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Service Mapping for HIV Key Populations in Three Oblasts in Ukraine:

ZAPORIZHZHYA, POLTAVA
AND CHERKASY

Kyiv – 2014



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September 2014

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ACRONYMS

AIDS – Acquired Immune Deficiency Syndrome
ART – Anti-Retroviral Therapy
BSS – Behavioral Surveillance Survey
CA – Charitable Association
CF – Charitable Foundation
CO – Civil Organization
ELISA – Enzyme-Linked Immunosorbent Assay
GFTAM – Global Fund for TB, AIDS and Malaria
GIS – Geographic Information System
GPS – Global Positioning System
HCT – HIV Counseling and Testing
HIV – Human Immuno-deficiency Virus
ICF – International Charitable Fund
IEM – Information and Educational Materials
KP – Key Populations
MARA – Most at Risk Adolescents
MSM – Men who Have Sex with Men
NGOs – Non-Governmental Organizations
OCO – Oblast Civil Organization
ODK – Open Data Kit
OPWID – People Who Inject Opiates
OST – Opioid Substitution Therapy
PEPFAR – President’s Emergency Plan for AIDS Relief (Emergency Plan)
PLHIV – People Living with HIV/AIDS
PWID – People who Inject Drugs
QI – Quality Improvement
RSO – Rayon Civil Organization
SO – Society Organization
STI – Sexually transmitted infection
SW – Sex Worker
TB – Tuberculosis
UNAIDS – United Nations Programme on HIV/AIDS
USAID – United States Agency for International Development
WHO – World Health Organization

INTRODUCTION

Ukraine is a country experiencing a concentrated HIV/AIDS epidemic, with key populations including people who inject drugs (PWID), sex workers (SW), men who have sex with men (MSM), sexual partners of people who inject drugs, clients of sex workers, and sexual partners of men who have sex with men. According to the Biological and Behavioral Surveillance Survey conducted in 2013, HIV prevalence is 19.7% among PWID, 7.3% among SW and 5.9% among MSM. While prisoners are not defined as a key population affected by HIV/AIDS by regulatory documents, official data on HIV prevalence among prisoners has been estimated at 12-13% in recent years, providing justified rationale for implementing prevention, care, and support services for this population group. Most at-risk adolescents (MARA) have been considered a high-risk group for HIV infection in Ukraine, although not listed as a key population in the draft of the National AIDS Program for 2014-2018. No data are available on the estimated number of MARA. The latest Behavioral Surveillance Survey (BSS) among MARA was conducted in 2008 and covered only a few oblast capitals in Ukraine. Thus, up to date national HIV prevalence estimations among MARA are not available in Ukraine¹.

Prevention programs are implemented in almost all oblasts of Ukraine, however coverage is inconsistent both among key populations and within regions. According to the “International HIV/AIDS Alliance in Ukraine” 2013 data, prevention services overall covered 63.4% of the estimated number of PWID, 46.9% of SW, and 12.5% of MSM, with percentages varying between oblasts. Prevention programs implemented in Ukraine are mostly funded by the Global Fund to Fight HIV/AIDS, Malaria and Tuberculosis (GFATM). Prevention services for key populations are provided by sub-grantees of key GFATM recipients (International HIV/AIDS Alliance in Ukraine [Alliance] and All-Ukrainian Network of PLWH [Network]) and information regarding these services is available in the reports of these organizations. However, information regarding services provided to key populations by other donors is not as readily available despite their important contribution to the HIV/AIDS response in country. While statistical data on service coverage and information regarding service delivery points are available, there is no single repository for these data at the regional or national levels.

To address this need, a service mapping was conducted by the USAID RESPOND Project funded under the U.S. President’s Emergency Plan for AIDS Relief and implemented by Pact, Inc. in partnership with FHI 360 in Zaporizhzhya, Poltava and Cherkasy oblasts. The data generated from this service mapping will provide key information to help policy makers and program implementers critically analyze and identify potential gaps in service availability and coverage, use data for policy and program planning, and monitor efforts to scale up services.

¹ For the purpose of this report, MARA are considered a subset of other key populations. Services for adolescents from other key populations (PWID, SW and PLHIV) are inclusive of services for MARA..

MAPPING METHODOLOGY

Purpose and Objectives

The purpose of this mapping exercise was to generate maps enabling spatial analysis of the availability of HIV/AIDS services for key populations affected by HIV/AIDS to inform program planning, advocacy, and policy.

Services to be mapped were determined by reviewing the basic package of services for key populations recommended by the President's Emergency Plan for AIDS Relief (PEPFAR), WHO and UNAIDS, as well as basic service packages supported by the Global Fund in Ukraine. These consolidated service packages were first mapped during RESPOND's service mapping conducted in 2013 in five oblasts. Minor modifications were made to these packages for the 2014 mapping. The consolidated packages are available in Annex 1 of this report.

Specific Objectives

- To identify physical presence of HIV prevention, care and treatment services for key populations;
- To visualize and evaluate accessibility of services in different regions as well as their density;
- To conduct a spatial analysis of service availability in comparison with programmatic data and targets on coverage as well as the epidemiologic situation in the regions;
- To assess the decentralization of HIV services (particularly medical care of tertiary and secondary levels);
- To inform key regional and national level partners of gaps in availability of HIV services and encourage use of information to develop recommendations regarding scale up/reformatting services and increase access to them for key populations and people living with HIV.

Data Collection

Data collection was conducted during the period of April 15 – July 18, 2014 in three oblasts simultaneously – Zaporizhzhya, Poltava and Cherkasy. Data was collected in two stages: 1) collection of reference data (addresses of service provision sites) from April 15-25, 2014 and 2) collection of information on services for key populations provided onsite from June 23 – July 18, 2014. Data collection during the second stage was conducted using SAMSUNG Galaxy Tab mobile tablets programmed with the questionnaire. The questionnaire was programmed using Open Data Kit (ODK). ODK is a free platform designed to develop data collection instruments using mobile devices operating on Android².

Data were collected through individual interviews with representatives (key informants,

² More about Open data kit <http://opendatakit.org/about/>

e.g. managers of the organization/project) of government and non-government service organizations. Information gathered regarding the provision of specific services included:

- NGOs with fixed, mobile and outreach routes;
- Pharmacies (for PWID and SWs);
- Medical facilities – Opioid substitution therapy (OST) sites, STI clinics providing STI diagnosis and treatment for key populations (operating under GFATM projects), ART sites, Trust offices, TB clinics, AIDS centers, infectious disease clinics, narcology clinics (inpatient), and youth-friendly clinics);
- Social services sites for family, children and youth; and
- Penitentiary service facilities (penal colonies, juvenile correctional facilities, detention facilities).

Data Processing and Database Development

Use of the Samsung tablets enabled automatic generation of a database for further use for web-based GIS map making. GPS coordinates of all locations of service providers found within the capital city of each oblast were taken using the mobile devices during data collection. For locations of providers and their mobile and outreach routes, we used Google Maps to acquire coordinates of the town centers in which they worked.

Services were categorized into eight main categories:

- Counselling
- Condoms distribution
- Syringe distribution
- Medical services (specific medical services provided for key populations in the healthcare facilities)
- HIV testing
- STI testing
- Referral
- Support for HIV positive (for prisoners)

Please see Annex 2 of the report for additional information regarding service categories.

Mapping Results by Region and Type of Map

Based on the results of mapping for Zaporizhzhya, Poltava and Cherkasy oblasts, interactive maps were developed, namely:

- Geographical service provision by type of facility/service provider;
- HIV and STI rapid testing;

- Services for each key population (distribution of condoms, needle exchange, IEM, counseling, medical services at NGOs, referral services, and OST for PWID);
- Calculation of time of travel to OST, ART and HIV testing (Cabinets of Trust) sites and estimates of the population with access to the sites.

Web-based ArcGIS was used to create the interactive maps. Interactive maps are available by links in this report and on web-site USAID Respond project <http://respond.org.ua/eng/service-mapping>

Data Validation

To assure the quality of data, data validation was conducted, including:

1. Verifying information with service providers by phone (if necessary);
2. Comparing collected data to the reference data and program data of service providers operation in oblasts;
3. Discussing draft maps with regional partners.

LIMITATIONS TO MAPPING

The service mapping is a useful tool for analysis of the existing infrastructure and capacity, and can also be informative for decision makers for planning services. However, there are a number of limitations that should be acknowledged. These limitations and actions taken to reduce their influence are discussed below:

- ***Completeness of information about services and service providers.*** Information collected from service providers was based on the best knowledge of key informants of the existing services provided on each location. There could be memory biases, such as recall bias leading to not mentioning all services that are provided, as well as misattribution, where services suggested by a questioner were mistaken in the memory of respondents. To prevent as many of these types of mistakes as possible, data were validated by re-questioning respondents or comparing data to the data of program monitoring of the Alliance and Network.
- ***Reflection of service availability.*** Information collected from service providers only reflect whether the services are at all available at a particular location. It did not capture information on utilization of services, number of clients receiving services, quality of services, etc. However, secondary data were collected and added to the maps (in the popups windows) helps analysis of the utilization and coverage of services.
- ***Snapshot data.*** All data mapped represent the situation during the particular point of time of June through July 2014. The data, however, are unable to illustrate the dynamics of service infrastructure development. One should note, though, that changes in the number of service providers and services offered are not very dynamic in Ukraine; so data obtained at the point in time of data collection are arguably reflective of the situation for at least several months or even years.
- ***Service provider locations outside the capital city were aggregated by the town or rural rayon where they work.*** It was impossible to identify accurate locations of service provision at the level of towns and villages, as well as accurate addresses at the level of rayon capitals with the help of Google Maps resources. Thus, the maps present services with a detailed and more accurate geographical location only at the level of oblast centers and some cities. In other cases, services available at the level of towns and oblast rayons were grouped and are presented on the map as one localization (coordinates of main streets of rayon capitals). In cases where multiple organizations operate in one town, displaying the data in aggregate helps avoid oversaturation of the data and standardizes the presentation of information.
- ***Mapping of outreach and mobile ambulatory routes at the level of microrayons of the cities and rayons of oblasts.*** To ensure confidentiality of mobile ambulatory and outreach routes, only microrayons of the cities (streets or street intersections) and rayons of oblasts where these services are provided were mapped. This is done for the reason of protecting information regarding places where key population members gather. Generally, maps give an idea about the utilization of services and will be useful for estimation of key populations' coverage.

- ***Limitation of information on medical services provided on a general basis for all populations.*** The primary objective of this exercise was to map specific services provided to key populations, including people living with HIV and AIDS. Therefore, information regarding all medical services (such as diagnosis and treatment of TB, STI, drug clinics, and diagnostic laboratories for the general population) were not collected for this exercise. Instead, mapping was conducted at medical facilities where specific services for key populations are provided (within GFATM projects).
- ***Calculation of accessibility of services on maps and calculation of time to reach the ART provision sites was performed based on total oblast population, not the number of PLHIV.*** To calculate spatial accessibility of ART services, the calculation was performed based on the total oblast population, not the number of PLHIV, as maps are intended to show the accessibility of services, despite where the users of such services live.

Calculating the number of PWID for reaching MAT site within 30 and 60 minutes. In order to estimate the population of PWID who inject opiates (OPWID) who have access to a service within a 30 or 60 minute travel time, we took the percentage of the area of each rayon that was covered by the travel time areas from each MAT center, and took the same percentage of the number of OPWID living in that rayon. We recognize that OPWID are not equally distributed throughout a rayon, but we take this approach to provide some kind of estimate of the coverage. For example: for Cherkasy, we estimate that 52% (5,983) of PWID who inject opiates in oblast are covered by the 30-minute travel time areas; and about 75% of OPWID in the oblast are covered by 60 minute travel time areas, or about 8,344 OPWID.

SECTION 1. ZAPORIZHZHYA OBLAST

Background

As of March 1, 2014, the total population in Zaporizhzhya oblast was 1,775,400, with 1,365,000 (77 %) living in urban cities.

Epidemiological Situation

As of January 1, 2014, Zaporizhzhya oblast had the 15th highest number of newly registered HIV cases (34.0 per 100,000) and the 7th highest number of deaths attributed to AIDS (6.8 per 100,000) in Ukraine. Currently, there are 3,565 registered people living with HIV (PLHIV), including 1,312 PWID and 212 children born to HIV-positive mothers (56 with confirmed HIV positive serostatus). Of the registered PLHIV, 917 have been diagnosed with AIDS. About one-third (32 % or 387) of AIDS patients who were diagnosed in 2013 are co-infected with TB. The percent of pregnant women found to be HIV-positive is 0.21% with the rate of mother-to-child transmission being 2.35%. The dominant mode of HIV transmission is sexual transmission (55.5%), followed by intravenous transmission (26.4%). As of January 1, 2014, 1,456 people have been initiated on ART.

In Zaporizhzhya oblast, there are an estimated 11,700 PWID, 2,500 SWs, and 5,600 MSM. Biological and Behavioral Surveillance data (2013) found prevalence among key populations to be 2.2% among PWID, 7.2% among SWs, and 4.6% among MSM. As of August 1, 2014, 274 OPWID were enrolled in OST, 37% of whom are HIV-positive; of those HIV-positive, 80% were initiated on ART.

Service Availability and Access

HIV and STI testing services

HIV testing is available at Trust offices (30 sites providing, ELISA testing) and sites of the PLHIV Network (providing rapid testing) in Zaporizhzhya oblast. HIV rapid testing services provided by PLHIV Network are primarily clustered in Zaporizhzhya city where HIV testing by rapid tests is available to PWID, SW, MSM, and MARA populations and Melitopol city where services are only available for PWID. HIV ELISA testing at Trust offices is available in all rayons of Zaporizhzhya oblast (26 sites in the oblast). According to spatial modelling, about 84% (1,509,506) of the population can reach the Trust offices for HCT within 30 minutes, and 95% (1,713,420) can reach them within 60 minutes.

Six medical facilities provide STI testing services in Zaporizhzhya, Melitopol and Berdyansk cities. STI rapid testing for PWID, SW and MARA are also available at two sites in Zaporizhzhya and one site in Melitopol. Rapid STI testing for MSM is available only at one site in Zaporizhzhya.

HIV Treatment Services

As of July 1, 2014, there were five ART sites in Zaporizhzhya oblast³ with 1,642 patients enrolled in treatment⁴. Using spatial modelling, we estimate that about 65% (1,142,688) of the population can reach the ART sites within 30 minutes, and just over 80% (1,428,837) can reach the sites within 60 minutes.

PWID Services

HIV prevention services for PWID including needle exchange, counseling, condom distribution and referrals are available at NGOs sites in the Zaporizhzhya oblast. There are five NGOs in the oblast that provide services for PWID: "Spodivannya" (branches/representatives in Zaporizhzhya, Enegrodar and Berdyansk cities), "Vsemozhyvo" (Melitopol city), "Pravo na zhyttia – Zaporizhzhya" (Zaporizhzhya) and PLHIV Network (branches/representatives in Zaporizhzhya and Melitopol). Comprehensive services including needle exchange and condom distribution are available only in one site in Zaporizhzhya City and one site in Melitopol city. Several sites within the oblast offer needle exchange, counseling, and referrals. In all rayon centers, services on counseling and referrals are available at the sites of Red Cross in Zaporizhzhya oblast. Medical services for PWID are also available in Zaporizhzhya, Melitopol and Berdyansk cities. Weak representation of services for PWID in the oblast resulted in low coverage – only 23% of the estimated number of PWID were covered in 2013 (2,886 PWID).

OST (primarily MAT) is available at five sites in Zaporizhzhya oblast. According to spatial modelling, only about 68% (5,515) of PWID who inject opiates (OPWID) in the oblast are covered by the 30-minute travel area and 75% (6,055) of OPWID in the oblast are covered by the 60-minute travel time areas. As of August 1, 2014, there were 256 MAT clients in the oblast reflecting only 10% coverage compared to the goal of 30%.

SW Services

Only one NGO in Zaporizhzhya oblast, CF "Spodivannya", provides services for SWs. Availability of HIV prevention services for SWs, including condom distribution, counseling and referral is restricted to Zaporizhzhya and Melitopol cities. This has resulted in only 19.2% (481) of the estimated number of SWs being covered by prevention services in 2013.

MSM Services

Only one NGO in Zaporizhzhya oblast, "Gender-Z", provides services for MSM. Availability of HIV prevention services for MSM, including condom distribution, counseling

³ Ukrainian Center for Disease Control, Information regarding the number of patients who are under medical supervision and ART at each site. Accessed at: <http://ucdc.gov.ua/attachments/article/1127/%D0%A1%D0%B0%D0%B9%D1%82%D0%B8%20%D1%81%D1%82%D0%B0%D0%BD%D0%BE%D0%BC%20%D0%BD%D0%B0%2001.07.02014.pdf>

⁴ Ukrainian Center for Disease Control, Information regarding the number of patients who are under medical supervision and ART at each site. Accessed at: http://ucdc.gov.ua/attachments/article/966/%D0%90%D0%A0%D0%A2%20_%D1%81%D1%82%D0%B0%D0%BD%D0%BE%D0%BC_%D0%BD%D0%B0_01.07.2014.pdf

and referral is restricted to Zaporizhzhya city. Medical services for MSM are also available in Melitopol and Berdyansk cities in addition to Zaporizhzhya City. In 2013, 22% (1,225) of the estimated number of MSM were covered by prevention services in the oblast.

PLHIV Services

There are two service providers for PLHIV in Zaporizhzhya oblast – Network of PLHIV and CO “Vse mozhlyvo”. Availability of HIV services for PLHIV, including care and support, condom distribution, counseling, referral and medical services is restricted to Zaporizhzhya and Melitopol cities. Counselling is available in every oblasts’ rayons through Red Cross offices. In Bendyansk City, care and support services and counselling for PLHIV are available at the regional site of Red Cross; medical services for PLHIV are provided at City AIDS Center. In 2013, 48% (1,694) of the officially registered PLHIV were covered with care and support services in Zaporizhzhya oblast in, including 55% (939) of males and 45% (755) of females.

Prisoner Services

Services to prisoners are provided by the PLHIV Network in Zaporizhzhya oblast. Services for prisoners are limited to counselling and support of HIV-infected prisoners at only two of the 11 prisons in Zaporizhzhya oblast. In 2013, 2,530 total prisoners were covered by prevention services by these two prisons.

Aside from in Orihiv rayon (Kamyshevaha village) OCO “Florens” provides counselling and support to PLHIV attending the school of social rehabilitation for boys.

MARA Services

Services for MARA are provided by the PLHIV Network and “Vse mozhlyvo” in Zaporizhzhya Oblast. Availability of HIV prevention services for MARA, including counseling, referral and medical services are restricted to Zaporizhzhya and Melitopol cities. In Zaporizhzhya, condoms are also available for MARA. In Berdynansk, only medical services can be provided for MARA at local medical facilities. As of January 1, 2014, 391 clients from MARA group were covered by preventive services in Zaporizhzhya oblast.

Conclusions and Recommendations

Results from the service mapping in Zaporizhzhya oblast indicate that availability of rapid HIV and STI testing services are limited. However, there is a network of Trust offices where testing by ELISA is available for the general population and key populations. According to modelling, the vast majority of the oblast’s population can reach an HCT site (Trust office) within 30 minutes.

Availability and coverage of HIV prevention services varies by the key population group. While HIV prevention services for PWID are generally offered in various cities in Zaporizhzhya oblast, most sites do not offer the complete package of services including needle exchange, condom distribution, counselling and referral. Comprehensive services for PWID are available only in Zaporizhzhya and Melitopol cities. This shows the need to scale up services to enable all sites serving PWID to offer a comprehensive package of high quality HIV prevention services.

While OST services are accessible within 30 minutes of travel time by an estimated 68% of the OPWID in the oblast, only 10% of OPWID were covered by MAT services. More efforts need to be made to address the gap between accessibility, coverage, and utilization. Such efforts could include scaling up the number of services sites, conducting formative analysis to identify specific barriers PWID face in accessing and utilizing services, and/or using quality improvement methods to test programmatic changes aimed at increasing service coverage. Population size estimation and mapping exercises would aid in identifying and prioritizing where new sites should be initiated and/or where service coverage can be scaled up in existing sites.

HIV prevention services for SWs and MSM are primarily offered in Zaporizhzhya and Melitopol cities. Coverage of prevention programming remains low for both population groups. Where services are available to SWs and MSM, they are generally comprehensive. SWs and MSM population size estimation and mapping exercises would be useful to determine hotspot locations relative to service availability in order to better assess accessibility of SWs and MSM service provider sites. Furthermore, formative research would be useful in identifying barriers to services and ways to overcome those barriers.

Comprehensive care and support services for PLHIV are restricted to Zaporizhzhya, Melitopol, and Berdyansk cities, indicating a need to scale up services in other cities throughout the oblast. Existing data, or new data on where PLHIV live, should be used to identify and prioritize locations where PLHIV services are most needed.

Services for prisoners are very limited with only two of 11 prisons being covered by services in the oblast. Given evidence of high prevalence rates among prisoners, services should be scaled up.

Services for MARA are restricted to Zaporizhzhya and Melitopol cities, with services generally being comprehensive. Additional studies should be conducted to identify MARA hotspots throughout the oblast to better plan for scale up services.

SECTION 2. POLTAVA OBLAST

Background

As of January 1, 2014, the total population in Poltava oblast is 1,450,400, with 887,400 (61%) living in urban cities.

Epidemiological Situation

As of January 1, 2014, Poltava region had the 14th highest number of newly registered HIV cases (34.8 per 100,000) and 14th highest number of deaths attributed to AIDS (5.5 per 100,000) in Ukraine. Currently, there are 2,731 registered people living with HIV, including 1,236 PWID and 209 children born to HIV-positive mothers (62 with confirmed HIV positive serostatus). Of the registered PLHIV, 693 have been diagnosed with AIDS. About one-third (37.1%, 241) of AIDS patients who were diagnosed in 2013 are co-infected with TB. The percent of pregnant women found to be HIV-positive is 0.27% with the rate of mother-to-child transmission being 4.26 %. The dominant mode of HIV transmission is sexual transmission (50%), followed by injecting transmission (33%). As of January 1, 2014, 1,142 people have been initiated on ART.

In Poltava oblast, there are an estimated 8,100 PWID, 2,766 SWs, and 3,900 MSM. Biological and Behavioral Surveillance data (2013) found HIV prevalence among key populations to be 2.6% among PWID, 13% among SWs, and 3.5% among MSM. As of August 1, 2014, 551 PWID were enrolled in OST, 29% of whom are HIV-positive; of those HIV-positive, 72% were initiated on ART.

Service Availability and Access

HIV and STI testing services

HIV testing is available at Trust offices (29 sites providing ELISA testing) and NGOs (rapid testing) in Poltava oblast. HIV rapid testing is available only for PWID and SW in Poltava oblast at two NGOs: CA “Svitlo Nadii” and OCO “Gromadske zdorovya”, and are primarily clustered in Poltava city and two sites outside Poltava (Kobelyaky and Kremenchug rayons). According to spatial modelling, about 79% (1,218,230) of the population can reach the Trust offices for HCT within 30 minutes, and nearly the entire population (96%; 1,475,529) can reach them within 60 minutes.

Several medical facilities in Poltava oblast provide STI testing services. STI rapid testing is available for PWID, SW and PLHIV is restricted to Poltava and Kremenchug cities.

HIV Treatment Services

As of July 1, 2014, there were 15 ART sites in Poltava oblast with 1,391 patients enrolled⁵. Using spatial modelling, we estimate that just over half (53%; 812,401) of the population can reach the ART sites within 30 minutes, and that number increases to about 80% (1,243,881) when estimating the population within 60 minutes.

PWID Services

HIV prevention services for PWID including needle exchange, counseling, condom distribution and referrals are available at NGOs sites in the Poltava oblast. There are three NGOs in the oblast provide services for PWID: OCO “Gromadske zdorovya” (in Poltava city and CA “Svitlo nadii” (branches in Poltava city, and Kremenichug, Opishnya, Kobelyaky and Hadyach rayons) and “Club “Kviten” (Poltava city). Comprehensive services are accessible at four sites in Poltava and one site in Kremenichug cities. There are sites in several cities of the oblast where some of services are available but not the complete package. PWID can access several medical facilities in Poltava and in some rayon centers, including Lubny, Kremenichug and Zinkiv. HIV prevention services covered 39% (3,160) of the estimated number of PWID; coverage broken down by gender reflect national trends, with slightly higher coverage of females (41%) compared to males (38%) in Poltava oblast.

OST (primarily MAT) is available at 10 sites in Poltava oblast. According to spatial modelling, about 64% (4,052) of PWID who inject opiates (OPWID) in the oblast are covered by the 30-minute travel area and 81% (5,087) of OPWID in the oblast are covered by the 60-minute travel time areas. As of August 1, 2014, there were 551 MAT clients in the oblast, reflecting 28% coverage. Despite this low level of OST service coverage, Poltava oblast has the highest percentage coverage levels in Ukraine.

SW Services

In Poltava oblast services for SW are provided only one NGO – CF “Gromadske zdorovya” and limited to Poltava city. Services are available on an outreach basis. In 2013, services for SWs were provided with only 7.4% covered by those services.

MSM Services

In Poltava oblast, only medical services are available for MSM at several sites in Poltava and rayon centers within the oblast. Preventive services for this population have never been provided in Poltava oblast.

PLHIV Services

Services for PLHIV in Poltava oblast are provided by two NGOs, PLHIV Network (covering Poltava and Kremenichug) and CA “Svitlo Nadii” (covering Poltava city and several rayons). Availability of services including care and support, needle exchange, condom distribution, counseling and referral are available at several sites in Poltava and Kremenichug city. In such rayons like Hadyacky, Lubensky, Kobelyacky, and Khorolskyi, services on care and support and counselling are available as well as condoms at Global Fund sites in CA “Svitlo Nadii”. Medical services are available in Poltava at the Oblast AIDS Center and some other medical facilities and in Kremenichug city. In 2013, 80% (2,176) of officially registered PLHIV were served with care and support services in Poltava oblast, including 53% (1,162) of males and 47% (1,014) of females.

⁵Ukrainian Center for Disease Control, Information regarding the number of patients who are under medical supervision and ART at each site Accessed at: http://ucdc.gov.ua/attachments/article/966/%D0%90%D0%A0%D0%A2%20_%D1%81%D1%82%D0%B0%D0%BD%D0%BE%D0%BC_%D0%BD%D0%Bo_01.07.2014.pdf

Prisoner Services

Services for prisoners in Poltava oblast are provided by the PLHIV Network and CA “Svitlo Nadii”. Services include counselling and support of PLHIV. The standard package of services for prisoners are available in five prisons (out of nine) in Poltava and Kremenchug cities. In 2013, a total of 3,408 prisoners were covered by prevention services in these five prisons.

MARA Services

Services to MARA in Poltava oblast are not provided. Some NGOs work with adolescent risk groups such as young PWID or SW or children PLHIV but MARA is not separated as a key population for programming. .

Conclusions and Recommendations

Results from the service mapping in Poltava oblast indicate that availability of rapid HIV and STI testing are available only for PWID, SW and PLHIV and are limited to several sites in the oblast. However, according to modelling, the vast majority of the oblast’s population can reach an HCT site (Trust office) within 30 minutes.

Availability and coverage of HIV prevention services varies by key population group, with services currently only available for PWID, SW, PLHIV, and prisoners in some prisons in Poltava oblast. While HIV prevention services for PWID are generally offered in various cities in Poltava oblast, most sites are not offering the complete package of services. In addition, while coverage of PWID with services is reported to be comparably high, the fact that many sites are not offering the complete package indicates that the services are not comprehensively meeting the needs of PWID. This shows a need to scale up services, so that all sites serving PWID are able to offer a comprehensive package of high quality HIV prevention services.

OST services have a high level of accessibility for OPWID in Poltava oblast which corresponds to higher levels of overall MAT coverage in Ukraine.

The high HIV-prevalence among SWs and MSM indicates a necessity to expand services for SW and initiate prevention programming for MSM. Furthermore, updates to population size estimation and mapping exercises would enable identification of hotspots, which would be useful in identifying and prioritizing where services are needed the most in Poltava oblast for SWs and MSM. Furthermore, formative research would be useful in identifying barriers to services and ways to overcome those barriers.

Services for PLHIV are available at numerous sites within the oblast, but comprehensive services are only accessible in Poltava and Kremenchug cities. Existing data, or new data on where PLHIV live, should be used to identify and prioritize locations where PLHIV services are most needed.

Only half of prisons in Poltava oblast have prevention services for prisoners. Services are limited to counselling, condoms distribution and care and support to PLHIV in prisons. Given evidence of high prevalence rates among prisoners, services should be scaled up.

Comprehensive services for MARA are provided only within the framework of service provision to other key populations (PWID, SW, and PLHIV). MARA do not receive separate services or programming in Poltava oblast. This indicates the need to initiate programs for this group as well to conduct additional studies to identify MARA hotspots throughout the oblast to better plan for services.

SECTION 3. CHERKASY OBLAST

Background

As of January 1, 2014, the total population in Cherkasy oblast is 1,256,300 with 706,800 (56%) living in urban cities.

Epidemiological Situation

As of January 1, 2014, Cherkasy oblast had the 13th highest number of newly registered HIV cases (36.2 per 100,000) and the 9th highest number of deaths attributed to AIDS (6.5 per 100,000) in Ukraine. Currently, there are 2,832 registered people living with HIV (PLHIV), including 1,222 PWID and 237 children born to HIV-positive mothers (82 with confirmed HIV positive serostatus). Of the registered PLHIV, 747 have been diagnosed with AIDS. About two-thirds (69.5% or 258) of AIDS patients who were diagnosed in 2013 are co-infected with TB. The percent of pregnant women found to be HIV-positive is 0.37% with the rate of mother-to-child transmission being 5%. The dominant mode of HIV transmission is sexual transmission (53%), followed by intravenous transmission (24%). As of January 1, 2014, 921 people have been initiated on ART.

In Cherkasy oblast, there are an estimated 13,300 PWID, 1,900 SWs and 3,600 MSM. Biological and Behavioral Surveillance data (2011-2013) found prevalence among key populations to be 19.8% among PWID, 14.4% among SWs (2011 data), and 10.9% among MSM. As of August 1, 2014, 185 PWID were enrolled in OST, 55% of whom are HIV-positive; of those HIV-positive, 57% were initiated on ART.

Service Availability and Access

HIV and STI Testing Services

HIV testing is available at Trust offices (27 sites providing ELISA testing) and NGO sites (providing rapid testing) in Cherkasy oblast. HIV rapid testing is available for all key populations in Cherkasy city, including several service delivery points for PWID and SW and one site for MARA run by several NGOs: CO “Vid serdcya do sedcya”, CF “Insight”, and PLHIV Network. One service delivery site is available for MSM and is run by “Gay Alliance – Cherkasy”. There are also several sites run by CF “Volya” and OSO “Dialog” and RSO “Argo” throughout the oblast where PWID and SW can access HIV rapid testing services (Uman and Talne rayons, and Smila and Drabiv cities). According to spatial modelling, about 82% (1,077,388) of the population can reach the Trust offices for HCT within 30 minutes, and nearly everyone (95%; 1,241,901) can reach them within 60 minutes.

Several medical facilities in Cherkasy oblast provide STI testing. STI rapid testing is available for all key populations in Cherkasy oblast. While STI rapid testing for MSM and MARA are restricted by Cherkasy city, rapid tests for PWID and SW are also available in Monasyrysche, Uman, and Talne rayons and Smila city.

HIV Treatment Services

As of July 1, 2014, there were 16 ART sites in Cherkasy oblast with 1,090 patients enrolled in treatment⁶. Using spatial modelling, we estimate that about 58% (763,121) of the population can reach the ART sites within 30 minutes, but that number increases to 89% (1,161,565) when estimating the number who could reach the sites within 60 minutes.

PWID Services

There are five NGOs that provide service for PWID in Cherkasy oblast: CO “Vid serdcya do serdcya”, CF “Insight”, CF “Volya” and OCO “Dialog” and RSO “Argo”. Comprehensive HIV prevention services for PWID include needle exchange, counseling, condom distribution and referrals. These services are available in Cherkasy city and several rayon centers in Cherkasy oblast: Mankiv, Monastyryshe, Khrystynivka, Talne, Zvenygorodka, Kamianka, Uman, Kaniv, Katerynopil, Drabiv, Smila and Vatutine city. In addition, in all rayons in Cherkasy oblast, HIV counseling and referral are also available for PWID at Trust offices due to a project implemented by the NGO “Gay Alliance”. Medical services for PWID are available in several medical facilities in Cherkasy and Uman cities. In general, a more even distribution of service delivery sites for PWID has contributed to higher coverage of prevention programming, with 58.6% (7,774) of PWID having accessed services; coverage broken down by gender reflect national trends, with higher coverage of female (64%) compared to males (56%) in Cherkasy oblast.

OST (primarily MAT) is available at six sites in Cherkasy oblast. For Cherkasy, we estimate that 52% (5,983) of OPWID in the oblast are covered by the 30-minute travel time areas; and about 75% of OPWID in the oblast are covered by 60 minute travel time areas, or about 8,344 OPWID. As of August 1, 2014 there were 185 MAT clients in the oblast, reflecting only 5% coverage.

SW Services

HIV prevention services for SWs, including condom distribution, counseling and referral are available at several sites in Cherkasy (NGOs “Vid serdcya do serdcya” and “Insight”) and several rayons, including Uman, Monastyryshe, Talne and Smila (CF “Volya”, SO “Dialog”). Counselling and referral are available in each rayon of oblast at Trust offices due to a project implemented by the NGO “Gay Alliance – Cherkasy”. Special medical services for SWs are available only in Uman and several medical facilities in Cherkasy city. A fairly even distribution of service delivery sites for SW has contributed to high coverage of SWs (79%) with HIV prevention services in Cherkasy oblast.

MSM Services

Services for MSM in Cherkassy oblast are provided only by one NGO, “Gay Alliance – Cherkasy”. Availability of comprehensive HIV prevention services for MSM, including condom distribution counseling and referral is restricted to Cherkasy city. Counselling and referrals are available in each oblast rayon at Cabinets of Trusts due to a project implemented by the NGO “Gay Alliance – Cherkasy”. In several medical facilities in Cherkasy and Uman

⁶ Ukrainian Center for Disease Control, PLEASE Information regarding the number of patients who are under medical supervision and ART at each site Accessed at: http://ucdc.gov.ua/attachments/article/966/%Do%90%Do%A0%Do%A2%20_%D1%81%D1%82%Do%Bo%Do%BD%Do%BE%Do%BC_%Do%BD%Do%Bo_01.07.2014.pdf

city, specialized medical services are available for MSM. Despite only one site in the oblast offering comprehensive services, coverage of MSM in Cherkasy oblast (31%) is three times higher than the national average.

PLHIV Services

Availability of HIV services for PLHIV, including care and support, needle exchange, condom distribution, counseling and referral is restricted to several sites in Cherkasy and Uman cities. Apart from the PLHIV Network, three other NGOs provide services to PLHIV in Cherkasy oblast: CO “Vid serdcya do serdcya”, “Insight”, and “Volya”. Medical services are available in Cherkasy at the Oblast AIDS Center and some other medical facilities and in Uman city. In 2013, 42% (1,522) of officially registered PLHIV were provided with care and support services in Cherkasy oblast, including 53% (813) of males and 46% (709) of females.

Prisoner Services

Services for prisoners are provided by one NGO in the oblast CO “Vid serdcya do serdcya” and are limited to counselling, condoms distribution, and support of PLHIV. The standard package of services for prisoners are available in all four prisons in Cherkasy oblast. In 2013, 3,408 prisoners were covered by prevention services in these four prisons.

MARA Services

Comprehensive services for MARA in Cherkasy oblast are restricted to two sites in Cherkasy and provided by the organization “Vid serdcya do serdcya”. At both sites condoms, counseling, and referrals are available. In Cherkasy, there are several medical facilities that provide specialized medical services for MARA. Medical services for MARA are also available in Uman city. Since programs for MARA were not implemented in 2013, coverage data are not available.

Conclusions and Recommendations

Results from the service mapping in Cherkasy oblast indicate rapid HIV and STI testing services are more readily available for PWID and SW, and are only restricted to Cherkasy city for MSM and MARA. However, according to modelling, the vast majority of the oblast’s population can reach an HCT site (Trust offices) within 30 minutes.

Availability and coverage of HIV prevention services varies by key population group. Despite higher rates of coverage of PWID compared to other oblasts, HIV prevalence among the population remains high in particular among young PWID (13.1%) indicating a need to improve services. OST services are highly accessible, with 75% of the population being able to reach services within 60 minutes of travel time. Despite this high estimated geographical accessibility, only 5% of OPWID are utilizing MAT services in Cherkasy oblast. Taking into consideration the low level of coverage of MAT services, more efforts need to be made to address the gap between accessibility, coverage, and utilization – such efforts could include conducting formative analysis to identify specific barriers PWID face in accessing and utilizing services, and/or using quality improvement methods to test programmatic changes aimed at increasing service coverage. Population size estimation and mapping

exercises would aid in identifying and prioritizing where service coverage can be scaled up in existing sites.

HIV prevention services for PWID are generally offered in various cities in Cherkasy oblast. HIV prevention services for SWs are offered in Cherkasy and several rayons in the oblast. Coverage of SW with HIV prevention programs is high compared to other oblasts, however there is still need for improvements given the HIV-prevalence level. Comprehensive services for MSM are limited to only one site in Cherkasy; while coverage of MSM is also high compared to other oblasts, only one-third of MSM are covered.

Updates to SW and MSM population size estimation and mapping exercises would be useful to determine hotspot locations relative to service availability in order to better assess accessibility of SW and MSM service provider sites. Furthermore, formative research would be useful in identifying barriers to services and ways to overcome those barriers.

Comprehensive services for PLHIV are restricted to Cherkasy and Uman cities, indicating a need to scale up services in other cities throughout the oblast. Existing data, or new data on where PLHIV live, should be used to identify and prioritize locations where PLHIV services are most needed.

Prevention services for prisoners are provided in all prisons in Cherkasy oblast.

HIV prevention services for MARA are limited to Cherkasy and Uman cities. Additional studies should be conducted to identify MARA hotspots throughout the oblast to better plan for scale up of services.

FINAL CONCLUSIONS & RECOMMENDATIONS

This service mapping exercise provided a wealth of evidence on the availability of HIV prevention services for key populations, specifically for PWID, SW, MSM, PLHIV, prisoners, and MARA in three oblasts of Ukraine – Zaporizhzhya, Poltava, and Cherkasy. In general, HIV prevention services were more widely available for PWID compared to the other key population groups. However, coverage of services generally remained low for all key population groups. This is strong evidence for scaling up availability of high quality comprehensive services in areas with high needs as well as improving access and utilization of services. To achieve these, the following recommendations should be considered:

- **Update population size estimations and/or mapping exercises for PWID, SW, MSM, PLHIV, and MARA** – While population size estimates were conducted in 2012, there may be need to update and improve these data to support more accurate targeting of programming. Additionally, there is a high demand for regional estimates of PLHIV as now only national level data are available. It is imperative to conduct PWID, SW, MSM, and MARA population mapping exercises to identify hotspots of where members of these populations are located. These data would be useful in analyzing whether the current locations of services are sufficiently geographically accessible, calculating more specific coverage data (since population size and utilization data may or may not be available at the city or lower levels), and in identifying potential new locations for service provision where scale up is needed. Furthermore, these data would be useful to current service providers to improve recruitment and outreach strategies. For PLHIV, new or existing data sources may be used to identify whether services for this population are geographically accessible.
- **Scale up services to new sites** – Where availability of services are minimal or non-existent for PWID, SW, MSM, PLHIV, prisoners, and MARA, there is clear rationale for expanding the number of sites able to provide the needed HIV prevention services. Population size estimation and mapping data would aid in prioritizing areas most in need of services.
- **Scale up comprehensiveness of services in existing sites** – Provision of a comprehensive package of HIV prevention interventions for key populations at service sites may better address the multiple needs of program clients. As such, for service sites that are not implementing the complete package of interventions, efforts should be made to introduce additional services at these existing sites. Comprehensive services may also help to reduce retention of program clients by reducing the need for referrals to other sites.
- **Conduct cascade analysis for PWID, SW, MSM, PLHIV, and MARA** – The RESPOND Project has conducted a series of cascade analysis graphs which can be used to inform program planning and improvements. This method together with accurate and up-to-date data on population sizes at the oblast level can provide valuable evidence by identifying key gaps along the continuum of prevention and care for each key population group. These data are needed to improve prioritization of overall HIV response programming.

- ***Increase the evidence base for barriers to accessing and utilizing HIV prevention services, including care, support, and treatment*** – Various methodologies can be used to expand and/or use the existing evidence base. Where data do not currently exist, formative research can be conducted through individual interviews, focus group discussions, and client exit interviews to identify what specific barriers exist for the different key population groups in accessing and utilizing the range of services provided along the continuum of prevention and care. Such studies could also elicit recommendations from the clients themselves of how services could be improved.

Annex 1. List of services for collecting information from providers

	GF STANDARD PACKAGE SERVICES
MEN WHO HAVE SEX WITH MEN	Dissemination of IEC materials
	Peer counseling
	Distribution of male/female condoms and lubricants
	Motivational counseling for HIV testing
	HIV rapid screening tests
	Viral hepatitis rapid screening tests
	STI screening rapid tests
	Mentor support
	Safe sex practice counseling
	Prevention and information leisure activities, including parties, intended to promote safe sex among MSM
	Training events covering various topics
	Improve access to HIV treatment for MARPs on the basis of case management
	Legal advice
	Counseling by a psychologist
	Basic personal services
	Distribution of over-the-counter drugs
	Motivational kits
COMMERCIAL SEX WORKERS	Female condom use training programs
	HIV prevention among commercial sex workers (CSWs) using the peer-driven interventions model (PDI)
	Dissemination of IEC materials
	Preventing violence against CSWs
	Distribution of male/female condoms and lubricants
	Motivational counseling for HIV testing
	HIV rapid screening tests
	Viral hepatitis rapid screening tests
	STI screening rapid tests
	Improve access to HIV treatment for MARPs on the basis of case management
	Counseling by a psychologist
	Distribution of pregnancy test kits
	Distribution of antiseptics
	Distribution of over-the-counter drugs
	Legal advice
	Basic personal services
	Daycare centers for children (where CSWs can leave their children while they are at work)

	GF STANDARD PACKAGE SERVICES
PRISONERS	Motivational counseling for HIV testing
	Support for HIV-positive prisoners
	Counseling by medical specialists
	Motivational kits (toothbrushes, shaving accessories etc.)
	Improve access to HIV treatment for MARPs on the basis of case management (after release)
MOST-AT-RISK ADOLESCENTS	HIV prevention using the peer-driven interventions model (PDI)
	Distribution of condoms and lubricants
	Distribution of injection equipment (needles, syringes, alcohol wipes)
	Motivational counseling for HIV testing
	HIV rapid screening tests
	STI screening rapid tests
	Hepatitis B/C rapid screening tests
	Programs to support and promote ART adherence
	Legal advice
	Counseling by a psychologist
	Counseling on child HIV status disclosure
	Motivational kits
	NGO-based basic personal services
	Distribution of over-the-counter drugs
	Leisure activities for children (trips to the movies, theaters, organization of festivities)
	Support for early TB detection
	Improve access to HIV treatment for MARPs on the basis of case management
PEOPLE WHO INJECT DRUGS	Distribution of injection equipment (needles, syringes, alcohol wipes)
	HIV prevention using the peer-driven interventions model (PDI)
	Peer self-help groups
	Dissemination of IEC materials
	Motivational counseling for HIV testing
	HIV rapid screening tests
	STI screening rapid tests
	Hepatitis B/C rapid screening tests
	Distribution of male/female condoms and lubricants
	Counseling for couples who are PWID
	Counseling on drug dependency treatment
	Distribution of naloxone to prevent overdoses
	Social support and adherence to substitution therapy
	Improve access to HIV treatment for MARPs on the basis of case management
	Legal advice
	Counseling by a psychologist
	NGO-based basic personal services
	Daycare centers for clients' children

	GF STANDARD PACKAGE SERVICES
PEOPLE LIVING WITH HIV	Building adherence to medical services (treatment and checkups)
	Support through self-help groups
	Representation of PLWH interests
	Distribution of motivational kits and medications
	Counseling by a psychologist
	Legal advice
	Counseling t assess client needs and risk behavior
	Dissemination of IEC materials
	Distribution of injection equipment (needles, syringes, alcohol wipes)
	Provision of condoms and lubricants
	Counseling on HIV status disclosurey
	Counseling by a gynecologist for discordant couples
	Family planning services for discordant couples
	NGO-based basic personal services
	Leisure activities

Annex 2. Categorization of Services Represented in RESPOND Maps

	SERVICES	GF STANDARD PACKAGE SERVICES
MEN WHO HAVE SEX WITH MEN	Consultation	Dissemination of IEC materials
		Peer counseling
		Mentor support
		Safe sex practice counseling
		Prevention and information leisure activities, including parties, intended to promote safe sex among MSM
		Training events covering various topics
		Trainings of personal growth
	Condoms	Distribution of male/female condoms and lubricants
	Consultation/ Testing	Motivational counseling for HIV testing
	Testing	HIV rapid screening tests
		Viral hepatitis rapid screening tests
		STI screening rapid tests
	Referral	Ukrainian Center for AIDS Prevention
		Trust cabinet or cabinet of infectious diseases
		Anti-TB Dispensary
		Skin and Venereal Diseases Dispensary
		Drug dispensary
		Center of Social Services for Family, Children and Youth
		Rehabilitation Centre
COMMERCIAL SEX WORKERS	Consultation	Female condom use training programs
		HIV prevention among commercial sex workers (CSWs) using the peer-driven interventions model (PDI)
		Dissemination of IEC materials
		Preventing violence against CSWs
	Condoms	Distribution of male/female condoms and lubricants
	Consultation / Testing	Motivational counseling for HIV testing
	Testing	HIV rapid screening tests
		Viral hepatitis rapid screening tests
		STI screening rapid tests
	Referral	Ukrainian Center for AIDS Prevention
		Trust cabinet or cabinet of infectious diseases
		Anti-TB Dispensary
		Skin and Venereal Diseases Dispensary
		Drug dispensary
		Center of Social Services for Family, Children and Youth
		Rehabilitation Centre

	SERVICES	GF STANDARD PACKAGE SERVICES
PRISONERS	Consultation	Motivational counseling for HIV testing
		Improve access to HIV treatment for MARPs on the basis of case management (after release)
		Motivational kits (toothbrushes, shaving accessories etc.)
	HIV support +	Support for HIV-positive prisoners
	Medical Services	Counseling by medical specialists
MOST-AT-RISK ADOLESCENTS	Consultation	Programs to support and promote ART adherence
		Counseling on child HIV status disclosure
		Support for early TB detection
	Condoms	Distribution of condoms and lubricants
	Consultation / Testing	Motivational counseling for HIV testing
	Testing	HIV rapid screening tests
		STI screening rapid tests
		Hepatitis B/C rapid screening tests
	Referral	Ukrainian Center for AIDS Prevention
		Trust cabinet or cabinet of infectious diseases
		Anti-TB Dispensary
		Skin and Venereal Diseases Dispensary
		Center of Social Services for Family, Children and Youth
		Rehabilitation Centre
PEOPLE WHO INJECT DRUGS	Consultation	Dissemination of IEC materials
		Peer counseling (PDI)
		Peer self-help groups
		Motivational counseling for HIV testing
		Counseling on drug dependency treatment
		Social support and adherence to substitution therapy
		Counseling for couples who are PWID
	Condoms	Distribution of male/female condoms and lubricants
	Needles exchange	Distribution of injection equipment (needles, syringes, alcohol wipes)
	Consultation / Testing	Motivational counseling for HIV testing
	Testing	HIV rapid screening tests
		STI screening rapid tests
		Hepatitis B/C rapid screening tests
	Referral	Ukrainian Center for AIDS Prevention
		Trust cabinet or cabinet of infectious diseases
		Anti-TB Dispensary
		Skin and Venereal Diseases Dispensary
		Drug dispensary
		Center of Social Services for Family, Children and Youth
		Rehabilitation Centre

	SERVICES	GF STANDARD PACKAGE SERVICES
PEOPLE LIVING WITH HIV	Needles exchange	Distribution of injection equipment (needles, syringes, alcohol wipes)
	Consultation	Dissemination of IEC materials
		Counseling on HIV status disclosure
		Counseling by a gynecologist for discordant couples
		Family planning services for discordant couples
	Condoms	Provision of condoms and lubricants
	Care and support	Support through self-help groups
		Counseling by a psychologist
		Legal advice
		Daycare centers for clients' children
		Representation of PLWH interests
		Distribution of motivational kits and medications