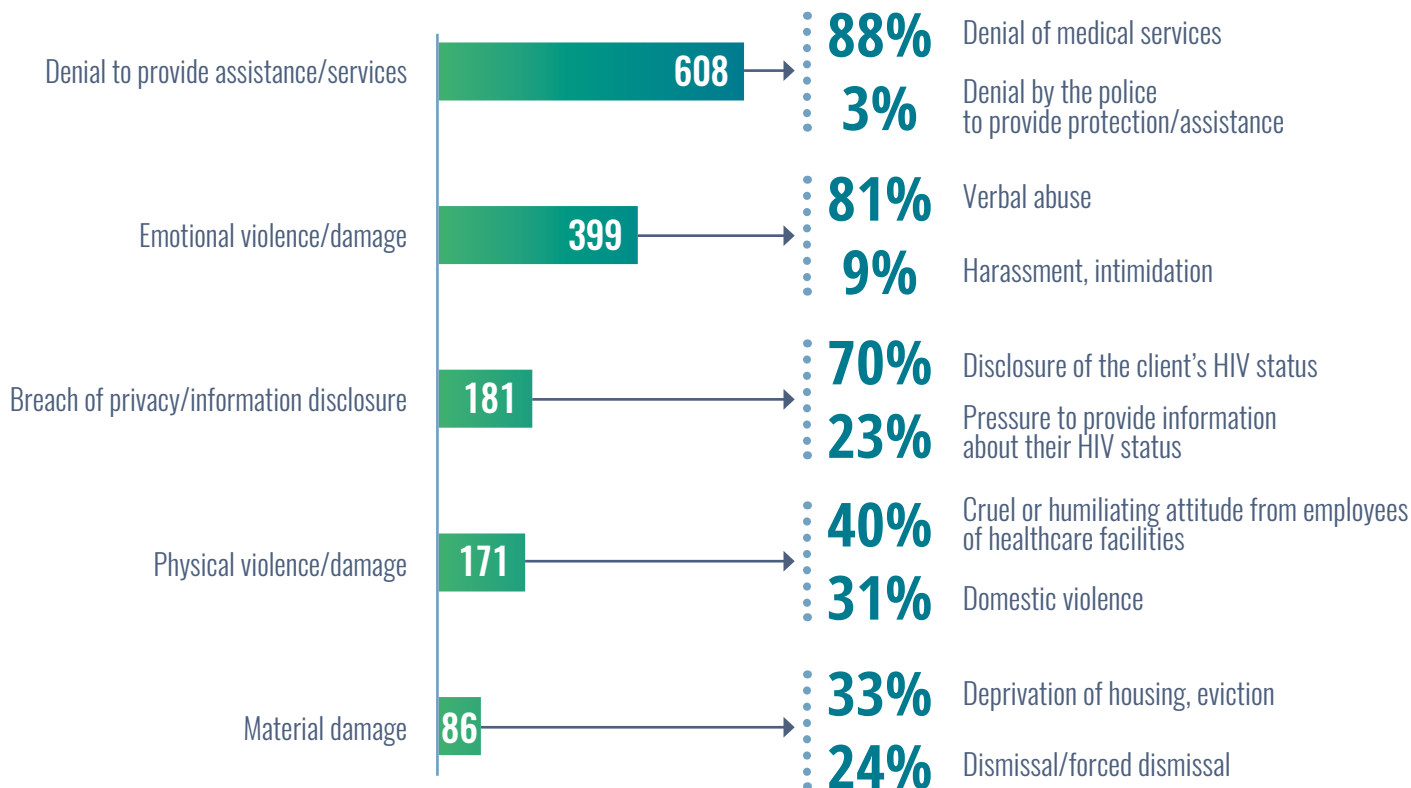
PERPETRATORS OF PLWH RIGHTS*



* Several types of perpetrators are possible within one client's appeal



TYPES OF HUMAN RIGHTS VIOLATIONS OF PLWH AND KEY TYPES OF INCIDENTS*



In the structure of all types of the PLWH perpetrators, **the employees of state healthcare institutions prevailed – 54%. The inner circle of PLWH**, namely family, sexual partner, acquaintance, neighbour acted as perpetrators in **12%** of cases.

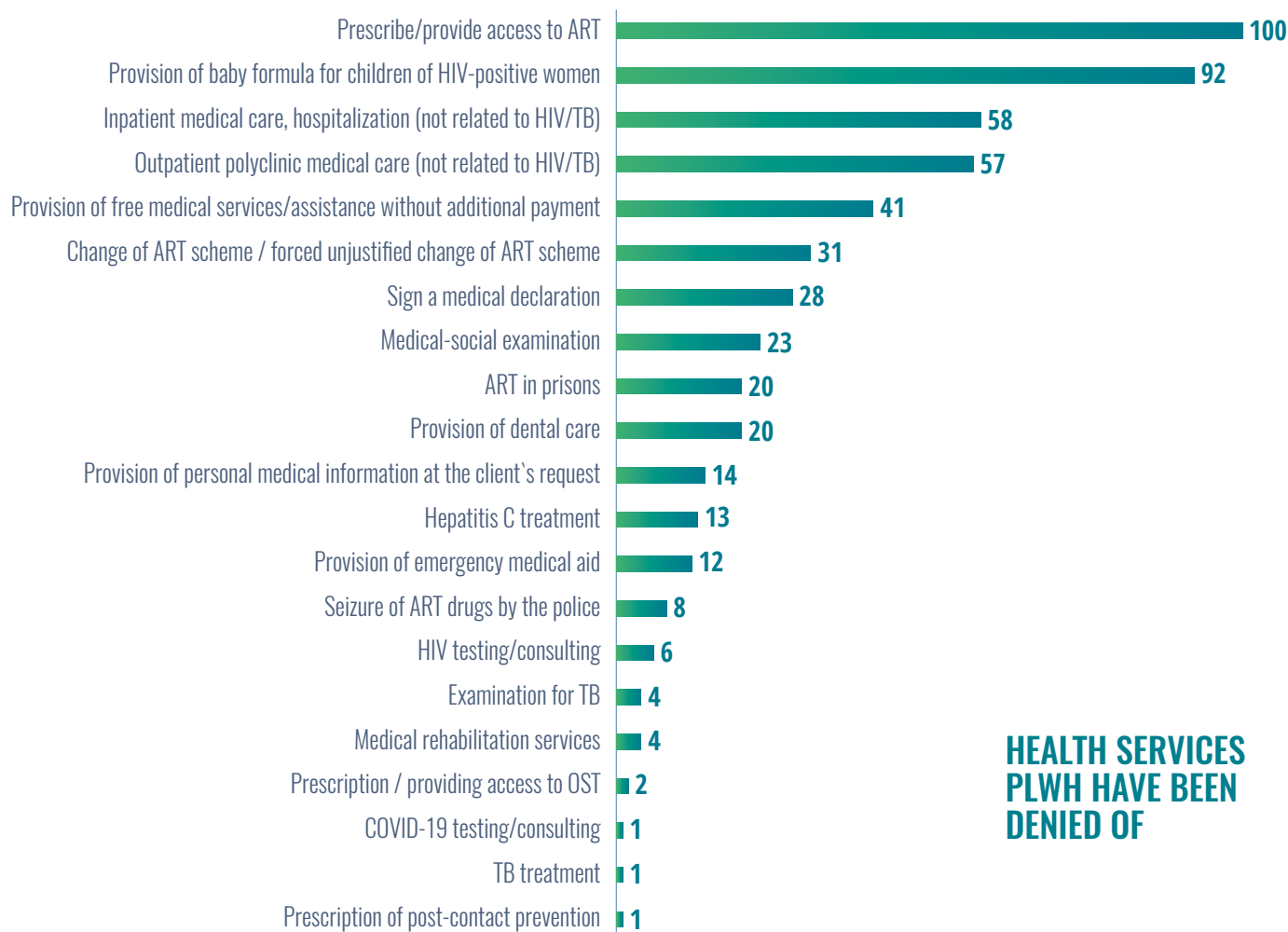
Most of the cases of PLWH rights violations are related to **the denial of service/assistance (608 incidents) and emotional violence (399 incidents)**. In 536 cases, PLWH faced barriers in receiving **medical services**.

Most often, PLWH faced barriers in the **accessing to ART**. Due to the lack of personal documents (*passport, individual tax number*), the **infectious disease doctor refused to take them under medical supervision and/or issue ARV drugs**. Even the presence of the client's Diya electronic documents in the application had no effect on a doctor in such situations. In some places, the **infectious disease doctor subjectively made decisions about the "need" to prescribe the treatment**.

* Several types of rights violations are possible within one client's appeal.

Because of the forced change in the ART scheme, PLWH felt bad. At the same time, the doctors did not want to sort out what drugs were available in the medical institution and refused to provide additional diagnostics of the client's health, **referring to the fact that the doctor did not have time for this.**

THE CLIENT WAS REDIRECTED TO THE OFFICE "DOVIRA" BY THE GYNAECOLOGIST WITH THE PURPOSE OF PRESCRIBING ART DURING THE PREGNANCY. WHILE VISITING THE INFECTIOUS DISEASE DOCTOR, THE CLIENT WAS REFUSED TO OBTAIN TREATMENT. THE CLIENT RETURNED TO THE GYNAECOLOGIST, WHO CALLED THE INFECTIOUS DISEASE PHYSICIAN TO FIND OUT WHY TREATMENT HAD NOT BEEN PROVIDED. WHAT WAS THE ANSWER: THE INFECTIOUS DISEASE DOCTOR CONSIDERED THE WOMAN NOT PROMISING IN TERMS OF TREATMENT DUE TO HER NEGLECTED CONDITION AND MENTAL DISORDERS.



**HEALTH SERVICES
PLWH HAVE BEEN
DENIED OF**

A CLIENT WHO TURNED TO THE ORGANIZATION COMPLAINED ABOUT THE DOCTOR WHO DID NOT WANT TO SEE HER BECAUSE SHE WAS A DRUG USER AND HIV-INFECTED, EXPLAINING IT AS FOLLOWS: “YOU HAVE YOUR OWN SPECIALISED HOSPITAL WHERE YOU SHOULD BE TREATED.”

A WOMAN TURNED TO A GENERAL PRACTITIONER AT A LOCAL HOSPITAL ABOUT HER CHRONIC DISEASE (THE WOMAN HAS CHRONIC CHOLECYSTITIS). THE DOCTOR WAS VERY RUDE TO THE WOMAN WHEN SHE FOUND OUT THAT SHE HAD HIV INFECTION: “WHAT DO YOU WANT, YOU HAVE AIDS, YOU WILL DIE VERY SOON, YOU WON'T LIVE LONG WITH SUCH A DIAGNOSIS.”

A MAN CAME TO SEE HIS FAMILY DOCTOR ABOUT A GENERAL MALAISE. LATER, HIS COLLEAGUE CAME TO THE QUEUE, THEY TALKED UP TO THEIR APPOINTMENTS. THE CLIENT CONSULTED BY THE DOCTOR, LEFT, SAID GOODBYE TO HIS COLLEAGUE AND WENT HOME. AND IN THE EVENING, THE CLIENT RECEIVED A TEXT MESSAGE FROM HIS COLLEAGUE ASKING ABOUT HIS DIAGNOSIS, WHEN HE HAD RECEIVED IT, HOW HE HAD BEEN TREATED, AND SO ON. IT TURNED OUT THAT DURING THE CONSULTATION, THE FAMILY DOCTOR, TRYING TO PERSUADE THE CLIENT'S COLLEAGUE TO TAKE A QUICK HIV TEST, SLANDERED THAT “PEOPLE WITH HIV ARE NO DIFFERENT FROM PEOPLE WITHOUT A DIAGNOSIS, FOR EXAMPLE, THE PERSON IN FRONT OF YOU HAD HIV INFECTION.”

Barriers to the continuation of treatment were also created by the police officers who detained a client, seized the medications, thinking they were drugs, not wanting to listen about their origin and legality.

115 cases were registered regarding the barriers for the PLWH receiving **inpatient and outpatient medical care not related to HIV or TB.**

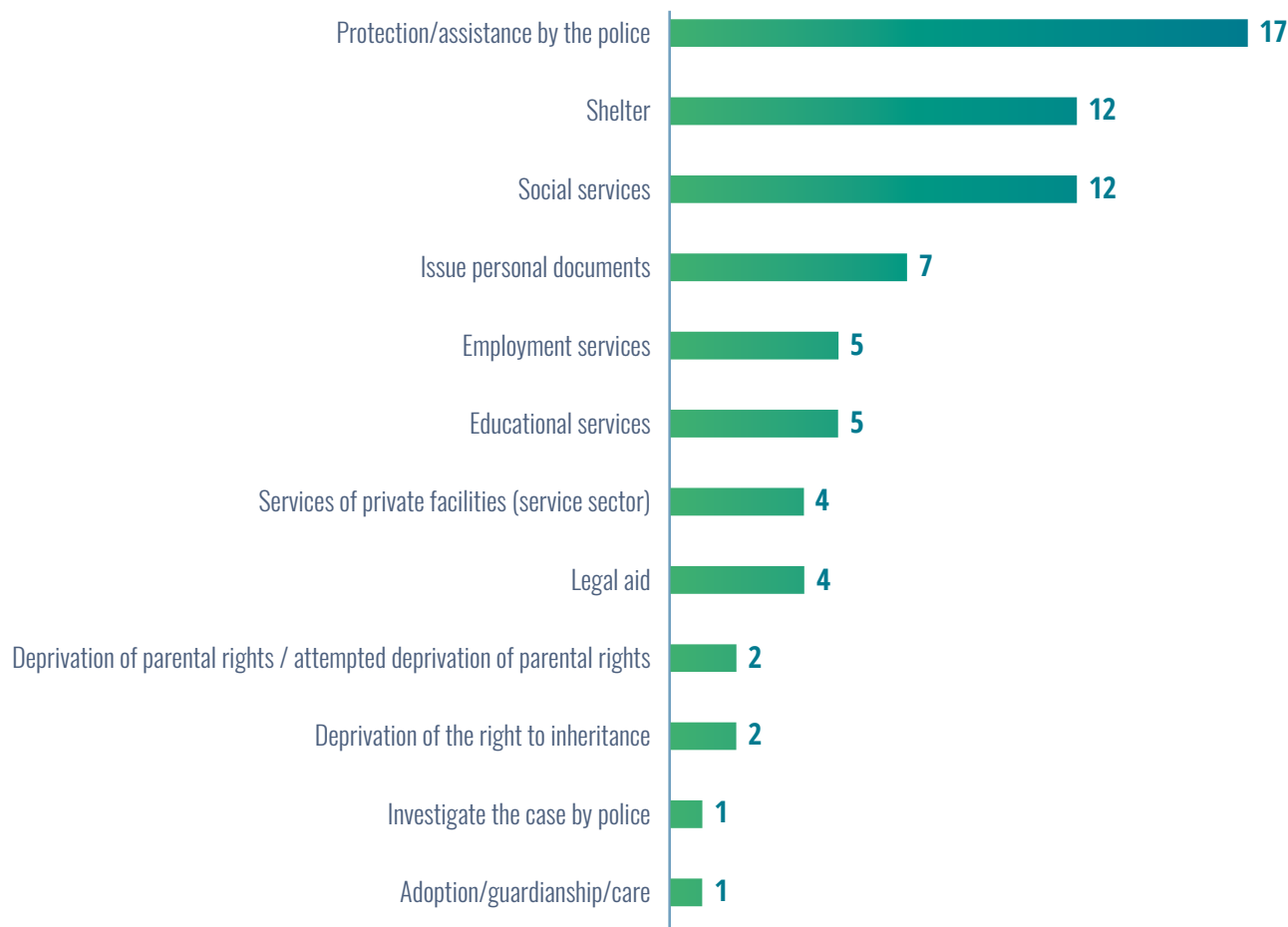
Denial of medical services was often accompanied **by verbal insults, open stigma manifestations on the part of doctors because of the client's HIV status.**

There have been documented cases when **doctors openly did not want to provide qualified advice on the health status of PLWH patients and conduct appropriate examinations, attributing their poor well-being solely to their HIV status.**

There are quite a few cases when HIV status was the reason for the **family doctor's refusal to sign the declaration, demands to pay extra money for medical procedures.**

65 cases were registered when medical workers **disclosed the client's HIV status to other persons.** In some cases, in the opinion of the doctor, it had been done with good intentions, but in reality, the obligation to observe the principle of confidentiality with the patients was violated.

REFUSAL IN OTHER SERVICES/ASSISTANCE TO PLWH*



There are quite a few cases when HIV status was disclosed by **"marking" the medical cards of PLWH clients.**

A MAN, WHEN HE CAME FOR A CONSULTATION TO HIS FAMILY DOCTOR, NOTICED THAT THE NURSE TOOK OUT AND HANDED HIS MEDICAL RECORDS WITH SOME NEW NOTES ON THE TITLE PAGE TO THE DOCTOR. HE ASKED FOR HIS MEDICAL RECORDS AND TAKING THEM IN HIS HANDS, SAW A MARK IN THE FORM OF A TRIANGLE WITH THE INSCRIPTION "B-20". AT HOME HE DECODED THE CODE ON THE INTERNET. THE NEXT DAY HE APPLIED FOR A TELEPHONE CONSULTATION WITH HIS DOCTOR TO ASK TO REMOVE THIS NOTE BUT RECEIVED A REFUSAL AND AN EXPLANATION: "THIS IS A USUAL PRACTICE TO ISSUE THE MEDICAL RECORDS LIKE THIS."

* Number of incidents. Several types of rights violations are possible within one client's case



A CLIENT, AFTER BEING ADMITTED TO THE CORRECTIONAL COLONY, DID NOT RECEIVE A CONSULTATION FROM AN INFECTIOUS DISEASE DOCTOR FOR A LONG TIME. HE CONTACTED THE PARAMEDIC SEVERAL TIMES, BUT HE EXPLAINED THAT “THE INFECTIOUS DISEASE DOCTOR WORKS PART-TIME AND RARELY COMES, SO HE WILL CONSULT WHEN HE CAN.”

A WOMAN SUFFERS FROM DOMESTIC VIOLENCE. A WEEK AGO, SHE REGISTERED FOR PREGNANCY OBSERVATION AND FOUND OUT THAT SHE HAD HIV. AFTER THAT, THE HUSBAND BEAT HER VERY BADLY (ALTHOUGH HE HIMSELF HAD HIV). THE WOMAN HESITATED, BUT STILL TURNED TO THE POLICE WITH THE CLAIM ABOUT CONSTANT BEATINGS AND ABUSE OF HER SON. AT FIRST, THE CLAIM WAS ACCEPTED, THE POLICE CAME TO HER HOME AND HAD A “PREVENTIVE CONVERSATION” WITH THE VIOLATOR. HOWEVER, LATER, THE MAN BEAT THE WOMAN AGAIN, CALLED HER “AIDS-BEARER”, SAID THAT HE WOULD KILL BOTH HER AND THE CHILD. THE WOMAN GOT SCARED AND TURNED TO THE POLICE AGAIN, BUT THIS TIME THE CLAIM WAS NOT ACCEPTED, JUSTIFYING: “BUT HE HASN’T KILLED YOU YET.”

A CLIENT TURNED TO THE REActor. AFTER HER MOTHER’S DEATH, HER AUNT TOOK CARE OF HER, THEY LIVED TOGETHER IN THE APARTMENT LEFT TO THE GIRL BY HER PARENTS. SOMETIMES HER AUNT BEAT HER “FOR THE SAKE OF UPBRINGING”. WHEN THE GIRL TURNED 18 YEARS OLD, HER AUNT STARTED HINTING THAT SHE WAS ATTRACTIVE AND THAT SHE COULD MAKE MONEY, ESPECIALLY SINCE WITH HER INFECTION THIS WAS THE ONLY THING SHE COULD RELY ON. OVER TIME, THE RELATIVE BEGAN TO OPENLY SAY THAT THE GIRL HAD PROVIDE INTIMATE SERVICES FOR MONEY, HELPING FINANCIALLY THIS WAY. ONE DAY, IN THE EVENING, THE AUNT BROUGHT TO THE APARTMENT A MAN AND TOLD THE GIRL THAT HE WAS “HER FIRST AND IMPORTANT CLIENT.” THE GIRL REFUSED SO THE RELATIVE HIT HER. MIRACULOUSLY THE GIRL MANAGED TO ESCAPE, GRABBING A BAG WITH DOCUMENTS. HAVING SPENT THE NIGHT WITH A NEIGHBOUR, IN THE MORNING SHE DECIDED TO GO TO THE POLICE. AT THE POLICE STATION, SHE TRIED TO EXPLAIN THE SITUATION SHE WAS IN, BUT NO ONE LISTENED TO HER, AND THEY REFUSED TO ACCEPT HER CLAIM, JUSTIFYING THAT THE GIRL WAS MAKING EVERYTHING UP BECAUSE SHE JUST WANTED TO KICK HER AUNT OUT OF THE APARTMENT.

A GIRL WHO WORKED AS A WAITRESS IN A LOCAL CAFE TURNED TO THE REActor. ONE DAY A WOMAN CAME TO THE CAFE, SHE WAS A NURSE FROM THE FORMER INFECTIOUS DISEASE DEPARTMENT. KNOWING ABOUT THE GIRL’S HIV STATUS, SHE STATED THAT SHE DID NOT HAVE THE RIGHT TO WORK IN THE FOOD INDUSTRY, THE GIRL REPLIED THAT SHE COULD WORK ANYWHERE. IN THE EVENING, AT THE END OF HER SHIFT, SHE WAS CALLED BY THE CAFE OWNER AND INFORMED OF HER DISMISSAL, EXPLAINING THAT SHE WAS RUDE TO CUSTOMERS, AND SHE HAD HIV AND WAS PUTTING PEOPLE AT RISK. WHEN SHE ASKED ABOUT THE SALARY, THE ANSWER WAS “IT WILL BE A FINE FOR THE RUDE TREATMENT OF THE CLIENTS.”

In the detention places, PLWH faced illegal actions of the detention centre workers, when they seized ART drugs during the search and then did not respond to the clients’ requests to ensure continuity of the treatment. In addition, the services of an infectious disease doctor were not always available in general, due to which they did not have the opportunity to undergo timely diagnostics and obtain an optimised treatment scheme according to their health state. In some cases, the break in treatment lasted more than a month.

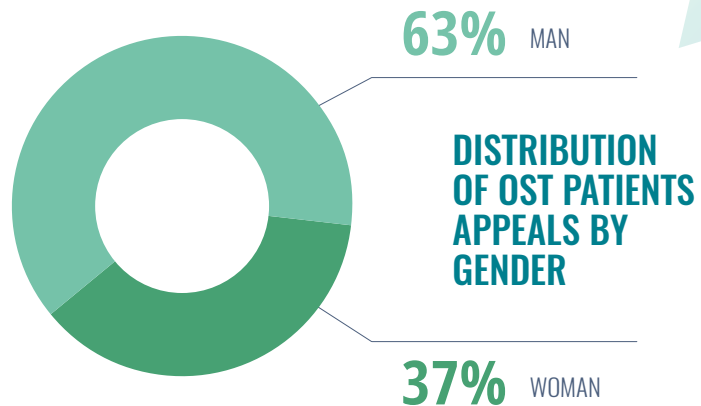
Among the other services that PLWH were most often refused were **the police’s refusal to provide protection**. In particular, in the **cases of domestic violence**, the police refused to respond appropriately to the appeals of PLWH women. Domestic violence manifestations were registered both from the side of a husband/sexual partner and women’s relatives.

The HIV status of clients was the reason for **eviction from shelters, refusal to issue certificates and receive other social services**.

The employer, having learnt about the employee’s HIV status, refused to pay the salary, and forced them to resign.

11.2. OST PATIENTS

In **81%** cases the OST patients' rights violators were representatives of state authorities.

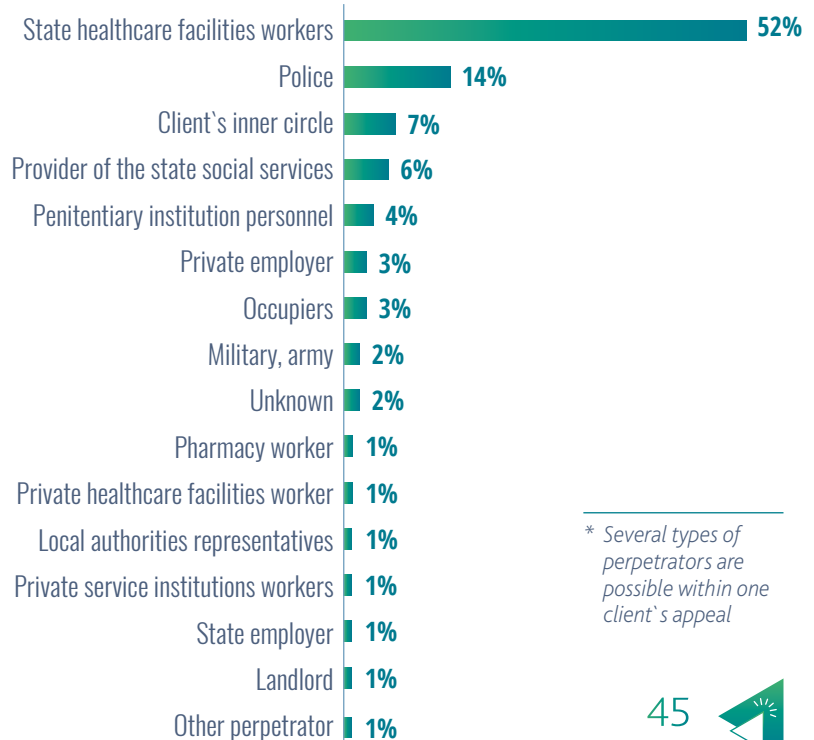
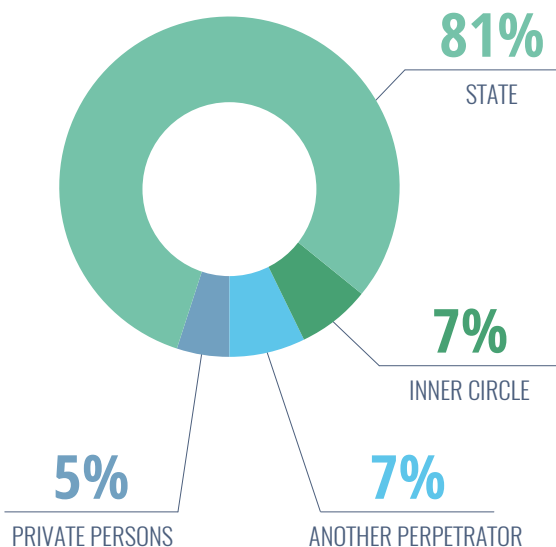


732 APPEALS REGISTERED, AMONG THEM

59% OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION DUE TO THE FACT THE CLIENT WAS AN OST PATIENT

TYPES OF PERPETRATORS OF OST PATIENTS RIGHTS*

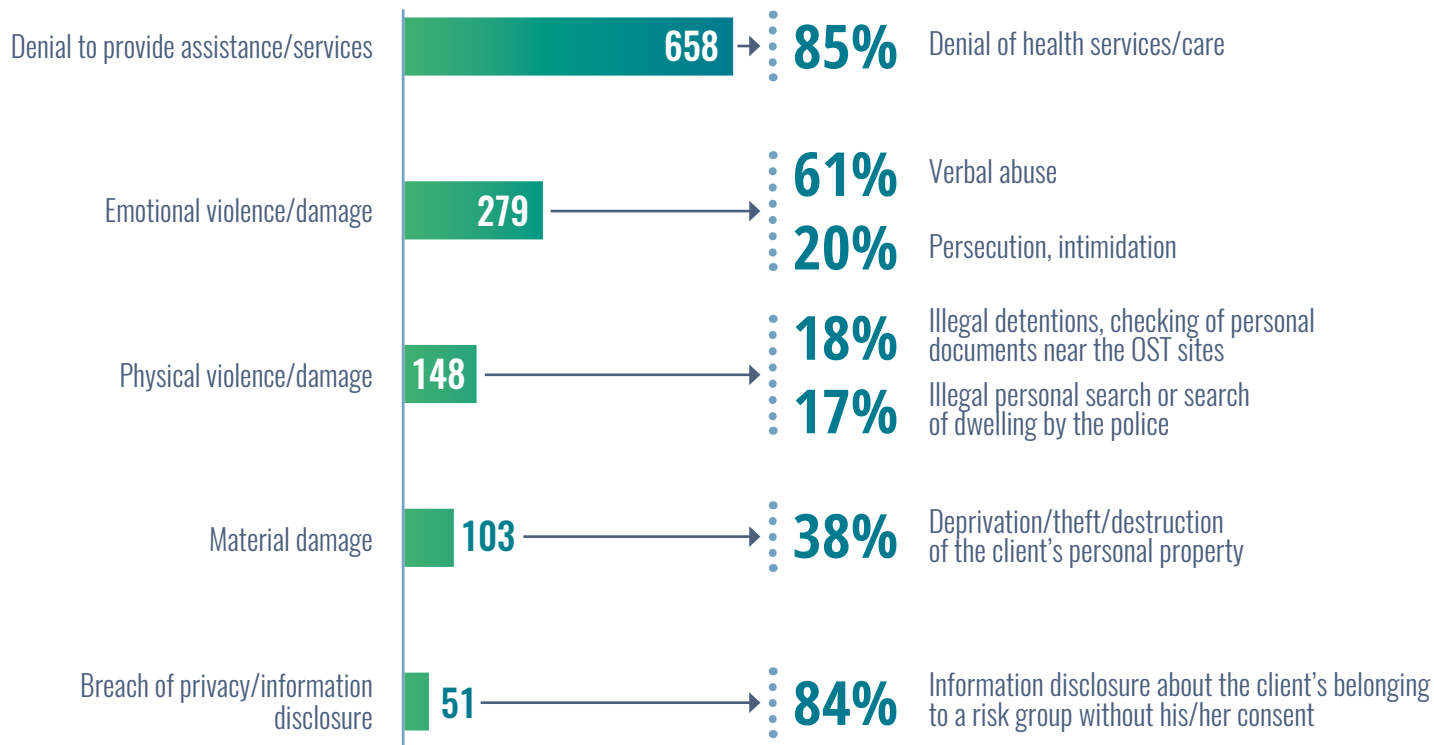
TYPES OF PERPETRATORS OF OST PATIENTS RIGHTS*



* Several types of perpetrators are possible within one client's appeal



TYPES OF HUMAN RIGHTS VIOLATIONS OF OST PATIENTS AND KEY TYPES OF INCIDENTS*



Perpetrators of the rights of OST program patients most often were **medical workers of state institutions – 52%** and the **police – 14%**.

Most cases of the rights violations of OST patients are connected with **refusal of service/assistance (658 incidents)** and **emotional violence (279 incidents)**. Mostly OST patients faced **barriers in obtaining medical services (85%) among refusals to provide other types of services**.

Most often OST patients encountered **unwarranted refusal of doctors to prescribe OST (or to extend the prescription)**. An excuse was absence of medical declaration with a family doctor, absence of personal documents, lack of drugs or lack of places on the site.

* Several types of rights violations are possible within one client's appeal

In some cases, clients experienced worsening of their health state because of the prescribed OST dosage. They turned to the narcologist asking **to change the dosage or replace the drug, but in most cases, they got refusals.**

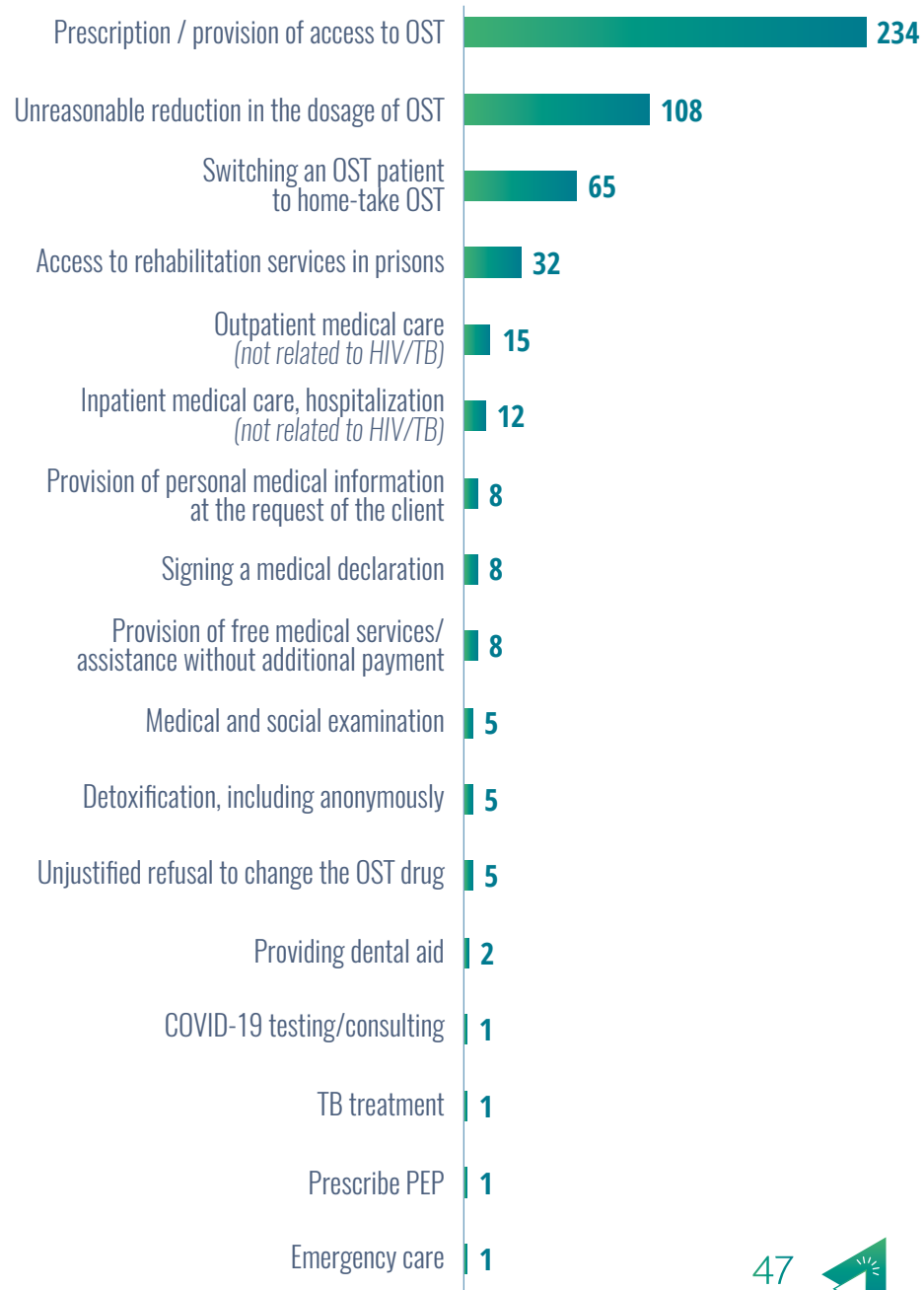
OST patients who received OST drugs in hospitals at home faced with **a groundless narcologist`s demand to come for drugs daily.**

Some cases were registered when **the possibility to obtain OST on the state site was connected to the doctor`s demand to pay** by making "a charitable contribution for OST website development."

In some cases, patients were given drugs **with the OST procedure violation**, in particular with an expired expiry date, or in a form of a crushed drug (*pills*) diluted in water.

OST patients in the detention places faced with a lack of response from the administration to their demand to get access to therapy, which resulted in vital treatment interruption.

HEALTH SERVICES OST PATIENTS HAVE BEEN DENIED OF



A CLIENT TURNED TO A HOSPITAL WITH AN ELECTRONIC DIRECTION FROM THE FAMILY DOCTOR TO BE HOSPITALIZED FOR MEDICAL REASONS. DURING THE PRIMARY EXAMINATION THE DOCTOR ASKED ABOUT HEALTH COMPLAINTS AND WHETHER THE CLIENT USED DRUGS. WHEN HE INFORMED THE DOCTOR THAT HE HAD BEEN REGISTERED ON THE OST WEBSITE, THE DOCTOR'S ATTITUDE CHANGED COMPLETELY. HE CLAIMED THAT THE PATIENT WAS AWARE HIMSELF OF THE REASON OF HIS BAD HEALTH AND HE, FIRST OF ALL, HAD TO BE TREATED FOR THE DRUG ADDICTION. SO, THE PATIENT RECEIVED A REFUSAL TO BE HOSPITALIZED.

A MAN IS A PARTICIPANT IN OST PROGRAM; HE WAS STOPPED BY THE POLICE OFFICERS ON THE WAY TO THE PUBLIC TRANSPORT STOP. THE POLICE OFFICERS BEHAVED RUDELY, ALTHOUGH THE MAN DID NOT RESIST AND FOLLOWED ALL THEIR ORDERS. AFTER CHECKING THE DOCUMENTS, THEY ORDERED TO SHOW THE CONTENTS OF THE PACKAGE THAT THE MAN HAD WITH HIM. THERE WERE PILLS FOR THREE DAYS, WHICH HE HAD RECEIVED IN THE OST SITE. WHEN ASKED WHAT IT WAS, THE MAN GOT A CERTIFICATE THAT SHOULD HAVE CLARIFIED THE SITUATION, BUT THE POLICE OFFICERS IGNORED IT AND SEIZED THE DRUGS.

A MAN WAS ON THE WAY HOME AFTER THE CURFEW, WHEN HE WAS STOPPED BY A POLICE SQUAD. DURING A SUPERFICIAL SEARCH THE POLICE FOUND A FOLDING KNIFE. AFTER CHECKING THE DATABASE, THEY FOUND OUT THAT THE MAN WAS A MEMBER OF THE METHADONE PROGRAM. THREATENING WITH DETENTION AND FINDING "DRUGS" IN THE POLICE STATION, THE POLICE OFFICERS STARTED DEMANDING MONEY FROM THE MAN. HE OBJECTED, AND THEN THE POLICE OFFICERS TOOK HIS PHONE WITH FORCE AND MADE HIM GIVE 200 HRYVNAS WHICH HE HAD. THEN THE POLICE OFFICERS LEFT THE MAN AND DROVE AWAY.

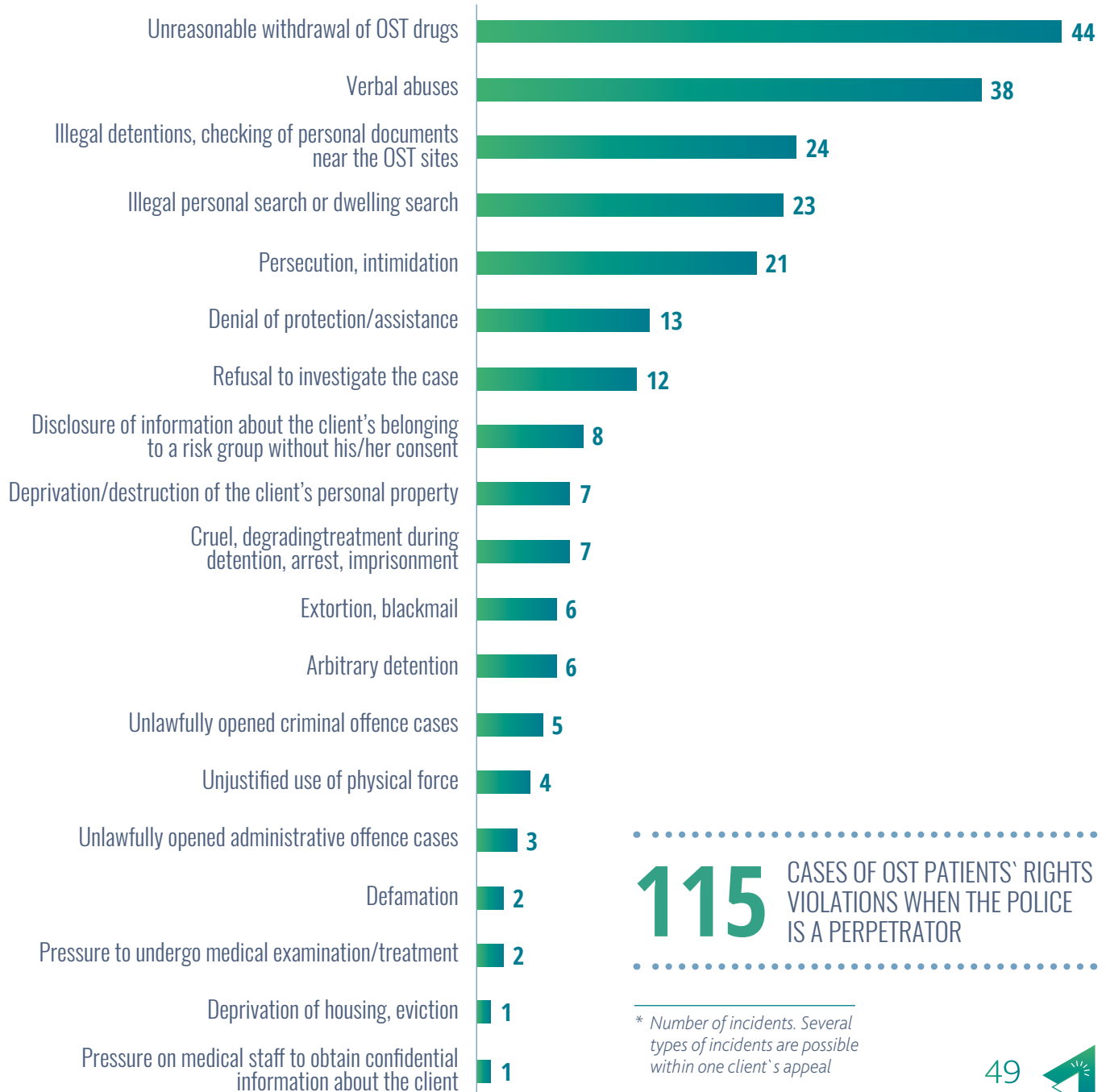
Some cases **were registered** when medical workers violated their duty not to disclose information about the patient's state of health, **gave OST patients' data to the police**.

Information about being in OST program was **an obstacle in case the client needed outpatient or inpatient treatment (not related to HIV and TB)**.

OST program patients constantly experienced **police persecution, illegal detentions near the OST sites, illegal searches, and unjustified seizure of drugs** in spite of presenting the OST authorization documents, and OST patient's ID..

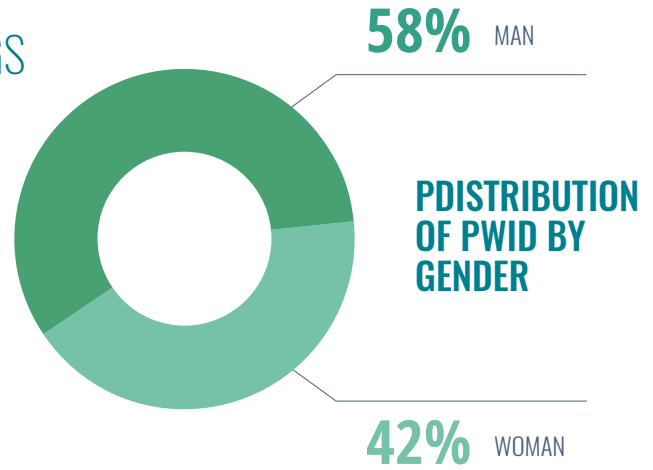
During the detention and search, police officers often used **verbal insults, emotional pressure, and groundless use of physical force**. Threatening with imprisonment, **they forced OST patients to provide information about the others, blackmailed and demanded money, took personal belongings**.

TYPES OF OST PATIENTS RIGHTS VIOLATIONS BY THE POLICE*



11.3. PEOPLE WHO INJECT DRUGS

In **73%** cases the perpetrators of the rights` of people who inject drugs (PWID) were representatives of state authorities.

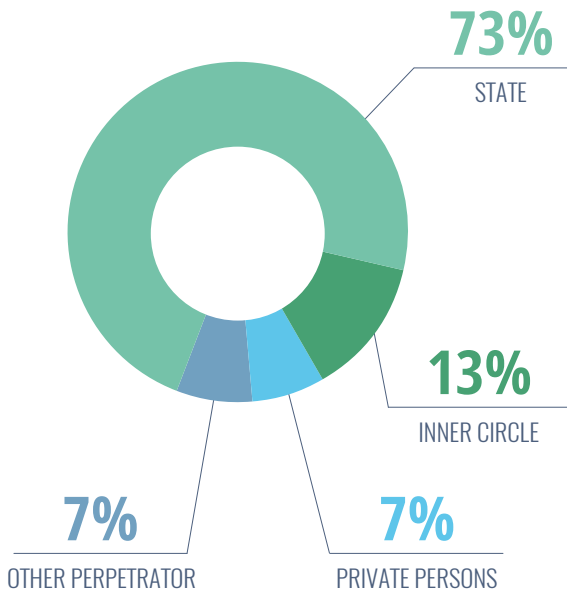


450 CASES REGISTERED, AMONG THEM

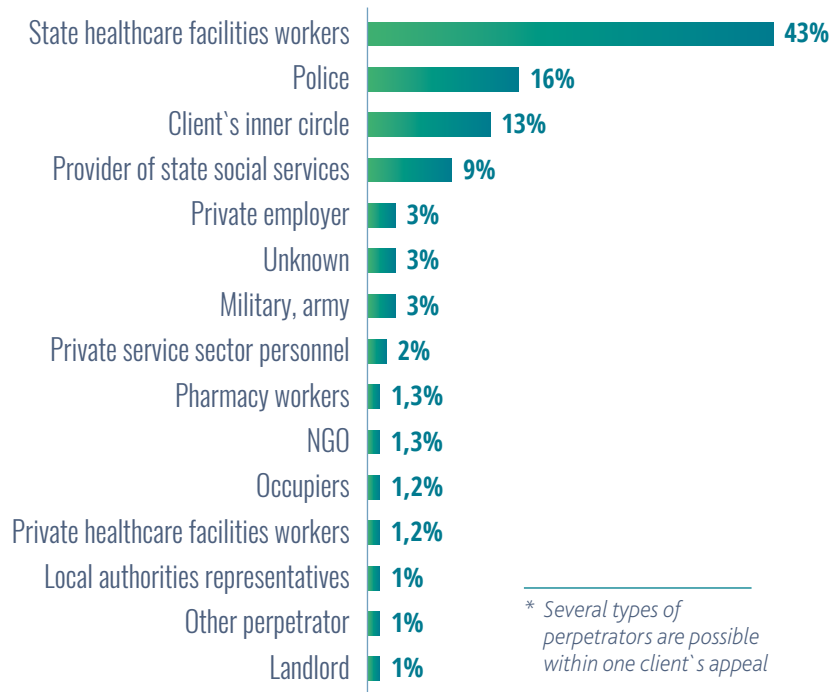
93%

OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION BASED ON CLIENTS' BELONGING TO THE COMMUNITY OF PEOPLE WHO INJECT DRUGS (PWID)

TYPES OF PERPETRATORS OF PWID RIGHTS*

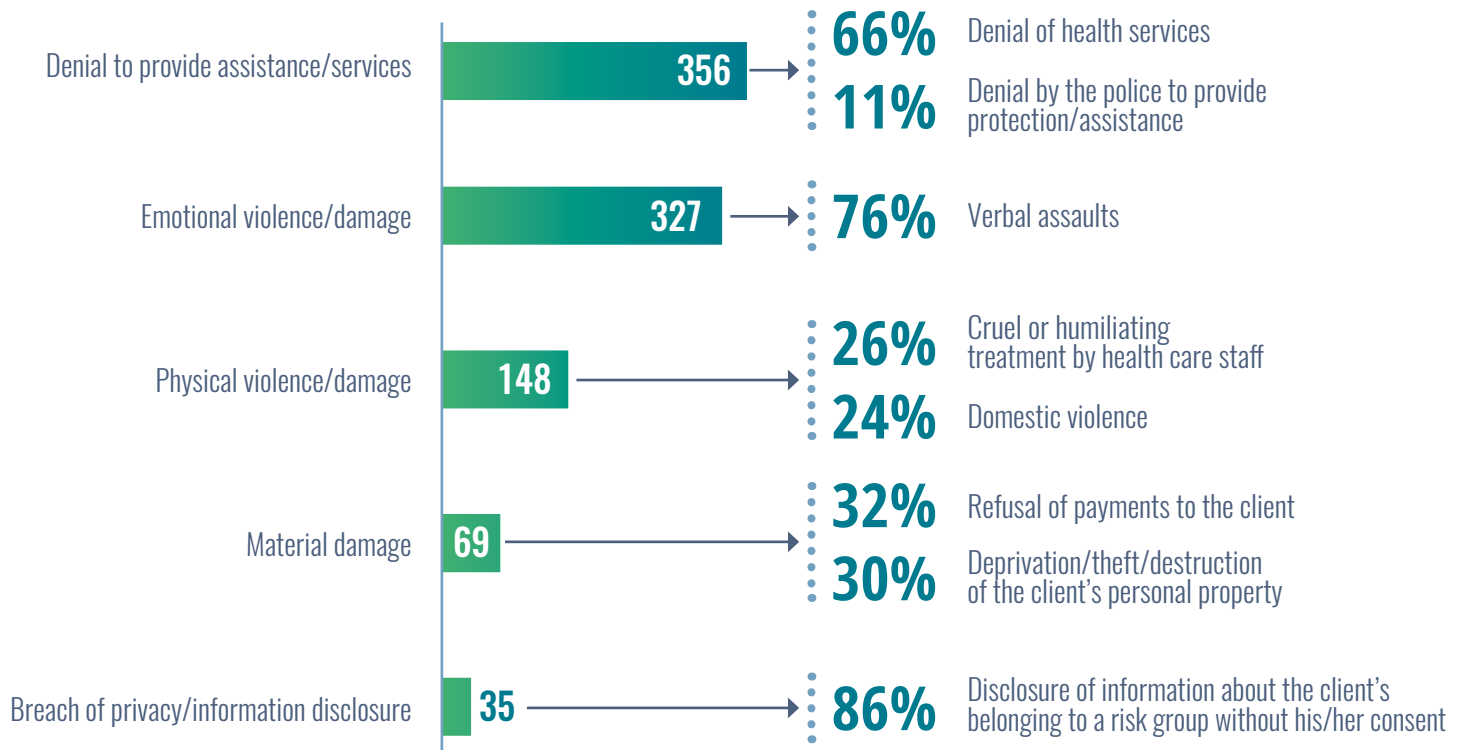


TYPES OF PERPETRATORS OF PWID RIGHTS*



* Several types of perpetrators are possible within one client's appeal

TYPES OF HUMAN RIGHTS VIOLATIONS OF PWID AND KEY TYPES OF INCIDENTS*



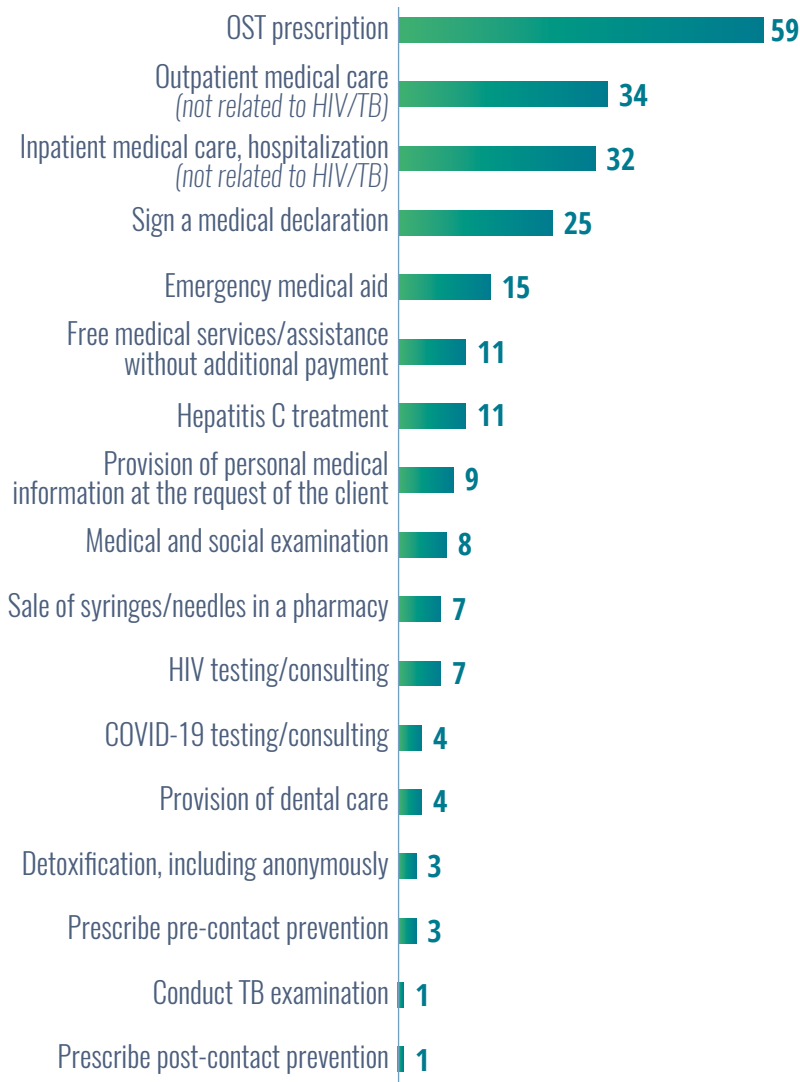
Among all types of violators of the PWID rights, **state health-care institutions employees prevailed – 43% with the police – 16%. In 13% of cases, PWID inner circle**, in particular family, sexual partner, acquaintance or neighbour acted as perpetrators.

The majority of PWID rights violation cases are related to **denial of service/assistance (356 incidents) and emotional violence (327 incidents)**. In **235 cases**, PWID faced **barriers in receiving healthcare services**, mostly related to the possibility of joining the OST program, receiving health services as part of outpatient or inpatient treatment, signing a medical declaration, receiving emergency medical care, hepatitis C treatment, etc.

* Several types of rights' violations are possible within one appeal



HEALTH SERVICES PWID HAVE BEEN DENIED OF*



Among the barriers to OST program access were requirement to have a signed declaration with a family doctor, lack of free places and a sufficient number of drugs on the site, absence of local registration and documents (*passport*). There were cases **when doctors even refused to register clients in the waiting list**. Clients sometimes received **a groundless refusal based on the doctor's own judgments about the client**.

A PERSON WHO USE DRUGS TURNED TO A PSYCHONEUROLOGICAL DISPENSARY TO PARTICIPATE IN OST PROGRAM, BUT THE DOCTOR REFUSED HIM, EXPLAINING THAT THERE WERE NO FREE PLACES. WHEN THE CLIENT WANTED TO SUBMIT A WRITTEN APPLICATION FOR PARTICIPATION AND REGISTER IT, HE WAS SIMPLY PUSHED OUT OF THE OFFICE.

When a client had some accompanying diseases, such as HIV infection, hepatitis C, tuberculosis, **a doctor-narcologist did not look at it as a reason to prescribe OST more promptly**.

* Number of incidents. Several types of incidents are possible within one client's appeal

Family doctors, assessing the client's appearance and getting to know about their belonging to PWID community, **refused to sign the declaration**. And they often accompanied it with stigmatizing loud statements and manifestations of open hostility.

Besides, a frequent reason why the clients could not start treatment was the doctor's demand to **pay "a charitable donation to develop the site"** in order to take part in OST program.

Having **refused to provide outpatient or inpatient medical services**, doctors referred to the fact that **PWID deserved it the least**.

A CLIENT WANTED TO RECEIVE HEPATITIS C TREATMENT, TURNED TO A FAMILY DOCTOR FOR HELP. DURING EXAMINATION THE DOCTOR FOUND OUT THAT THE PATIENT HAD EXPERIENCE OF INJECTING DRUGS, AND ABSOLUTELY REFUSED TO HELP, JUSTIFYING THE FACT THAT "IT WOULD BE BETTER IF A NORMAL PERSON RECEIVE TREATMENT."

A MAN HAS A LONG HISTORY OF INJECTING DRUG USE, PREVIOUSLY SUFFERED FROM TUBERCULOSIS, AND DUE TO HEALTH PROBLEMS AND POOR NUTRITION, HE DEVELOPED ULCERS ON HIS BODY, MAINLY ON HIS LEGS. HE TURNED TO THE FAMILY DOCTOR, BUT HE WAS REFUSED HELP, DESPITE THE SIGNED DECLARATION, EXPLAINING THAT THEIR PRIORITY WAS TO TREAT CHILDREN, NOT "DRUG ADDICTS".

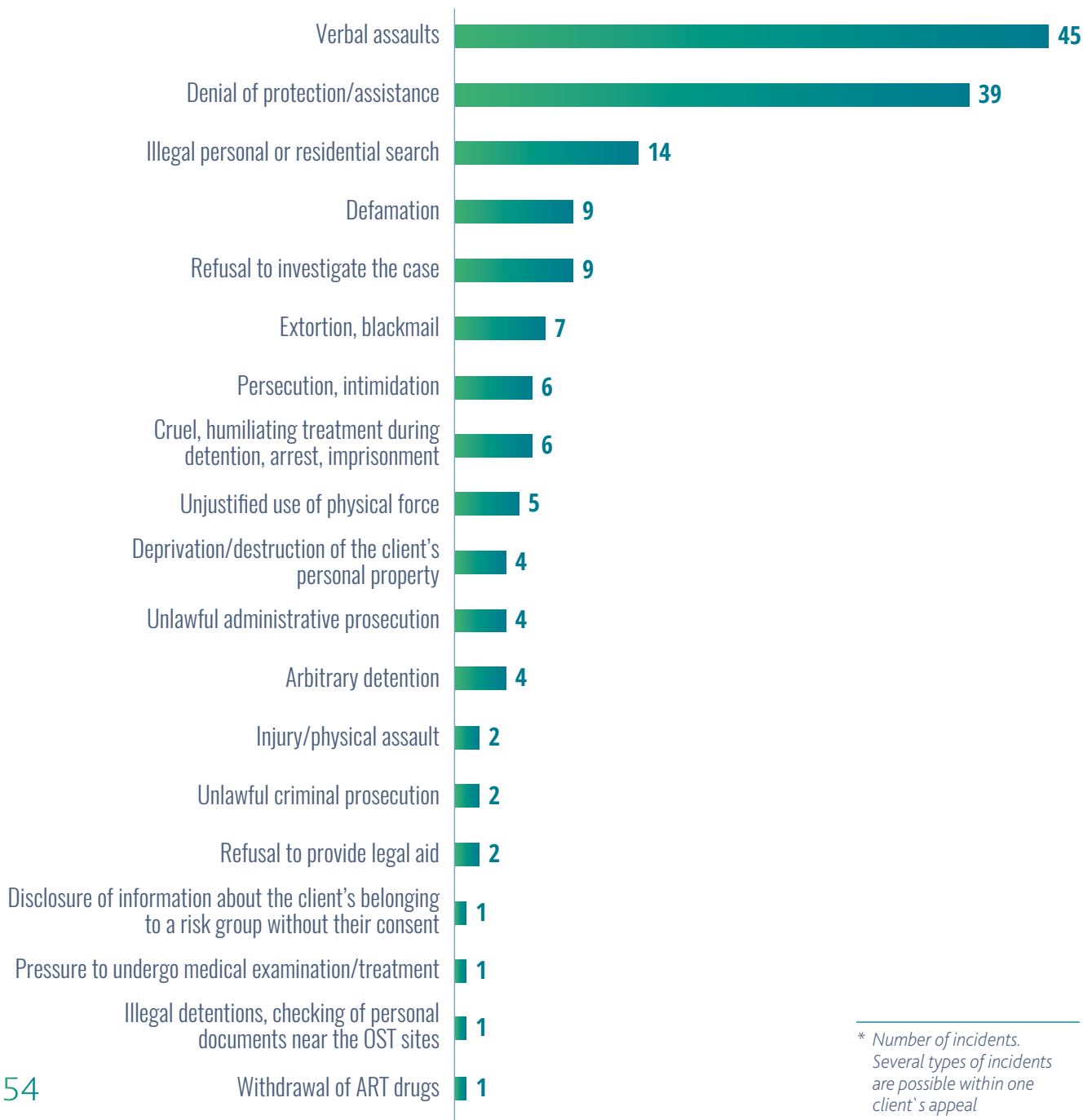
83 CASES OF RIGHTS VIOLATIONS OF PWID WHEN THE POLICE IS A PERPETRATOR

The police failed to fulfil one of the main functions of law enforcement institutions – to provide protection and assistance to victims of illegal assaults by other persons. PWID faced **police inaction, denial to provide protection/assistance, investigation of the case after an appeal**.

Women belonging to PWID community often turned to the police for protection from domestic violence. However, after getting to know about their status, **police representatives did not REAct when they arrived at the call**.

A GIRL USING DRUGS TURNED TO THE POLICE. HER PARTNER BEAT AND HUMILIATED HER THREATENED TO TAKE AWAY HER CHILD. SHE CONSTANTLY SUFFERED FROM DOMESTIC VIOLENCE. THE GIRL TURNED TO THE DISTRICT POLICE OFFICER AND ASKED FOR HELP. THE POLICE OFFICER KNEW HER, HE HAD SEEN HER DRUNK MORE THAN ONCE. IN RESPONSE, HE NOTED THAT HER HUSBAND WAS TRYING TO SAVE HER, TEACH HER TO BE A GOOD WIFE AND MOTHER, HE SUPPORTED HIM AND WOULD NOT INTERFERE. IN ADDITION, HE ADVISED THE WOMAN TO STOP DRINKING.

TYPES OF VIOLATIONS OF PWID RIGHTS BY THE POLICE*



* Number of incidents.
Several types of incidents are possible within one client's appeal



PWID community men faced a stigmatizing attitude from employers who treated such workers with disdain, took personal documents, and underpaid wages. At the same time, **police officers did not respond to clients' appeals to help return their money and documents.**

Police officers have repeatedly detained PWID without a reason, based either on the fact that a person belonged to PWID community, or on suspicion. During the arrests, **they applied physical force, searched, and took Naloxone if they found it.**

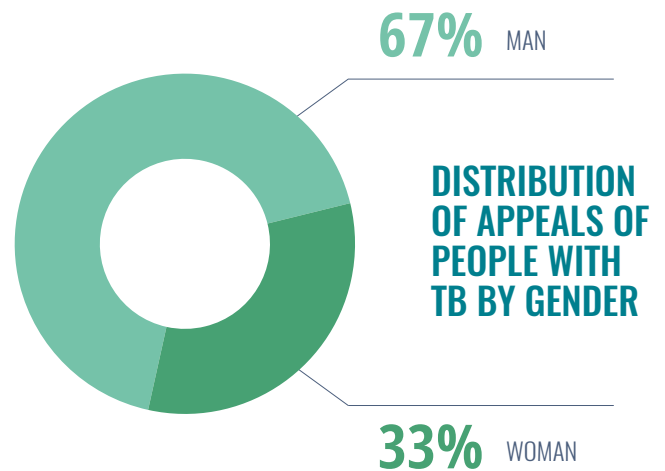
Some cases were registered when **PWID were groundlessly accused of theft, although the police officers themselves were guilty.**

A MAN TOLD THE REActor THAT A FEW DAYS AGO, WHEN HE WAS LEAVING THE SHOP, PATROL POLICE OFFICERS APPROACHED HIM. THEIR FIRST WORDS WERE: "WHAT'S IN YOUR POCKETS?" THEN THEY KNOCKED HIM DOWN IN FRONT OF PEOPLE, THEY STARTED TURNING OUT HIS POCKETS AND CHECKING HIS SPORTS BAG. HAVING FOUND NOTHING, THEY SILENTLY TURNED ROUND AND RETURNED TO THE PATROL CAR.

A PWID CLIENT FOUND A POLICE TABLET THAT HAD PROBABLY BEEN LOST DURING A FOOT PATROL. THE CLIENT TOOK THE TABLET TO THE DISTRICT POLICE OFFICE. HOWEVER, INSTEAD OF GRATITUDE, THE POLICE STARTED INTERROGATION ABOUT WHERE THE CLIENT GOT IT, ETC. THIS RESULTED IN THREATS TO OPEN A THEFT CASE. THEY KEPT HIM IN THE OFFICE FOR A LONG TIME, VERBALLY INSULTED HIM, DEMANDED TO SIGN A CONFESSION, THREATENING TO PLANT IN NARCOTIC SUBSTANCES.

11.4. PEOPLE WITH TUBERCULOSIS

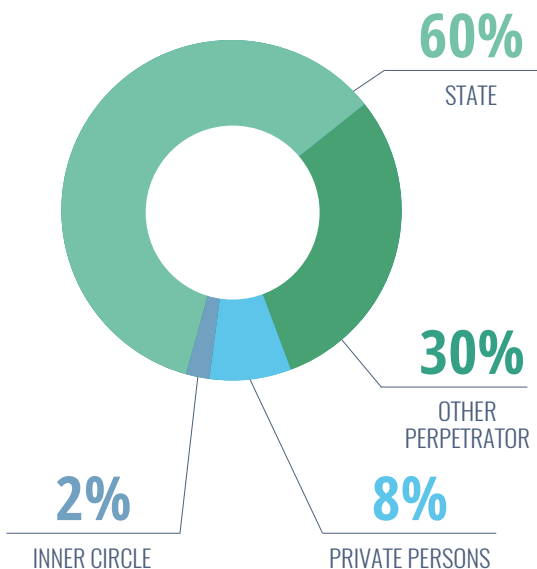
In 60% of cases rights perpetrators of people who have or had tuberculosis were representatives of state authorities. **In one third of the registered cases, occupiers were the perpetrators***.



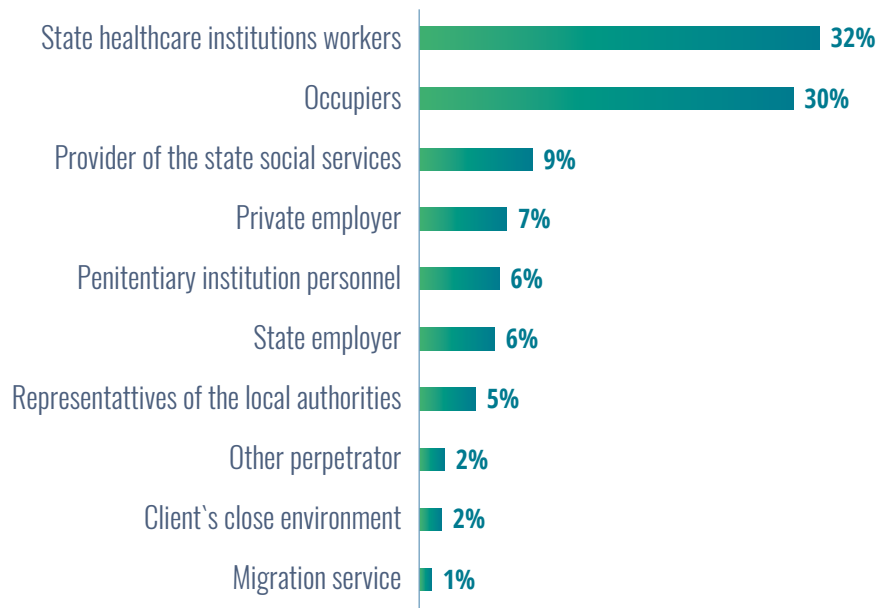
370 APPEALS REGISTERED, AMONG THEM

39% OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION DUE TO TB STATUS OF THE CLIENT

TYPES OF PERPETRATORS OF PEOPLE WITH TB RIGHTS**



TYPES OF PERPETRATORS OF PEOPLE WITH TB RIGHTS**

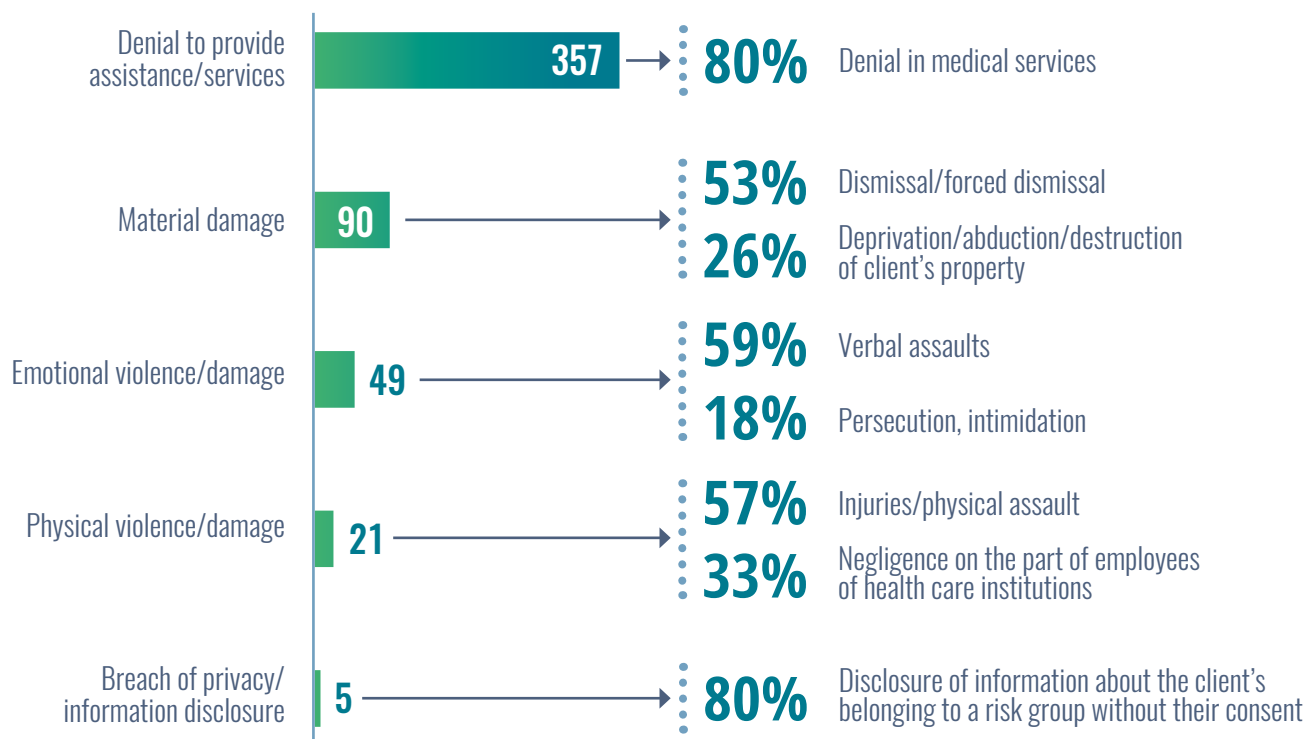


* This does not mean that occupiers violated the rights of TB people more than other representatives of risk groups. The indicator is determined by the REActor's work in temporarily occupied territories, in particular in Kherson city, and interaction with clients who reported such violations.

** It is possible to have several types of perpetrators per case



TYPES OF HUMAN RIGHTS VIOLATIONS OF PEOPLE WITH TB AND KEY TYPES OF INCIDENTS*



Among all types of perpetrators of the rights of people with TB, a third was made up by **employees of state healthcare facilities – 32%, as well as occupiers – 30%**, in particular Russian Federation military, representatives of the occupying state (*police, doctors, social service providers, etc.*), as well as workers who took the side of occupiers in the temporarily occupied territories of Ukraine.

The majority of violations the rights of people with TB cases are related to **denial of service/assistance (357 incidents) and material damage (90 incidents)**.

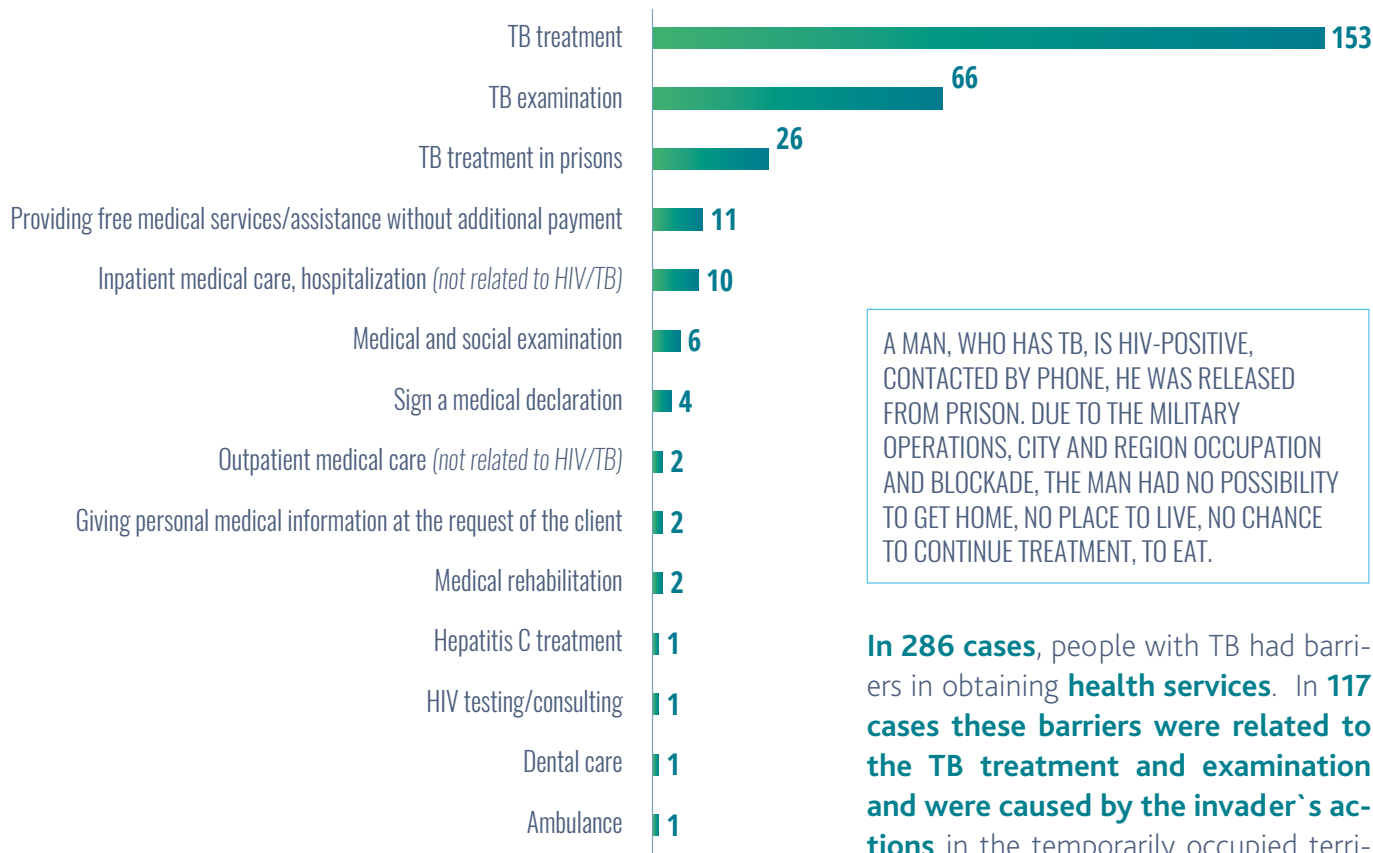
Read more about violations of rights by the occupiers against key communities in the [Rights violations by occupiers](#)



* Several types of rights' violations are possible within one appeal



HEALTH SERVICES PEOPLE WITH TB HAVE BEEN DENIED OF



A MAN, WHO HAS TB, IS HIV-POSITIVE, CONTACTED BY PHONE, HE WAS RELEASED FROM PRISON. DUE TO THE MILITARY OPERATIONS, CITY AND REGION OCCUPATION AND BLOCKADE, THE MAN HAD NO POSSIBILITY TO GET HOME, NO PLACE TO LIVE, NO CHANCE TO CONTINUE TREATMENT, TO EAT.

CLIENT LIVES ON THE TERRITORY OF KHERSON REGION. AS A RESULT OF ENEMY SHELLING, HIS HOUSE BURNED DOWN, ALL HIS DOCUMENTS BURNED IN THE HOUSE. ACCORDING TO THE CLIENT, HE PREVIOUSLY SERVED HIS SENTENCE IN A PRISON, WHERE HE CONTRACTED TUBERCULOSIS. HE HID IN A YARD BASEMENT FOR SEVERAL DAYS AND NOTICED THAT HIS HEALTH HAD DETERIORATED DRAMATICALLY, AND HE HAD RUN OUT OF FOOD AND MEDICINE. ON MARCH 28, 2022, HE APPLIED TO A MEDICAL INSTITUTION, BUT WAS REFUSED MEDICAL ASSISTANCE.

In 286 cases, people with TB had barriers in obtaining **health services**. In **117 cases these barriers were related to the TB treatment and examination and were caused by the invader's actions** in the temporarily occupied territories, in particular Kherson city, where people under the invader's flag were working in healthcare institutions.

Being in the city blockade, clients suffered violations of their rights, lost their housing, personal documents, and other property because of constant shelling, and were deprived of access to vital treatment.

From the side of health workers the barriers were mostly related to treatment and examination for TB, in particular in detention places, provision of outpatient or inpatient treatment, provision of services related to medical and social examination, etc. **Frequent reasons for refusal to provide TB examination and treatment services were** lack of personal documents in the client's, absence of a phthisiologist in a medical institution, lack of drugs.

Violations on the part of state authorities regarding the provision of appropriate conditions for TB examination and treatment have been documented, in particular for persons who cannot move freely due to their health or have significant financial difficulties to travel to another city, the possibility of TB diagnosis is limited (*through mobile groups*).

In the case of turning to a family doctor with **a request to sign a medical declaration**, persons with TB were repeatedly refused, because the doctor "does not know what to do with tuberculosis patients."

Clients faced **a doctor` demand to make a "charitable contribution for the medical service provided."** In case of client's refusal, doctors did not want to provide the examinations results without addi-

tional payment, for example, to issue fluorography images. There are widespread cases when **the possibility of obtaining a MSEK certificate also depended on additional contributions**.

A CLIENT TURNED TO THE REActor FOR HELP IN OBTAINING MEDICAL ASSISTANCE. SHE EXPLAINED THAT THE RADIOLOGIST OFFERED HER TO MAKE A CHARITABLE DONATION FOR THE SERVICE SHE HAD RECEIVED, AND THE CLIENT REFUSED. THEN THE DOCTOR SAID THAT IF SHE DID NOT HAVE CASH MONEY, THEN SHE COULD GO AND WITHDRAW FROM THE BANK CARD THEN THEY WOULD GIVE HER THE IMAGE. THE WOMAN REFUSED, AND THE DOCTOR STARTED ABUSING AND INSULTING HER.

A WOMAN WAS RECENTLY RELEASED FROM A HOSPITAL OF OUTPATIENT TREATMENT OF TUBERCULOSIS AND DECIDED TO APPLY FOR A DISABILITY GROUP AS SHE HAD ALL THE NECESSARY INDICATIONS, BUT HER FAMILY DOCTOR SAID PLAINLY: "I WILL NOT DO ANYTHING FOR FREE." WHEN THE CLIENT POINTED OUT THAT SHE DID NOT HAVE MONEY AND BELIEVED THAT SHE HAD A LEGAL RIGHT TO RECEIVE THE DISABILITY GROUP, AS SHE HAD REAL CHRONIC DISEASES, THE DOCTOR SUGGESTED BORROWING MONEY, AND WHEN SHE RECEIVED THE PAYMENTS, SHE WOULD GIVE IT BACK.

In 47 cases, employers caused material damage. After clients reported that they were taking sick leave due to tuberculosis treatment, or the employer got to know that the employee had been diagnosed with TB, there was **an immediate demand for voluntary resign**.

In 34 cases, occupiers caused material damage to clients with TB, **depriving them of their housing and stealing and destroying personal belongings of clients**.

11.5. MEN WHO HAVE SEX WITH MEN

In **65%** of cases, the perpetrators of the rights of men who have sex with men (MSM) were inner circle, private persons, or other persons, including unknown.

In all types of perpetrators of the rights of MSM, **the inner circle of clients prevailed – 27%, unknown – 24%, the police – 12%**, as well as **employees of state healthcare institutions – 8%**.

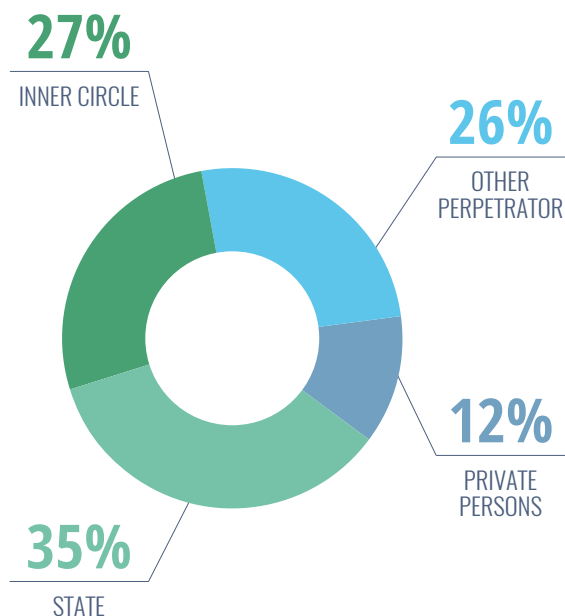
183

APPEALS REGISTERED, AMONG THEM

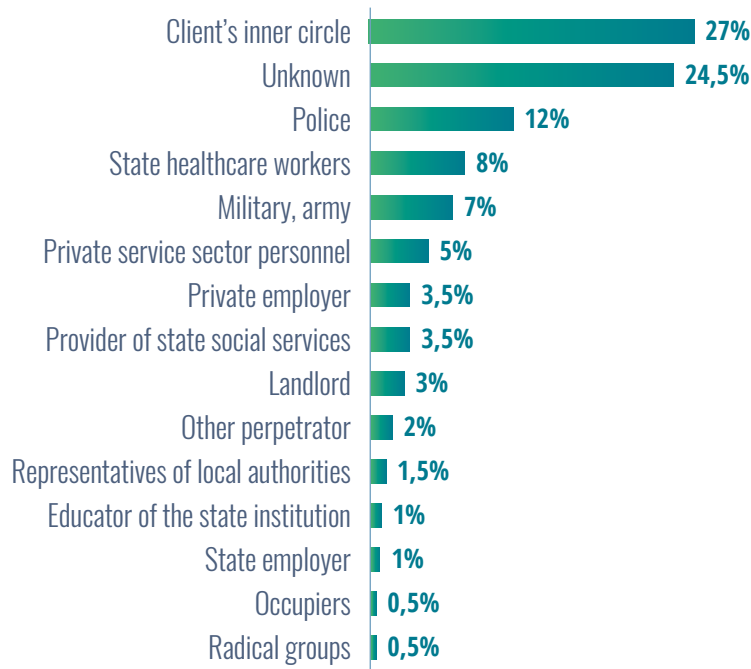
98%

OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION DUE TO THE FACT THE CLIENT WAS A MEMBER OF THE MSM COMMUNITY

TYPES OF PERPETRATORS OF MSM RIGHTS*

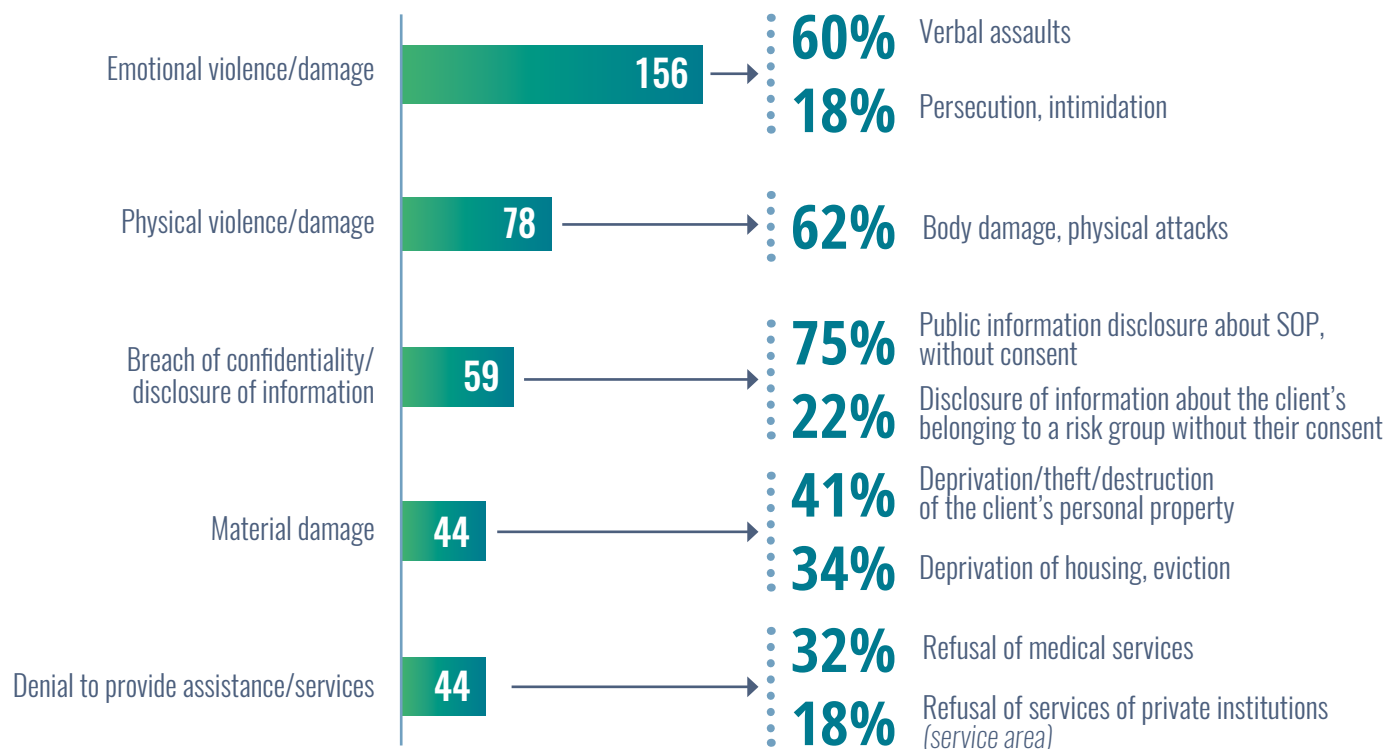


TYPES OF PERPETRATORS OF MSM RIGHTS*



* It is possible to have several types of perpetrators per case

TYPES OF VIOLATIONS OF MSM RIGHTS AND KEY TYPES OF INCIDENTS*



Most of the cases of violation of the rights of MSM are related **to emotional violence (156 incidents) and physical violence (78 incidents)**. Most often, MSM experienced emotional and physical violence from **their inner circle (family)**, as well as **unknown persons**, less often – **employees of state health care facilities, the police, and military**.

Usually, when **family members (parents)** found out about the sexual orientation of MSM (*if they lived together*), they resorted to **verbal insults, moral pressure, violated the privacy of MSM, interfering with personal correspondence, threatened forced treatment in a psychiatric hospital** (*"if you are like this, we will treat you so that you get rid of this sin"*) or **forcibly evicted from the apartment**.

A MSM CLIENT OF TURNED TO REActor WITH A REQUEST TO HELP. DURING THE CONVERSATION, HE SAID THAT UNTIL RECENTLY NONE OF HIS RELATIVES KNEW ABOUT HIS SEXUAL PREFERENCES. HOWEVER, THIS SITUATION CONSTANTLY DEPRESSED HIM, SO HE DECIDED TO COME OUT TO HIS FAMILY. DURING A JOINT DINNER WITH HIS PARENTS AND BROTHER, HE TOLD THE TRUTH ABOUT HIMSELF. PARENTS ARE QUITE CONSERVATIVE PEOPLE, SO THEY IMMEDIATELY TOOK HIS WORDS VERY HOSTILELY. AFTER A SHORT PAUSE, THE FATHER SAID RUDELY: "I DON'T HAVE A SON ANYMORE! WHO DID WE RAISE?! WHY NOT TO GROW UP NORMAL?", AND LATER, DISCUSSING TOGETHER WITHOUT THE CLIENT, THE FAMILY ORDERED HIM TO PACK HIS THINGS AND LEAVE THEIR HOUSE.

* Several types of violators are possible within one appeal

It is common for MSM to seek **dating on social media and mobile apps**, but they encounter **deception, fraud, blackmailing, extortion, and physical violence**.

OUR MSM CLIENT MET A YOUNG MAN ON THE INTERNET. THEY TEXTED AND TALKED FOR A LONG TIME. THE UNKNOWN YOUNG MAN WAS SENDING A PHOTO OF A STRANGER – THIS BECAME CLEAR WHEN THEY MET. OUR CLIENT WAS SURPRISED AND ASKED WHY HE WAS DOING THIS. THE STRANGER CALLED HIM A PERVERT AND STARTED BLACKMAILING HIM, DEMANDING MONEY, AND IN CASE OF REFUSAL, HE THREATENED TO CONTACT HIS RELATIVES AND FRIENDS AND TELL THEM ABOUT HIS ORIENTATION.

V. GOT ACQUAINTED WITH A MAN ON THE GAY DATING APP “HORNET”. THEY TALKED FOR A LONG TIME, EXCHANGED PHOTOS, INCLUDING INTIMATE ONES. LATER THEY DECIDED TO MEET. ARRIVING AT THE MEETING, V. SAW SEVERAL MORE PEOPLE NEXT TO THE PERSON HE HAD ARRANGED TO MEET. THE COMPANY POUNCED ON V., KNOCKED HIM TO THE GROUND AND STARTED ABUSING HIM, NOT LETTING HIM STAND UP, PUSHING HIM, INSULTING A LOT. THEY BLACKMAILED HIM BY A CALL TO THE POLICE AS HE ALLEGEDLY AGREED TO A MEETING WITH A BOY WHO WAS NOT YET 18 YEARS OLD.

MSM also experienced **damage of their property from strangers** based on their sexual orientation, such as car damaging, offensive and discriminatory inscriptions on them and their apartment doors.

Facing harassment and blackmail because of their sexual orientation from strangers, MSM asked for protection from the police, but **the police officers often refused to accept their appeals, mocking, and insulting the victims instead of protecting them**.

The military asked MSM to show their documents and the contents of their smartphones **at checkpoints**. If they found photos and correspondence between men, **MSM were subjected to verbal insults and humiliation, threats of mobilization**.

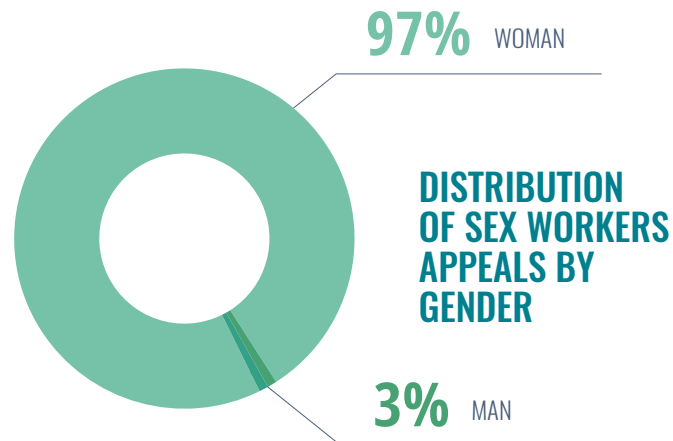
A CLIENT CONTACTED REActor, SAYING THAT HE WAS STOPPED BY A MILITARY PATROL IN KHARKIV, THEY DID NOT INTRODUCE THEMSELVES, BUT STARTED DEMANDING TO SHOW HIS SMARTPHONE CONTENT. FROM MOBILE APPLICATIONS AND CORRESPONDENCE, THEY REALIZED THAT THE CLIENT WAS MSM AND STARTED INSULTING HIM AND THREATENING WITH MOBILIZATION AND VIOLENCE BECAUSE OF HIS SEXUAL ORIENTATION.

Sexual orientation was a reason for **refusing to employ or dismissing MSM**. If the employer and work colleagues got to know the client's sexual orientation, he was subjected to harassment, verbal abuse, and blackmailing.

11.6. SEX WORKERS

In **56% cases** the violators of the sex workers rights were representatives of the state authorities.

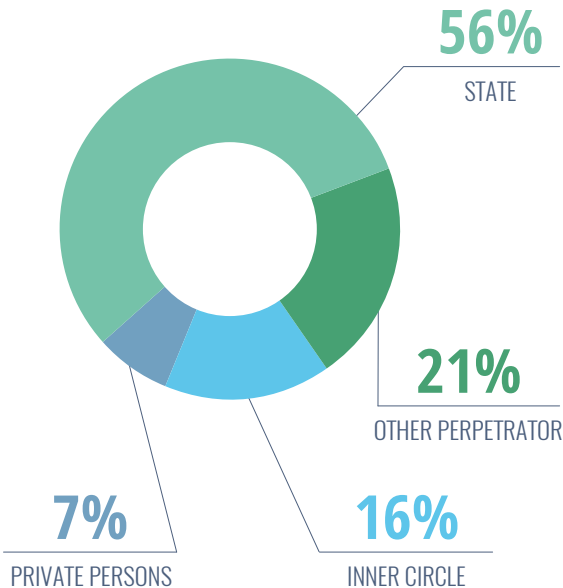
In all types of perpetrators of the sex workers rights prevailed **police – 35%, clients of sex workers – 16% and state health care workers – 12%.**



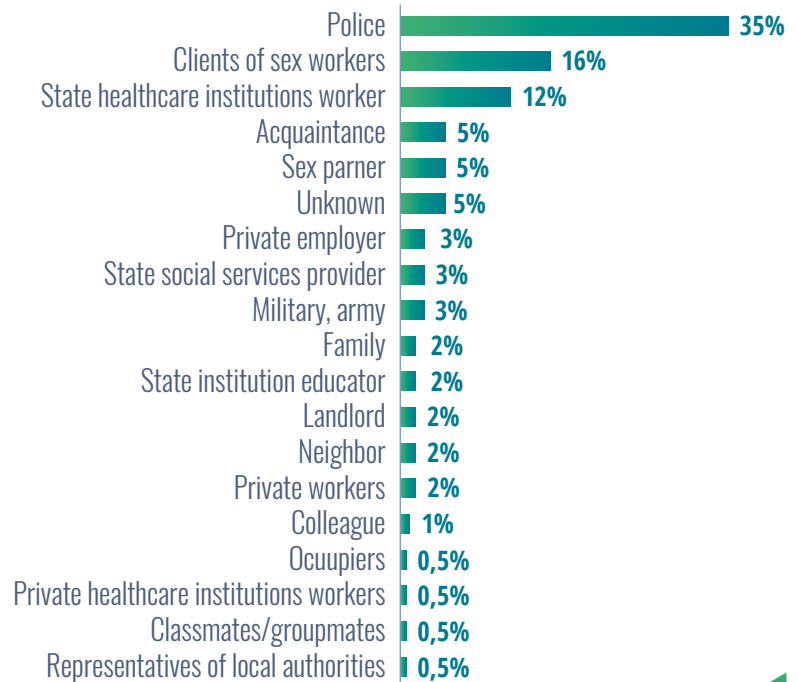
162 WERE REGISTERED

94% OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION BECAUSE OF CLIENT'S BELONGING TO SEX-WORKERS COMMUNITY

TYPES OF PERPETRATORS OF SW RIGHTS*

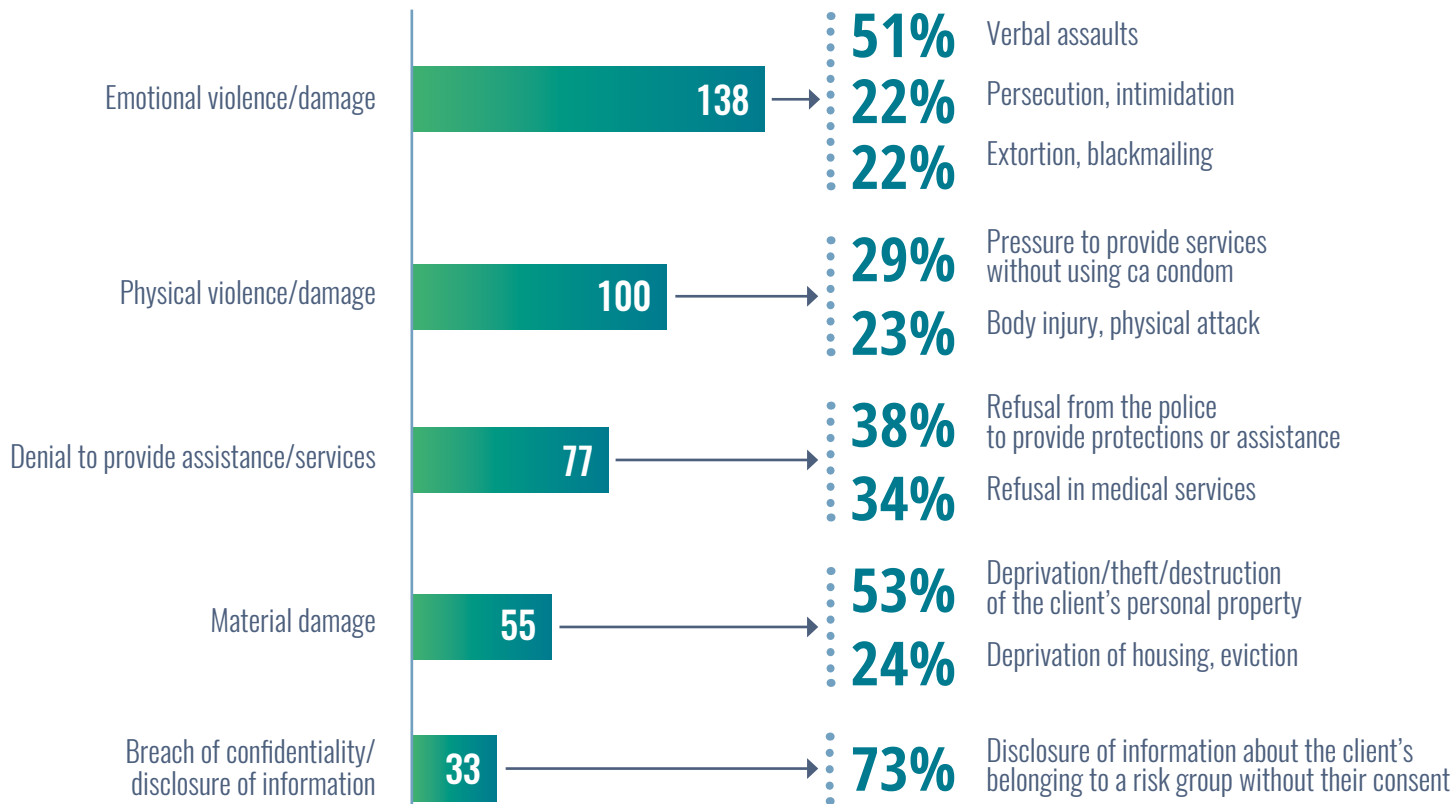


TYPES OF PERPETRATORS OF SW RIGHTS*



* It is possible to have several types of perpetrators per case

TYPES OF HUMAN RIGHTS VIOLATIONS OF SEX WORKERS AND KEY TYPES OF INCIDENTS*



A GIRL HAS BEEN PROVIDING PAID SEX SERVICES FOR THE PAST FIVE YEARS. FOR THE LAST FOUR YEARS, SHE LIVED WITH HER ROOMMATE, WHO KNEW VERY WELL WHAT SHE WAS DOING AND DID NOT OBJECT TO IT. HE DID NOT WORK FOR THE LAST YEAR, WAS VIOLATED WITH THE GIRL. SHE PAID THE APARTMENT RENT. AFTER ANOTHER QUARREL, THE GIRL WANTED TO EVICT HER ROOMMATE, BUT HE STARTED BLACKMAILING, THREATENING TO TELL EVERYONE (HER RELATIVES, THE POLICE) ABOUT WHAT SHE WAS DOING. SHE WAS AFRAID TO CONTACT THE POLICE AND DID NOT KNOW HOW TO SOLVE THE PROBLEM.

Most of the cases of violations of the rights of sex workers are related to **emotional violence (138 incidents)** and **physical violence (100 incidents)**, which were committed by representatives of law enforcement agencies, inner circle (*sexual partners, acquaintances*), clients of sex workers, and unknown.

Sexual partners of sex workers, getting to know about their involvement in sex work, **physically harmed them, blackmailed by depriving of parental rights** if a couple had a child. **In some cases, the income from sex work was the main income of the family, and the man took advantage of it**, threatening to tell others if the woman wanted to change the situation.

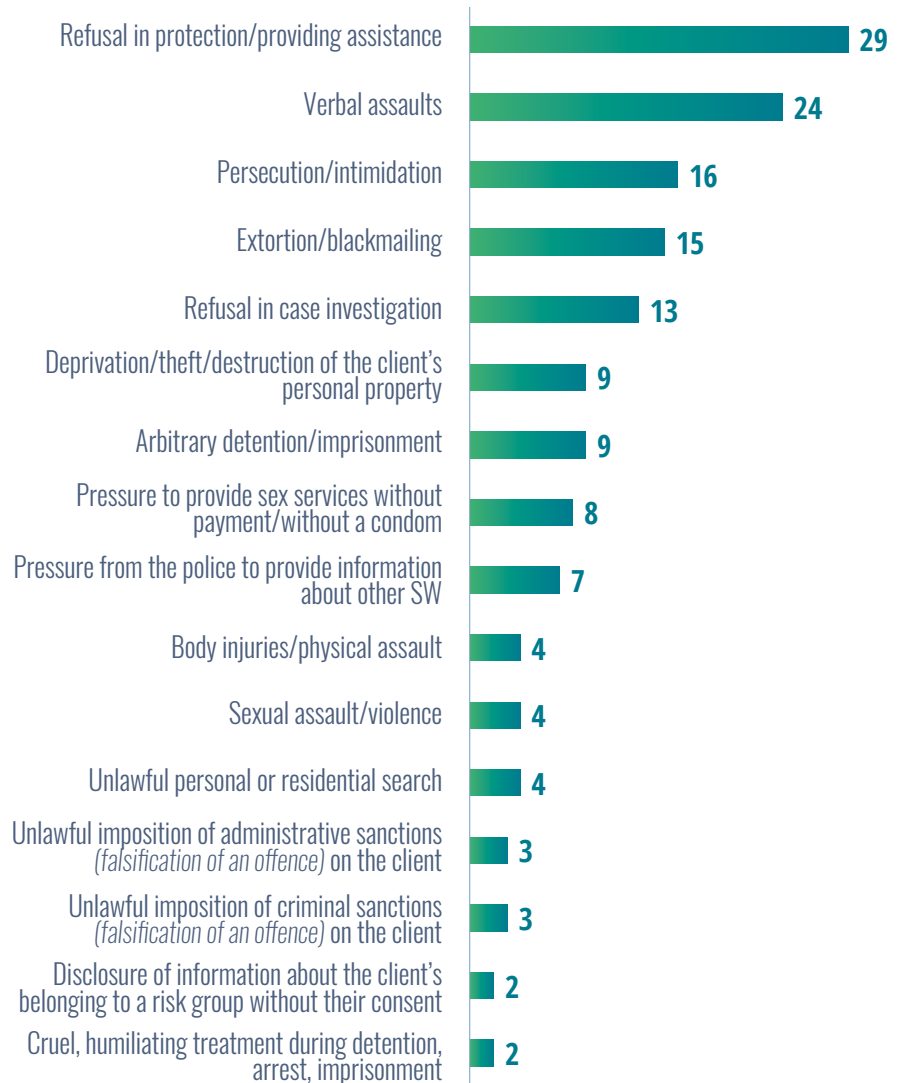
* Several types of rights violations are possible within one appeal

V. PROVIDES SEXUAL SERVICES FOR A FEE. FOR THE LAST TWO MONTHS (MARCH–APRIL), HER UNEMPLOYED PARTNER FORCES HER TO WORK MORE, TAKES THE MONEY SHE EARNS, SETS “RATES”, HOW MUCH SHE MUST BRING HIM AFTER “THE SHIFT”. HE PROVIDES HER WITH CLIENTS. IF SHE DOES NOT BRING SUFFICIENT AMOUNT, HE INSULTS AND BEATS HER, KICKS HER OUT OF THE HOUSE. V. WANDERED AROUND THE NEIGHBORHOOD A FEW TIMES, SLEPT OVER AT THE HOUSE ENTRANCE.

Sex workers` clients often refused to pay for services as was agreed, secretly videotaped the process of providing the services, then **blackmailed with disclosures and demanded money. Cases of forced sex without a condom, use of physical force and rape, including gang rape**, are common. Cases were registered when **sex workers were forced to provide sex services**.

A CLIENT SAID THAT SHE AND TWO OTHER WOMEN WERE IN FORCED SEXUAL SLAVERY WITH A LOCAL TAXI DRIVER WHO KEPT THEM IN HIS PRIVATE AREA AND TOOK ORDERS FOR SEX SERVICES WITH THEIR PARTICIPATION.

TYPES OF VIOLATIONS OF SEX WORKERS RIGHTS BY THE POLICE*



76

CASES WHEN THE POLICE WAS THE PERPETRATOR OF SEX WORKERS RIGHTS

* Number of incidents. Several types of incidents are possible within one client`s appeal

A WOMAN CONTACTED THE REActor AND SAID THAT SHE HAD BEEN RAPED BY AN UNKNOWN MAN WHO PRETENDED TO BE A CLIENT, AFTER THAT GOT PREGNANT. SHE TURNED TO A GYNECOLOGIST BY HER PLACE OF RESIDENCE IN ORDER TO HAVE AN ABORTION. THE WOMAN HONESTLY TOLD THE DOCTOR ABOUT HER OCCUPATION AND WHY SHE DID NOT WANT TO GIVE BIRTH TO A CHILD. BUT THE DOCTOR RUDELY CUT HER OFF: “YOU WILL HAVE SEX FOR MONEY, AND THE STATE MUST PAY FOR YOUR ABORTIONS?!” AND POINTED TO THE DOOR.

SP WORKS ON CALL. SHE CAME TO A CLIENT, BUT SHE SAW THERE FIVE PEOPLE. THE GIRL SAID THAT THEY DID NOT AGREE AND WANTED TO LEAVE BUT THEY DID NOT LET HER GO. FIVE DRUNKEN MEN TOOK TURNS RAPING HER AND DID NOT PAY A SINGLE PENNY. WHEN THE CLIENT TURNED TO THE POLICE, THEY DID NOT ACCEPT HER CLAIM, INSTEAD THEY STARTED MOCKING HER AND SAID THAT THEY WOULD QUEUE TO HER.

POLICE REPRESENTATIVES PAID ATTENTION A SW WOMAN AT THE END OF HER WORKING HOURS. THEY APPROACHED HER, TALKED IN NORMAL WAY AND... TOOK THEM TO THE POLICE OFFICE. HER PHONE AND PURSE WERE SEIZED DURING THE ARREST. THE VICTIM SPENT SEVERAL HOURS IN THE CELL, AND FINALLY IN THE MIDDLE OF THE NIGHT THEY ISSUED HER A FINE AND DECIDED TO LET HER GO. A POLICEMAN APPROACHED HER, HANDED HER PERSONAL BELONGINGS, AND THEN STARTED HINTING THAT THE FINE COULD BE AVOIDED IF SHE GAVE ORAL SERVICE RIGHT NOW. THE WOMAN WAS INDIGNANT, SHE WAS NOT GOING TO HUMILIATE HERSELF LIKE THAT, SO SHE IMMEDIATELY REFUSED.

WHEN HE TURNED TO AN INFECTIOUS DISEASE DOCTOR, HE WAS REFUSED TO GET PREP AND PRELIMINARY DIAGNOSTICS. ACCORDING TO THE MAN, THE DOCTOR WAS NOT SURE THAT HE NEEDED PREP AS HE MIGHT HAVE BEEN MOBILIZED AGAIN IN THE NEAREST FUTURE, SHE ADVISED TO GO THROUGH REHABILITATION AFTER THE INJURY AND NOT TO OVERLOAD THE BODY WITH ADDITIONAL MEDICATION. MEANWHILE SHE ADDED THAT PEOPLE LIKE HIM SPOILT HER STATISTICS AND RECOMMENDED USING CONDOMS AS A MEANS OF PREVENTION.

When sex workers turned for medical services, including consultation with a gynecologist, receiving pre- and post-exposure prevention, testing for HIV and/or STDs, they faced with **disrespect** after telling about their belonging to sex workers community, and **were refused in assistance**.

Experiencing physical violence from clients and their partners, sex workers called the police to the scene, hoping for their protection, but instead of help and protection, the **police representatives mocked, insulted the girls, threatened to apply an administrative article, and ignored the appeal**.

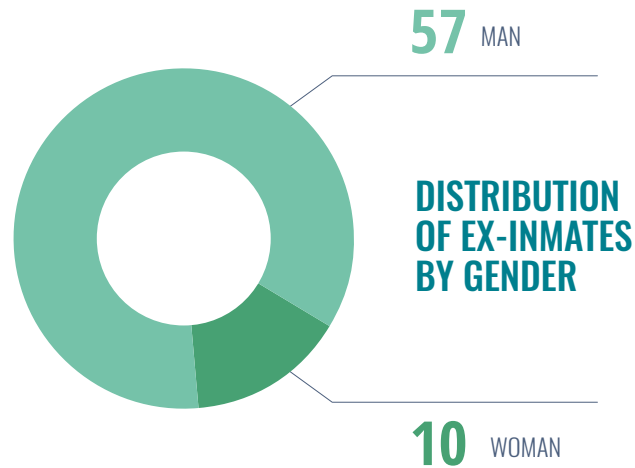
Police representatives offered girls to provide sex services directly at the police station in order to avoid administrative responsibility.

Pretending to be clients, **police officers often entered sex workers` homes, physically harmed them, blackmailed, and forced to have sex**.

A POLICE OFFICER CAME TO A GIRL'S APARTMENT, THREATENED, AND FORCED HER TO HAVE SEX. HE BEHAVED EXTREMELY RUDELY, HIT HER IN THE FACE A FEW TIMES AND FORCED HER TO HAVE SEX. SHE WAS VERY SCARED, SO SHE GAVE IN.

11.7. EX-INMATES

Violators of the rights of persons who had experience of staying in prison were most often **social service workers – 22 cases, penitentiary workers – 17 cases, occupiers – 16 cases.**



67 CASES REGISTERED, AMONG THEM

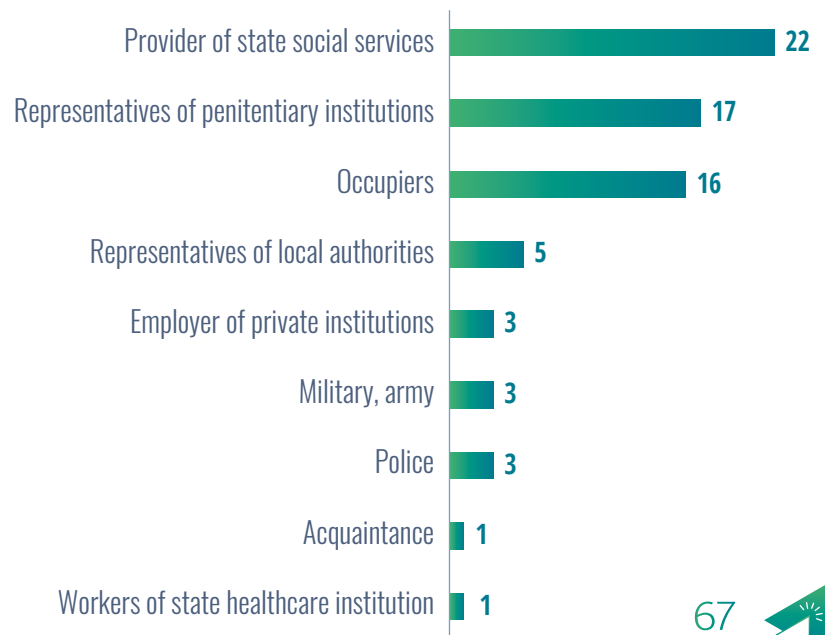
34%

OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION DUE TO THE PAST INCARCERATION

Most of the cases of violation of the rights of people who have experience of being in prisons are connected **with the refusal to provide social services, state social assistance to low-income families, medical services, and temporary shelter.** Clients faced stigmatizing and prejudiced attitudes at the employment centre, **with refusal to facilitate the client's employment due to a criminal record.**

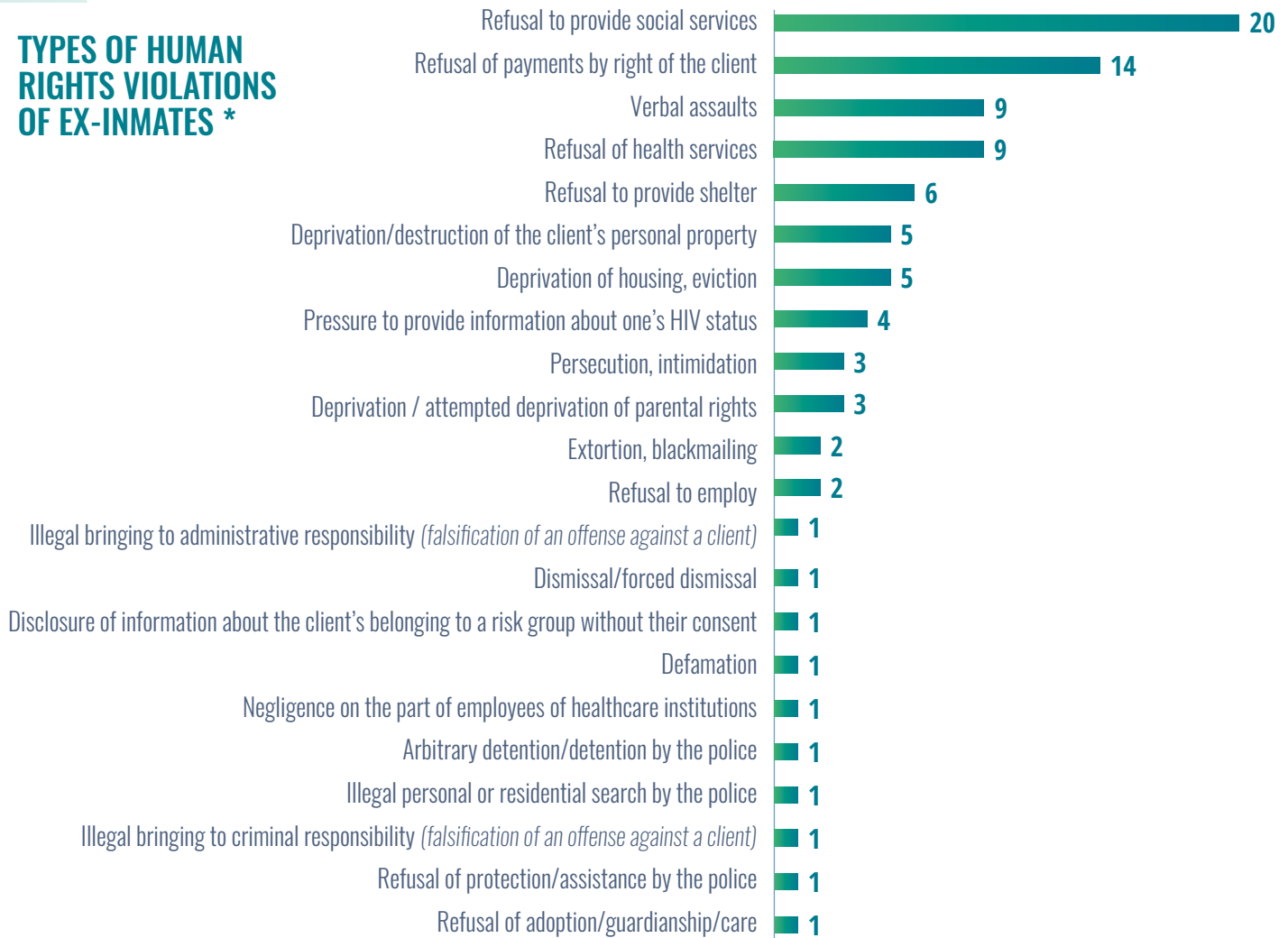
Due to the experience of being in prisons, family doctors **refused to sign a medical declaration** with such persons.

TYPES OF PERPETRATORS OF EX-INMATES RIGHTS*



* It is possible to have several types of perpetrators per case

TYPES OF HUMAN RIGHTS VIOLATIONS OF EX-INMATES *

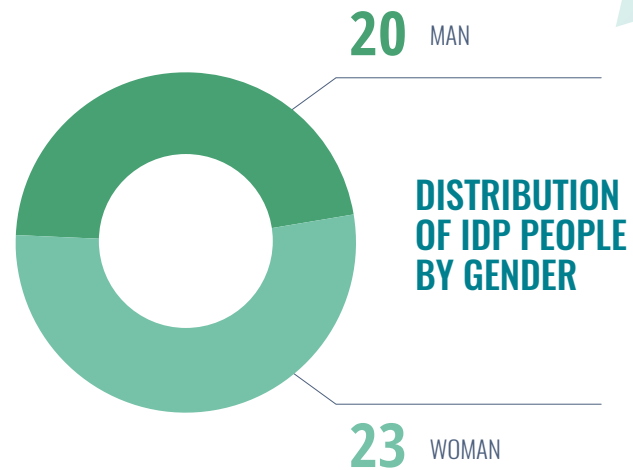


After release, **the clients could not get to their place of residence**, because the state, namely the administration of the penitentiary, did not provide them with the funds for this.

A CLIENT WAS RELEASED FROM THE PENITENTIARY. HE ASKED THE ADMINISTRATION BEFORE HIS RELEASE TO ASSIST HIM IN GETTING TO HIS PLACE OF RESIDENCE BUT WAS REFUSED. THE REASON FOR REFUSAL WAS THAT THE INSTITUTION DOES NOT HAVE FUNDS FOR THIS.

11.8. FORCIBLY INTERNALLY DISPLACED PERSONS

Because of the full-scale invasion of Russia from 24 February 2022, the REAct system also registered complaints of rights violations from internally displaced persons (IDPs) from key communities.

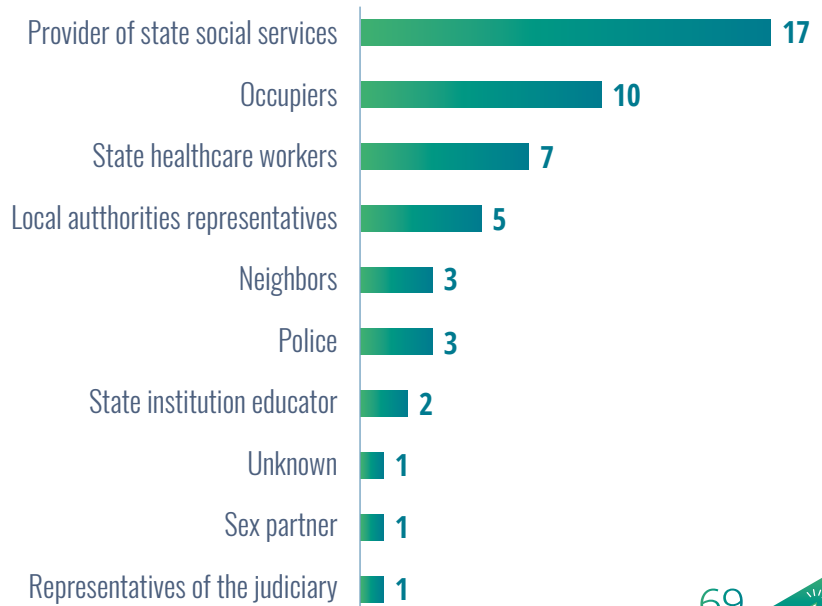


43 CASES OF RIGHTS VIOLATIONS OF IDPS REGISTERED, AMONG THEM

56% OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION BECAUSE OF IDP STATUS

Perpetrators of the rights of IDPs were most often **social service workers, occupiers, employees of state healthcare institutions and local authorities' representatives.**

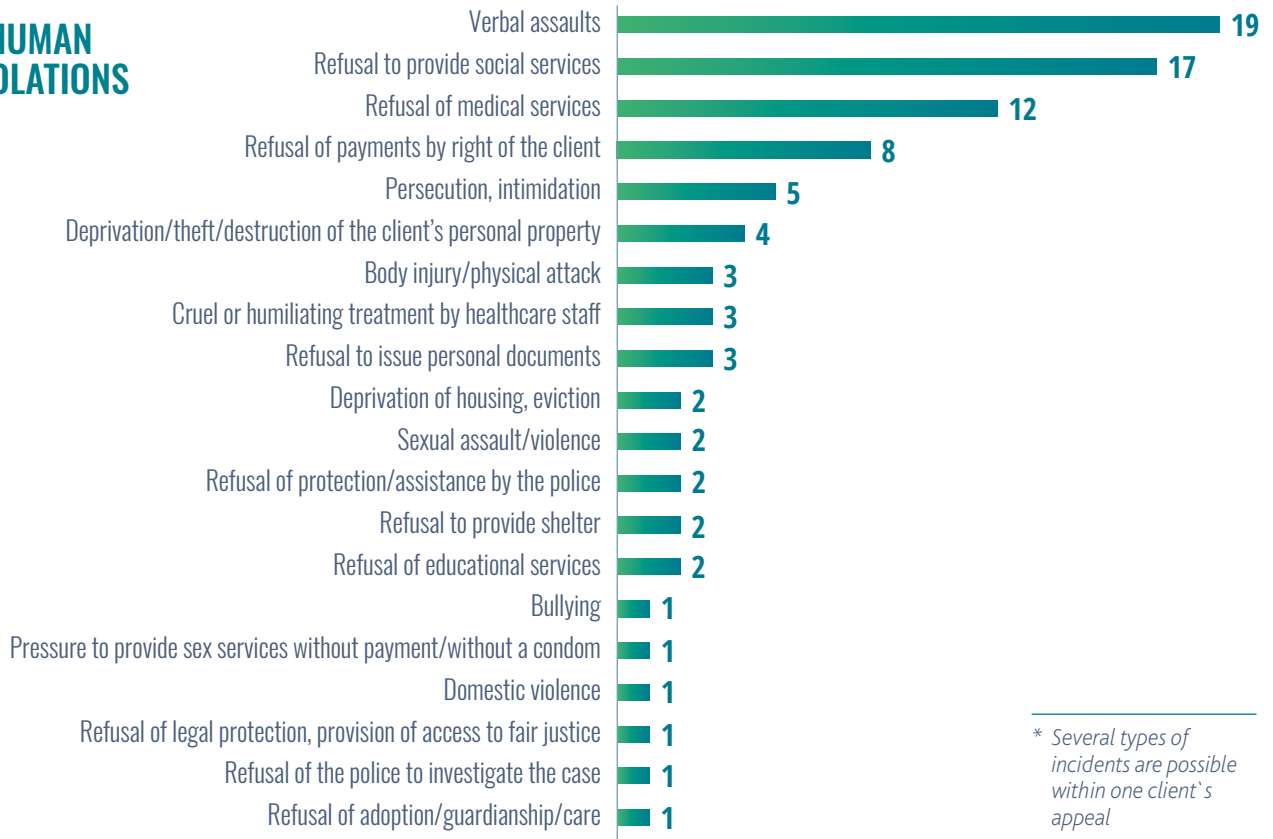
TYPES OF PERPETRATORS OF IDP RIGHTS*



* It is possible to have several types of perpetrators per case

Internally displaced persons from key communities vulnerable to HIV and TB are particularly vulnerable and face additional risks and barriers in access to services and are more likely to face discrimination due to belonging to key communities.

TYPES OF HUMAN RIGHTS VIOLATIONS OF IDP*



* Several types of incidents are possible within one client's appeal

Trying to obtain IDP status in a region of temporary residence, representatives of key communities faced **discrimination due to their belonging to one of the communities from state social institutions representatives.**

Not having all necessary documents, which were lost because of shelling by the occupiers or left behind because of emergency evacuation, IDP clients faced **refusal in obtaining unemployment benefits and registration.**

Clients faced **refusal of medical services because of absence of an IDP certificate** when they needed medical assistance due to health condition.

A MAN TOLD THE REActor HOW HE WENT TO HOSPITAL BECAUSE HE FELT UNWELL AND HAD FEVER, BUT WAS REFUSED IN MEDICAL ASSISTANCE WITH AN EXCUSE THAT THERE WERE NO FREE DOCTORS IN THE HOSPITAL, AND HE WAS ALSO A DISPLACED PERSON AND DID NOT HAD TIME TO GET AN IDP CERTIFICATE BECAUSE HE HAD ARRIVED THE DAY BEFORE. THE MAN FELT VERY UNWELL AND ASKED FOR HELP, BUT HE RECEIVED A DEMAND TO LEAVE THE HOSPITAL IMMEDIATELY.

In some cases, **medical workers offered to “wait for the stabilization of the situation in the country” and then ask for medical assistance.**

While staying at the place of new temporary residence, **the IDPs faced discrimination from their new neighbors** – “they came in large numbers and live on everything ready-made”.

IDPs were also **forcibly evicted from hostels and rented apartments** when information about their belonging to key communities was revealed. The demand to leave was not only dormitory workers, but also from volunteers who provided temporary accommodation in their own apartments.

A IDP MAN MOVED TO KRYVVI RIH WITH HIS FAMILY AT THE BEGINNING OF JUNE, HE RENTED AN APARTMENT, SIGNED A THREE-MONTH CONTRACT, PAID FOR THE FIRST AND LAST MONTHS. HE WAS A PATIENT OF THE OST PROGRAM, SO HE JOINED THE PROGRAM IN KRYVVI RIH AS WELL. ON JULY 4, 2022, THERE WAS AN INCIDENT WITH THE APARTMENT OWNER. HE VISITED THE VICTIM TO GET THE RENT, AND WHILE THE MAN WAS GETTING AND COUNTING THE MONEY, THE OWNER OF THE APARTMENT STARTED LOOKING FOR SOMETHING IN THE LOCKER, HE SAW METHADONE PILLS THERE. HE STARTED SHOUTING THAT HE DID NOT NEED DRUG ADDICTS IN HIS APARTMENT, HE DID NOT RESPOND TO THE MAN’S ATTEMPTS TO EXPLAIN THAT HE WAS A MEMBER OF THE REHABILITATION PROGRAM. A FIGHT BEGAN, THE APARTMENT OWNER HIT THE MAN SEVERAL TIMES. AS A RESULT, THE POLICE WERE CALLED. BUT THE POLICE SIDED WITH THE OWNER, SUGGESTING THAT THE MAN “BETTER PACK UP AND GET OUT OF HERE.”

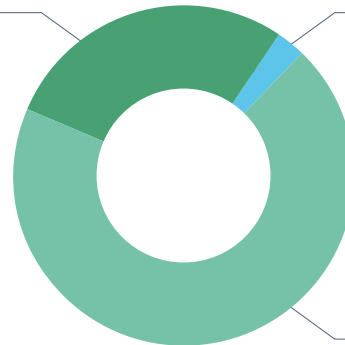


11.9. TRANS*PEOPLE

Perpetrators of the rights of trans*people were **employees of state healthcare facilities – 8 cases, Private service sector personnel – 5 cases, unknown persons – 4 cases, the employer – 4 cases, etc.**

11 TRANS*MAN

1 TRANS*NONBINARY PERSON



27 TRANS*WOMAN

DISTRIBUTION OF APPEALS OF TRANS*PEOPLE BY GENDER

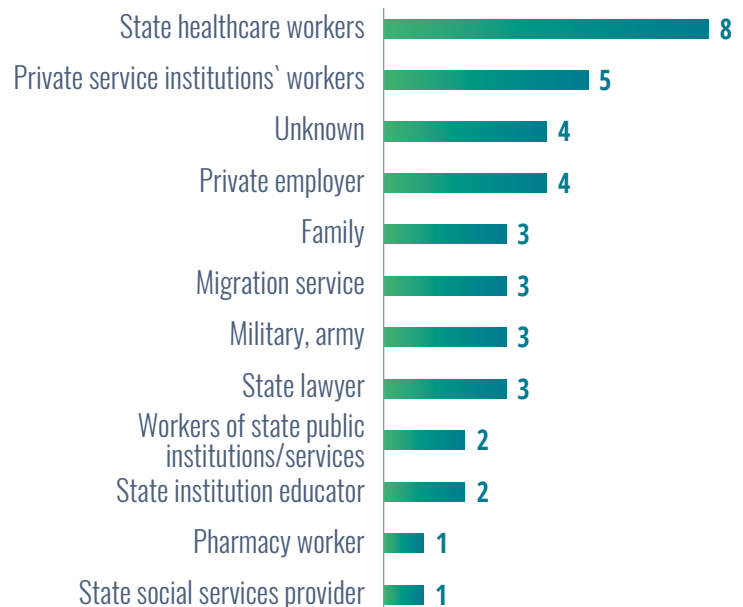
39 APPEALS REGISTERED, AMONG THEM

95% OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION BECAUSE OF THE CLIENT'S BELONGING TO TRANS*PEOPLE COMMUNITY

There were barriers **in transgender transition**, often medical workers did not have sufficient information about the preparation of the necessary certificates.

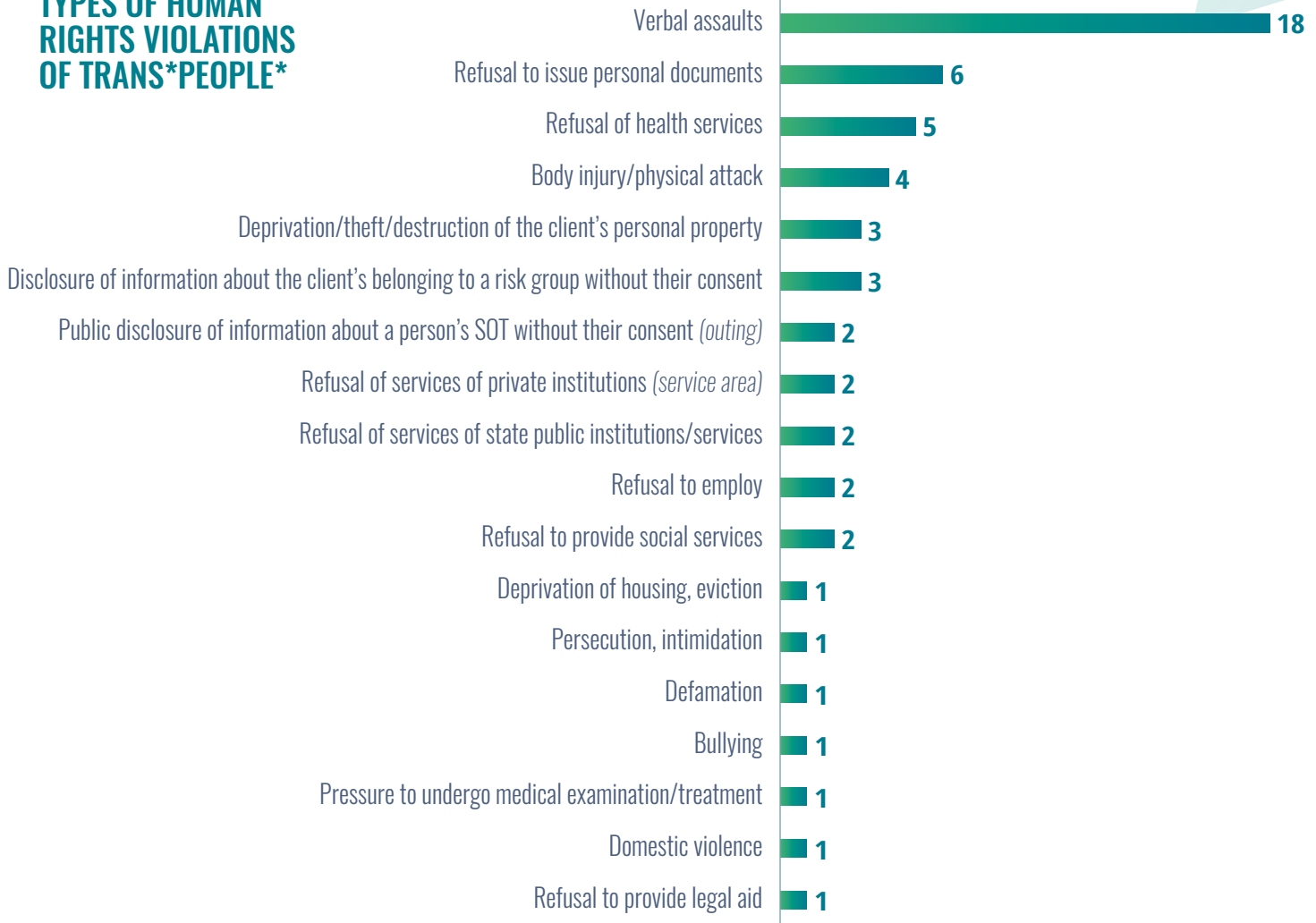
When turning to **an endocrinologist** to start hormone therapy, trans* people **faced a judgmental attitude and a refusal to provide medical advice** and meet the client's need.

TYPES OF PERPETRATORS OF TRANS*PEOPLE RIGHTS*



* It is possible to have several types of perpetrators per case

TYPES OF HUMAN RIGHTS VIOLATIONS OF TRANS*PEOPLE*



When receiving private facilities services, such as gyms, clients faced a violation of their right to use gender-specific areas.

Clients faced **employment rejection because belonging to the trans* community**.

A CLIENT TOLD THE DOCTOR ABOUT HIS DESIRE TO CHANGE SEX AND TAKE HORMONAL DRUGS. HOWEVER, THE ENDOCRINOLOGIST, AFTER LISTENING, SAID THAT HE DID NOT DO THIS. A REMARK FOLLOWED: "THAT'S ALL, BOY, YOU HAVE IT'S PROBLEMS WITH YOUR HEAD, NOT WITH HORMONES. YOU'D BETTER SEE A PSYCHIATRIST. HE WILL HELP YOU FASTER THAN I WILL."

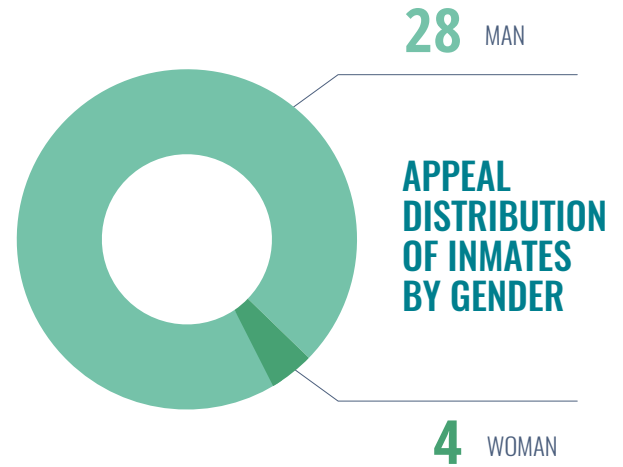
* Several types of incidents are possible within one client's appeal



11.10. INMATES*

In most cases, the perpetrators of the rights of inmates were **representatives of the penitentiary institution – medical workers and administration.**

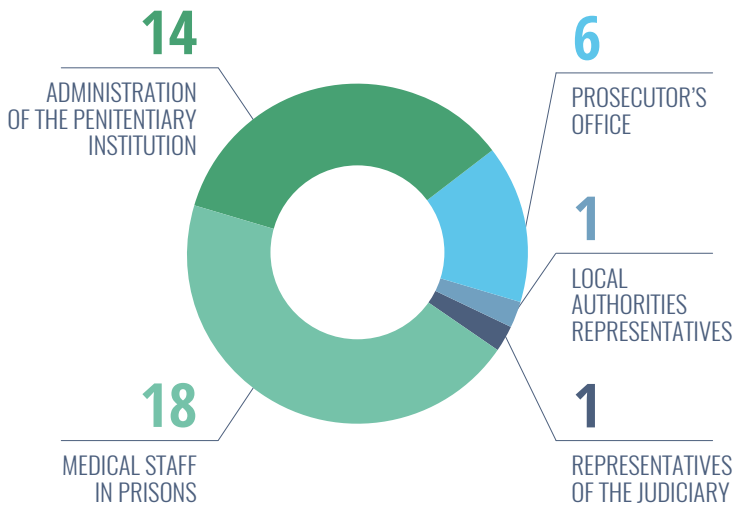
Most of the cases are related to **the refusal to aid/services – 39 cases** were registered.



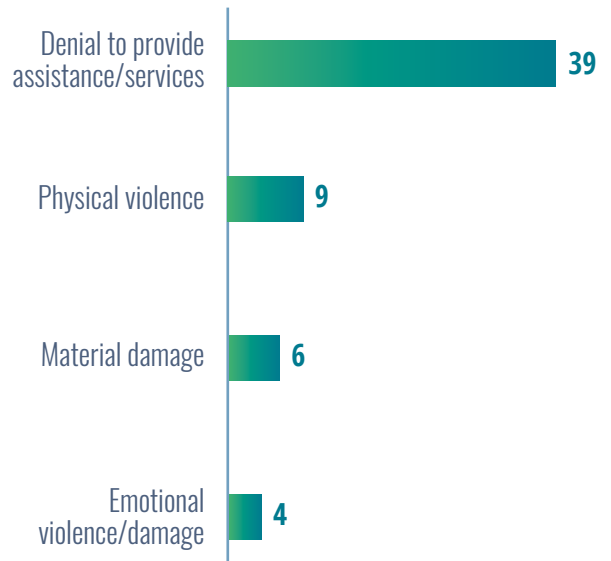
32 APPEALS REGISTERED, AMONG THEM

28% OF CASES HAD SIGNS OF STIGMA AND DISCRIMINATION DUE TO INCARCERATION

TYPES OF PERPETRATORS OF INMATES RIGHTS* **



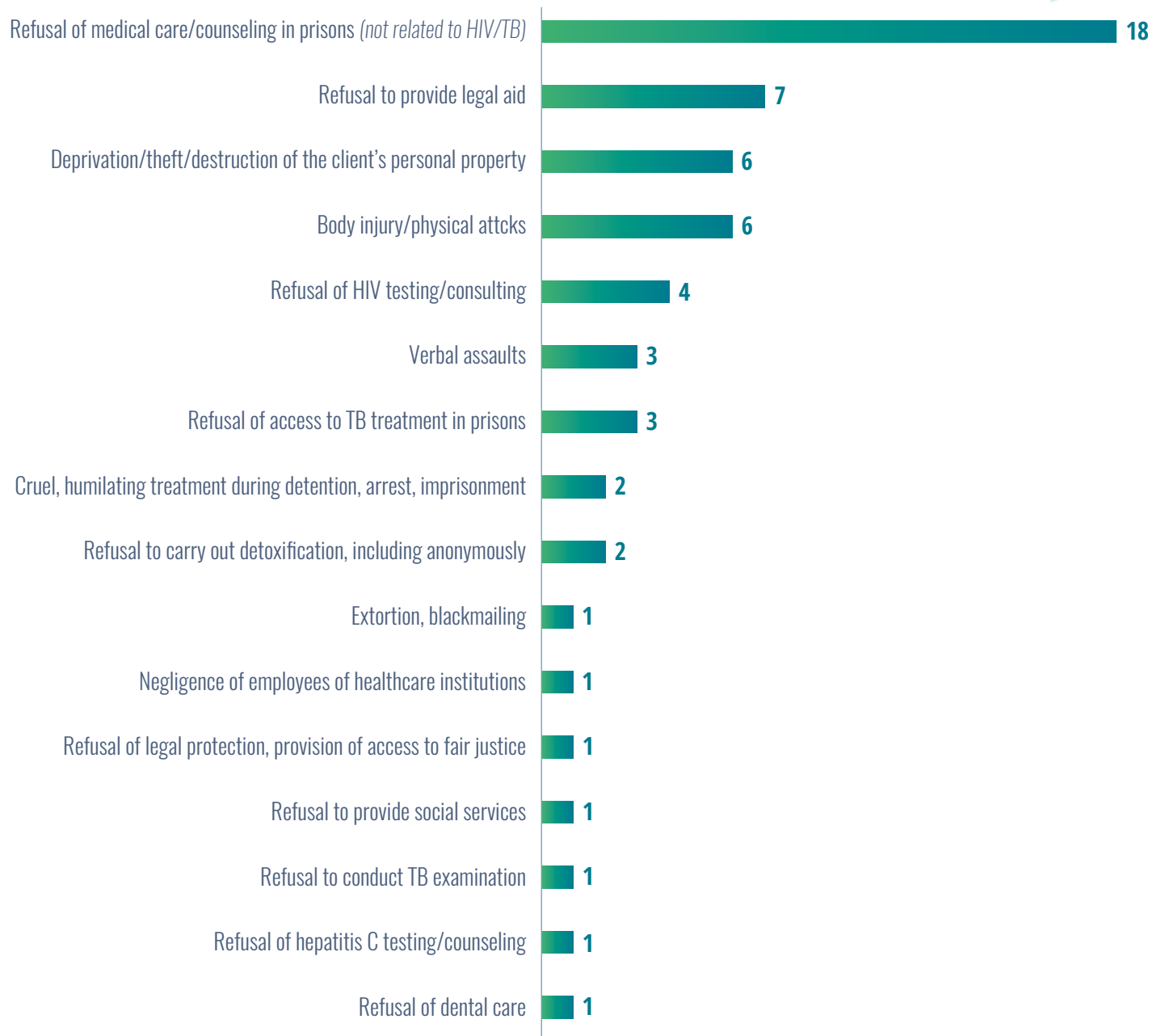
TYPES OF HUMAN RIGHTS VIOLATIONS OF INMATES* **



* It is possible to have several types of perpetrator/violations per case

** Due to the REAct system design, PLWH, OST patients and people with TB among prisoners are discussed in the relevant sections above.

TYPES OF HUMAN RIGHTS VIOLATIONS OF INMATES* **



* Number of incidents. Several types of incidents are possible within one client's appeal

** Due to the REAct system design, PLWH, OST patients and people with TB among prisoners are discussed in the relevant sections above.



Clients turned to the penitentiary institution workers with a request **to get a consultation from a specialist** (*infectious disease doctor, proctologist, gynecologist, etc.*), **to be tested for HIV, hepatitis C**, but received either a **refusal or promises from the staff to provide such services that were not realized without intervention REActors**. Refusal was due to the **lack of the necessary specialists in the institution or their work on part-time basis** – “*the doctor works part-time and rarely comes, so he will consult when he can.*”

Sometimes stigmatizing and inhumane treatment from workers **accompanied the refusal to provide medical care**.

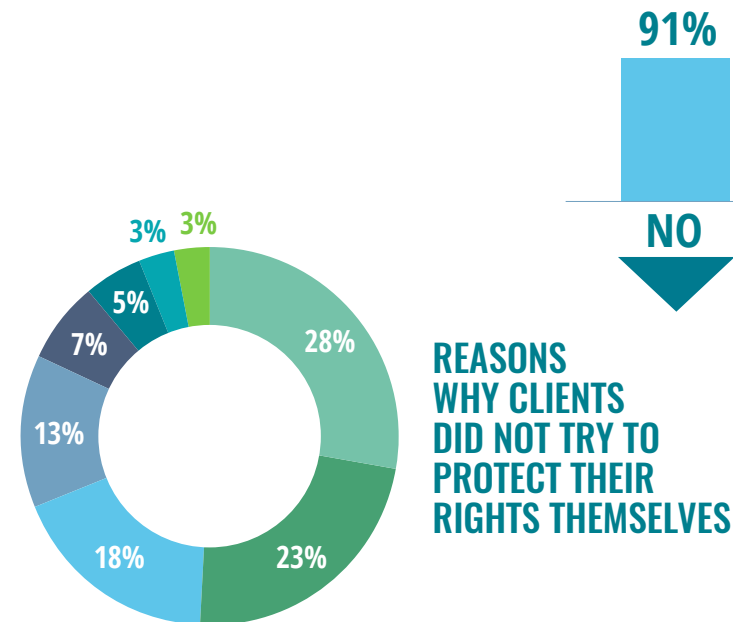
I RECEIVED A CALL FROM A CLIENT WHO IS CURRENTLY IN A PRE-TRIAL DETENTION CENTRE. THE SITUATION IS THAT HE STARTED HAVING COMPLICATIONS WITH HIS PANCREAS. WHEN HE TRIED TO CALL THE DUTY OFFICER FROM THE MEDICAL DEPARTMENT, NO ONE SHOWED UP FOR A LONG TIME, AND WHEN THE PARAMEDIC CAME, HE STARTED INSULTING HIM, CALLING HIM A FINISHED DRUG ADDICT WHO ONLY STARTED TO WORRY ABOUT HIS HEALTH AFTER BEING IN PRISON. HE GAVE HIM SOME KIND OF PILL AND SAID THAT IF HE BOTHERED AGAIN, HE WOULD BE LOCKED UP IN THE PUNISHMENT CELL.

Cases were registered when employees of the penitentiary institution committed **physical violence** against the persons who were there.

ACCORDING TO THE CLIENT, THE EMPLOYEES OF THIS INSTITUTION HARMED HIM PHYSICALLY, THREATENED, INSULTED, MOCKED HIM, AND DAMAGED HIS PERSONAL BELONGINGS. HE WAS NOT GIVEN MEDICAL CARE, ALTHOUGH HE REPORTED THAT HE HAD PREVIOUSLY BEEN TREATED FOR TB AND THAT FAILURE TO PROVIDE MEDICAL CARE COULD TRIGGER A NEW ILLNESS. THE CLIENT REPORTED THESE ACTIONS TO THE PROSECUTOR'S OFFICE, BUT THE PROSECUTOR'S OFFICE DID NOT TAKE ANY ACTIONS TO PROTECT AND RESTORE HIS INTERESTS. ACCORDING TO THE CLIENT, HE IS “PRESSURED” TO “CALM DOWN AND NOT TURN TO ANYONE ELSE”.

12. CLIENTS' ATTEMPTS TO DEFEND THEIR RIGHTS BEFORE APPEALING TO REAct

CLIENT TRIED TO PROTECT THEIR RIGHTS THEMSELVES (before appealing to REAct)



Lack of knowledge about procedures for applying / submitting applications, complaints

Lack of faith in a positive outcome

Fear of disclosure of personal information / unfair or stigmatizing attitude to them

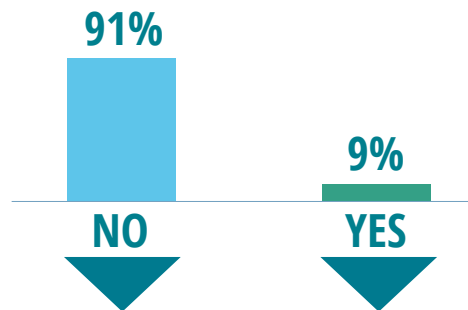
Fear of making appeals, filing statements, complaints

The representative of the institution was a perpetrator of the client's rights

Negative experience of appeals from friends/relatives

Impossibility due to the client's health

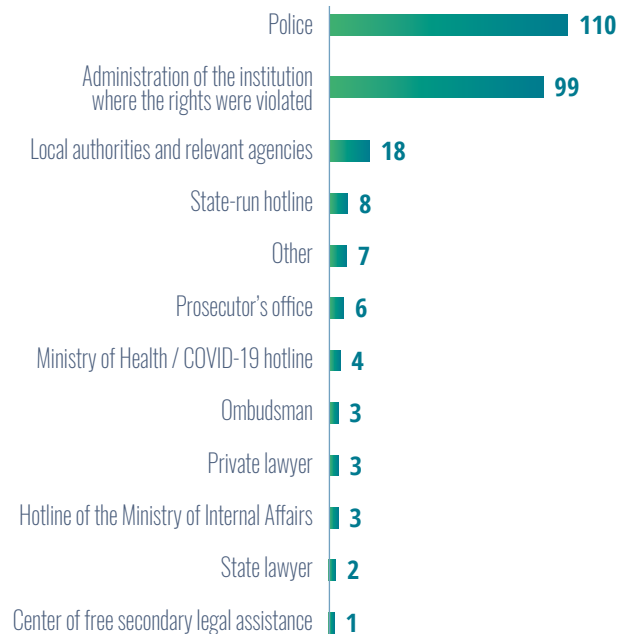
Previous negative experience of contacting institutions to protect their rights



IN **91%**

CASES CLIENTS DID NOT TRY TO PROTECT THEIR RIGHTS THEMSELVES BEFORE APPEALING TO REAct

CLIENTS APPEALED / COMPLAINED TO...*

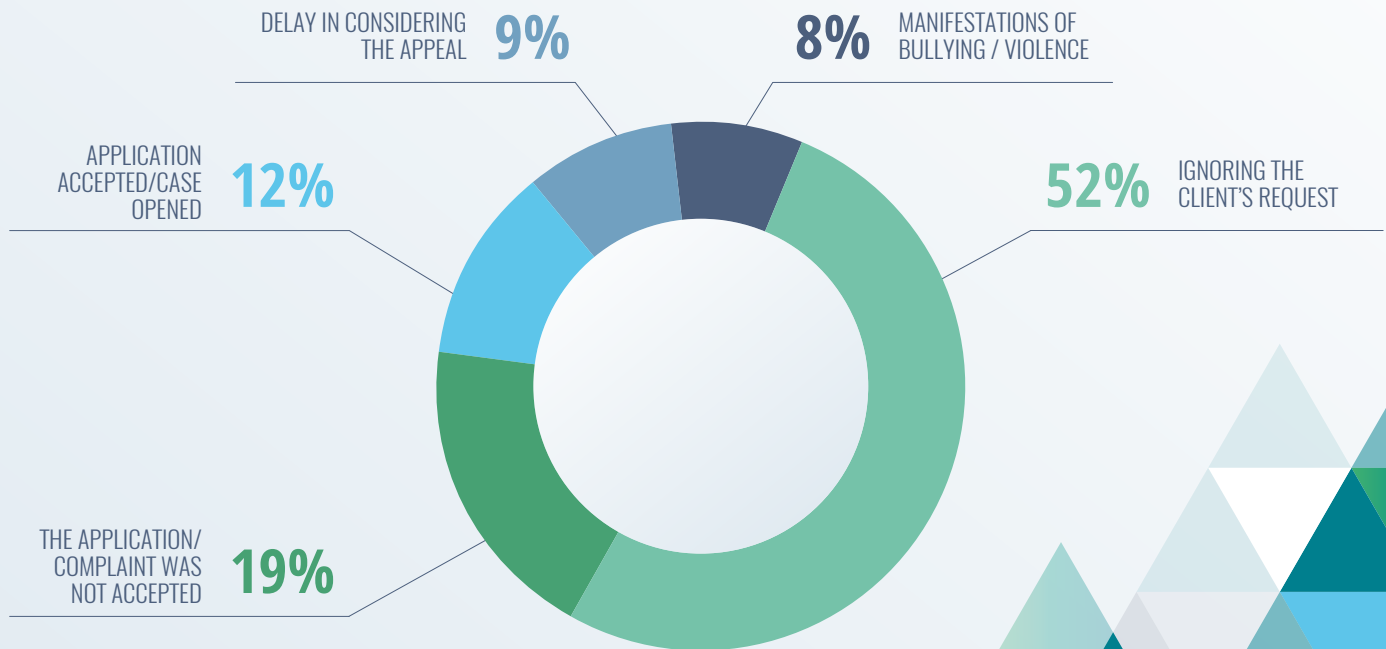


* Number of appeals. Several types of complaints are possible within one client's appeal



Overcoming structural and individual barriers and trying to protect their rights, clients in most cases did not receive adequate response. **The client's appeal was ignored in 52% of cases.**

RESPONSE TO CLIENTS' CASES



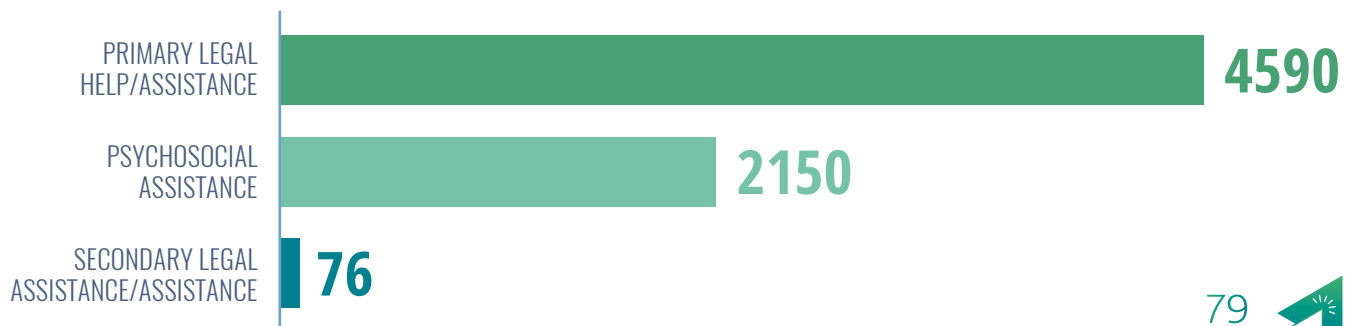
13. REAct RESPONSE TO RIGHTS VIOLATIONS OF CLIENTS

Despite the challenges associated with the war, the capacity of non-governmental organizations to provide services to clients has not changed at all.

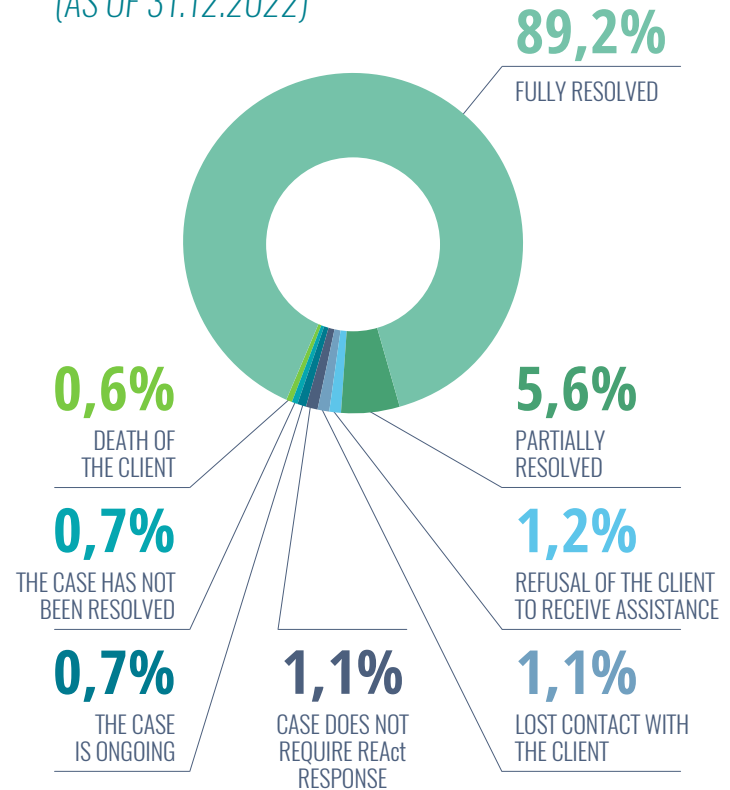
92% OF THE SERVICES WERE PROVIDED TO CLIENTS DIRECTLY AT THE ORGANIZATIONS OF REActors

As part of responding to cases of violation of clients' rights, REActors provided several types of assistance – **primary legal assistance (67.5%)**, **psychosocial assistance (31.5%)** and **secondary legal assistance (1%)**.

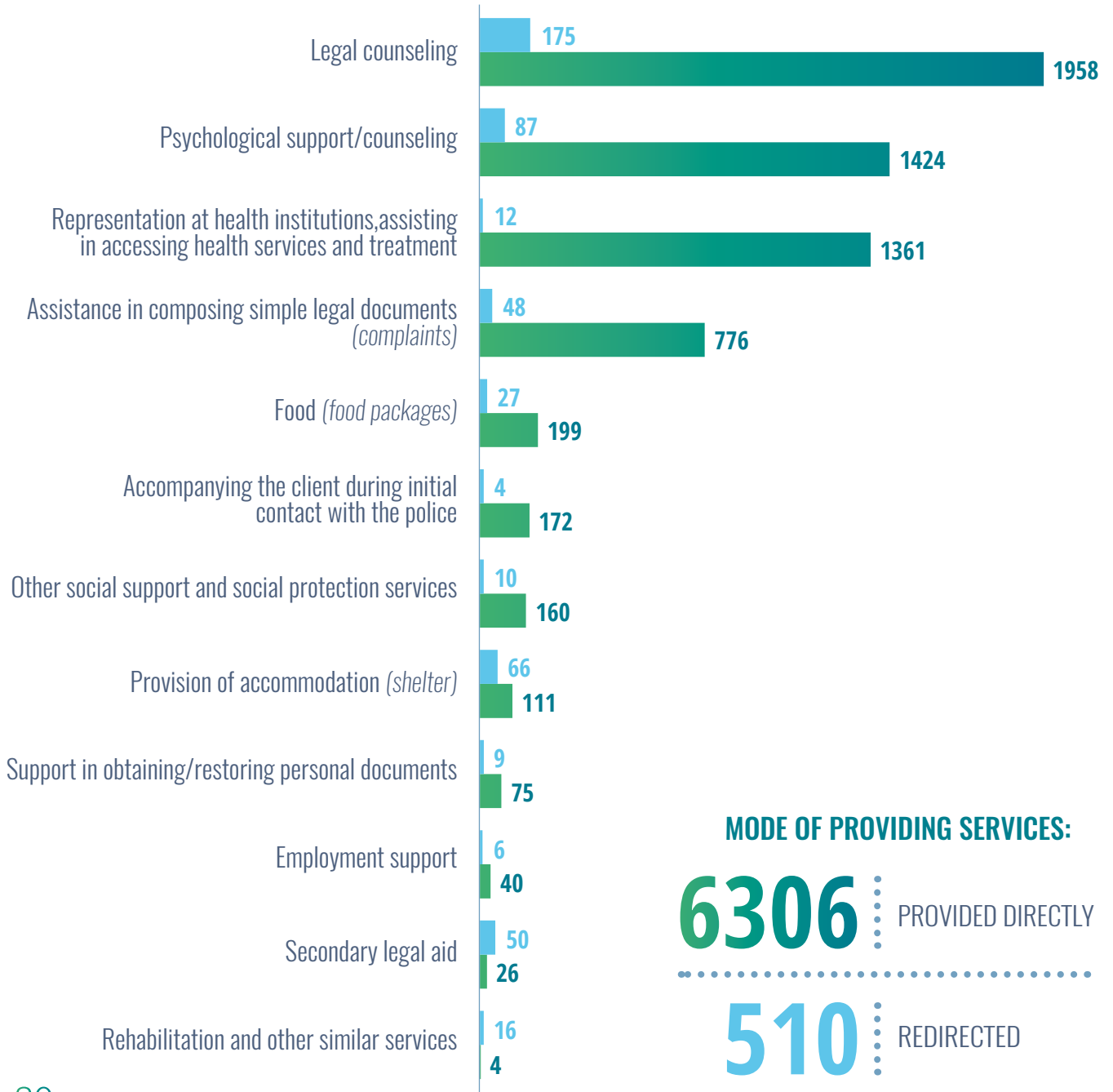
SERVICES PROVIDED WITHING REAct (NUMBER OF SERVICE)



CASE STATUS (AS OF 31.12.2022)



RESPONSE BY REAct



MODE OF PROVIDING SERVICES:

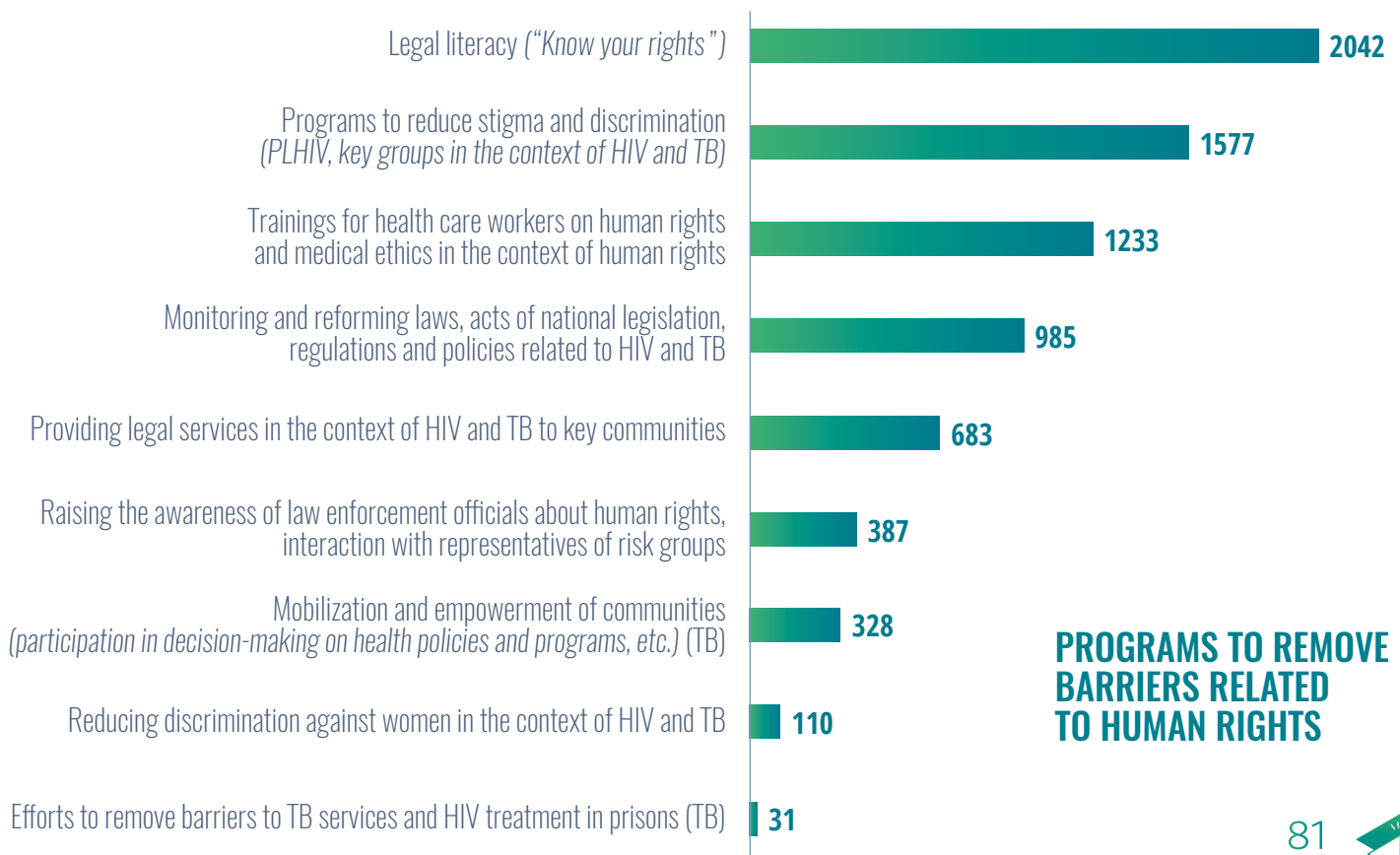
6306 PROVIDED DIRECTLY

510 REDIRECTED

14. PROGRAMS TO ELIMINATE HUMAN RIGHTS BARRIERS

A number of program areas have been recommended by UNAIDS and global partners that can help **address human rights-related barriers to access services in the sphere of HIV and TB.**

As in previous years, according to the results of the cases documentation in 2022 by the REAct system, the most relevant programs are those aimed at increasing legal literacy of representatives of key communities, programs to reduce stigma and discrimination, conducting training events for police officers and medical professionals on the human rights and peculiarities of behavior of key communities, as well as reforming the legislation.



15. CONCLUSIONS

- ▶ The war became a real test and challenge both at the individual level and within the framework of the implementation of the project as a whole. However, thanks to the coordination of efforts and team cooperation, the focus of the REActors and regional coordinators on needs and opportunities, and not on barriers and obstacles, the REAct system worked both in temporarily occupied territories and in blackout conditions.
- ▶ During the year, typical violations of the rights of key communities were registered, which took place in previous years, however, due to the war, new barriers appeared, caused primarily by the actions of the occupiers.
- ▶ The response system to cases of violations of the rights of key communities was successfully adapted to regional realities and proved its effectiveness in meeting both basic needs of clients and protecting the rights of people from key communities.



16. RECOMMENDATIONS

RECOMMENDATIONS FOR REPRESENTATIVES OF CIVIL SOCIETY ORGANIZATIONS, INCLUDING ORGANIZATIONS DOCUMENTING HUMAN RIGHTS VIOLATIONS:

1. Continue regular training for the police on HIV/AIDS prevention, harm reduction, and OST programs, including the right to receive OST and continuity of treatment. It is desirable to conduct such trainings with the involvement of successfully socialized representatives of key groups who, by their own example, can clearly demonstrate the importance of such programs for communities.
2. Continue conducting regular educational trainings for medical workers with the aim of eliminating manifestations of stigma and discrimination in medical practice against representatives of key groups, informing about legal guarantees of treatment and access to medical services, especially in the context of prevention of the spread of HIV/TB, the negative consequences of violating these rights and liability for violations. Such trainings should be conducted with the involvement of representatives of key communities, as well as NGO lawyers.
3. Continue training for representatives of key communities, as well as the distribution of informational educational materials aimed at increasing their legal literacy and highlighting current mechanisms for protecting their rights.



RECOMMENDATIONS FOR AUTHORITIES:

1. Consider the possibility of abolishing criminal liability for possession of narcotics for personal consumption.
2. Contribute to the expansion of harm reduction programs, especially in prisons, to ensure the continuity of receiving ART and OST in temporary detention and pretrial detention centres. Ensure proper access to TB treatment in the penitentiary system.
3. To ensure that the practice of providing general medical care to persons in prisons is brought in line with the requirements of the current legislation of Ukraine, international recommendations, and guidelines, such as the UN Standard Minimum Rules for the Treatment of Prisoners and others, as well as to ensure independent control over this.
4. To take active measures to eliminate negative stereotypes and stigmatization of representatives of key communities (*especially PWID, PLWH, SW, MSM, trans* people*) in the activities of state authorities, including by conducting information and educational campaigns for medical personnel, social workers, police officers and other public officials.
5. To consider the issue of the withdrawal of any types of responsibility for sex work, including administrative responsibility. Develop and implement departmental instructions for police officers on the limited application of criminal prohibitions on actions related to the organization of sex work if there are no signs of human trafficking or exploitation.

6. The Commissioner for Human Rights of the Verkhovna Rada of Ukraine should expand the possibilities of using information on human rights violations of representatives of key communities, documented by human rights defenders and other public organizations that provide support to victims of human rights violations. Forsee the possibility of discussing legislative initiatives to prevent massive and systematic violations of human rights of representatives of key communities.
7. The bodies that control the activities of the police – to take under special supervision cases of illegal actions of police officers against representatives of key communities. During the review of materials, ensure the safety of representatives of public organizations and victims from key communities who report such cases.



REACT PROJECT

REACT PROJECT IN UKRAINE: REGISTERED HUMAN RIGHTS VIOLATIONS OF HIV/TB KEY POPULATIONS AND RESPONSE TO SUCH VIOLATIONS



FEEDBACK STORIES
WITHIN THE
FRAMEWORK REAct

ANALYTICAL REPORT 2022



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